

SERFF Tracking Number: AMGN-125788761 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 40065
Company Tracking Number: 08301
TOI: L06I Individual Life - Variable Sub-TOI: L06I.002 Single Life - Flexible Premium
Product Name: AIG Corporate Investor Select
Project Name/Number: 08301/08301

Filing at a Glance

Company: American General Life Insurance Company

Product Name: AIG Corporate Investor Select SERFF Tr Num: AMGN-125788761 State: ArkansasLH

TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 40065

Sub-TOI: L06I.002 Single Life - Flexible Co Tr Num: 08301 State Status: Approved-Closed
Premium

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Bonnie Gunther

Disposition Date: 09/08/2008

Date Submitted: 08/26/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 08301

Status of Filing in Domicile: Authorized

Project Number: 08301

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: File and Use in our
domicile state of Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/08/2008

State Status Changed: 09/08/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The referenced forms are being submitted for your consideration and approval. These forms are new and will not replace any policy forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The policy is a Flexible Premium Variable Life Insurance policy The product will be offered in various markets including

SERFF Tracking Number: *AMGN-125788761* *State:* *Arkansas*
Filing Company: *American General Life Insurance Company* *State Tracking Number:* *40065*
Company Tracking Number: *08301*
TOI: *L06I Individual Life - Variable* *Sub-TOI:* *L06I.002 Single Life - Flexible Premium*
Product Name: *AIG Corporate Investor Select*
Project Name/Number: *08301/08301*

the Corporate Owned Life Insurance (COLI) market. Initially, it provides for 43 investment options, one of which is the General Account. The General Account provides a guaranteed interest rate of 3.0%. An adjustable death benefit is payable upon the insured's death. Applicants may choose one of two Death Benefit Corridor Rate schedules when applying for this policy: The Cash Value Accumulation Test or the Guideline Premium Test.

Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$10.00, cost of insurance provided by the base policy and any benefits provided by riders, and a Premium Expense Charge. The Premium Expense Charge will be applied to each premium not to exceed 9% of the Target Premium. The maximum charge for amounts in excess of the Target Premium cannot exceed 5% in any year. Mortality and Expense Charges will be applied as shown in the policy on page 3A.

The Cash Surrender Value will be equal to the Accumulation Value less any loans and accrued loan interest, except during the first two policy years. During the first two policy years, the Cash Surrender Value will include a refund of a percentage of the Premium Expense Charge paid during the first policy year.

These forms will be sold by registered representatives that are licensed to sell securities and registered with the NASD, in the general market. The Separate Account is registered with the SEC as a Unit Investment Trust under the Investment Company Act of 1940.

The enclosed supplemental application will be used in conjunction with the submitted Variable Universal Life policy and will be used in conjunction with our regular life insurance application previously approved by your Department.

This contract will normally be issued on a sex distinct basis. However, it may be issued on a unisex basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and unisex policies will be issued with unisex pages.

These forms have not been scored for readability since they are considered securities subject to federal regulation and therefore exempt from the Life and Health Insurance Policy Language Simplification Act.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

SERFF Tracking Number: AMGN-125788761 State: Arkansas
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 Company Tracking Number: 08301
 TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
 Product Name: AIG Corporate Investor Select
 Project Name/Number: 08301/08301

Company and Contact

Filing Contact Information

Bonnie Gunther, bonnie_gunther@aigag.com
 2929 Allen Parkway (713) 831-3551 [Phone]
 Houston, TX 77019 (713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas
 2727-A Allen Parkway Group Code: 12 Company Type:
 Houston, TX 77019 Group Name: AIG State ID Number:
 (713) 831-3508 ext. [Phone] FEIN Number: 25-0598210

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$100.00 per filing
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	08/26/2008	22139314

SERFF Tracking Number: AMGN-125788761 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	09/08/2008	09/08/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	09/02/2008	09/02/2008	Bonnie Gunther	09/03/2008	09/03/2008
Industry Response						

SERFF Tracking Number: *AMGN-125788761* *State:* *Arkansas*
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Product Name: *AIG Corporate Investor Select*
Project Name/Number: *08301/08301*

Disposition

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Certification/Notice		Yes
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	AIG Income Investor Select		Yes
Form	Supplemental Application		Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/02/2008

Submitted Date 09/02/2008

Respond By Date

Dear Bonnie Gunther,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of variable contracts must be accompanied by a certification that Regulation 33, particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State

Response Letter Date 09/03/2008

Submitted Date 09/03/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Ms. Bird...

The required certification can be found under the supporting documentation tab..

Bonnie Gunther

Related Objection 1

Applies To:

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- Certification/Notice (Supporting Document)

Comment:

Filings of variable contracts must be accompanied by a certification that Regulation 33, particular Articles, IV, VII, IX and XI, has been reviewed and that the company is in compliance.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification/Notice

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Bonnie Gunther

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Form Schedule

Lead Form Number: 08301

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	08301	Policy/Cont AIG Income Investor ract/Fratern Select al Certificate	Initial		0	08301_AIG_C ORPORATE_ INVESTOR_A R.pdf
	AGLC1003 319-2008	Application/ Supplemental Enrollment Application Form	Initial		0	AGLC103319 -2008.pdf

**AMERICAN GENERAL LIFE
Insurance Company**

A Stock Company

Home Office:
Houston, Texas

2727-A Allen Parkway
P.O. Box 4880
Houston, Texas 77019

POLICY NUMBER: 0000000000

(800) 340-2765

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the Insured's death, and will be subject to the terms of this policy. The method for determining the amount payable is stated in the "Death Benefit Proceeds" provision.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if the Insured is living on that date and if this policy is in force.

THE AMOUNT OR DURATION OF THE DEATH BENEFIT PROCEEDS AND THE ACCUMULATION VALUES PROVIDED BY THIS POLICY WHEN BASED ON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT. ACCUMULATION VALUES MAY INCREASE OR DECREASE.

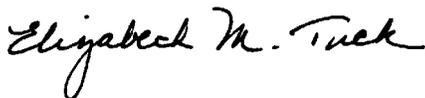
The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY. An adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Investment results are reflected in policy benefits. ACCUMULATION VALUES are flexible and will be based on the amount and frequency of premiums paid and the investment results of the Separate Account. NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.

NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

You may return this policy within ten days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us or to the registered representative through whom it was purchased. Upon surrender of this policy within the ten day period, it will be deemed void from the Date of Issue, and We will refund the greater of: (1) any premiums received by Us; or (2) Your Accumulation Value as of the first Valuation Date occurring on or next following the date on which Your request is received plus any charges that have been deducted.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

**FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY
READ YOUR POLICY CAREFULLY**

INDEX

Annual Report	22	Monthly Administration Fee	12
Beneficiary and Proceeds	18	Owner	4
Cash Surrender Value	11	Payment Options	19-20
Change of Ownership or Beneficiary	18	Policy Loans	17-18
Changing the Death Benefit Option	7	Policy Values Provisions	10-14
Changing the Specified Amount	6	Premium Expense Charge	5
Contract	4	Premium Payments	4-5
Cost of Insurance Rate Table	24	Reinstatement	22
Date of Issue	4	Separate Account Provisions	7-9
Death Benefit and Death Benefit Options	5-6	Suicide	21
Death Benefit Corridor Rates	25	Surrender, Full and Partial	13
Dollar Cost Averaging	15-16	Suspension and Deferral of Payments Provision	16
General Account	9	Transfer Provision	14-15
General Provisions	21-23	Valuation of Assets	8
Grace Period	12-13	Valuation Dates	8
Incontestability	21	Valuation Units	8
Investments of the Separate Account	7	When This Policy Terminates	22
Maturity Date	3		

DEFINITIONS

Company Reference. "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77019; Mailing Address P.O. Box 4880, Houston, Texas 77210-4880.

Payment Processing Center. Our center for processing premium payments at 3051 Hollis Drive, Springfield, IL 62704; Mailing Address P.O. Box 0842, Carol Stream, IL 60132-0842.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

Premium Class. We may offer any or all of the following Premium Classes. The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms:

Preferred. The term "Preferred" means the cost of insurance is based on the Insured being a better than average mortality risk.

Standard. The term "Standard" means the cost of insurance is based on the Insured being an average mortality risk.

Tobacco. The term "Tobacco" means the cost of insurance is based on the Insured being a user of tobacco and/or other products that contain nicotine.

NOTICE

This Policy Is A Legal Contract Between
The Policy Owner And The Company.

DEFINITIONS (Cont'd)

Non-Tobacco. The term "Non-Tobacco" means the cost of insurance is based on the Insured being a non-user of tobacco and/or other products that contain nicotine.

Simplified. The term "Simplified" means the cost of insurance is based on the Insured qualifying for simplified issue underwriting.

Guaranteed. The term "Guaranteed" means the cost of insurance is based on the Insured qualifying for guaranteed issue underwriting.

Special. The term "Special" means "Substandard" or "Rated". This means an extra amount is being charged due to the Insured's health, occupation or avocation.

POLICY SCHEDULE

Insured:	John Doe	Policy Number:	000000000
Insurance Age:	35	Date of Issue:	August 1, 2008
Initial Specified Amount:	\$50,000.00	Maturity Date:	August 1, 2094
This Is A [Sex Distinct] Policy		Death Benefit Option:	1

Premium Class:	Preferred
Initial Premium:	\$810.79
Planned Periodic Premium:	\$810.79 Payable Annually
Monthly Deduction Day:	1 st Day Of Each Month

Target Premium	[\$1,695.00]
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Minimum Death Benefit Amount (After A Decrease In Specified Amount):	[\$50,000.00]
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Minimum Partial Surrender:	[\$500.00]
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Minimum Value That May Be Retained In A Division After A Partial Surrender Or Transfer:	[\$500.00]
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Guaranteed Interest Rate:	Annual Effective	Monthly
	3.00%	0.2466%

Mortality Table:	[Composite 2001 Commissioners Standard Ordinary Male or Female ANB Mortality Table]
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First Year Premium Expense Charge Refund:	[40%]
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Second Year Premium Expense Charge Refund:	[20%]
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Death Benefit Compliance Test:	[Guideline Premium]
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Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage to such date.

This Is A[n] [State Name] Policy

Policy Schedule Continued – Policy Number 000000000

Charges Deducted From The Separate Account

Mortality and Expense Charge. Deductions from the Separate Account will be made at an annual rate not to exceed the rates stated below. The actual deduction will be made on a daily basis. The initial current rate on a daily basis during the first 10 years is [0.0001780%].

Policy Years	Current Annual Rate	Guaranteed Annual Rate
1-10	[0.65%]	0.65%
11-20	[0.40%]	0.40%
Thereafter	[0.00%]	0.15%

Expense Charges:

Premium Expense Charge:
(Adjustable Premium Expense Charge Percentage)

	Current Percentages		Guaranteed Maximum Percentages	
	For Amounts Equal to or Less than the Target Premium	For Amounts Greater than the Target Premium	For Amounts Equal to or Less than the Target Premium	For Amounts Greater than the Target Premium
Years 1-3	[4%]	[5%]	9%	5%
Years 4-7	[9%]	[5%]	9%	5%
Thereafter	[5%]	[5%]	5%	5%

Monthly Administration Fee:	Current [\$7.00]	Guaranteed \$10.00
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Base Policy Charges and Fees

Cost of Insurance Charges. Guaranteed maximum cost of insurance rates per \$1,000 of Net Amount at Risk are shown on page 24.

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. The base policy;
2. The riders that add benefits to the base policy, if any;
3. Endorsements, if any; and
4. The attached copy of Your application, and any amendments or supplemental applications.

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy

years, anniversaries, and Monthly Deduction dates are determined.

Owner. The Owner is as stated in the application unless later changed. During the Insured's lifetime, the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record). You may have multiple Owners of this policy. In that case, the authorizations of all Owners are required for all policy changes except for transfers, premium allocations and deduction allocations. We will accept the authorization of one Owner for transfers and changes in premium and deduction allocations. The Owner and the Insured may be the same person but do not have to be. If an Owner dies while the policy is in force and the Insured is living, ownership rights pass on to a successor Owner recorded in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments. The actual amount and frequency of premium payments will affect the Accumulation Value and the amount and duration of insurance. Please refer to the "Policy Values Provisions" section for a detailed explanation.

Planned Periodic Premiums. The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment of the Planned Periodic Premium may not be sufficient to keep Your policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period".)

Unscheduled Additional Premiums. You may pay additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium" and "Maximum Net Amount at Risk".)

Maximum Premium. We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test selected, and under applicable tax laws. The test selected is shown on the Policy Schedule.

Maximum Net Amount at Risk. We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk unless the Insured is living and provides evidence of insurability satisfactory to Us. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. Net Amount at Risk is the excess of the Death Benefit over the Accumulation Value of the policy.

PREMIUM PAYMENTS (Cont'd)

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. Premium Expense Charge Percentages differ according to policy year and whether or not the premium paid is in excess of the Target Premium. The Target Premium is shown on the Policy Schedule. The Premium Expense Charge Percentage is adjustable, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

Net Premium. The term Net Premium as used in this policy means "The premium paid less the Premium Expense Charge" except as follows: No Premium Expense Charge will be deducted if the source of the premium is one of the following: (1) Cash Surrender Values applied from another policy issued by the Company (internal rollover); or (2) The amount of any term conversion credit.

Allocation of Net Premiums. The initial allocation of Net premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner. The percentage allocation for future Net Premiums may be changed at any time by Written notice.

The initial Net Premium will be allocated to the money market investment option on the later of the following dates:

1. The Date of Issue; or
2. The date all requirements needed to place the policy in force have been satisfied, including underwriting approval and receipt in the Home Office of the necessary premium.

The initial Net Premium will remain in the money market investment option until the first Valuation Date following the 15th day after it was applied. Any additional Net Premiums received prior to the first Valuation date which follows the 15th day after the initial Net Premium was applied will be allocated to the money market investment option until such Valuation Date. At that time, We will transfer the Accumulation Value to the selected investment option(s). Each Net Premium received after such Valuation Date will be applied directly to the selected investment option(s) as of the Business Day received.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to any available option or may be divided among several available options in whole percentage points totaling 100%. We reserve the right to limit the number of Divisions which You may select.

Where to Pay. You may make Your payments to Us at Our Home Office, Our Payment Processing Center or to an authorized agent. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If the Insured dies prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of death; and

2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in "Changing Your Insurance Policy".

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (Cont'd)

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount. The Death Benefit Proceeds will be the Death Benefit Amount, after refunding any premium received after the date of death, less any outstanding policy loans and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Compliance Test. Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance under applicable tax laws. There are two compliance tests which may be used: The Guideline Premium Test and the Cash Value Accumulation Test. The test which You selected when this policy was issued is shown on the Policy Schedule. You cannot change Your selection of the Death Benefit Compliance Test after the Date of Issue.

Death Benefit Option. The Death Benefit Option which You selected is shown on the Policy Schedule as either Option 1 or Option 2.

Option 1. If You selected Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Option 2. If You selected Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Death Benefit Corridor Rates are shown in the table for the Death Benefit Compliance Test which You selected.

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or Death Benefit Option, subject to Our underwriting requirements, at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing.

Increasing the Specified Amount. We will require an application and evidence of insurability satisfactory to Us for any increase in the Specified Amount. An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date will appear in an endorsement to this policy.

Decreasing the Specified Amount. Any decrease will go into effect on the Monthly Deduction Day following the Business Day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

1. The Minimum Death Benefit Amount shown on the Policy Schedule; or
2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

CHANGING YOUR INSURANCE POLICY (Cont'd)

Changing the Death Benefit Option. You may request a change in the Death Benefit Option You have chosen.

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision.
2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount prior to the change plus the Accumulation Value as of the effective

date of the change. The entire increase in the Specified Amount will be applied to the last coverage added which has not been removed.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Changing the Terms of Your Policy. Any change in the terms of Your policy must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

SEPARATE ACCOUNT PROVISIONS

Separate Account. Separate Account VL-R is a segregated investment account established by the Company under Texas law to separate the assets funding the variable benefits for the class of policies to which this policy belongs from the other assets of the Company. That portion of the assets of the Separate Account equal to the policy liabilities shall not be chargeable with liabilities arising out of any other business We may conduct. Income, gains and losses, whether or not realized from assets allocable to the Separate Account are credited to or charged against such Account without regard to Our other income, gains or losses.

Investments of the Separate Account. The Separate Account is segmented into Divisions. Each Division invests in a single investment option. Net Premiums will be applied to the Separate Account and allocated to one or more Divisions. The assets of the Separate Account are invested in the investment option(s) listed on

the application for this policy. From time to time, We may add additional Divisions. We may also discontinue offering one or more Divisions as provided in the "Rights Reserved by Us" provision. You may make a change in investment selections by contacting Our Home Office. You may make transfers to the additional Divisions subject to the rules stated in the "Transfer Provision" section and any new rules or limitations which may apply to such additional Divisions.

If shares of any of the investment options become unavailable for investment by the Separate Account, or the Company's Board of Directors deems further investment in these shares inappropriate, the Company may limit further purchase of the shares or may substitute shares of another investment option for shares already purchased under this policy as provided in the "Rights Reserved by Us" provision.

SEPARATE ACCOUNT PROVISIONS (Cont'd)

Valuation of Assets. The assets of the Separate Account are valued as of each Valuation Date at their fair market value in accordance with Our established procedures. The Separate Account Value as of any Valuation Date prior to the Maturity Date is the sum of Your account values in each Division of the Separate Account as of that date.

Valuation Units. In order to determine policy values in the Divisions We use Valuation Units which are calculated separately for each Division. The Valuation Unit value for each Division will vary to reflect the investment experience of the applicable investment option. The Valuation Unit for a Division will be determined on each Valuation Date for the Division by multiplying the Valuation Unit value for the Division on the preceding Valuation Date by the Net Investment Factor for that Division for the current Valuation Date.

Net Investment Factor. The Net Investment Factor for each Division is determined by dividing (1) by (2) and subtracting (3), where:

- (1) is the net asset value per share of the applicable investment option as of the current Valuation Date (plus any per share amount of any dividend or capital gains distribution paid by the investment option since the last Valuation Date); and
- (2) is the net asset value per share of the shares held in the Division as determined at the end of the previous Valuation Date; and
- (3) is a factor representing the Mortality and Expense Charge.

The net asset value of an investment option's shares held in each Division shall be the value reported to Us by that investment option.

Valuation Dates. Valuation of the various Divisions will occur on each Business Day during each month. If the underlying investment option is unable to value or determine the Division's investment in an investment option due to any of the reasons stated in the "Suspension and Deferral of Payments" provision, the Valuation Date for the Division with respect to the unvalued portion shall be the first Business Day that the assets can be valued or determined.

Business Day. A Business Day is each day during which the New York Stock Exchange is open for business. We will treat any information or Written communications We receive after the close of a Business Day to have been received as of the next Business Day. For the purpose of collecting daily charges, a Business Day immediately preceded by one or more non-business calendar days will include those non-business days as part of that Business Day. For example, a Business Day which falls on a Monday will consist of a Monday and the immediately preceding Saturday and Sunday.

Minimum Value. The Minimum Value that may be retained in a Division after a partial surrender or transfer is shown on the Policy Schedule. If a partial surrender causes the balance in any Division to drop below such minimum amount, the Company reserves the right to transfer the remaining balance to the Money Market Division. If a transfer causes the balance in any Division to drop below the minimum amount, the Company reserves the right to transfer the remaining balance in proportion to the transfer request.

SEPARATE ACCOUNT PROVISIONS (Cont'd)

Change of Investment Advisor or Investment Objective. Unless otherwise required by law or regulation, the investment advisor or any investment objective may not be changed without Our consent. If required, approval of or change of any investment objective will be filed with the Insurance Department of the state where this policy is being delivered.

Rights Reserved by Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to:

1. Operate the Separate Account in any form permitted under the Investment Company Act of 1940 or in any other form permitted by law;
2. Transfer any assets in any Division to another Division, or to one or more other separate accounts;
3. Add, combine or remove Divisions in the Separate Account, or combine the Separate Account with another separate account;
4. Make any new Division available to You on a basis to be determined by Us;
5. Substitute for the shares held by any Division the shares of another Division or the shares of another investment company or any other investment permitted by law;
6. Make any changes as required by the Internal Revenue Code, or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance;
7. Make any changes required to comply with the requirements of any underlying investment option; or
8. Make other changes in this policy that in Our judgment are necessary or appropriate to ensure that this policy continues to qualify for tax treatment as life insurance, or that do not reduce any Cash Surrender Value, Death Benefit Amount, Accumulation Value or other accrued rights or benefits.

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

GENERAL ACCOUNT

The General Account is a fixed account within Our general assets which We have established for:

1. Any amounts transferred from the Divisions as a result of a loan; and
2. Any amounts the Owner allocated to such Account.

The guaranteed interest rate used in calculating Accumulation Values of amounts allocated to the General Account is shown on the Policy Schedule. We can use interest rates greater than the guaranteed rates to calculate Accumulation Values of amounts allocated to the General Account. Interest applied to that portion of the General Account equal to a policy loan will be at an annual effective rate of 3.0%.

POLICY VALUES PROVISIONS

Accumulation Value. The Accumulation Value of Your policy is the total of all values in the Divisions of the Separate Account and in the General Account. The Accumulation Value reflects:

1. Net Premiums paid;
2. Monthly Deductions;
3. The investment experience of the Divisions selected less the Mortality and Expense Charge;
4. Amounts allocated to the General Account, including interest earned on amounts in the General Account;
5. Deductions due to partial surrenders and any charges for partial surrenders; and
6. Deductions, if any, resulting from decreases in Specified Amount.

Net Premiums are allocated, in accordance with Your instructions, to the General Account or allocated to the selected Divisions of the Separate Account and converted to Valuation Units.

On each Monthly Deduction Day, a Monthly Deduction will be made by reducing the unloaned portion of the General Account or redeeming Valuation Units from each applicable Division in the same ratio as the allocation of policy deductions in effect on the Monthly Deduction Day. You must state In Writing in advance how Monthly Deductions should be made if other than this method is to be used.

If the unloaned portion of the General Account or the balance in any Division of the Separate Account is insufficient to make a Monthly Deduction in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio the Monthly Deduction bears to the unloaned Accumulation Value of Your policy.

The Accumulation Value in any Division is determined by multiplying the value of a Valuation Unit by the number of Valuation Units held under the policy in that Division.

The value of the Valuation Units equal to the amount being borrowed from the Separate Account will be transferred to the General Account as of the Business Day that We receive the Written loan request.

Valuation Units are surrendered to reflect a partial surrender as of the Business Day that We receive the Written request for partial surrender.

On the Date of Issue. The Accumulation Value on the Date of Issue is:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month (See "How We Calculate a Monthly Deduction".)

The first deduction day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. We will take the Accumulation Value as of the last Monthly Deduction Day;
2. Add the interest earned for the month on the excess of the General Account value on the last Monthly Deduction Day over any partial surrenders and transfers made from the General Account since the last Monthly Deduction Day;

POLICY VALUES PROVISION (Cont'd)

3. Add any investment gain (or subtract any investment loss) on the Divisions of the Separate Account since the last Monthly Deduction Day as measured by the change in the value of the Valuation Units;
4. Add all Net Premiums received since the last Monthly Deduction Day;
5. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate a Monthly Deduction".)

On Any Valuation Date Other Than A Monthly Deduction Day. The Accumulation Value on any Valuation Date other than a Monthly Deduction Day will be the sum of:

1. The value of the General Account as of the last Monthly Deduction Day;
2. Less any partial surrenders and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day; and
4. Plus the sum of the values of the Divisions of the Separate Account as of the last Monthly Deduction Day, plus the amount of any investment gain (or minus any investment loss) on the Divisions since the last Monthly Deduction Day as measured by the change in the value of the Valuation Units.

Cash Surrender Value. The Cash Surrender Value of this policy will be equal to the Accumulation Value less any outstanding policy loans and accrued loan interest except as follows: During the first and second policy year, the Cash Surrender Value will be equal to:

1. The Accumulation Value; less
2. Any outstanding policy loans and accrued loan interest; plus

3. A refund of a percentage of the Premium Expense Charge paid during the first policy year. The refund percentages in the first and second policy years are shown on the Policy Schedule.

Monthly Deductions May Be Made Only if There Is Sufficient Value. A Monthly Deduction may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. If the value on a Monthly Deduction Day is not sufficient to meet the Monthly Deductions for the current month, this policy will be subject to the "Grace Period" provision.

How We Calculate a Monthly Deduction. Each Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and
2. The cost of insurance for benefits provided by riders, if any; and
3. The Monthly Administration Fee.

How We Calculate the Cost of Insurance for the Base Policy. We calculate the cost of insurance at the beginning of each policy month on the Monthly Deduction Day. The cost of insurance is determined as follows:

1. Reduce the Death Benefit Amount by the amount of Accumulation Value on the Monthly Deduction Day before the cost of insurance deduction is taken, and after any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted;
2. Multiply the difference by the cost of insurance rate per \$1,000 of Net Amount at Risk as provided in the "Cost of Insurance Rate" provision; and
3. Divide the result by 1000.

POLICY VALUES PROVISION (Cont'd)

If Option 1 is in effect, and there have been increases in the Specified Amount, the Accumulation Value will first be considered part of the Initial Specified Amount. If the Accumulation Value exceeds the Initial Specified Amount, the excess will be considered part of any Specified Amount increases in the order in which the increases were made.

Cost of Insurance for Benefits Provided by Riders. The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy. Riders are not a part of the base policy.

Monthly Administration Fee. An administration fee will be deducted monthly. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Cost of Insurance Rate. The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

1. Gender (if this policy was issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium Class shown on the Policy Schedule associated with the initial Specified Amount and Premium Class associated with each increase in the Specified Amount, if any, shown in subsequent endorsements.

A table of guaranteed monthly cost of insurance rates is included in this policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year;
2. The plan of insurance;

3. The amount of insurance; and
4. The age nearest birthday, gender and Premium Class of the Insured if this policy was issued on a Sex Distinct basis or the age nearest birthday and Premium Class if this policy was issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates used in calculating Accumulation Values of amounts allocated to the General Account, Mortality and Expense Charges, Premium Expense Charge Percentage, Enhancement Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, investment earnings, reinsurance costs, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

Grace Period. The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual policy loan interest due date if there is not enough Cash Surrender Value to pay the amount due. There is no Grace Period for the Initial Monthly Deduction.

If the amount required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days notice prior to termination that Your policy is in the Grace Period and advise You of the amount of premium required to keep Your policy in force. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee of record, if any. If death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

POLICY VALUES PROVISION (Cont'd)

If We receive a surrender request within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

Full Surrender. You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date. The Cash Surrender Value will be determined as of the Business Day We receive the policy and the Written request for surrender. The Company may delay payment if the "Suspension and Deferral of Payments Provision" is in effect.

Partial Surrender. At any time after the first policy year, You may request withdrawal of a portion of the Cash Surrender Value of the policy. Your request must be made In Writing during the Insured's lifetime before the Maturity Date. The minimum partial surrender is shown on the Policy Schedule.

The amount being surrendered or reduced will terminate on the Valuation Date on or next following the date We receive the Written request for surrender or reduction. Valuation Units are surrendered to reflect a partial surrender as of the Business Day We receive the Written request for partial surrender.

A partial surrender will result in a reduction of the Accumulation Value and the Death Benefit Amount. The Accumulation Value will be reduced by the amount of partial surrender benefit. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1, the Specified Amount will be reduced by the amount of the partial surrender. If Your Death Benefit Option is Option 2, the Specified Amount will not be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified

Amount" provision. (The Specified Amount after the reduction will not be less than zero.) The Death Benefit Amount remaining after this reduction must be no less than the Minimum Death Benefit Amount after a decrease in Specified Amount shown on the Policy Schedule.

A partial surrender will result in the cancellation of Valuation Units from each applicable Division and reduction of the unloaned portion of the General Account in the same ratio as the allocation of policy deductions in effect on the date of partial surrender. If the number of Valuation Units in any Division or in the unloaned portion of the General Account is insufficient to make a partial surrender in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the ratio the partial surrender request bears to the Cash Surrender Value of Your policy. You must state In Writing in advance how partial surrenders should be made if other than this method is to be used.

There will also be a charge for each partial surrender not to exceed the lesser of 2.0% of the amount withdrawn or \$25.

The Company may delay payment if the Suspension and Deferral of Payments Provision is in effect.

Continuation of Insurance Coverage if Amount or Frequency of Premium Payments is Reduced or if Premium Payments Are Discontinued. If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not surrender this policy, We will continue making Monthly Deductions (as long as there is sufficient value to make such deductions) until the Maturity Date. This policy will remain in force until the earliest of the following dates:

POLICY VALUES PROVISION (Cont'd)

1. The Maturity Date (if there is sufficient value to make Monthly Deductions to that date);
2. Full surrender of the policy;
3. The end of the Grace Period; or
4. Death of the Insured.

TRANSFER PROVISION

Transfer of Accumulation Value. Transfers will be made as of the Business Day We receive the Written transfer request, subject to the restrictions that follow. If You elect to use the transfer privilege, We will not be liable for a transfer made in accordance with Your instructions. We reserve the right to terminate, suspend or modify the transfer privilege, and to charge a \$25 fee for each transfer in excess of 12 in a policy year. Transfers under the Dollar Cost Averaging or Automatic Rebalancing programs will not count toward the 12 free transfers.

The policy is not designed for professional market timing organizations or other entities using programmed or frequent transfers involving large amounts. We are required by law to monitor all Owners' policies for market timing, and have established procedures to detect potential violations. We will monitor all policies to determine if an Owner requests:

1. An exchange into or out of a variable investment option, except the money market investment option, within 2 calendar weeks of an earlier exchange out of or into that same variable investment option; or
2. Exchanges into and out of, or out of and into, the same variable investment option, except the money market investment option, more than twice in any one calendar quarter.

If either of the above transactions occurs, We will suspend such Owner's same day or overnight delivery transfer privileges with notice to prevent market timing efforts. Such notice of suspension will take the form of either a letter mailed to the Owner's last known address, or a telephone call

from Us informing the Owner that effective immediately, all same day or overnight delivery transfer privileges have been suspended. The suspension of transfer privileges will last for no more than 6 months. Transfers under Dollar Cost Averaging, Automatic Rebalancing or any other automatic transfer arrangements to which We have agreed are not affected by these procedures. Our procedures will be followed in all circumstances and We will treat all Owners the same.

Transfer of Accumulation Value (Separate Account). You may transfer all or part of Your interest in a Division of the Separate Account subject to the following:

1. The minimum amount which may be transferred is \$500.
2. If the entire amount in a Division of the Separate Account is not being transferred the minimum which must remain is \$500.

Transfers between Separate Account Divisions result in the redemption of Valuation Units in one Division and the purchase of Valuation Units in the Division to which the transfer is made. We will not honor Your request for a transfer if the Separate Account is unable to purchase shares of an investment option for any reason.

TRANSFER PROVISION (Cont'd)

Transfer of Accumulation Value (General Account). A transfer from the General Account to a Division of the Separate Account may be made during the 60 day period following each policy anniversary. The amount that may be transferred will be the greatest of the following amounts:

1. Twenty-five percent (25%) of the unloaned portion of the General Account as of the policy anniversary;
2. The total dollar amount withdrawn from the General Account during the prior policy year (whether the amount withdrawn was a partial surrender for cash or was being transferred to the Separate Account); or
3. \$500.

Transfer of Accumulation Value (Separate Account) on the Maturity Date. The value of each of the Separate Account Divisions will be transferred to the General Account on the Maturity Date, and the resulting Cash Surrender Value paid to the Owner if the Insured is living on that date. If the underlying investment option cannot be valued, or We cannot determine the Division's investment in an investment option on the scheduled Maturity Date, the unvalued portion shall be valued and transferred on the first Business Day that the assets can be valued or determined.

Transfer of Your interest in a Separate Account Division on the Maturity Date will not be subject to a Transfer Fee. Our right to defer payment of values allocated to the General Account for up to 6 months will not apply to values transferred to the General Account under this provision.

Telephone Transfer and Allocation Privilege. If We have on file a completed telephone authorization form for telephone transactions, We will allow transfers and the percentage allocation for future Net Premiums and policy deductions to be changed by telephone at any time. We will honor instructions for Telephone Transactions from any person who provides the correct information. There is a risk of possible loss to You if unauthorized persons use this service in Your name. Under Telephone Transactions, We are not liable for any acts or omissions based upon instructions that We reasonably believe to be genuine, including losses arising from errors in the communication of telephone instructions.

Dollar Cost Averaging. Dollar Cost Averaging (DCA) is an automatic transfer of funds made periodically prior to the Maturity Date in accordance with Instructions from the Owner. DCA transfers will be made in accordance with the Transfer provisions, except as provided below:

1. DCA transfers may be made:
 - a) On any day of the month except the 29th, 30th or 31st;
 - b) On a monthly, quarterly, semi-annual or annual basis; and
 - c) From one Separate Account Division to one or more of the other Separate Account Divisions. (The General Account is not eligible for DCA).

TRANSFER PROVISION (Cont'd)

2. DCA may be elected only if the Accumulation Value at the time of election is \$5,000 or more.
3. The minimum amount of each DCA transfer is \$100, or the remaining amount in the Separate Account Division from which the DCA transfer is being made, if less.
4. DCA may not begin prior to the first Valuation Date following the 15th day after the initial Net Premium is applied.
5. DCA will end when there is no longer any value in the Separate Account Division from which DCA transfers were being made, or when You request that DCA end.
6. While DCA is active, amounts applied to the DCA Separate Account Division will be available for future dollar cost averaging in accordance with the current DCA request.
7. There is no charge for DCA.
8. DCA is not available if Automatic Rebalancing is active.

Automatic Rebalancing. Automatic Rebalancing occurs when funds are transferred by the Company among the Separate Account Divisions so that the values in each Division match the premium allocation percentages then in effect. You may choose Automatic Rebalancing on a quarterly, semi-annual or annual basis if Your Accumulation Value is \$5,000 or more. The date Automatic Rebalancing occurs will be based on the Date of Issue of Your policy. For example, if Your policy is dated January 17, and You have requested Automatic Rebalancing on a quarterly basis, Automatic Rebalancing will start on April 17, and will occur quarterly thereafter. After Automatic Rebalancing is elected, it will continue until We are notified In Writing that it is to be discontinued. There is no charge for Automatic Rebalancing. Automatic Rebalancing is not available if DCA is active.

SUSPENSION AND DEFERRAL OF PAYMENTS PROVISION

We reserve the right to defer payment of any Death Benefit Amount, loan or other distribution that comes from that portion of Your Accumulation Value that is allocated to Separate Account VL-R, if:

1. The New York Stock Exchange is closed other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted;
2. An emergency exists, as a result of which disposal of securities is not reasonably practicable or it is not reasonably practicable to fairly determine the Accumulation Value; or
3. The U.S. Securities and Exchange Commission (SEC) by order permits the delay for the protection of Owners.

As to amounts allocated to the General Account, We may defer payment of any Cash Surrender Value withdrawal or loan amount for up to 6 months, or the period allowed by law, whichever is less, after We receive the request for such payments In Writing. Written notice of both the imposition and termination of any such deferral will be given to the Owners, assignees of record and any irrevocable Beneficiaries.

Payments which were due to have been made and which were deferred following the suspension of the calculation of the Cash Surrender Value will be made within thirty (30) days following the lifting of the suspension, and will be calculated based on the Valuation Date which immediately follows termination of the suspension.

POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The policy's loan value will be the Cash Surrender Value less an amount equal to 3 Monthly Deductions. We reserve the right to limit at any time the amount available for a loan to 90% of the Accumulation Value. The minimum amount of each loan is \$500 or, if less, the entire remaining loan value. The value of the Valuation Units equal to the amount You borrow from the Separate Account will be transferred to the General Account as of the Business Day that We receive Your Written loan request.

Obtaining a Loan. You may obtain a policy loan by Written request and assignment of the policy as sole security for the loan. The Company may delay processing the loan requested if the "Suspension and Deferral of Payments Provision" is in effect.

Effect of a Loan. When a loan is made, an amount equal to the amount being borrowed from the Separate Account will be transferred to the General Account. A loan will result in cancellation of units from each applicable Division and reduction of the unloaned portion of the General Account according to the allocation of the policy deductions then in effect. The resulting amount will be added to the loaned portion of the General Account. If the number of Valuation Units in any Division or unloaned portion of the General Account is insufficient for a loan to be made in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio the loan bears to the unloaned Accumulation Value of Your policy. You must state in Writing in advance which Division units are to be canceled if a different method is to be used.

Repayment of a loan will first be allocated to the General Account until You have repaid any loaned amounts that were allocated to the General Account. You may tell Us how to allocate repayments above that amount. If You do not tell Us, an amount equal to the loan repayment will be transferred from the General Account to the Divisions in the same ratio currently in effect for the allocation of Net Premiums. A loan, whether or not repaid, will have a permanent effect on the Cash Surrender Values and on the death benefits. If not repaid, any indebtedness will reduce the amount of Death Benefit Proceeds and the amount available upon surrender of the policy.

Loan Interest. Loan interest is due at the end of each policy year and will accrue daily at an annual effective rate of 3.75% during the first 7 policy years and 3.25% thereafter. Unpaid loan interest will be deducted at the end of each policy year from the investment options according to the allocation of policy deductions then in effect, and added to the loaned portion of the General Account. You must state In Writing in advance how unpaid loan interest should be deducted if other than this method is to be used.

If the number of Valuation Units in any Division or unloaned portion of the General Account is insufficient to deduct unpaid loan interest in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio the unpaid loan interest bears to the unloaned Accumulation Value of Your policy.

We will credit interest monthly on the loaned portion of the General Account at an annual effective rate of 3.0%.

POLICY LOANS (Cont'd)

How You May Repay a Policy Loan. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the death of the Insured;
2. A partial repayment must be at least \$100.00; and
3. At the time You repay all or part of a policy loan, You must specify the payment is to repay all or part of the policy loan.

Except as provided in the "Grace Period" provision, at any time the sum of Your outstanding policy loans exceeds the Cash Surrender Value, this policy will lapse. However, We must mail at least 31 days prior notice to Your last known address and to the assignee of record, if any.

We Can Delay Payment. We can delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interests.
2. If no Beneficiary survives the Insured, proceeds will be paid to You, as Owner, if You are then living; otherwise proceeds will be paid to Your estate.

Common Disaster. If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on

this basis unless an endorsement to this policy provides otherwise.

Proceeds. Proceeds mean the amount payable on:

1. The Maturity Date;
2. Exercise of the full surrender benefit; or
3. The Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Amount, after refunding any premium received after the date of death, less any outstanding policy loans. All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy.

CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office in a form acceptable to Us. The change will go into effect when We have recorded the change.

However, after the change is recorded, it will be deemed effective as of the date of Your Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

PAYMENT OPTIONS

Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

Election of Options. The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after We receive Written notification of the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option, subject to the limitations stated in the "Availability of Options" provision.

Option 1. Payments for a Specified Period: Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

Option 2. Payments of a Specified Amount: Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Monthly Payments for Life with Period Certain: Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15 or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. If

issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with interest at the rate of 2% per year. If issued on a Gender Neutral basis, tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or
2. Monthly payments equal to a monthly annuity based on Our single premium immediate annuity rates then in use.

Option 4. Proceeds Left at Interest. Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1,000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

PAYMENT OPTIONS (Cont'd)

Interest Rates. The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. We will determine the higher rate.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent. If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000 payment will be made in a lump sum.

Evidence That Payee is Alive. Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value as of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.

2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 or 2. If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 or 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more;
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

Withdrawals May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in payment is available only if it is provided in the Payment Contract.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

GENERAL PROVISIONS

Assigning Your Policy. During the lifetime of the Insured, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Home Office. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

Incontestability. We rely on the statements made in the application for the policy and any amendments of application, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim unless it is in such applications.

Except as stated below, We cannot contest this policy after it has been in force during the Insured's lifetime for 2 years from the Date of Issue.

Exceptions:

1. We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect for 2 years during the Insured's lifetime from the Date of Issue of such increase.
2. If this policy is reinstated, We cannot contest this policy after it has been in force during the Insured's lifetime for 2 years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, or to the nonpayment of premium.

Suicide Exclusion. If the Insured takes his or her own life, while sane or insane, within 2 years

from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any policy loans and less any partial surrenders paid.

If there are any increases in the Specified Amount a new 2-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the costs of insurance associated with each increase. (See "Changing Your Insurance Policy".)

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If the: (1) age or gender of the Insured (if this policy was issued on a Sex Distinct basis); or (2) age of the Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

Statutory Basis of Policy Values. The Accumulation Values of the policy are not less than the minimum values required by the law of the state where this policy is delivered. The calculation of the Accumulation Values includes a charge for the cost of insurance, as shown in the Table of Guaranteed Monthly Cost of Insurance Rates and for the General Account interest at the guaranteed annual interest rate shown on the Policy Schedule.

Calculation of minimum Accumulation Values, nonforfeiture benefits and Guaranteed Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and age nearest birthday.

GENERAL PROVISIONS (Cont'd)

A detailed statement of the method of computing values has been filed with the state insurance department where required.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

Annual Report. We will send You at least once a year, without charge, an annual report which will show a summary of all transactions since the last report, including:

1. Premiums paid;
2. Transfers;
3. Expense charges deducted;
4. The cost of insurance deducted;
5. Partial surrender benefits deducted including partial surrender fees;
6. The amount of any outstanding policy loans;
7. Separate Account Unit Values;
8. The current Cash Surrender and Accumulation Values; and
9. The Death Benefit Amount.

When This Policy Terminates. This policy will terminate if:

1. You request that this policy be terminated;
2. The Insured dies;
3. The policy matures; or
4. The Grace Period ends and there is insufficient Cash Surrender Value (Accumulation Value less policy loans and accrued loan interest during the first 5 policy years) to cover a Monthly Deduction.

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within 5 years after the end of the Grace Period and before the Maturity Date; and
2. Evidence of insurability satisfactory to Us; and
3. Payment of enough premium to keep the reinstated policy in force for two months; and
4. Payment or reinstatement of any indebtedness.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

The Accumulation Value at the time of reinstatement will be:

1. The Net Premium allocated in accordance with the premium allocation percentages at the time of lapse unless the reinstatement application provides otherwise, using Unit Values as of the date of reinstatement; plus
2. Any loan repaid or reinstated; less
3. The Monthly Deduction for one month.

If a person other than the Insured is covered by a rider attached to this policy, coverage will be reinstated according to that rider.

Option to Extend Coverage. You may elect to extend the Maturity Date stated on the Policy Schedule (Maturity Date), as follows:

If the Insured is living on the Maturity Date, coverage will be continued until the date of death of the Insured.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

GENERAL PROVISIONS (Cont'd)

Starting on the original Maturity Date:

1. The Death Benefit Amount for the base policy will be equal to the base policy Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all or in part on the Accumulation Value, will be adjusted by future changes in the Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;
2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. New premium payments will not be accepted;
5. Interest on policy loans will continue to accrue in the same manner as stated in the "Policy Loan" section and You may repay all or part of a loan at any time as stated in the "Policy Loans" section;
6. The value of each of the Separate Account Divisions will be transferred to the General Account on the Maturity Date. If the underlying investment option cannot be valued, or We cannot determine the Division's investment in an investment option on the scheduled Maturity Date, the unvalued portion shall be valued and transferred on the first Business Day that the assets can be valued or determined. Unless You have elected to extend the Maturity Date, the resulting Cash Surrender Value will be paid to You if the Insured is living on that date; and

7. The Accumulation Value will continue to be determined as stated in this policy, subject to item 3 above.

After this option is elected, it may not be revoked.

Policy Changes and Extending Coverage. We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The Option to Extend Coverage, described above, allows the policy to continue beyond age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company. If proceeds under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of death is furnished to the date such proceeds are paid.

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

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	\$ 0.08087	\$0.04001	60	\$ 0.82608	\$0.67041
1	0.04668	0.02917	61	0.91711	0.72675
2	0.03250	0.02166	62	1.02766	0.78650
3	0.02250	0.01666	63	1.15106	0.84967
4	0.01750	0.01583	64	1.28059	0.91879
5	0.01750	0.01500	65	1.41713	0.99389
6	0.01833	0.01500	66	1.55476	1.07581
7	0.01833	0.01750	67	1.69264	1.16629
8	0.01833	0.01750	68	1.84271	1.26619
9	0.01916	0.01750	69	1.99564	1.37555
10	0.01916	0.01833	70	2.17802	1.49866
11	0.02250	0.01916	71	2.38231	1.63984
12	0.02750	0.02250	72	2.65526	1.79578
13	0.03250	0.02500	73	2.94043	1.96657
14	0.03917	0.02750	74	3.24057	2.15488
15	0.05085	0.02917	75	3.57416	2.36083
16	0.06169	0.03250	76	3.93902	2.58715
17	0.07253	0.03417	77	4.36467	2.83575
18	0.07837	0.03584	78	4.86366	3.11031
19	0.08171	0.03834	79	5.44276	3.41198
20	0.08337	0.03917	80	6.07850	3.74457
21	0.08337	0.04001	81	6.80774	4.20522
22	0.08504	0.04167	82	7.57149	4.72089
23	0.08588	0.04167	83	8.40042	5.24181
24	0.08754	0.04334	84	9.32757	5.82016
25	0.08921	0.04501	85	10.38212	6.46808
26	0.09338	0.04668	86	11.56722	7.06301
27	0.09756	0.05001	87	12.87882	7.96313
28	0.09756	0.05251	88	14.30705	8.91871
29	0.09589	0.05501	89	15.84058	9.94967
30	0.09505	0.05668	90	17.47054	10.89370
31	0.09422	0.06085	91	19.02863	11.36812
32	0.09422	0.06419	92	20.68461	12.34234
33	0.09589	0.06836	93	22.46745	13.79851
34	0.09839	0.07336	94	24.39302	15.68026
35	0.10089	0.08087	95	26.47561	18.09932
36	0.10674	0.08588	96	28.42724	20.44899
37	0.11174	0.09255	97	30.56000	22.96291
38	0.12009	0.09756	98	32.89883	23.37594
39	0.12844	0.10256	99	35.47494	24.86065
40	0.13762	0.10840	100	38.32308	27.24718
41	0.14931	0.11508	101	40.65161	29.90458
42	0.16350	0.12343	102	43.20717	32.94073
43	0.17937	0.13261	103	46.02011	36.42589
44	0.19942	0.14346	104	49.12438	40.44623
45	0.22115	0.15599	105	52.56181	45.03454
46	0.24204	0.17102	106	56.38257	50.02631
47	0.26462	0.18939	107	60.65303	55.48139
48	0.27800	0.20861	108	65.44959	61.36566
49	0.29389	0.23201	109	70.87254	67.98102
50	0.31397	0.25709	110	77.05095	75.34726
51	0.33907	0.28469	111	77.67886	76.14553
52	0.37340	0.31648	112	78.30676	76.94381
53	0.41193	0.35079	113	78.93467	77.74208
54	0.45970	0.38680	114	79.56257	78.54036
55	0.51589	0.42617	115	80.19048	79.33863
56	0.57548	0.47060	116	80.81838	80.13690
57	0.63931	0.51757	117	81.44629	80.93518
58	0.69227	0.56876	118	82.07419	81.73345
59	0.75283	0.61831	119	82.70210	82.53173
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	16.0024	19.0785	60	2.1439	2.4096
1	15.6049	18.4988	61	2.0834	2.3419
2	15.1234	17.8925	62	2.0258	2.2768
3	14.6189	17.2771	63	1.9711	2.2141
4	14.1064	16.6647	64	1.9191	2.1539
5	13.5997	16.0696	65	1.8698	2.0959
6	13.1099	15.4918	66	1.8228	2.0402
7	12.6380	14.9334	67	1.7779	1.9865
8	12.1818	14.3994	68	1.7347	1.9349
9	11.7409	13.8830	69	1.6933	1.8853
10	11.3162	13.3838	70	1.6533	1.8376
11	10.9057	12.9027	71	1.6149	1.7919
12	10.5132	12.4391	72	1.5780	1.7481
13	10.1393	11.9962	73	1.5432	1.7061
14	9.7827	11.5714	74	1.5100	1.6659
15	9.4438	11.1636	75	1.4784	1.6275
16	9.1256	10.7710	76	1.4482	1.5907
17	8.8254	10.3947	77	1.4194	1.5554
18	8.5417	10.0319	78	1.3921	1.5217
19	8.2693	9.6821	79	1.3663	1.4893
20	8.0058	9.3454	80	1.3421	1.4584
21	7.7499	9.0198	81	1.3193	1.4286
22	7.5002	8.7050	82	1.2982	1.4007
23	7.2578	8.4012	83	1.2783	1.3746
24	7.0219	8.1067	84	1.2596	1.3498
25	6.7929	7.8226	85	1.2421	1.3264
26	6.5706	7.5483	86	1.2257	1.3043
27	6.3558	7.2835	87	1.2106	1.2828
28	6.1481	7.0287	88	1.1966	1.2629
29	5.9459	6.7830	89	1.1837	1.2443
30	5.7484	6.5460	90	1.1718	1.2269
31	5.5560	6.3170	91	1.1607	1.2099
32	5.3687	6.0966	92	1.1500	1.1916
33	5.1866	5.8842	93	1.1393	1.1729
34	5.0101	5.6796	94	1.1284	1.1542
35	4.8393	5.4827	95	1.1168	1.1354
36	4.6738	5.2938	96	1.1039	1.1163
37	4.5143	5.1117	97	1.0882	1.0955
38	4.3602	4.9366	98	1.0679	1.0712
39	4.2119	4.7677	99	1.0400	1.0400
40	4.0690	4.6046	100	1.0000	1.0000
41	3.9315	4.4474	101	1.0000	1.0000
42	3.7992	4.2958	102	1.0000	1.0000
43	3.6722	4.1498	103	1.0000	1.0000
44	3.5503	4.0093	104	1.0000	1.0000
45	3.4336	3.8741	105	1.0000	1.0000
46	3.3219	3.7442	106	1.0000	1.0000
47	3.2146	3.6196	107	1.0000	1.0000
48	3.1117	3.5001	108	1.0000	1.0000
49	3.0120	3.3856	109	1.0000	1.0000
50	2.9157	3.2759	110	1.0000	1.0000
51	2.8228	3.1710	111	1.0000	1.0000
52	2.7333	3.0706	112	1.0000	1.0000
53	2.6476	2.9746	113	1.0000	1.0000
54	2.5654	2.8828	114	1.0000	1.0000
55	2.4869	2.7949	115	1.0000	1.0000
56	2.4121	2.7109	116	1.0000	1.0000
57	2.3407	2.6305	117	1.0000	1.0000
58	2.2725	2.5537	118	1.0000	1.0000
59	2.2069	2.4802	119	1.0000	1.0000
			120	1.0000	1.0000

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

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	\$0.07670	60	0.81008
1	0.04417	61	0.89771
2	0.03083	62	1.00317
3	0.02166	63	1.12062
4	0.01666	64	1.24417
5	0.01666	65	1.37470
6	0.01750	66	1.50631
7	0.01750	67	1.63984
8	0.01750	68	1.78469
9	0.01833	69	1.93324
10	0.01833	70	2.10947
11	0.02166	71	2.30757
12	0.02667	72	2.56819
13	0.03167	73	2.84180
14	0.03750	74	3.13113
15	0.04834	75	3.45118
16	0.05835	76	3.80233
17	0.06836	77	4.20962
18	0.07336	78	4.68635
19	0.07670	79	5.23646
20	0.07837	80	5.84173
21	0.07837	81	6.54333
22	0.08004	82	7.28157
23	0.08087	83	8.07870
24	0.08254	84	8.96923
25	0.08421	85	9.98096
26	0.08838	86	11.10409
27	0.09255	87	12.37264
28	0.09255	88	13.75073
29	0.09172	89	15.23065
30	0.09088	90	16.78674
31	0.09088	91	18.22779
32	0.09088	92	19.80869
33	0.09255	93	21.55613
34	0.09589	94	23.47616
35	0.09839	95	25.59567
36	0.10423	96	27.59187
37	0.10924	97	29.76658
38	0.11758	98	31.89232
39	0.12510	99	34.34626
40	0.13428	100	37.14294
41	0.14513	101	39.50851
42	0.15933	102	42.11842
43	0.17436	103	45.00647
44	0.19357	104	48.21245
45	0.21446	105	51.77575
46	0.23452	106	55.72387
47	0.25709	107	60.12084
48	0.27047	108	65.03077
49	0.28720	109	70.57877
50	0.30811	110	76.87834
51	0.33322	111	77.52351
52	0.36754	112	78.16867
53	0.40523	113	78.81384
54	0.45215	114	79.45900
55	0.50666	115	80.10417
56	0.56456	116	80.74934
57	0.62671	117	81.39450
58	0.67965	118	82.03967
59	0.73937	119	82.68483
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	16.2735	60	2.1644
1	15.8615	61	2.1033
2	15.3676	62	2.0451
3	14.8523	63	1.9897
4	14.3305	64	1.9371
5	13.8147	65	1.8871
6	13.3160	66	1.8394
7	12.8357	67	1.7938
8	12.3715	68	1.7500
9	11.9230	69	1.7079
10	11.4909	70	1.6673
11	11.0734	71	1.6283
12	10.6743	72	1.5909
13	10.2942	73	1.5555
14	9.9319	74	1.5218
15	9.5868	75	1.4897
16	9.2623	76	1.4590
17	8.9556	77	1.4297
18	8.6653	78	1.4019
19	8.3862	79	1.3756
20	8.1164	80	1.3509
21	7.8545	81	1.3276
22	7.5993	82	1.3060
23	7.3516	83	1.2857
24	7.1107	84	1.2665
25	6.8770	85	1.2486
26	6.6502	86	1.2318
27	6.4313	87	1.2163
28	6.2197	88	1.2019
29	6.0138	89	1.1886
30	5.8131	90	1.1763
31	5.6177	91	1.1648
32	5.4277	92	1.1535
33	5.2431	93	1.1422
34	5.0641	94	1.1307
35	4.8912	95	1.1185
36	4.7237	96	1.1051
37	4.5622	97	1.0889
38	4.4064	98	1.0682
39	4.2563	99	1.0400
40	4.1117	100	1.0000
41	3.9725	101	1.0000
42	3.8386	102	1.0000
43	3.7100	103	1.0000
44	3.5866	104	1.0000
45	3.4684	105	1.0000
46	3.3552	106	1.0000
47	3.2465	107	1.0000
48	3.1423	108	1.0000
49	3.0414	109	1.0000
50	2.9440	110	1.0000
51	2.8501	111	1.0000
52	2.7597	112	1.0000
53	2.6731	113	1.0000
54	2.5901	114	1.0000
55	2.5108	115	1.0000
56	2.4353	116	1.0000
57	2.3632	117	1.0000
58	2.2943	118	1.0000
59	2.2280	119	1.0000
		120	1.0000

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

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	MALE	FEMALE
0	\$ 0.08087	\$0.04001	60	\$ 0.82608	\$0.67041
1	0.04668	0.02917	61	0.91711	0.72675
2	0.03250	0.02166	62	1.02766	0.78650
3	0.02250	0.01666	63	1.15106	0.84967
4	0.01750	0.01583	64	1.28059	0.91879
5	0.01750	0.01500	65	1.41713	0.99389
6	0.01833	0.01500	66	1.55476	1.07581
7	0.01833	0.01750	67	1.69264	1.16629
8	0.01833	0.01750	68	1.84271	1.26619
9	0.01916	0.01750	69	1.99564	1.37555
10	0.01916	0.01833	70	2.17802	1.49866
11	0.02250	0.01916	71	2.38231	1.63984
12	0.02750	0.02250	72	2.65526	1.79578
13	0.03250	0.02500	73	2.94043	1.96657
14	0.03917	0.02750	74	3.24057	2.15488
15	0.05085	0.02917	75	3.57416	2.36083
16	0.06169	0.03250	76	3.93902	2.58715
17	0.07253	0.03417	77	4.36467	2.83575
18	0.07837	0.03584	78	4.86366	3.11031
19	0.08171	0.03834	79	5.44276	3.41198
20	0.08337	0.03917	80	6.07850	3.74457
21	0.08337	0.04001	81	6.80774	4.20522
22	0.08504	0.04167	82	7.57149	4.72089
23	0.08588	0.04167	83	8.40042	5.24181
24	0.08754	0.04334	84	9.32757	5.82016
25	0.08921	0.04501	85	10.38212	6.46808
26	0.09338	0.04668	86	11.56722	7.06301
27	0.09756	0.05001	87	12.87882	7.96313
28	0.09756	0.05251	88	14.30705	8.91871
29	0.09589	0.05501	89	15.84058	9.94967
30	0.09505	0.05668	90	17.47054	10.89370
31	0.09422	0.06085	91	19.02863	11.36812
32	0.09422	0.06419	92	20.68461	12.34234
33	0.09589	0.06836	93	22.46745	13.79851
34	0.09839	0.07336	94	24.39302	15.68026
35	0.10089	0.08087	95	26.47561	18.09932
36	0.10674	0.08588	96	28.42724	20.44899
37	0.11174	0.09255	97	30.56000	22.96291
38	0.12009	0.09756	98	32.89883	23.37594
39	0.12844	0.10256	99	35.47494	24.86065
40	0.13762	0.10840	100	38.32308	27.24718
41	0.14931	0.11508	101	40.65161	29.90458
42	0.16350	0.12343	102	43.20717	32.94073
43	0.17937	0.13261	103	46.02011	36.42589
44	0.19942	0.14346	104	49.12438	40.44623
45	0.22115	0.15599	105	52.56181	45.03454
46	0.24204	0.17102	106	56.38257	50.02631
47	0.26462	0.18939	107	60.65303	55.48139
48	0.27800	0.20861	108	65.44959	61.36566
49	0.29389	0.23201	109	70.87254	67.98102
50	0.31397	0.25709	110	77.05095	75.34726
51	0.33907	0.28469	111	77.67886	76.14553
52	0.37340	0.31648	112	78.30676	76.94381
53	0.41193	0.35079	113	78.93467	77.74208
54	0.45970	0.38680	114	79.56257	78.54036
55	0.51589	0.42617	115	80.19048	79.33863
56	0.57548	0.47060	116	80.81838	80.13690
57	0.63931	0.51757	117	81.44629	80.93518
58	0.69227	0.56876	118	82.07419	81.73345
59	0.75283	0.61831	119	82.70210	82.53173
			120	83.33000	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM**

ATTAINED AGE	RATE	ATTAINED AGE	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

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

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
0	\$0.07670	60	0.81008
1	0.04417	61	0.89771
2	0.03083	62	1.00317
3	0.02166	63	1.12062
4	0.01666	64	1.24417
5	0.01666	65	1.37470
6	0.01750	66	1.50631
7	0.01750	67	1.63984
8	0.01750	68	1.78469
9	0.01833	69	1.93324
10	0.01833	70	2.10947
11	0.02166	71	2.30757
12	0.02667	72	2.56819
13	0.03167	73	2.84180
14	0.03750	74	3.13113
15	0.04834	75	3.45118
16	0.05835	76	3.80233
17	0.06836	77	4.20962
18	0.07336	78	4.68635
19	0.07670	79	5.23646
20	0.07837	80	5.84173
21	0.07837	81	6.54333
22	0.08004	82	7.28157
23	0.08087	83	8.07870
24	0.08254	84	8.96923
25	0.08421	85	9.98096
26	0.08838	86	11.10409
27	0.09255	87	12.37264
28	0.09255	88	13.75073
29	0.09172	89	15.23065
30	0.09088	90	16.78674
31	0.09088	91	18.22779
32	0.09088	92	19.80869
33	0.09255	93	21.55613
34	0.09589	94	23.47616
35	0.09839	95	25.59567
36	0.10423	96	27.59187
37	0.10924	97	29.76658
38	0.11758	98	31.89232
39	0.12510	99	34.34626
40	0.13428	100	37.14294
41	0.14513	101	39.50851
42	0.15933	102	42.11842
43	0.17436	103	45.00647
44	0.19357	104	48.21245
45	0.21446	105	51.77575
46	0.23452	106	55.72387
47	0.25709	107	60.12084
48	0.27047	108	65.03077
49	0.28720	109	70.57877
50	0.30811	110	76.87834
51	0.33322	111	77.52351
52	0.36754	112	78.16867
53	0.40523	113	78.81384
54	0.45215	114	79.45900
55	0.50666	115	80.10417
56	0.56456	116	80.74934
57	0.62671	117	81.39450
58	0.67965	118	82.03967
59	0.73937	119	82.68483
		120	83.33000

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk. If this policy has been issued in a special (rated) premium class, the guaranteed monthly cost will be calculated as shown on the Policy Schedule.

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM**

ATTAINED AGE	RATE	ATTAINED AGE	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Female	10 Years	15 Years	20 Years	Female	10 Years	15 Years	20 Years

10	\$2.11	\$2.11	\$2.11	50	\$3.12	\$3.11	\$3.09
11	2.13	2.13	2.12	51	3.18	3.16	3.14
12	2.14	2.14	2.14	52	3.23	3.22	3.19
13	2.15	2.15	2.15	53	3.29	3.27	3.24
14	2.16	2.16	2.16	54	3.35	3.33	3.30
15	2.18	2.18	2.17	55	3.41	3.39	3.36
16	2.19	2.19	2.19	56	3.48	3.46	3.41
17	2.20	2.20	2.20	57	3.55	3.52	3.48
18	2.22	2.22	2.22	58	3.63	3.59	3.54
19	2.23	2.23	2.23	59	3.70	3.67	3.60
20	2.25	2.25	2.25	60	3.79	3.74	3.67
21	2.27	2.26	2.26	61	3.87	3.82	3.74
22	2.28	2.28	2.28	62	3.97	3.91	3.81
23	2.30	2.30	2.30	63	4.06	4.00	3.88
24	2.32	2.32	2.31	64	4.17	4.09	3.96
25	2.33	2.33	2.33	65	4.28	4.18	4.03
26	2.35	2.35	2.35	66	4.39	4.28	4.11
27	2.37	2.37	2.37	67	4.51	4.39	4.18
28	2.39	2.39	2.39	68	4.64	4.49	4.26
29	2.41	2.41	2.41	69	4.77	4.60	4.33
30	2.44	2.43	2.43	70	4.92	4.71	4.41
31	2.46	2.46	2.46	71	5.07	4.83	4.48
32	2.48	2.48	2.48	72	5.22	4.94	4.54
33	2.51	2.50	2.50	73	5.39	5.06	4.61
34	2.53	2.53	2.53	74	5.56	5.18	4.67
35	2.56	2.56	2.55	75	5.74	5.29	4.72
36	2.59	2.58	2.58	76	5.92	5.40	4.77
37	2.61	2.61	2.61	77	6.11	5.51	4.81
38	2.64	2.64	2.64	78	6.31	5.62	4.85
39	2.68	2.67	2.67	79	6.51	5.72	4.89
40	2.71	2.70	2.70	80	6.71	5.81	4.92
41	2.74	2.74	2.73	81	6.91	5.89	4.94
42	2.78	2.77	2.77	82	7.11	5.97	4.96
43	2.81	2.81	2.80	83	7.31	6.04	4.98
44	2.85	2.85	2.84	84	7.50	6.10	5.00
45	2.89	2.89	2.88	85	7.68	6.16	5.01
46	2.93	2.93	2.92	86	7.85	6.21	5.02
47	2.98	2.97	2.96	87	8.01	6.25	5.03
48	3.02	3.02	3.00	88	8.16	6.28	5.03
49	3.07	3.06	3.05	89	8.30	6.31	5.04
				90	8.42	6.34	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Male	10 Years	15 Years	20 Years	Male	10 Years	15 Years	20 Years

10	\$2.17	\$2.17	\$2.16	50	\$3.31	\$3.29	\$3.25
11	2.18	2.18	2.18	51	3.37	3.35	3.31
12	2.19	2.19	2.19	52	3.43	3.41	3.36
13	2.21	2.21	2.20	53	3.50	3.47	3.42
14	2.22	2.22	2.22	54	3.57	3.53	3.47
15	2.24	2.23	2.23	55	3.64	3.60	3.53
16	2.25	2.25	2.25	56	3.72	3.67	3.60
17	2.27	2.26	2.26	57	3.80	3.74	3.66
18	2.28	2.28	2.28	58	3.88	3.82	3.72
19	2.30	2.30	2.29	59	3.97	3.90	3.79
20	2.32	2.31	2.31	60	4.06	3.98	3.86
21	2.33	2.33	2.33	61	4.16	4.07	3.92
22	2.35	2.35	2.35	62	4.26	4.16	3.99
23	2.37	2.37	2.37	63	4.37	4.25	4.06
24	2.39	2.39	2.39	64	4.49	4.34	4.13
25	2.41	2.41	2.41	65	4.61	4.44	4.20
26	2.43	2.43	2.43	66	4.73	4.54	4.27
27	2.45	2.45	2.45	67	4.86	4.64	4.34
28	2.48	2.47	2.47	68	5.00	4.75	4.40
29	2.50	2.50	2.49	69	5.14	4.85	4.47
30	2.52	2.52	2.52	70	5.29	4.95	4.53
31	2.55	2.55	2.54	71	5.44	5.06	4.59
32	2.58	2.57	2.57	72	5.60	5.16	4.64
33	2.60	2.60	2.60	73	5.76	5.27	4.69
34	2.63	2.63	2.62	74	5.92	5.37	4.74
35	2.66	2.66	2.65	75	6.09	5.47	4.78
36	2.69	2.69	2.68	76	6.27	5.56	4.82
37	2.73	2.72	2.72	77	6.44	5.66	4.86
38	2.76	2.76	2.75	78	6.62	5.74	4.89
39	2.80	2.79	2.78	79	6.80	5.82	4.92
40	2.84	2.83	2.82	80	6.98	5.90	4.94
41	2.87	2.87	2.86	81	7.16	5.97	4.96
42	2.92	2.91	2.89	82	7.34	6.04	4.98
43	2.96	2.95	2.93	83	7.51	6.10	5.00
44	3.00	2.99	2.97	84	7.67	6.15	5.01
45	3.05	3.04	3.02	85	7.83	6.20	5.02
46	3.10	3.08	3.06	86	7.98	6.24	5.02
47	3.15	3.13	3.11	87	8.12	6.27	5.03
48	3.20	3.18	3.15	88	8.26	6.30	5.03
49	3.25	3.23	3.20	89	8.38	6.33	5.04
				90	8.50	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
	GUARANTEED PERIOD				GUARANTEED PERIOD		
AGE OF PAYEE	10 Years	15 Years	20 Years	AGE OF PAYEE	10 Years	15 Years	20 Years

10	\$2.14	\$2.13	\$2.13	50	\$3.20	\$3.18	\$3.16
11	2.15	2.15	2.15	51	3.25	3.24	3.21
12	2.16	2.16	2.16	52	3.31	3.29	3.26
13	2.17	2.17	2.17	53	3.37	3.35	3.32
14	2.19	2.19	2.18	54	3.44	3.41	3.37
15	2.20	2.20	2.20	55	3.51	3.48	3.43
16	2.21	2.21	2.21	56	3.58	3.54	3.49
17	2.23	2.23	2.23	57	3.65	3.61	3.55
18	2.24	2.24	2.24	58	3.73	3.69	3.61
19	2.26	2.26	2.26	59	3.81	3.76	3.68
20	2.28	2.28	2.27	60	3.90	3.84	3.75
21	2.29	2.29	2.29	61	3.99	3.92	3.82
22	2.31	2.31	2.31	62	4.09	4.01	3.89
23	2.33	2.33	2.32	63	4.19	4.10	3.96
24	2.35	2.34	2.34	64	4.30	4.19	4.03
25	2.37	2.36	2.36	65	4.41	4.29	4.10
26	2.39	2.38	2.38	66	4.53	4.39	4.18
27	2.41	2.40	2.40	67	4.65	4.49	4.25
28	2.43	2.43	2.42	68	4.78	4.60	4.32
29	2.45	2.45	2.44	69	4.92	4.70	4.39
30	2.47	2.47	2.47	70	5.07	4.81	4.46
31	2.50	2.49	2.49	71	5.22	4.92	4.52
32	2.52	2.52	2.52	72	5.37	5.03	4.58
33	2.56	2.54	2.54	73	5.54	5.14	4.64
34	2.57	2.57	2.57	74	5.71	5.26	4.70
35	2.60	2.60	2.59	75	5.88	5.36	4.75
36	2.63	2.63	2.62	76	6.06	5.47	4.79
37	2.66	2.66	2.65	77	6.25	5.57	4.83
38	2.69	2.69	2.68	78	6.44	5.67	4.87
39	2.73	2.72	2.71	79	6.63	5.76	4.90
40	2.76	2.76	2.75	80	6.82	5.85	4.93
41	2.80	2.79	2.78	81	7.02	5.93	4.95
42	2.83	2.83	2.82	82	7.21	6.00	4.97
43	2.87	2.87	2.86	83	7.39	6.06	4.99
44	2.91	2.91	2.89	84	7.57	6.12	5.00
45	2.96	2.95	2.93	85	7.74	6.17	5.01
46	3.00	2.99	2.98	86	7.90	6.22	5.02
47	3.05	3.04	3.02	87	8.06	6.26	5.03
48	3.10	3.08	3.06	88	8.20	6.29	5.03
49	3.15	3.13	3.11	89	8.33	6.32	5.04
				90	8.45	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

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AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

This is a FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY. An adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Investment results are reflected in policy benefits. ACCUMULATION VALUES are flexible and will be based on the amount and frequency of premiums paid and the investment results of the Separate Account. NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our VUL Administrative Center

2727-A Allen Parkway
P.O. Box 4880
Houston, Texas 77019-2191
1-800-340-2765

American General Life Insurance Company (AGL)

A subsidiary of American International Group, Inc. (AIG)

Home office: Houston, Texas

(This supplement must accompany the appropriate application for life insurance.)

The supplement and the application will be attached to and made a part of the policy.

Applicant Information — Supplement to the application on the life of

John Doe _____ 10/01/07 _____
Name of proposed insured Date of application for life insurance

Initial Allocation Percentages

Investment Options In the "Premium Allocation" column, indicate how each premium received is to be allocated. In the "Deduction Allocation" column, indicate which investment options are to be used for the deduction of monthly account charges. **Total allocations in each column must equal 100%. Use whole percentages only.**

	PREMIUM ALLOCATION	DEDUCTION ALLOCATION		PREMIUM ALLOCATION	DEDUCTION ALLOCATION
AGL Declared Fixed Interest Account (301)	100	100	MFS Variable Insurance Trust		
[AIG Retirement Company I			New Discovery (820)	_____	_____
International Equities (864)	_____	_____	Research (818)	_____	_____
Mid Cap Index (805)	_____	_____	Neuberger Berman Advisers Management Trust		
Money Market I (801)	_____	_____	Mid-Cap Growth (824)	_____	_____
Nasdaq-100 [®] Index (865)	_____	_____	Socially Responsive (858)	_____	_____
Science and Technology (866)	_____	_____	Oppenheimer Variable Account Funds		
Small Cap Index (827)	_____	_____	Balanced (859)	_____	_____
Stock Index (806)	_____	_____	Global Securities (846)	_____	_____
AIM Variable Insurance Funds			PIMCO Variable Insurance Trust		
International Growth (802)	_____	_____	CommodityRealReturn [™] Strategy (860)	_____	_____
The Alger American Fund			Real Return (836)	_____	_____
Capital Appreciation (849)	_____	_____	Short-Term (835)	_____	_____
MidCap Growth (843)	_____	_____	Total Return (837)	_____	_____
American Century Variable Portfolios, Inc.			Pioneer Variable Contracts Trust		
Value (825)	_____	_____	Mid Cap Value (861)	_____	_____
Credit Suisse Trust			Putnam Variable Trust		
Small Cap Core I (850)	_____	_____	Diversified Income (814)	_____	_____
Fidelity Variable Insurance Products			International Growth and Income (815)	_____	_____
Asset Manager SM (851)	_____	_____	SunAmerica Series Trust		
Contrafund [®] (840)	_____	_____	Aggressive Growth (862)	_____	_____
Equity-Income (838)	_____	_____	Balanced (863)	_____	_____
Freedom 2020 (852)	_____	_____	Van Kampen Life Investment Trust		
Freedom 2025 (853)	_____	_____	Growth and Income (867)	_____	_____
Freedom 2030 (854)	_____	_____	Vanguard[®] Variable Insurance Fund		
Growth (839)	_____	_____	High Yield Bond (833)	_____	_____
Mid Cap (844)	_____	_____	REIT Index (834)	_____	_____
Franklin Templeton Variable Insurance Products Trust			Other: _____	_____	_____
Franklin Small Cap Value Securities (845)	_____	_____		100%	100%
Franklin U.S. Government (855)	_____	_____			
Mutual Shares Securities (856)	_____	_____			
Templeton Foreign Securities (857)	_____	_____			
Janus Aspen Series					
Mid Cap Growth (823)	_____	_____			

Dollar Cost Averaging (DCA)

Dollar Cost Averaging (DCA)

(\$5,000 MINIMUM BEGINNING ACCUMULATION VALUE) An amount can be systematically transferred from **any one investment option** and directed to one or more of the investment options below. The AGL Declared Fixed Interest Account is not available for DCA. Please refer to the prospectus for more information on the DCA option.

NOTE: DCA is not available if the Automatic Rebalancing option.

Day of the month for transfers: _____ (Choose a day of the month between 1–28.)

Frequency of transfers: Monthly Quarterly Semiannually Annually

DCA to be made from the following investment option: _____

Transfer \$ _____ **(\$100 MINIMUM, WHOLE DOLLARS ONLY)**

[**AIG Retirement Company I**

International Equities (864) \$ _____
 Mid Cap Index (805) \$ _____
 Money Market I (801) \$ _____
 Nasdaq-100® Index (865) \$ _____
 Science and Technology (866) \$ _____
 Small Cap Index (827) \$ _____
 Stock Index (806) \$ _____

AIM Variable Insurance Funds

International Growth (802) \$ _____

The Alger American Fund

Capital Appreciation (849) \$ _____
 MidCap Growth (843) \$ _____

American Century Variable Portfolios, Inc.

Value (825) \$ _____

Credit Suisse Trust

Small Cap Core I (850) \$ _____

Fidelity Variable Insurance Products

Asset ManagerSM (851) \$ _____
 Contrafund® (840) \$ _____
 Equity-Income (838) \$ _____
 Freedom 2020 (852) \$ _____
 Freedom 2025 (853) \$ _____
 Freedom 2030 (854) \$ _____
 Growth (839) \$ _____
 Mid Cap (844) \$ _____

Franklin Templeton Variable Insurance Products Trust

Franklin Small Cap Value Securities (845) \$ _____
 Franklin U.S. Government (855) \$ _____
 Mutual Shares Securities (856) \$ _____
 Templeton Foreign Securities (857) \$ _____

Janus Aspen Series

Mid Cap Growth (823) \$ _____

MFS Variable Insurance Trust

New Discovery (820) \$ _____
 Research (818) \$ _____

Neuberger Berman Advisers Management Trust

Mid-Cap Growth (824) \$ _____
 Socially Responsive (858) \$ _____

Oppenheimer Variable Account Funds

Balanced (859) \$ _____
 Global Securities (846) \$ _____

PIMCO Variable Insurance Trust

CommodityRealReturn™ Strategy (860) \$ _____
 Real Return (836) \$ _____
 Short-Term (835) \$ _____
 Total Return (837) \$ _____

Pioneer Variable Contracts Trust

Mid Cap Value (861) \$ _____

Putnam Variable Trust

Diversified Income (814) \$ _____
 International Growth and Income (815) \$ _____

SunAmerica Series Trust

Aggressive Growth (862) \$ _____
 Balanced (863) \$ _____

Van Kampen Life Investment Trust

Growth and Income (867) \$ _____

Vanguard® Variable Insurance Fund

High Yield Bond (833) \$ _____
 REIT Index (834) \$ _____

Other: _____ \$ _____]

Dollar Cost averaging does not assume a profit or protect against a loss in declining markets. A policy owner should consider his or her financial ability to continue purchases through periods of low price levels in order to utilize fully a dollar cost averaging program.

Automatic Rebalancing

Automatic Rebalancing

(\$5,000 MINIMUM BEGINNING ACCUMULATION VALUE) Variable division assets will be automatically rebalanced based on the premium percentages designated on Page 1 of this form. If the AGL Declared Fixed Interest Account has been designated for premium allocation, the rebalancing will be based on the proportion allocated to the variable divisions. Please refer to the prospectus for more information on the Automatic Rebalancing option.

Check Here for Automatic Rebalancing Frequency: Quarterly Semiannually Annually

NOTE: Automatic Rebalancing is not available if the DCA option has been chosen.

Modified Endowment Contract

Contract

If any premium payment causes the policy to be classified as a modified endowment contract under Section 7702A of the Internal Revenue Code, there may be potentially adverse tax consequences. Such consequences include: (1) withdrawals or loans being taxed to the extent of gain; and (2) a 10% penalty tax on the taxable amount. In order to avoid modified endowment status, I request any excess premium that could cause such status to be refunded. **YES** **NO**

Authorization for Transactions

Initial appropriate box here:

I (or we, if Joint Owners), hereby authorize AGL to act on telephone instructions or e-service instructions, if elected, to transfer values among the variable divisions and the AGL Declared Fixed Interest Account and to change allocations for future premium payments and monthly deductions given by:

Policy Owner(s)— if Joint Owners, either of us acting independently.

Policy Owner(s) or the Agent/Registered Representative who is appointed to represent AGL and the firm authorized to service my policy.

AGL and any person designated by this authorization will not be responsible for any claim, loss or expense based upon telephone instructions and e-service instructions received and acted on in good faith, including losses due to telephone instructions or e-service communication errors. AGL's liability for erroneous transfers and allocations, unless clearly contrary to instructions received, will be limited to correction of the allocations on a current basis. If an error, objection or other claim arises due to a telephone instruction or e-service instruction, I will notify AGL in writing within five working days from receipt of confirmation of the transaction from AGL. I understand that this authorization is subject to the terms and provisions of my variable universal life insurance policy and its related prospectus. This authorization will remain in effect until my written notice of its revocation is received by AGL at its home office.

Suitability

All questions must be answered.

1. Have you, the Proposed Insured or Owner (if different), received the variable universal life insurance policy prospectus and the investment choices brochure describing the investment options? yes no
2. Do you understand and acknowledge:
 - a. **THAT THE POLICY APPLIED FOR IS VARIABLE, EMPLOYS THE USE OF SEGREGATED ACCOUNTS WHICH MEANS THAT YOU NEED TO RECEIVE AND UNDERSTAND CURRENT PROSPECTUSES FOR THE POLICY AND THE UNDERLYING ACCOUNTS?** yes no
 - b. **THAT ANY BENEFITS, VALUES OR PAYMENTS BASED ON PERFORMANCE OF THE SEGREGATED ACCOUNTS MAY VARY: AND**
 - (1) **ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE U.S. GOVERNMENT OR ANY STATE GOVERNMENT?** yes no
 - (2) **ARE NOT FEDERALLY INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER AGENCY, FEDERAL OR STATE?** yes no
 - c. **THAT IN ESSENCE, ALL RISK IS BORNE BY THE OWNER EXCEPT FOR FUNDS PLACED IN THE AGL DECLARED FIXED INTEREST ACCOUNT?** yes no
 - d. **THAT THE POLICY IS DESIGNED TO PROVIDE LIFE INSURANCE COVERAGE AND TO ALLOW FOR THE ACCUMULATION OF VALUES IN THE SEGREGATED ACCOUNTS?** yes no
 - e. **THE AMOUNT OR DURATION OF THE DEATH BENEFIT MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT?** yes no
 - f. **THE POLICY VALUES MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, THE AGL DECLARED FIXED INTEREST ACCOUNT ACCUMULATION, AND CERTAIN EXPENSE DEDUCTIONS?** yes no
3. Do you believe the Policy you selected meets your insurance and investment objectives and your anticipated financial needs? yes no

Electronic Delivery Consent

American General Life Insurance Company ("AGL") is capable of providing contract and investment option prospectuses, supplements, statements of additional information, and reports via e-mail or CD-ROM. In order to verify your e-mail receipt of these documents, we must obtain your consent to this type of delivery format.

This consent authorizes AGL, with respect to AGL's variable universal life insurance policies, to deliver the following communications via e-mail or CD-ROM:

- Contract prospectuses and supplements
- Investment option prospectuses and supplements
- Statements of additional information
- Annual and semi-annual investment option reports

This consent to delivery by e-mail or CD-ROM has no expiration date. You may change or cancel your consent at any time by writing to us at American General Life Insurance Company, P.O. Box 4880, Houston, Texas, 77210-4880, Attn: Policy Owner Services. You may also receive a paper copy of any communication at no additional charge by writing to us at the above address.

In order to participate in this delivery method you must have access to the following:

- A personal computer with CD-ROM hardware and software
- Browser software, such as Microsoft Internet Explorer, Netscape Communicator, or equivalent
- Communication access to the Internet

Should you wish to print materials that have been delivered via e-mail or CD-ROM, you must also have access to a printer. Materials will be published using Portable Document Format (PDF). In order to view PDF documents, you must have Adobe Acrobat Reader software, which is available for download free-of-charge from <http://www.adobe.com/products/acrobat/readstep2.html>.

We reserve the right to mail paper copies instead of providing electronic delivery. In the event that e-mail delivery is unsuccessful, we will mail paper copies. You must notify us every time you change your e-mail address.

Your e-mail address will be used solely for AGL's database management regarding the electronic delivery of the communications listed above. Your e-mail address will not be sold or distributed to third parties.

By signing this consent, I acknowledge that I have read and understand all of the above-mentioned terms and conditions of this enrollment.

I consent to receive electronic delivery of the documents specified above.

Signature of Owner

Please provide your e-mail address

If you prefer CD-ROM delivery, please check here

Signatures

Signatures

Anytown, USA

Signed at (city, state)

Print name of Broker/Dealer

X	<u><i>Mary Smith</i></u>	_____ State license #	<u><i>10/01/07</i></u> Date
	Registered representative		
X	<u><i>John Doe</i></u>		<u><i>10/01/07</i></u> Date
	Primary proposed insured		
X	<u><i>Jane Doe</i></u>		<u><i>10/01/07</i></u> Date
	Owner <i>(If different from Proposed Insured)</i>		
X	_____ Joint Owner <i>(If applicable)</i>		_____ Date

SERFF Tracking Number: *AMGN-125788761* *State:* *Arkansas*
Filing Company: *American General Life Insurance Company* *State Tracking Number:* *40065*
Company Tracking Number: *08301*
TOI: *L061 Individual Life - Variable* *Sub-TOI:* *L061.002 Single Life - Flexible Premium*
Product Name: *AIG Corporate Investor Select*
Project Name/Number: *08301/08301*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125788761 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 40065
Company Tracking Number: 08301
TOI: L061 Individual Life - Variable Sub-TOI: L061.002 Single Life - Flexible Premium
Product Name: AIG Corporate Investor Select
Project Name/Number: 08301/08301

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

09/03/2008

Comments:

Attachments:

AR_Certif_Compliance_Rule 19.pdf

AR Cert_Comp.pdf

Review Status:

Satisfied -Name: Application

08/25/2008

Comments:

Attachments:

AGLC100565-2006.pdf

AGLC100566-2006.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 08301 Flexible Premium Variable Universal Life Insurance Policy
AGLC103319-2008 Supplemental Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace
Name

Vice President, Product Compliance
Title

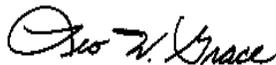
August 25, 2008
Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information (AGL Form L-4339)	Y	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	Y	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	Y	
Rule and Regulation 33	Variable Life Insurance	Y	
	Licensing and approval to do business	Y	
	Qualification of Insurer to Issue Variable Life Insurance	Y	
	Article IV. Insurance Policy Requirements	Y	
	Article V. Reserve Liabilities for Variable Life Insurance	Y	
	Article VI. Separate Accounts	Y	
	Article VII. Information Furnished to Applicants	Y	
	Article VIII. Applications	Y	
	Article IX. Reports to Policyholders	Y	
	Article X. Foreign Companies	Y	
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance	Y	
	Article XII. Separability Article	Y	
	Article XIII. Supersession of Conflicting Regulations	Y	
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies		NA
Severability			
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		NA
	Current and Guaranteed Cost Of Insurance Rates	Y	
	Minimum/Maximum Interest Rate Range		
	Minimum Rate:	3%	
	Maximum Rate:	10%	

I hereby certify that form(s) 08301 is in compliance with those relevant Arkansas laws and regulations sited above.



Leo W. Grace
Director, Product Development



- Insurance company selection options: American General Life Insurance Company, Houston, TX; The United States Life Insurance Company in the City of New York, New York, NY; AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Primary Proposed Insured

Form for Primary Proposed Insured: Name John Doe, Social Security # 123-45-6789, Sex M, Birthplace Anytown, USA, Date of Birth 6/01/71, Current Age 35, Tobacco Use no, Driver's License no, U.S. Citizen yes, Address 123 Main Street, City Anytown, USA, ZIP 77704, Home Phone (713)123-4567, Work Phone (713)345-6789, Email Jdoe aol.com, Employer Steel Industries, Occupation Machine Operator, Length of Employment 5 years, Employer Address 123 West Road, City Anytown, USA, ZIP 77704, Duties Operate machines, Supervise other operators, Personal Earned Income \$ 50,000, Household Income \$ 50,000, Net Worth \$ 100,000

2. Other Proposed Insured

Form for Other Proposed Insured: Name, Social Security #, Sex, Birthplace, Date of Birth, Current Age, Relationship to Primary Proposed Insured, Tobacco Use, Driver's License, U.S. Citizen, Address, City, State, ZIP, Home Phone, Work Phone, Email, Employer, Occupation, Length of Employment, Employer Address, City, State, ZIP, Duties, Personal Earned Income \$, Household Income \$, Net Worth \$

Ownership

3. A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Form for Contingent Owner: Name, Social Security or Tax ID #, Date of Birth, Address, City, State, ZIP, Home Phone, Relationship to Primary Proposed Insured, Email

B. Complete if Owner is a trust (If trustee is premium payor, also complete section 14 D.)

Form for Trust Owner: Exact Name of Trust, Trust Tax ID #, Address, City, State, ZIP, Email, Current Trustee(s), Date of Trust

*for identification purposes only

Product Information

4. **Product Name** (Complete appropriate supplemental application if applicable.) Elite Universal Life
Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): Guideline Premium Cash Value Accumulation
Automatic Premium Loan (If applicable): Yes No Premium Class Quoted _____
Reason for Insurance family protection

5. **Dividend Options** (For participating policy only.)
 Cash Premium Reduction Paid-up Additions Deposit Earning Interest Other (Explain) _____

6. **Premium Allocation** (For Indexed UL only if applicable.)
Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**
Indexed Interest Account _____% Excess Interest Account _____% Total 100%

7. **Death Benefit Options** (For UL & VUL only.) Option 1 - Level Option 2 - Increasing Option 3 - Level Plus Return of Premium

8. **Riders/Benefits**
 Child Rider Amount \$ _____ **(Complete Child Rider Attachment)** or No current children
 Waiver of Premium Waiver of Monthly Deduction Waiver of Monthly Guarantee Premium
 Maturity Extension Rider - Accumulation Value Maturity Extension Rider - Death Benefit Terminal Illness Rider
 Accidental Death Benefit Amount \$ _____ Other Insured/Spouse Rider Amount \$ _____
 Disability Income Rider (Complete the following if DI Rider is requested)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): 1 2
 Adjustable Return of Premium Rider - (Provide % of Premium) _____
 Scheduled Increase Rider
 Other Riders/Benefits #1 _____ Amount/Unit(s) _____
 Other Riders/Benefits #2 _____ Amount/Unit(s) _____

Beneficiary

9. **Primary** Name Jane Doe Relationship wife Share 100% %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
10. **Contingent** Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %

11. **Trust Information (if Beneficiary)** Exact Name of Trust _____
Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

12. **Rider Beneficiaries** (Complete if other than Primary Proposed Insured.)
Other Insured/Spouse Rider _____ Relationship _____
Child Rider _____ Relationship _____

Business Coverage

13. **Business Insurance Details** (Complete only if applying for business coverage.)
Does any Proposed Insured have an ownership interest in the business? yes no
If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no
Describe any special circumstances. _____

Premium

- 14. Premium Payment** Modal \$ 600 Single \$ _____ Additional Initial \$ _____
- A. Frequency of modal premium:** Annual Semi-annual Quarterly Monthly (*Bank Draft only*)
- B. Method:** Direct Billing Bank Draft (*Complete Bank Draft Authorization.*) List Bill: Number _____
 Credit Card - Initial Premium Only (*Complete Credit Card Authorization.*)
 Other (*Please explain.*) _____
- C. Amount submitted with application \$** 600
- D. Premium Payor** (*Complete if other than Owner.*)
 Name _____ Social Security or Tax ID # _____
 Relationship to Primary Proposed Insured _____
 Address _____ City, State _____ ZIP _____

Limited Temporary Life Insurance Eligibility

- 15. Health and Age Questions** (*Regarding the Primary Proposed Insured and the Other Proposed Insured under a joint life or survivorship policy, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.*)
- A.** Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? yes no
- B.** Is any Proposed Insured age 71 or above? yes no

Existing Coverage

16. Existing Coverage

A. Life and Annuity Coverage

Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no

(*If yes, complete the following regarding such annuities or life insurance policies.*)

Type: i = individual, b= business, g=group, p=pending life insurance or annuity

Name of Proposed Insured	Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*	1035 Ex
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

***Replace** means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

B. Disability Coverage (*Complete only if Disability Income Rider coverage requested.*)

Does any Proposed Insured have any existing or pending Disability insurance policies? yes no

(*If yes, complete the following regarding existing and pending disability insurance*)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Nonmedical Questions

17. Background Information (Complete questions A through F. If yes answer applies to any Proposed Insured, provide details specified after each question.)

A. Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no

(If yes, list country, date, length of stay and purpose.) _____

B. In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

C. Has any Proposed Insured:

1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no

(If yes, list date and reason.) _____

D. Has any Proposed Insured ever filed for bankruptcy? yes no

(If yes, list chapter filed, date, reason and discharge date.) _____

E. In the past five years, has any Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? yes no

(If yes, list date, state, license no. and specific violation.) _____

F. Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no

(If yes, list date, state and charge.) _____

Remarks

18. Details and Explanations

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Proposed Insured(s)/Owner Signature

Signed at (city, state) Anytown, USA On (date) 10/01/06

Primary Proposed Insured John Doe
(If under age 15, signature of parent or guardian)

Other Proposed Insured _____
(If under age 15, signature of parent or guardian)

Owner (If other than Primary Proposed Insured) _____

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A.** Number of years you have known Primary Proposed Insured: _____
Other Proposed Insured: _____
- B.** Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no
If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? yes no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)
- C.** Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* yes no
- D.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement? yes no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Writing Agent Name *(Please print)* _____ Date _____
Writing Agent Signature **X** _____
State License # _____ Phone # _____
Email _____ Fax # _____

4. If a translator was used, complete the following:

Name *(Please print)* _____
Address _____ City, State _____ ZIP _____

For Home Office use
Processing Center _____ Contact Person _____ Phone # _____
Servicing Agent (if other than writing agent) send policy/delivery requirements to _____



- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Proposed Insured (Complete separate Part B for each Proposed Insured)

Name _____ Date of Birth _____ Social Security # _____

Medical History

(Instructions: Please answer ALL medical history questions. Do not leave any questions blank.)

2. Physician Information

Name, address and phone number of the Proposed Insured's personal physician(s). (If no personal physician, provide name, address and phone number of doctor last seen.)

Name _____ Phone (____) _____

Address _____ City, State _____ ZIP _____

Date, reason, findings and treatment at last visit _____

3. Build

A. Admitted Height and Weight _____ ft. _____ in. _____ lbs

(Examiners: Also record measured height and weight on Exam page 1.)

B. Has the Proposed Insured had any weight change in excess of 10 lbs. in the past year? yes no If yes, complete the following:

Loss _____ lbs. Gain _____ lbs. Reason _____

4. Family History

Age if Living	Age at Death	Cause of Death	History of Heart Disease?	History of Cancer?
Father _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Mother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Brother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Brother _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Sister _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____
Sister _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____

5. Personal Health History

A. Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? yes no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? yes no
- 3) cancer, tumors, masses, cysts or other such abnormalities? yes no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? yes no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? yes no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or sugar or protein in the urine? yes no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? yes no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including a mental or nervous disorder? yes no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? yes no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

C. Has the Proposed Insured in the past three years had but NOT sought treatment for:

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? yes no
- 2) any pain or discomfort in the chest or shortness of breath? yes no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine? yes no

(If yes, list condition such as: date of first occurrence; symptoms; and how treated.)

Details _____

D. Has the Proposed Insured ever:

- 1) sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? yes no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? yes no

(If yes answered to D1 or D2, please provide details below.)

Type of drug(s)/alcohol product(s) _____ Date last used _____
Name(s) of doctor/facility _____ Phone () _____
Address _____ City, State _____ ZIP _____
Treatment Dates _____
Support group(s) _____ Last date attended _____
Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

E. Has the Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

F. Other than previously stated, in the past 10 years, has the Proposed Insured:
1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; recommended tests, medications or treatment.)

Details _____

3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? yes no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

G. Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

Physical Measurements

1. Proposed Insured

- A. Name _____
- B. Build: Measured Height (*in shoes*) _____ ft. _____ in. Weight (*clothed*) _____ lbs (*Please weigh insured.*)
- C. Are you currently taking Blood Pressure Medication(s)? yes no
 Medication(s) _____

Blood Pressure (*Record all readings.*) If blood pressure exceeds 140/90, repeat reading at end of examination.*

	1st Reading	2nd Reading	3rd Reading	*Repeat Reading
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

- D. Did you weigh Proposed Insured? yes no
- E. Have any of the following been completed in conjunction with this exam?
 Blood Urine EKG Stress Test Chest x-ray
- F. Is appearance unhealthy or older than stated age? yes no
- G. Do you have any pertinent information not disclosed previously?
 (*Details of yes answers to questions F and G*) yes no

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain.*) yes no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? yes no
- b. Is heart enlarged? (*If yes, describe.*) _____ yes no
- c. Is murmur present? (*If yes, complete 1d.*) _____ yes no
- d. Before exercise, murmur is:
 Constant Transmitted to where? _____
 Inconstant Localized at: Apex Base Elsewhere
 Systolic (*Give details.*) _____
 Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6
 After valsalva, murmur is:
 Unchanged Decreased Increased Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below.)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction.)* yes no

Details _____

b) Endocrine system *(including thyroid)?* yes no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?* yes no

Details _____

d) Respiratory system? yes no

Details _____

e) Abdomen *(including scars)?* yes no

Details _____

f) Genito-urinary system? yes no

Details _____

g) Skin *(including scars), lymph nodes, blood vessels (including varicose veins)?* yes no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?* yes no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ am pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner's Address _____

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion.)

<i>SERFF Tracking Number:</i>	<i>AMGN-125788761</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40065</i>
<i>Company Tracking Number:</i>	<i>08301</i>		
<i>TOI:</i>	<i>L061 Individual Life - Variable</i>	<i>Sub-TOI:</i>	<i>L061.002 Single Life - Flexible Premium</i>
<i>Product Name:</i>	<i>AIG Corporate Investor Select</i>		
<i>Project Name/Number:</i>	<i>08301/08301</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

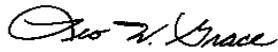
Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Supporting Document	Certification/Notice	08/25/2008	AR_Certif_ Compliance_ Rule 19.pdf

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 08301 Flexible Premium Variable Universal Life Insurance Policy
AGLC103319-2008 Supplemental Application

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace
Name

Vice President, Product Compliance
Title

August 25, 2008
Date