

SERFF Tracking Number: LAFA-125932349 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 41035
Company Tracking Number:
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: VAN-09
Project Name/Number: /

Filing at a Glance

Company: The Lafayette Life Insurance Company

Product Name: VAN-09

SERFF Tr Num: LAFA-125932349 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 41035

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Katrina Donnoe

Disposition Date: 01/08/2009

Date Submitted: 12/04/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/02/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/08/2009

State Status Changed: 01/08/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see attached cover letter. Thank you!

Company and Contact

Filing Contact Information

Kate Donnoe, Senior Compliance Analyst

kate.donnoe@llic.com

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1905 Teal Rd (800) 443-8793 [Phone]
Lafayette, IN 47906 (765) 477-3212[FAX]

Filing Company Information

The Lafayette Life Insurance Company CoCode: 65242 State of Domicile: Indiana
PO Box 7007 Group Code: 836 Company Type: Life and Annuity
Lafayette, IN 47903 Group Name: State ID Number:
(800) 443-8793 ext. 3417[Phone] FEIN Number: 35-0457540

SERFF Tracking Number: LAF A-125932349 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 41035
Company Tracking Number:
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: VAN-09
Project Name/Number: /

Filing Fees

Fee Required? Yes
Fee Amount: \$140.00
Retaliatory? Yes
Fee Explanation: 4 forms x \$35 per form = \$140.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lafayette Life Insurance Company	\$140.00	12/04/2008	24331725

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/08/2009	01/08/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	12/16/2008	12/16/2008	Katrina Donnoe	01/08/2009	01/08/2009

SERFF Tracking Number: LAF-125932349 *State:* Arkansas
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Disposition

Disposition Date: 01/08/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Submission Letter		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Annual Report		Yes
Supporting Document	Statement of Policy Cost and Benefit Information		Yes
Supporting Document	Illustration		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Illustration Certifications		Yes
Supporting Document	Certification - Reg. 34		Yes
Supporting Document	Consent		Yes
Form	Flexible Premium Universal Life Policy		Yes
Form	VAN-09 Schedule Pages		Yes
Form	Flexible Premium Universal Life Policy		Yes
Form	VAN-09U Schedule Pages		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 12/16/2008
Submitted Date 12/16/2008

Respond By Date

Dear Kate Donnoe,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

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

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/08/2009
Submitted Date 01/08/2009

Dear Linda Bird,

Comments:

Response 1

Comments: In response to your objection dated 12/16/2008, please find attached certification and consent. If you need anything further, please do not hesitate to contact me. Thank you.

Kate Donnoe, FLMI, PCS, AIRC, AIAA, ARA
765-477-3327

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Product Name: VAN-09
Project Name/Number: /

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

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

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification - Reg. 34

Comment:

Satisfied -Name: Consent

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Katrina Donnoe

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Form Schedule

Lead Form Number: VAN-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VAN-09	Policy/Cont	Flexible Premium ract/Fratern Universal Life Poicy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	VAN-09 AR.pdf
	VAN-09	Schedule Pages	VAN-09 Schedule Pages	Initial		0	VAN-09 Sch Pgs Attained Age 0.pdf
	VAN-09U	Policy/Cont	Flexible Premium ract/Fratern Universal Life Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52	VAN-09U AR.pdf
	VAN-09U	Schedule Pages	VAN-09U Schedule Pages	Initial		0	VAN-09U Sch Pgs Attained Age 0.pdf

The Lafayette Life Insurance Company
1905 Teal Road
P. O. Box 7007
Lafayette, Indiana 47903
1-800-243-6631

Flexible Premium Adjustable
Life Insurance Policy
{John E. Doe}, Insured
Policy Number {AU0123456}
Specified Amount {\$50,000}

THIS IS A LEGAL CONTRACT -- READ IT CAREFULLY

We promise to pay the death benefit to the Beneficiary on the death of the Insured, subject to the terms of this policy.

LOOK AT THE APPLICATION

This policy is based on answers in the applications (see copies attached). If all answers are not true and complete, this policy may be affected.

20 DAY RIGHT TO RETURN THE POLICY

This policy may be sent back to us or our agent within 20 days after you first receive it. We will send back all premiums within 20 days after we receive the policy.

NOTICE OF ANNUAL MEETING

The Lafayette Life Insurance Company is a stock life insurance company that is a subsidiary of Western & Southern Mutual Holding Company, a mutual insurance holding company. As an Owner of this policy, you are a member of Western & Southern Mutual Holding Company. The annual members meeting to elect directors and transact any business that may come before the meeting is held at the Home Office of Western & Southern Mutual Holding Company in Cincinnati, Ohio, on the second Tuesday of March of each year at ten o'clock in the morning local time or at such other location, place, or time as may be designated by the Western & Southern Mutual Holding Company Board of Directors in writing.

You may vote in person at the meeting or by proxy if you have at least \$1,000 of insurance in force at that time and for at least one year before the meeting. You have only one vote for all policies and contracts you have with us.

Signed at Lafayette, Indiana on the Policy Date.



Secretary



President & CEO

Flexible Premium
Adjustable Life Policy – Nonparticipating
Premiums Payable During Life of Insured

GUIDE TO YOUR POLICY

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Policy Schedule

Policy Number: {AU0123456}

Policy Date: {January 1, 2009}

POLICY DATA

Insured:	{John E. Doe}	Guaranteed Interest Rate for
Age:	{35}	Computations: 3.0% per year
Sex:	{Male}	(same as 0.246627%
Rate Class:	{Nonsmoker}	compounded monthly)

Initial Specified Amount: {\$50,000}
 Initial Death Benefit Option: {Level Death Benefit Option 1 - Includes Policy Value}

Minimum Specified Amount: \$10,000
 Owner: {John E. Doe}

Benefit	Effective Date	Amount	Minimum First Year Annual Premium
Basic Policy	{Jan 1, 2009}	{\$50,000}	{\$462.00}
Total			{\$462.00}
Other Frequencies of Premium Payments		Semiannual	{\$231.00}
		Quarterly	{\$115.50}
		Monthly (Preauthorized Withdrawal)	{\$38.50}

Initial Premium:	{\$550.00}	1st Year Administrative Fee: {\$26.50} Every Month
Planned Periodic Premium:	{ \$462.00 } Annually	Until 12-31-09
Current Expense Charge:	{5%} of Premiums Paid	Current Administrative Fee
Maximum Expense Charge:	7% of Premiums Paid	Every Month Thereafter: {\$4.50}
		Maximum Administrative Fee
		Every Month Thereafter: \$10.00
Current Loan Interest Rates:	6% in Arrears	
Maximum Loan Interest Rate:	8% in Arrears	

It is possible that coverage will expire where either no premiums are paid following payment of the initial premium or subsequent premiums are insufficient to continue coverage.

Policy Schedule

Policy Number: {AU0123456}

TABLE OF GUARANTEED MAXIMUM INSURANCE RATES

{Non-Smoker} Rate Classification *

Monthly Cost of Insurance

Attained Age	Rate Per \$1,000						
35	{ \$ 0.09334 }	57	{ \$ 0.59369 }	79	{ \$ 5.38383 }	101	{ \$ 33.25265 }
36	{ 0.09751 }	58	{ 0.64709 }	80	{ 6.01260 }	102	{ 34.90475 }
37	{ 0.10334 }	59	{ 0.70967 }	81	{ 6.69705 }	103	{ 36.66691 }
38	{ 0.11085 }	60	{ 0.78562 }	82	{ 7.42303 }	104	{ 38.53573 }
39	{ 0.11751 }	61	{ 0.87827 }	83	{ 8.21697 }	105	{ 40.51145 }
40	{ 0.12668 }	62	{ 0.98597 }	84	{ 9.10125 }	106	{ 42.61697 }
41	{ 0.13752 }	63	{ 1.10372 }	85	{ 10.08656 }	107	{ 44.86020 }
42	{ 0.15086 }	64	{ 1.22650 }	86	{ 11.17261 }	108	{ 47.25110 }
43	{ 0.16669 }	65	{ 1.35433 }	87	{ 12.34897 }	109	{ 49.79713 }
44	{ 0.18420 }	66	{ 1.48387 }	88	{ 13.60255 }	110	{ 52.50694 }
45	{ 0.20337 }	67	{ 1.61928 }	89	{ 14.92103 }	111	{ 55.39319 }
46	{ 0.22255 }	68	{ 1.76227 }	90	{ 16.23779 }	112	{ 58.46521 }
47	{ 0.23839 }	69	{ 1.92286 }	91	{ 17.53725 }	113	{ 61.73550 }
48	{ 0.25090 }	70	{ 2.11028 }	92	{ 18.90234 }	114	{ 65.21324 }
49	{ 0.26674 }	71	{ 2.33795 }	93	{ 20.34569 }	115	{ 68.91186 }
50	{ 0.28758 }	72	{ 2.60426 }	94	{ 21.87059 }	116	{ 72.84242 }
51	{ 0.31427 }	73	{ 2.88497 }	95	{ 23.38520 }	117	{ 77.01849 }
52	{ 0.34679 }	74	{ 3.18679 }	96	{ 24.86843 }	118	{ 81.45131 }
53	{ 0.38431 }	75	{ 3.51565 }	97	{ 26.45342 }	119	{ 86.13700 }
54	{ 0.43185 }	76	{ 3.88671 }	98	{ 28.14901 }	120	{ 90.90909 }
55	{ 0.48524 }	77	{ 4.31857 }	99	{ 29.96423 }		
56	{ 0.54029 }	78	{ 4.82063 }	100	{ 31.70427 }		

* {These charges are based on the 2001 CSO (M) Non-Smoker U ALB mortality table.}

Policy Schedule

Policy Number: {AU0123456}

TABLE OF ADDITIONAL ADMINISTRATIVE FEES

For Each \$1,000 of Increase
In Insured's Death Benefit

Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000
0	{ \$ 2.64 }	30	{ \$ 4.44 }	60	{ \$ 21.60 }
1	{ 2.64 }	31	{ 4.56 }	61	{ 23.04 }
2	{ 2.64 }	32	{ 4.68 }	62	{ 24.48 }
3	{ 2.64 }	33	{ 4.80 }	63	{ 25.80 }
4	{ 2.64 }	34	{ 5.04 }	64	{ 27.12 }
5	{ 2.76 }	35	{ 5.28 }	65	{ 28.32 }
6	{ 2.76 }	36	{ 5.52 }	66	{ 29.52 }
7	{ 2.76 }	37	{ 5.76 }	67	{ 30.72 }
8	{ 2.76 }	38	{ 6.00 }	68	{ 31.92 }
9	{ 2.76 }	39	{ 6.24 }	69	{ 33.24 }
10	{ 2.76 }	40	{ 6.48 }	70	{ 34.44 }
11	{ 2.76 }	41	{ 6.84 }	71	{ 35.64 }
12	{ 2.76 }	42	{ 7.08 }	72	{ 36.84 }
13	{ 2.76 }	43	{ 7.32 }	73	{ 38.16 }
14	{ 2.88 }	44	{ 7.68 }	74	{ 39.60 }
15	{ 2.88 }	45	{ 7.92 }	75	{ 41.04 }
16	{ 3.12 }	46	{ 8.28 }	76	{ 42.24 }
17	{ 3.36 }	47	{ 8.88 }	77	{ 43.32 }
18	{ 3.60 }	48	{ 9.36 }	78	{ 44.88 }
19	{ 3.60 }	49	{ 10.08 }	79	{ 45.12 }
20	{ 3.60 }	50	{ 10.68 }	80	{ 45.24 }
21	{ 3.72 }	51	{ 11.28 }	81	{ 45.36 }
22	{ 3.72 }	52	{ 11.76 }	82	{ 45.48 }
23	{ 3.72 }	53	{ 12.24 }	83	{ 45.60 }
24	{ 3.84 }	54	{ 12.96 }	84	{ 45.72 }
25	{ 3.96 }	55	{ 14.04 }	85	{ 46.44 }
26	{ 4.08 }	56	{ 15.36 }		
27	{ 4.08 }	57	{ 16.92 }		
28	{ 4.20 }	58	{ 18.48 }		
29	{ 4.32 }	59	{ 20.04 }		

The Lafayette Life Insurance Company

Flexible Premium Adjustable Life Insurance Policy

DEFINITIONS

In This Policy

Age means age of the appropriate insured person on the annual date that begins the applicable policy year.

Annual date means the same date each year as the policy date, including the policy date.

Application means the written document(s) and any written supplement to it, which is completed to request this insurance policy, and is attached to this policy.

Beneficiary means the person(s) to whom the death benefit is payable under this policy on the death of the Insured.

Cash value means the same as the policy value.

Insured means the person listed as the "Insured" on the Policy Schedule, page 3. The Insured may or may not be the same person(s) as the Owner(s).

Monthly date means the same day of each month as the policy date, including the policy date.

Monthly deduction means the amount of money we subtract each month from your policy value to pay for the cost of insurance, the cost of any other benefits shown on the Policy Schedule, page 3, and the administrative fees.

Net cash value means the amount of money which we will pay to you if you surrender this policy. It is equal to the cash value less all unpaid loans with applicable unpaid interest charges.

Net premium means the amount of any premium less any applicable expense charge. The expense charge as of the policy date is

shown on the Policy Schedule, page 3, immediately following the words "Current Expense Charge". This charge may be changed in the future, but at no time will it exceed the charge stated on the Policy Schedule, page 3, immediately following the words "Maximum Expense Charge".

Notice to us means written information we have received at our Home Office which is signed by you and in a form acceptable to us.

Notice to you means written information which we mail to you at the last address shown in our records.

Payee means the person(s) to whom the proceeds from this policy are paid under a payment plan.

Planned periodic premium means the amount and frequency of premium payments you intend to make. The term is used only for convenience and for a billing reminder, and has no contractual significance.

Policy date means the effective date of this policy. The policy date is shown on the Policy Schedule, page 3, immediately following the words "Policy Date."

Policy value means the accumulated fund which results from the payment of premiums less the expense charge for this policy. Interest is added to this fund, and monthly deductions and any partial surrenders, including the \$15 charge for each partial surrender, are subtracted from it. It is calculated as described in the **VALUES** provisions of this policy.

Policy year means each 12 month period beginning on an annual date and continuing through the day before the next following annual date.

Proceeds means money payable as total or partial surrender(s) from this policy, as a death benefit, or upon maturity.

Proof means evidence satisfactory to us for insurability or for other matters which require evidence.

Specified amount is the amount of insurance shown on the Policy Schedule, page 3, or the most recent supplemental policy schedule.

We, our, or us means The Lafayette Life Insurance Company.

You or your means the Owner(s) of this policy, as shown on the Policy Schedule, page 3, or a new Owner named by you in accordance with the **OWNERSHIP** provisions of this policy.

YOUR RIGHTS UNDER THIS POLICY

Your rights available, subject to the other terms of this policy, while the Insured is living, are:

- right to change the specified amount, which includes the right to change between the level and increasing death benefit options;
- right to change the premium payment pattern;
- right to assign this policy as collateral;
- right to change the Owner;
- right to change the Beneficiary unless named as being irrevocable;
- right to terminate this policy;
- right to borrow against this policy; and
- right to make partial surrenders.

DEATH BENEFIT

Payment

Subject to the terms of this policy, we will pay the Beneficiary the following amount:

- the death benefit; less
- any unpaid loan with applicable unpaid interest charges; and less
- any premium needed as set forth in the **Grace Period** provision of this policy.

Subject to the terms of this policy, we will pay the Beneficiary this amount as soon as practicable after we receive proof that the Insured has died while this policy is in force. However, in no event will settlement of the death benefit occur more than 60 days after we receive the required proof.

If the proceeds are not paid within thirty (30) days after our receipt of the claim and due proof of the Insured's death, we will pay interest which shall accrue from the date of death to the date of payment at the rate required by state statute.

Calculation of Death Benefit

Level Death Benefit Option 1 -- If the specified amount includes the policy value, the death benefit at any time will be the larger of (a) or (b) where:

- (a) is the specified amount; and
- (b) is the result of multiplying (1) by (2) where:
 - (1) is the appropriate percentage from the **TABLE OF POLICY VALUE PERCENTAGES FOR MINIMUM DEATH BENEFITS**; and
 - (2) is the policy value at that time.

Increasing Death Benefit Option 2 -- If the specified amount excludes the policy value, the death benefit at any time will be the larger of (c) or (d) where:

- (c) is the specified amount plus the policy value at that time; and
- (d) is the result of multiplying (1) by (2) where:
 - (1) is the appropriate percentage from the **TABLE OF POLICY VALUE PERCENTAGES FOR MINIMUM DEATH BENEFITS**; and
 - (2) is the policy value at that time.

In calculating the death benefit payable on death of the Insured under either the level or increasing death benefit option, we will use the policy value on the date of death of the Insured.

We will pay the death benefit according to the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

**TABLE OF POLICY VALUE
PERCENTAGES FOR MINIMUM
DEATH BENEFITS***

AGE**	PERCENT	AGE**	PERCENT
0-40	250%	60	130%
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95&up	100

* We reserve the right to amend this table so that this policy will continue to qualify as a life insurance policy for federal income tax purposes.

** Means the attained age of the Insured on the annual date on or immediately preceding the date of death of the Insured.

Death Benefit Changes

If you satisfy the requirements which follow, you may increase or decrease the specified amount subject to our approval after it has been in effect for one year by notice to us.

- No increase or decrease in the specified amount may be less than \$5,000.
- A decrease in the specified amount will be effective on the monthly date following our receipt of the request. Any decrease will be made in the following order:
 1. against the most recent increase in specified amount;
 2. against the next most recent increases in order; and
 3. against the initial specified amount.
- Any requested increase in the specified amount will require proof of insurability. An approved increase will be effective on the date shown on the supplemental policy schedule issued at the time of the increase. The cost of insurance for the increase will not exceed the amount shown by notice to you on the supplemental policy schedule. You must attach the supplemental policy schedule and its attachments to this policy. However, whether or not attached by you, the supplemental policy schedule and its attachments will be considered to be attached to and made a part of this policy.
- Any increase in specified amount will cause an additional administrative fee to be included in the monthly deduction on the monthly date of the increase. The amount of this charge per \$1,000 of increase is shown on the Policy Schedule, page 5.
- The specified amount may be changed, by notice to us, to include the policy value (level death benefit option 1). In such case, the specified amount will be increased so that the death benefit is not reduced as of the date of the change. The effective date of the change will be the monthly date following notice to us.
- The specified amount may be changed, by notice to us, to exclude the policy value (increasing death benefit option 2). In such case, the specified amount will be reduced so that the death benefit is not increased as of the date of change. The

effective date of the change will be the monthly date following notice to us.

- The death benefit of the Insured after any requested change must be at least the minimum specified amount shown on the Policy Schedule, page 3.
- No increase in specified amount may occur on or after the Insured's 76th birthday.
- We will refuse any change you request (such as decreasing the specified amount or dropping a rider) which would disqualify this policy as a life insurance policy under the Internal Revenue Code for federal income tax purposes.

PREMIUMS

The initial premium is the amount shown on the Policy Schedule, page 3, which you paid us before we issued this policy. This policy does not become effective until you pay a premium large enough to cover the first monthly deduction. You may make other premium payments:

- at any time;
- for any amount of \$25 or more; and
- in excess of \$30,000 only if we approve.

If you pay a premium that would disqualify this policy as a life insurance policy under the Internal Revenue Code for federal income tax purposes, we will refund that premium.

We will send premium notices unless you request otherwise by notice to us. Premium payments may be made to our Home Office or to one of our authorized agents. If you stop paying premiums, insurance coverage will continue until the policy lapses, in accordance with the **GRACE PERIOD** provision below.

GRACE PERIOD

A grace period of 61 days will be given for the payment of a premium needed to prevent lapse of this policy and an end to all insurance coverage. The grace period will begin on the monthly date when the net cash value is less than the monthly deduction for the policy month to follow.

We will send notice to you of the amount you must pay to keep the insurance coverage from ending at least 30 days prior to the date insurance under this policy would end.

If the premium is not paid within the grace period, there will be no net cash value and all insurance coverage will end. If the Insured dies during the grace period, the death benefit will be paid but reduced by any loan with applicable unpaid interest charges and by the premium needed to cover the monthly deductions through the month of death. The policy value and monthly deductions are described in the **VALUES** provisions of this policy. The net cash value is defined on page 7.

TERMINATION

This policy will terminate and all insurance will end on the earliest to occur of the following:

- the death of the Insured, except for any extended benefits for other persons provided by riders to this policy; or
- the first monthly date after you request it by written notice to us; or
- the end of the grace period when a needed premium has not been received before the end of the grace period; or
- the annual date on or following which the Insured attains age 121 at which time this policy matures.

If this policy terminates for any reason other than the death of the Insured and there is any net cash value, we will pay the net cash value by notice to you according to the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

If this policy terminates within 30 days after an annual date, the net cash value will not be less than it was on the annual date, assuming there have been no partial surrenders or loans within those 30 days.

We have the right to wait up to 6 months to pay the net cash value after termination of this policy. A written release of all claims satisfactory to us will be required.

REINSTATEMENT

You may put this policy back in force by notice to us if:

- each person insured hereunder provides proof of insurability;
- payment is made of enough premium to keep this policy in force for the next three months;
- payment or reinstatement is made of any existing loan on the date insurance terminated (interest at the rate of 6% annually will be charged to the loans from the date insurance terminated to the date of payment or reinstatement); and
- notice to us is received within five years of the date insurance terminated and prior to the date on which this policy matures.

VALUES

Policy Value

Each premium payment adds to the policy value, as described below. Insurance costs and various charges are subtracted from the policy value.

- The policy value on the policy date is the initial premium paid less the expense charge shown on the Policy Schedule, page 3.
- The policy value on each monthly date following the policy date will be the total of (a), (b), and (c) less the total of (d), (e), and (f) where:
 - (a) is the policy value on the prior monthly date;
 - (b) is one month's interest on (a);
 - (c) is the net premium received for the policy in the prior month, plus interest to the monthly date;
 - (d) is the monthly deduction for the prior month;
 - (e) is one month's interest on (d); and
 - (f) is any partial surrender made since the previous monthly date, plus the \$15 charge for each partial surrender, and plus interest to the current monthly date.
- On any day between monthly dates, the policy value will reflect any premiums paid, any partial surrenders made, including the \$15 charge for each partial surrender, and time elapsed since the prior monthly date.

Monthly Deduction

The monthly deduction for each policy month is the total of (a), (b), (c) and (d) where:

- (a) is the cost of insurance;
- (b) is the cost of any other benefits shown in on Policy Schedule, page 3;
- (c) is the administrative fee shown on the Policy Schedule, page 3; and
- (d) is the additional administration fee as the result of an increase in the specified amount.

The administrative fee as of the policy date is shown on the Policy Schedule, page 3, immediately following the words "Current Administrative Fee". This fee may be changed in the future, but at no time will it exceed the fee stated on the Policy Schedule, page 3, immediately following the words "Maximum Administrative Fee".

Interest Rate

The guaranteed interest rate for computing interest on the policy value is shown on the Policy Schedule, page 3. An interest rate exceeding the guaranteed rate may be used at our option. Only the guaranteed rate will be applied to that part of any policy value which equals any outstanding loan. We will not change the interest rate used on any premium for 365 days after we receive the premium.

Cost of Insurance

- The cost of insurance is determined each month for the death benefit by using the Insured's age on the annual date that begins the applicable policy year.
- If the specified amount for the Insured includes the policy value (level death benefit option 1) and the specified amount has been increased, the policy value will be considered part of the initial specified amount. If the policy value is greater than the initial specified amount, it will then be

considered to be part of any additional specified amounts in order of the increases.

- The Policy Schedule, page 3, shows whether or not the policy value is included in the specified amount.
- The cost of insurance is (a) times the result of (b) less (c) where:
 - (a) is the cost of insurance rate;
 - (b) is the death benefit divided by 1.00246627; and
 - (c) is the policy value at the beginning of the policy month.
- The cost of insurance rate is determined for the specified amount by the sex, attained age and rate class of the Insured. We may, at our option, use lower rates than shown in the Table of Guaranteed Maximum Insurance Rates on the Policy Schedule, page 4. Each change of rate will be on a uniform basis for insureds of the same attained age, sex and rate class.

Computations

Minimum cash values for this policy are based on the mortality table shown in the footnote on the Policy Schedule, page 4, and the guaranteed interest rate shown on the Policy Schedule, page 3.

All of the values in this policy are the same or greater than the minimums set by the laws of the state where this policy was delivered. If required, we have filed a detailed statement about this with your state insurance officials. It shows the figures and methods used.

Annual Report

We will send you a report at least once each policy year showing premiums paid, amount of interest credited, partial surrenders taken and charges made since our last report, any new and existing loans, and your current policy value, cash value, and net cash value. You may contact us for additional status reports.

Projection of Policy Values

We will send you a projection of illustrative future policy values and death benefits at any time you request it. We may charge a nominal fee for this service. The projections are not guaranteed unless they are calculated using the guaranteed interest rate, the guaranteed cost of insurance rates found on page 4 of the policy, and with respect to any riders, the guaranteed cost of insurance rates found on pages 4, 5C, or in the rider itself. We will base the illustration on such assumptions as you specify and as we consider necessary.

PARTIAL SURRENDERS

You may surrender part of your policy net cash value by notice to us. A \$15 charge will be made for each partial surrender. Any surrender is subject to the rules listed below:

- You must surrender at least \$500.
- If the specified amount includes the policy value (level death benefit option 1), the specified amount of insurance will be reduced by the amount of the partial surrender plus the \$15 charge.
- No partial surrender may reduce the net cash value below \$500.
- No partial surrender may reduce the death benefit below the minimum specified amount shown on the Policy Schedule, page 3.

Any partial surrender, plus the \$15 charge, will be deducted in the following order:

1. from the policy value generated by your most recent premium payment; and
2. from the policy value generated by your next most recent premium payments, in order.

We may wait to pay you the partial surrender for up to 6 months after notice to us.

LOANS

Obtaining a Policy Loan

This policy may have a cash value which you may want to use. This may be done by a loan. The most we can lend on the sole security of this policy is:

- the cash value; less
- any existing loan with applicable unpaid interest charges payable to the next annual date; and less
- interest charges payable on the new loan to the next annual date.

You may ask for a loan at any time, by notice to us. We have the right to wait to make any loan up to six months after we receive notice to us.

Each loan will be made in the following order:

1. against the policy value generated by your most recent premium payment; and
2. against the policy value generated by your next most recent premium payments, in order.

Loan Interest Charges

Loan interest charges are payable each annual date. The loan interest rates as of the policy date are shown on the Policy Schedule, page 3, immediately following the words "Current Loan Interest Rates". These rates may be changed in the future, but at no time will they exceed the rate stated on the Policy Schedule, page 3, immediately following the words "Maximum Loan Interest Rate". We will add any unpaid interest charges to the loan on each annual date.

Loan Repayment

Any loan may be paid back in full or in part at any time. Each payment must be at least \$25. If you send us more than we need to repay a loan, we will treat the excess as a premium payment.

Loan repayments will be applied in the following order:

1. to restore the policy value generated by the oldest premium payment;
2. to restore the policy value generated by the next oldest premium payments, in order; and
3. to restore the policy value generated by the most recent premium payment.

If you do not repay a loan and loan interest charges, we will terminate this policy and all insurance coverage will terminate 61 days after the date the outstanding loans and loan interest charges equal or exceed the cash value. By notice to you, at least 30 days before the date insurance under this policy would terminate, we will tell you the amount you must pay to keep the insurance from terminating.

GENERAL PROVISIONS

Policy

Your contract with us consists of the following:

- your application;
- any supplements or amendments to the application;
- this policy consisting of these 19 pages;
- any endorsements added to this policy;
- any riders issued with this policy, identified on the Policy Schedule, page 3, and attached to this policy;
- any application for reinstatement, application for increase or decrease in the specified amount, or other written evidence or other proof of insurability required to reinstate this policy or to obtain an increase in the specified amount;
- any application for addition of a rider after the policy date, including any written evidence or other proof of insurability required in connection with such an application;

- any riders added to this policy after the policy date; and
- any supplemental policy schedule.

Your policy is a legal contract and is issued in consideration of the application and the initial premium. Nothing else which has been said or put in writing is part of this policy unless it is attached or considered to be attached. No one can change any part of your contract except you and one of our officers. Both must agree to a change, and it must be in writing.

Reliance

We have issued this policy in reliance on the statements made in the application. We will rely on the statements made in any application for reinstatement, any written request for increase or decrease in the specified amount, any written request for the addition of any rider, or any written evidence or other proof of insurability you may submit to us. These statements are representations and not warranties. No statement will cause this policy to be rescinded, or will be used in defense of a claim, unless contained in the application, any application or other written request for reinstatement, for increase or decrease in the specified amount, for addition of any rider, or any other written evidence or other proof of insurability which is part of this policy. Read the copies of the applications for this policy. If any statement is not true or complete, you must tell us.

Incontestability

This Policy and Increases in Specified Amount -- We may not contest this policy after it has been in force during the lifetime of the Insured for two years from the policy date, except for nonpayment of a needed premium or fraud or for requested increases in specified amount. Further, we may not contest any requested increase in specified amount after the increase has been in effect during the lifetime of the Insured for two years from its effective date, except for nonpayment of a needed premium or fraud.

While this policy, or any increase in specified amount, is contestable, we cannot rescind this policy or any increase or deny a claim unless:

- an answer in the application for this policy or increase in specified amount was not true or complete; and
- if we had known the truth, we would not have issued this policy at the rate class shown on the Policy Schedule, page 3, or increased the specified amount at the rate class shown on the supplemental schedule.

If we rescind this policy, the premiums you have paid, less all unpaid loans with applicable unpaid interest charges and any partial surrender, will be refunded.

Policy Changes and Reinstatements -- We may not contest a change in or reinstatement of this policy after the change or reinstatement has been in effect during the lifetime of the Insured for two years from the effective date of the change or reinstatement, except for nonpayment of a needed premium or fraud.

We cannot rescind a change in or reinstatement of this policy, while such change or reinstatement is contestable unless:

- an answer in the application for change or reinstatement was not true or complete; and
- if we had known the truth, we would not have made the requested change or reinstatement, as the case may be.

If we rescind this policy, the premiums you have paid, less any unpaid loans with applicable unpaid interest charges and any partial surrender, will be refunded.

Suicide

If the Insured commits suicide (while sane or insane) within two years of the policy date, our sole obligation will be to pay the Beneficiary the premiums you have paid less any unpaid loans with applicable unpaid

interest charges and any partial surrender. If the Insured commits suicide (while sane or insane) within two years from the effective date of any requested increase in specified amount, our sole obligation with respect to such increase will be to pay the Beneficiary the costs of insurance for such increase.

Misstatement of Age or Sex

Age in this policy means age last birthday. If the Insured's age or sex has been misstated, we will adjust all benefits to the amount that would have been provided by the cost of insurance paid on the monthly date preceding death using the correct age or sex.

Conformity with Laws

This policy is subject to the insurance laws of the state where this policy was delivered. If part of it does not follow any such law, it will be interpreted as if it does.

Nonparticipating

This policy is nonparticipating. It does not share in our divisible surplus. No dividends will be credited to this policy.

OWNERSHIP

This is your policy. While the Insured lives and without the consent of any revocable Beneficiary, you may exercise all rights in this policy. Your rights in this policy after the death of the Insured are described in the **BENEFICIARIES** provisions and the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

Transfer of Ownership

You may transfer the ownership of this policy at any time by written application acceptable to us. The transfer will be effective the date you sign our transfer of ownership form but will be subject to any good faith action taken by us before we receive the form. We may require that you return the policy to us for endorsement to show the transfer.

Collateral Assignment

You may assign this policy as collateral security in a form acceptable to us. We will not be responsible for the validity or effect of any collateral assignment of this policy. We will not be responsible to any assignee for any payment or other action taken by us before we receive the written assignment.

The interest of any revocable Beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation.

A collateral assignment will not transfer ownership to the assignee. You can transfer ownership only by complying with the **Transfer of Ownership** provision of this policy.

A collateral assignment is not a change of beneficiary. A change of beneficiary can only be made by complying with the **BENEFICIARIES** provisions of this policy.

BENEFICIARIES

Designation and Change of Beneficiaries

You may designate and change the primary and contingent beneficiaries. You may do so in written form acceptable to us at any time during the lifetime of the Insured. If you are not the Insured, you may do this within 60 days after the Insured's death, if the death benefit has not already been paid to the Beneficiary or otherwise settled in favor of the Beneficiary by the Beneficiary's election of a payment plan in accordance with the **Payment Plan Elections** provision of this policy. Any beneficiary designation made following the death of the Insured may not be changed again.

A transfer of ownership will not change the interest of any Beneficiary.

Effective Date

Any designation or change of beneficiary will take effect the date the request is signed by you. Any request for change will be subject to any payment or other action we may take before we receive the request. We may require that you return the policy to us for endorsement to show the designation or change.

Succession in Interest of Beneficiaries

The beneficiary classes in order of entitlement are as follows:

1. primary Beneficiaries, if living;
2. contingent Beneficiaries of the first class, if living;
3. contingent Beneficiaries of the next classes in order, if living;
4. you, if you are still living; and
5. your estate.

General

An irrevocable beneficiary designation cannot be changed without the written consent of such beneficiary.

Unless we are told otherwise in your beneficiary designation, we will follow these rules:

- We will pay equal shares when more than one beneficiary of the same class is to share in the death benefit.
- The word "child" means only a child born to or legally adopted by the Insured; it does not mean stepchild or grandchild.

PAYMENT OF POLICY BENEFITS

Payment

Any amount payable on surrender, maturity, or death of the Insured may be paid:

- in one lump sum; or
- under a payment plan elected on a form acceptable to us.

Payment will be made in a lump sum unless a payment plan was elected before the Insured's death or unless a payment plan is elected by the Beneficiary after the Insured's death. If payment is not made pursuant to the terms of a payment plan, and the proceeds are not paid within 30 days after our receipt of the claim and due proof of the Insured's death, after 30 days we will pay interest on the proceeds at the legal rate, currently eight percent (8%) per year. The proceeds will include any premium refund payable.

When benefits are to be paid under an elected payment plan, the payment plan will govern the terms under which we will make payments and to whom we will pay any remaining proceeds if the payee dies. We may require that you return the policy to us if a payment plan is elected.

Payment Plan Elections

All payment plan elections must be made by notice to us, effective on the date it was properly signed. However, any election is subject to any good faith action taken by us, or payments made by us before such notice is received by us. A payment plan may be elected by notice to us:

- by you during the lifetime of the Insured; or
- by you, if you are not the Insured, if we receive such notice within 60 days after the Insured's death (after such election is received by us, you may not change this election); or

- by a Beneficiary after the Insured dies, if no election is then in effect, subject to any notice to us from you of an elected payment plan that is received by us within 60 days after the Insured's death. However, we shall not be liable to you for any good faith action taken by us or payment made by us in favor of the Beneficiary in response to notice to us from the Beneficiary of an elected payment plan before notice to us from you of an elected payment plan or a change in Beneficiary.

Payment Plans

Interest Income Plan -- Proceeds will earn interest from the date the payment plan takes effect. The interest may be received in monthly payments or left with us to accumulate. If interest will be paid, the first interest payment is due one month after the plan takes effect. Accumulated interest and part or all of the proceeds may be withdrawn at any time.

Installment Income Plans -- Proceeds will be paid as a monthly installment income by the terms of the plan selected. The first payment is due on the date the plan takes effect.

- **Specified Period** -- Equal payments of the proceeds with interest will be made over a specified period of one to 30 years. The present value of any unpaid installments may be withdrawn at any time.
- **Specified Amount** -- Equal payments of a specified amount will be made until the entire proceeds with interest are paid. Payments must be at least \$5 per \$1,000 of proceeds. The unpaid balance may be withdrawn at any time.

Life Income Plans -- Proceeds will be paid as a monthly life income by the terms of the plan selected. The first payment is due on the date the plan takes effect. We must be furnished with proof of identity, age, or other facts for any person upon whose life the income payments depend.

- **Single Life Income** -- Equal payments are made during the lifetime of the payee, or for a selected guaranteed period and thereafter during the lifetime of the payee. The guaranteed periods available are:
 - (a) 10 years;
 - (b) 20 years; or
 - (c) a refund period continuing until the sum of the payments equals the proceeds applied under the plan.
- **Joint and Survivor Life Income** -- One level monthly payment is made as long as either payee lives.

An individual beneficiary may receive payments under a life income plan only if the payments depend upon the beneficiary's life. A corporation or fiduciary may receive payments under a life income plan only if the payments depend on the life of the Insured or surviving spouse or dependent of the Insured.

The present value of any unpaid life income payments to be made during a guaranteed period may be withdrawn only after the death of all payees.

Other Plan -- Payment will be made under any other plan which is mutually agreed upon by you and us.

Payment Plan Rates

Interest Income and Installment Income Plans -- Proceeds will earn interest at rates declared annually by us. Such rates will not be less than an annual effective rate of 1.5%. Interest in excess of 1.5% will increase the size of payments or, for the specified amount plan, increase the number of payments. The present value of any unpaid installments will be based on the interest rate used to determine the installment payments.

Life Income Plans -- Payments will be based on interest rates declared by us. Such rates will not be less than an annual effective rate of 1.5%.

The present value of any unpaid life income payments to be made during a guaranteed period will be based on the interest rate used to determine the life income payments.

Minimum Income Payments -- Payments under installment income plans and life income plans will be at least as large as those shown in the **MINIMUM INCOME TABLES** appearing on pages 18 and 19. Minimum incomes shown for life income plans are based on the 2000 Individual Annuity Mortality Table with interest at 1.5% per year.

General Payment Provisions

Increase of Monthly Income -- The beneficiary who is to receive the proceeds under a payment plan may increase the total monthly income by payment of an annuity premium to us. The amount of the net premium will be applied under the payment plan at the same rates as the policy proceeds. The net premium is the annuity premium less charges not exceeding 4%. We have the right to limit this net premium to an amount equal to the sum payable under this policy.

Minimum Amount -- Proceeds of less than \$5,000 may only be applied under the interest income plan, unless we approve applying the proceeds under another plan. We have the right to change the payment frequency or pay the proceeds in a lump sum if payments are less than \$50.

Payment Frequency -- You may elect to receive payments in equal quarterly, semiannual or annual payments rather than equal monthly payments.

Transfer Between Payment Plans -- A payee may transfer any withdrawal amount to any other plan available. The amount that may be withdrawn is specified in the applicable **Payment Plans** provision of this policy.

MINIMUM INCOME TABLES
Minimum Monthly Income Payments Per \$1,000 Proceeds

INSTALLMENT INCOME PLANS

PERIOD (YEARS)	MONTHLY PAYMENT	PERIOD (YEARS)	MONTHLY PAYMENT	PERIOD (YEARS)	MONTHLY PAYMENT
1	\$83.90	11	\$8.21	21	\$4.62
2	42.26	12	7.58	22	4.44
3	28.39	13	7.05	23	4.28
4	21.45	14	6.59	24	4.13
5	17.28	15	6.20	25	3.99
6	14.51	16	5.85	26	3.86
7	12.53	17	5.55	27	3.75
8	11.04	18	5.27	28	3.64
9	9.89	19	5.03	29	3.54
10	8.96	20	4.81	30	3.44

LIFE INCOME PLANS --- JOINT AND SURVIVOR MONTHLY PAYMENTS

MALE AGE	FEMALE AGE										
	7 Yrs. Less	6 Yrs. Less	5 Yrs. Less	4 Yrs. Less	3 Yrs. Less	2 Yrs. Less	1 Yrs. Less	Same as Male Age	1 Yr. More	2 Yr. More	3 Yr. More
56	\$2.78	\$2.82	\$2.85	\$2.89	\$2.93	\$2.97	\$3.00	\$3.04	\$3.08	\$3.11	\$3.15
57	2.83	2.87	2.91	2.95	2.99	3.03	3.07	3.10	3.14	3.18	3.22
58	2.88	2.92	2.97	3.01	3.05	3.09	3.13	3.17	3.21	3.25	3.29
59	2.94	2.98	3.03	3.07	3.11	3.16	3.20	3.24	3.29	3.33	3.37
60	3.00	3.04	3.09	3.14	3.18	3.23	3.27	3.32	3.37	3.41	3.45
61	3.06	3.11	3.16	3.21	3.25	3.30	3.35	3.40	3.45	3.50	3.54
62	3.13	3.18	3.23	3.28	3.33	3.38	3.43	3.49	3.54	3.59	3.64
63	3.20	3.25	3.30	3.36	3.41	3.47	3.52	3.57	3.63	3.68	3.74
64	3.27	3.32	3.38	3.44	3.50	3.55	3.61	3.67	3.73	3.79	3.84
65	3.35	3.41	3.47	3.53	3.59	3.65	3.71	3.77	3.83	3.89	3.95
66	3.43	3.49	3.55	3.62	3.68	3.75	3.81	3.88	3.95	4.01	4.07
67	3.51	3.58	3.65	3.72	3.79	3.86	3.93	4.00	4.06	4.13	4.20
68	3.61	3.68	3.75	3.82	3.89	3.97	4.04	4.12	4.19	4.27	4.34
69	3.70	3.78	3.85	3.93	4.01	4.09	4.17	4.25	4.33	4.41	4.49
70	3.80	3.88	3.97	4.05	4.13	4.22	4.30	4.39	4.47	4.56	4.64

Incomes for ages and frequencies not shown are available on request.

MINIMUM INCOME TABLES
Minimum Monthly Income Payments Per \$1,000 Proceeds
LIFE INCOME PLANS --- SINGLE LIFE MONTHLY PAYMENTS
MALE

GUARANTEED INCOME SETTLEMENT BASIS											
AGE	GUAR. REFUND	AGE	NONE	Guaranteed Period			AGE	NONE	Guaranteed Period		
				10 YRS	20 YRS	REFUND			10 YRS	20 YRS	REFUND
0-10	\$1.90	35	\$2.49	\$2.49	\$2.47	\$2.42	60	\$4.15	\$4.07	\$3.79	\$3.67
11	1.91	36	2.53	2.52	2.51	2.45	61	4.27	4.19	3.86	3.76
12	1.93	37	2.56	2.56	2.54	2.48	62	4.40	4.30	3.93	3.84
13	1.94	38	2.60	2.60	2.58	2.52	63	4.54	4.43	4.00	3.93
14	1.96	39	2.65	2.64	2.62	2.55	64	4.69	4.55	4.07	4.03
15	1.97	40	2.69	2.68	2.66	2.59	65	4.85	4.69	4.14	4.12
16	1.99	41	2.73	2.73	2.70	2.62	66	5.02	4.83	4.21	4.23
17	2.01	42	2.78	2.77	2.74	2.66	67	5.20	4.98	4.27	4.34
18	2.02	43	2.83	2.82	2.79	2.70	68	5.39	5.13	4.33	4.45
19	2.04	44	2.88	2.87	2.83	2.74	69	5.60	5.29	4.39	4.57
20	2.06	45	2.94	2.93	2.88	2.78	70	5.82	5.45	4.44	4.70
21	2.08	46	2.99	2.98	2.93	2.83	71	6.05	5.62	4.49	4.83
22	2.10	47	3.05	3.04	2.98	2.87	72	6.30	5.79	4.54	4.96
23	2.12	48	3.11	3.10	3.03	2.92	73	6.57	5.96	4.58	5.11
24	2.14	49	3.18	3.16	3.09	2.97	74	6.85	6.14	4.62	5.26
25	2.16	50	3.24	3.22	3.14	3.02	75	7.15	6.32	4.65	5.42
26	2.18	51	3.32	3.29	3.20	3.08	76	7.48	6.51	4.68	5.59
27	2.21	52	3.39	3.36	3.26	3.13	77	7.82	6.69	4.71	5.76
28	2.23	53	3.47	3.44	3.32	3.19	78	8.19	6.87	4.73	5.95
29	2.25	54	3.55	3.51	3.39	3.25	79	8.59	7.05	4.75	6.14
30	2.28	55	3.63	3.60	3.45	3.31	80	9.02	7.22	4.76	6.34
31	2.31	56	3.73	3.68	3.52	3.38	81	9.47	7.39	4.78	6.56
32	2.33	57	3.82	3.77	3.58	3.45	82	9.95	7.56	4.79	6.78
33	2.36	58	3.92	3.87	3.65	3.52	83	10.47	7.71	4.79	7.02
34	2.39	59	4.03	3.97	3.72	3.59	84	11.02	7.86	4.80	7.27
							85	11.61	8.00	4.81	7.53

FEMALE

GUARANTEED INCOME SETTLEMENT BASIS											
AGE	GUAR. REFUND	AGE	NONE	Guaranteed Period			AGE	NONE	Guaranteed Period		
				10 YRS	20 YRS	REFUND			10 YRS	20 YRS	REFUND
0-10	\$1.84	35	\$2.36	\$2.36	\$2.35	\$2.32	60	\$3.78	\$3.74	\$3.58	\$3.46
11	1.85	36	2.39	2.39	2.38	2.34	61	3.88	3.83	3.65	3.54
12	1.87	37	2.42	2.42	2.41	2.37	62	3.99	3.94	3.73	3.62
13	1.88	38	2.46	2.45	2.44	2.40	63	4.11	4.05	3.81	3.70
14	1.90	39	2.49	2.49	2.48	2.43	64	4.23	4.16	3.88	3.79
15	1.91	40	2.53	2.53	2.51	2.47	65	4.37	4.28	3.96	3.89
16	1.93	41	2.57	2.56	2.55	2.50	66	4.51	4.41	4.04	3.98
17	1.94	42	2.61	2.60	2.59	2.53	67	4.66	4.55	4.11	4.09
18	1.96	43	2.65	2.64	2.63	2.57	68	4.83	4.69	4.18	4.19
19	1.97	44	2.69	2.69	2.67	2.61	69	5.00	4.84	4.26	4.31
20	1.99	45	2.74	2.73	2.71	2.65	70	5.19	5.00	4.32	4.43
21	2.01	46	2.79	2.78	2.76	2.69	71	5.40	5.17	4.39	4.55
22	2.03	47	2.84	2.83	2.80	2.73	72	5.62	5.34	4.45	4.69
23	2.04	48	2.89	2.88	2.85	2.77	73	5.85	5.52	4.50	4.83
24	2.06	49	2.94	2.93	2.90	2.82	74	6.11	5.71	4.55	4.98
25	2.08	50	3.00	2.99	2.95	2.86	75	6.39	5.91	4.60	5.13
26	2.10	51	3.06	3.05	3.00	2.91	76	6.69	6.11	4.64	5.30
27	2.12	52	3.13	3.11	3.06	2.96	77	7.01	6.31	4.67	5.48
28	2.14	53	3.19	3.18	3.12	3.02	78	7.37	6.52	4.70	5.66
29	2.17	54	3.26	3.25	3.18	3.07	79	7.75	6.73	4.73	5.86
30	2.19	55	3.34	3.32	3.24	3.13	80	8.16	6.93	4.75	6.06
31	2.21	56	3.42	3.39	3.30	3.19	81	8.61	7.14	4.76	6.28
32	2.24	57	3.50	3.47	3.37	3.26	82	9.09	7.33	4.78	6.51
33	2.26	58	3.59	3.56	3.44	3.32	83	9.62	7.52	4.79	6.75
34	2.29	59	3.68	3.64	3.51	3.39	84	10.18	7.69	4.80	7.01
							85	10.80	7.86	4.80	7.27

The amount of income is based on the age last birthday of the payee on the due date of the first payment. Settlement under Life Income Guaranteed for Refund Period will be made in those instances where Life Income guaranteed for a shorter period was selected and becomes payable at ages below 35. Rates for age 85 apply to all higher ages.

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**Flexible Premium
Adjustable Life Policy – Nonparticipating
Premiums Payable During Life of Insured**

Policy Schedule

Policy Number: {AU0123456}

Policy Date: {January 1, 2009}

POLICY DATA

Insured:	{John E. Doe}	Guaranteed Interest Rate for
Age:	{0}	Computations: 3.0% per year
Sex:	{Male}	(same as 0.246627%
Rate Class:	{Standard}	compounded monthly)

Initial Specified Amount: {\$50,000}
 Initial Death Benefit Option: {Level Death Benefit Option 1 - Includes Policy Value}

Minimum Specified Amount: \$10,000
 Owner: {John E. Doe}

Benefit	Effective Date	Amount	Minimum First Year Annual Premium
Basic Policy	{Jan 1, 2009}	{\$50,000}	{\$462.00}
Total			{\$462.00}
Other Frequencies of Premium Payments		Semiannual	{\$235.62}
		Quarterly	{\$120.12}
		Monthly (Preauthorized Withdrawal)	{\$39.27}

Initial Premium:	{\$550.00}	Current Administrative Fee:	{\$15.50} Every Month
Planned Periodic Premium:	{ \$462.00 }		Until 12-31-09
	Annually		{ \$4.50 } Every Month
			Thereafter
Current Expense Charge:	{5%} of Premiums Paid	Maximum Administrative Fee:	\$15.50 Every Month
Maximum Expense Charge:	7% of Premiums Paid		Until 12-31-09
Current Loan Interest Rates:	6% in Arrears		\$4.50 Every Month
Maximum Loan Interest Rate:	8% in Arrears		Thereafter

It is possible that coverage will expire where either no premiums are paid following payment of the initial premium or subsequent premiums are insufficient to continue coverage.

Policy Schedule

Policy Number: {AU0123456}

TABLE OF GUARANTEED MAXIMUM INSURANCE RATES

{Standard} Rate Classification *
Monthly Cost of Insurance

Attained Age	Rate Per \$1,000						
0	{ \$ 0.06000 }	30	{ \$ 0.15002 }	60	{ \$ 1.42787 }	90	{ \$ 18.71204 }
1	{ 0.03833 }	31	{ 0.15086 }	61	{ 1.57999 }	91	{ 19.95543 }
2	{ 0.02750 }	32	{ 0.15336 }	62	{ 1.75474 }	92	{ 21.23488 }
3	{ 0.02000 }	33	{ 0.15836 }	63	{ 1.94210 }	93	{ 22.56111 }
4	{ 0.01750 }	34	{ 0.16419 }	64	{ 2.12953 }	94	{ 23.97990 }
5	{ 0.01750 }	35	{ 0.17086 }	65	{ 2.31284 }	95	{ 25.41228 }
6	{ 0.01833 }	36	{ 0.18087 }	66	{ 2.49035 }	96	{ 26.77574 }
7	{ 0.01833 }	37	{ 0.19254 }	67	{ 2.66961 }	97	{ 28.21684 }
8	{ 0.01833 }	38	{ 0.20671 }	68	{ 2.85312 }	98	{ 29.74239 }
9	{ 0.01917 }	39	{ 0.22255 }	69	{ 3.05514 }	99	{ 31.35757 }
10	{ 0.02000 }	40	{ 0.24173 }	70	{ 3.28660 }	100	{ 32.87290 }
11	{ 0.02333 }	41	{ 0.26507 }	71	{ 3.57104 }	101	{ 34.17162 }
12	{ 0.02833 }	42	{ 0.29259 }	72	{ 3.90183 }	102	{ 35.54062 }
13	{ 0.03333 }	43	{ 0.32511 }	73	{ 4.23536 }	103	{ 36.98224 }
14	{ 0.04334 }	44	{ 0.36180 }	74	{ 4.59687 }	104	{ 38.63102 }
15	{ 0.05500 }	45	{ 0.39849 }	75	{ 4.99903 }	105	{ 40.60077 }
16	{ 0.06500 }	46	{ 0.43519 }	76	{ 5.44532 }	106	{ 42.70032 }
17	{ 0.07417 }	47	{ 0.46605 }	77	{ 5.96200 }	107	{ 44.93845 }
18	** { 0.09501 }	48	{ 0.48941 }	78	{ 6.55519 }	108	{ 47.32239 }
19	{ 0.10251 }	49	{ 0.51944 }	79	{ 7.20910 }	109	{ 49.86326 }
20	{ 0.10835 }	50	{ 0.55865 }	80	{ 7.92481 }	110	{ 52.56695 }
21	{ 0.11335 }	51	{ 0.60954 }	81	{ 8.68647 }	111	{ 55.44703 }
22	{ 0.11918 }	52	{ 0.67128 }	82	{ 9.47137 }	112	{ 58.51376 }
23	{ 0.12502 }	53	{ 0.74556 }	83	{ 10.30937 }	113	{ 61.77683 }
24	{ 0.13168 }	54	{ 0.83403 }	84	{ 11.25868 }	114	{ 65.24918 }
25	{ 0.13919 }	55	{ 0.92836 }	85	{ 12.33701 }	115	{ 68.94233 }
26	{ 0.14669 }	56	{ 1.02605 }	86	{ 13.50923 }	116	{ 72.86736 }
27	{ 0.15086 }	57	{ 1.11624 }	87	{ 14.75796 }	117	{ 77.03686 }
28	{ 0.15169 }	58	{ 1.20228 }	88	{ 16.06311 }	118	{ 81.46300 }
29	{ 0.15086 }	59	{ 1.30336 }	89	{ 17.40871 }	119	{ 86.14388 }
						120	{ 90.90909 }

* {These charges are based on the 2001 CSO (M) Composite U ALB mortality table for attained ages 0-17 and are based on the 2001 CSO (M) Smoker U ALB mortality table for attained ages 18-120.}

** {Presently, the Insured is not classified as either a smoker or nonsmoker. We will reclassify the Insured at attained age 18. We will send the Insured/Owner a notification of reclassification and the necessary forms to apply for our nonsmoker rate classification at least 31 days before the Insured reaches attained age 18. If the Insured does not qualify for the nonsmoker rate classification or if the Insured/Owner does not return the forms, the Insured will be reclassified to the smoker rate classification and have smoker guaranteed cost of insurance rates.}

Policy Schedule

Policy Number: {AU0123456}

TABLE OF ADDITIONAL ADMINISTRATIVE FEES

For Each \$1,000 of Increase
In Insured's Death Benefit

Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000
0	\$ 2.64	30	\$ 4.44	60	\$ 21.60
1	2.64	31	4.56	61	23.04
2	2.64	32	4.68	62	24.48
3	2.64	33	4.80	63	25.80
4	2.64	34	5.04	64	27.12
5	2.76	35	5.28	65	28.32
6	2.76	36	5.52	66	29.52
7	2.76	37	5.76	67	30.72
8	2.76	38	6.00	68	31.92
9	2.76	39	6.24	69	33.24
10	2.76	40	6.48	70	34.44
11	2.76	41	6.84	71	35.64
12	2.76	42	7.08	72	36.84
13	2.76	43	7.32	73	38.16
14	2.88	44	7.68	74	39.60
15	2.88	45	7.92	75	41.04
16	3.12	46	8.28	76	42.24
17	3.36	47	8.88	77	43.32
18	3.60	48	9.36	78	44.88
19	3.60	49	10.08	79	45.12
20	3.60	50	10.68	80	45.24
21	3.72	51	11.28	81	45.36
22	3.72	52	11.76	82	45.48
23	3.72	53	12.24	83	45.60
24	3.84	54	12.96	84	45.72
25	3.96	55	14.04	85	46.44
26	4.08	56	15.36		
27	4.08	57	16.92		
28	4.20	58	18.48		
29	4.32	59	20.04		

The Lafayette Life Insurance Company
1905 Teal Road
P. O. Box 7007
Lafayette, Indiana 47903
1-800-243-6631

Flexible Premium Adjustable
Life Insurance Policy
{John E. Doe}, Insured
Policy Number {AU0123456}
Specified Amount {\$50,000}

THIS IS A LEGAL CONTRACT -- READ IT CAREFULLY

We promise to pay the death benefit to the Beneficiary on the death of the Insured, subject to the terms of this policy.

LOOK AT THE APPLICATION

This policy is based on answers in the applications (see copies attached). If all answers are not true and complete, this policy may be affected.

20 DAY RIGHT TO RETURN THE POLICY

This policy may be sent back to us or our agent within 20 days after you first receive it. We will send back all premiums within 20 days after we receive the policy.

NOTICE OF ANNUAL MEETING

The Lafayette Life Insurance Company is a stock life insurance company that is a subsidiary of Western & Southern Mutual Holding Company, a mutual insurance holding company. As an Owner of this policy, you are a member of Western & Southern Mutual Holding Company. The annual members meeting to elect directors and transact any business that may come before the meeting is held at the Home Office of Western & Southern Mutual Holding Company in Cincinnati, Ohio, on the second Tuesday of March of each year at ten o'clock in the morning local time or at such other location, place, or time as may be designated by the Western & Southern Mutual Holding Company Board of Directors in writing.

You may vote in person at the meeting or by proxy if you have at least \$1,000 of insurance in force at that time and for at least one year before the meeting. You have only one vote for all policies and contracts you have with us.

Signed at Lafayette, Indiana on the Policy Date.



Secretary



President & CEO

Flexible Premium
Adjustable Life Policy – Nonparticipating
Premiums Payable During Life of Insured

GUIDE TO YOUR POLICY

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The Application and any additional forms follow page 19.

Policy Schedule

Policy Number: {AU0123456}

Policy Date: {January 1, 2009}

POLICY DATA

Insured:	{John E. Doe}	Guaranteed Interest Rate for
Age:	{35}	Computations: 3.0% per year
		(same as 0.246627%
Rate Class:	{Nonsmoker}	compounded monthly)
Initial Specified Amount:	{ \$50,000 }	
Initial Death Benefit Option:	{Level Death Benefit Option 1 - Includes Policy Value}	
Minimum Specified Amount:	\$10,000	
Owner:	{John E. Doe}	

Benefit	Effective Date	Amount	Minimum First Year Annual Premium
Basic Policy	{Jan 1, 2009}	{ \$50,000 }	{ \$462.00 }
	Total		{ \$462.00 }
Other Frequencies of Premium Payments		Semiannual	{ \$231.00 }
		Quarterly	{ \$115.50 }
		Monthly (Preauthorized Withdrawal)	{ \$38.50 }

Initial Premium:	{ \$550.00 }	1st Year Administrative Fee: { \$26.50 } Every Month
Planned Periodic Premium:	{ \$462.00 }	Until 12-31-09
	Annually	
Current Expense Charge:	{ 5% } of Premiums Paid	Current Administrative Fee
Maximum Expense Charge:	7% of Premiums Paid	Every Month Thereafter: { \$4.50 }
		Maximum Administrative Fee
		Every Month Thereafter: \$10.00
Current Loan Interest Rates:	6% in Arrears	
Maximum Loan Interest Rate:	8% in Arrears	

It is possible that coverage will expire where either no premiums are paid following payment of the initial premium or subsequent premiums are insufficient to continue coverage.

Policy Schedule

Policy Number: {AU0123456}

TABLE OF GUARANTEED MAXIMUM INSURANCE RATES

{Non-Smoker} Rate Classification *

Monthly Cost of Insurance

Attained Age	Rate Per \$1,000						
35	{ \$ 0.09001 }	57	{ \$ 0.57450 }	79	{ \$ 4.92329 }	101	{ \$ 29.04214 }
36	{ 0.09501 }	58	{ 0.62623 }	80	{ 5.48324 }	102	{ 30.84813 }
37	{ 0.10084 }	59	{ 0.68547 }	81	{ 6.10201 }	103	{ 32.89246 }
38	{ 0.10668 }	60	{ 0.75641 }	82	{ 6.75448 }	104	{ 35.18329 }
39	{ 0.11335 }	61	{ 0.84154 }	83	{ 7.46024 }	105	{ 37.67899 }
40	{ 0.12168 }	62	{ 0.94005 }	84	{ 8.24069 }	106	{ 40.31660 }
41	{ 0.13168 }	63	{ 1.04609 }	85	{ 9.08937 }	107	{ 43.07192 }
42	{ 0.14419 }	64	{ 1.15801 }	86	{ 10.02789 }	108	{ 45.93940 }
43	{ 0.15836 }	65	{ 1.27412 }	87	{ 11.06441 }	109	{ 48.95380 }
44	{ 0.17503 }	66	{ 1.39361 }	88	{ 12.15514 }	110	{ 52.03911 }
45	{ 0.19254 }	67	{ 1.51981 }	89	{ 13.27303 }	111	{ 55.09625 }
46	{ 0.21088 }	68	{ 1.65356 }	90	{ 14.28879 }	112	{ 58.10402 }
47	{ 0.22672 }	69	{ 1.80241 }	91	{ 15.24646 }	113	{ 61.23409 }
48	{ 0.24089 }	70	{ 1.97556 }	92	{ 16.35484 }	114	{ 65.02511 }
49	{ 0.25840 }	71	{ 2.18476 }	93	{ 17.63304 }	115	{ 68.74431 }
50	{ 0.28008 }	72	{ 2.42671 }	94	{ 19.09963 }	116	{ 72.66405 }
51	{ 0.30676 }	73	{ 2.68301 }	95	{ 20.64510 }	117	{ 76.85129 }
52	{ 0.33845 }	74	{ 2.95789 }	96	{ 22.18830 }	118	{ 80.90288 }
53	{ 0.37514 }	75	{ 3.25724 }	97	{ 23.48209 }	119	{ 85.15481 }
54	{ 0.42018 }	76	{ 3.59370 }	98	{ 24.50794 }	120	{ 90.90909 }
55	{ 0.47022 }	77	{ 3.98162 }	99	{ 25.89092 }		
56	{ 0.52277 }	78	{ 4.42701 }	100	{ 27.44740 }		

* {These charges are based on the 2001 CSO (80) Smoker U ALB mortality table.}

Policy Schedule

Policy Number: {AU0123456}

TABLE OF ADDITIONAL ADMINISTRATIVE FEES

For Each \$1,000 of Increase
In Insured's Death Benefit

Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000
0	{ \$ 2.64 }	30	{ \$ 4.44 }	60	{ \$ 21.60 }
1	{ 2.64 }	31	{ 4.56 }	61	{ 23.04 }
2	{ 2.64 }	32	{ 4.68 }	62	{ 24.48 }
3	{ 2.64 }	33	{ 4.80 }	63	{ 25.80 }
4	{ 2.64 }	34	{ 5.04 }	64	{ 27.12 }
5	{ 2.76 }	35	{ 5.28 }	65	{ 28.32 }
6	{ 2.76 }	36	{ 5.52 }	66	{ 29.52 }
7	{ 2.76 }	37	{ 5.76 }	67	{ 30.72 }
8	{ 2.76 }	38	{ 6.00 }	68	{ 31.92 }
9	{ 2.76 }	39	{ 6.24 }	69	{ 33.24 }
10	{ 2.76 }	40	{ 6.48 }	70	{ 34.44 }
11	{ 2.76 }	41	{ 6.84 }	71	{ 35.64 }
12	{ 2.76 }	42	{ 7.08 }	72	{ 36.84 }
13	{ 2.76 }	43	{ 7.32 }	73	{ 38.16 }
14	{ 2.88 }	44	{ 7.68 }	74	{ 39.60 }
15	{ 2.88 }	45	{ 7.92 }	75	{ 41.04 }
16	{ 3.12 }	46	{ 8.28 }	76	{ 42.24 }
17	{ 3.36 }	47	{ 8.88 }	77	{ 43.32 }
18	{ 3.60 }	48	{ 9.36 }	78	{ 44.88 }
19	{ 3.60 }	49	{ 10.08 }	79	{ 45.12 }
20	{ 3.60 }	50	{ 10.68 }	80	{ 45.24 }
21	{ 3.72 }	51	{ 11.28 }	81	{ 45.36 }
22	{ 3.72 }	52	{ 11.76 }	82	{ 45.48 }
23	{ 3.72 }	53	{ 12.24 }	83	{ 45.60 }
24	{ 3.84 }	54	{ 12.96 }	84	{ 45.72 }
25	{ 3.96 }	55	{ 14.04 }	85	{ 46.44 }
26	{ 4.08 }	56	{ 15.36 }		
27	{ 4.08 }	57	{ 16.92 }		
28	{ 4.20 }	58	{ 18.48 }		
29	{ 4.32 }	59	{ 20.04 }		

The Lafayette Life Insurance Company

Flexible Premium Adjustable Life Insurance Policy

DEFINITIONS

In This Policy

Age means age of the appropriate insured person on the annual date that begins the applicable policy year.

Annual date means the same date each year as the policy date, including the policy date.

Application means the written document(s) and any written supplement to it, which is completed to request this insurance policy, and is attached to this policy.

Beneficiary means the person(s) to whom the death benefit is payable under this policy on the death of the Insured.

Cash value means the same as the policy value.

Insured means the person listed as the "Insured" on the Policy Schedule, page 3. The Insured may or may not be the same person(s) as the Owner(s).

Monthly date means the same day of each month as the policy date, including the policy date.

Monthly deduction means the amount of money we subtract each month from your policy value to pay for the cost of insurance, the cost of any other benefits shown on the Policy Schedule, page 3, and the administrative fees.

Net cash value means the amount of money which we will pay to you if you surrender this policy. It is equal to the cash value less all unpaid loans with applicable unpaid interest charges.

Net premium means the amount of any premium less any applicable expense charge. The expense charge as of the policy date is

shown on the Policy Schedule, page 3, immediately following the words "Current Expense Charge". This charge may be changed in the future, but at no time will it exceed the charge stated on the Policy Schedule, page 3, immediately following the words "Maximum Expense Charge".

Notice to us means written information we have received at our Home Office which is signed by you and in a form acceptable to us.

Notice to you means written information which we mail to you at the last address shown in our records.

Payee means the person(s) to whom the proceeds from this policy are paid under a payment plan.

Planned periodic premium means the amount and frequency of premium payments you intend to make. The term is used only for convenience and for a billing reminder, and has no contractual significance.

Policy date means the effective date of this policy. The policy date is shown on the Policy Schedule, page 3, immediately following the words "Policy Date."

Policy value means the accumulated fund which results from the payment of premiums less the expense charge for this policy. Interest is added to this fund, and monthly deductions and any partial surrenders, including the \$15 charge for each partial surrender, are subtracted from it. It is calculated as described in the **VALUES** provisions of this policy.

Policy year means each 12 month period beginning on an annual date and continuing through the day before the next following annual date.

Proceeds means money payable as total or partial surrender(s) from this policy, as a death benefit, or upon maturity.

Proof means evidence satisfactory to us for insurability or for other matters which require evidence.

Specified amount is the amount of insurance shown on the Policy Schedule, page 3, or the most recent supplemental policy schedule.

We, our, or us means The Lafayette Life Insurance Company.

You or your means the Owner(s) of this policy, as shown on the Policy Schedule, page 3, or a new Owner named by you in accordance with the **OWNERSHIP** provisions of this policy.

YOUR RIGHTS UNDER THIS POLICY

Your rights available, subject to the other terms of this policy, while the Insured is living, are:

- right to change the specified amount, which includes the right to change between the level and increasing death benefit options;
- right to change the premium payment pattern;
- right to assign this policy as collateral;
- right to change the Owner;
- right to change the Beneficiary unless named as being irrevocable;
- right to terminate this policy;
- right to borrow against this policy; and
- right to make partial surrenders.

DEATH BENEFIT

Payment

Subject to the terms of this policy, we will pay the Beneficiary the following amount:

- the death benefit; less
- any unpaid loan with applicable unpaid interest charges; and less
- any premium needed as set forth in the **Grace Period** provision of this policy.

Subject to the terms of this policy, we will pay the Beneficiary this amount as soon as practicable after we receive proof that the Insured has died while this policy is in force. However, in no event will settlement of the death benefit occur more than 60 days after we receive the required proof.

If the proceeds are not paid within thirty (30) days after our receipt of the claim and due proof of the Insured's death, we will pay interest which shall accrue from the date of death to the date of payment at the rate required by state statute.

Calculation of Death Benefit

Level Death Benefit Option 1 -- If the specified amount includes the policy value, the death benefit at any time will be the larger of (a) or (b) where:

- (a) is the specified amount; and
- (b) is the result of multiplying (1) by (2) where:
 - (1) is the appropriate percentage from the **TABLE OF POLICY VALUE PERCENTAGES FOR MINIMUM DEATH BENEFITS**; and
 - (2) is the policy value at that time.

Increasing Death Benefit Option 2 -- If the specified amount excludes the policy value, the death benefit at any time will be the larger of (c) or (d) where:

- (c) is the specified amount plus the policy value at that time; and
- (d) is the result of multiplying (1) by (2) where:
 - (1) is the appropriate percentage from the **TABLE OF POLICY VALUE PERCENTAGES FOR MINIMUM DEATH BENEFITS**; and
 - (2) is the policy value at that time.

In calculating the death benefit payable on death of the Insured under either the level or increasing death benefit option, we will use the policy value on the date of death of the Insured.

We will pay the death benefit according to the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

**TABLE OF POLICY VALUE
PERCENTAGES FOR MINIMUM
DEATH BENEFITS***

AGE**	PERCENT	AGE**	PERCENT
0-40	250%	60	130%
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95&up	100

* We reserve the right to amend this table so that this policy will continue to qualify as a life insurance policy for federal income tax purposes.

** Means the attained age of the Insured on the annual date on or immediately preceding the date of death of the Insured.

Death Benefit Changes

If you satisfy the requirements which follow, you may increase or decrease the specified amount subject to our approval after it has been in effect for one year by notice to us.

- No increase or decrease in the specified amount may be less than \$5,000.
- A decrease in the specified amount will be effective on the monthly date following our receipt of the request. Any decrease will be made in the following order:
 1. against the most recent increase in specified amount;
 2. against the next most recent increases in order; and
 3. against the initial specified amount.
- Any requested increase in the specified amount will require proof of insurability. An approved increase will be effective on the date shown on the supplemental policy schedule issued at the time of the increase. The cost of insurance for the increase will not exceed the amount shown by notice to you on the supplemental policy schedule. You must attach the supplemental policy schedule and its attachments to this policy. However, whether or not attached by you, the supplemental policy schedule and its attachments will be considered to be attached to and made a part of this policy.
- Any increase in specified amount will cause an additional administrative fee to be included in the monthly deduction on the monthly date of the increase. The amount of this charge per \$1,000 of increase is shown on the Policy Schedule, page 5.
- The specified amount may be changed, by notice to us, to include the policy value (level death benefit option 1). In such case, the specified amount will be increased so that the death benefit is not reduced as of the date of the change. The effective date of the change will be the monthly date following notice to us.
- The specified amount may be changed, by notice to us, to exclude the policy value (increasing death benefit option 2). In such case, the specified amount will be reduced so that the death benefit is not increased as of the date of change. The

effective date of the change will be the monthly date following notice to us.

- The death benefit of the Insured after any requested change must be at least the minimum specified amount shown on the Policy Schedule, page 3.
- No increase in specified amount may occur on or after the Insured's 76th birthday.
- We will refuse any change you request (such as decreasing the specified amount or dropping a rider) which would disqualify this policy as a life insurance policy under the Internal Revenue Code for federal income tax purposes.

PREMIUMS

The initial premium is the amount shown on the Policy Schedule, page 3, which you paid us before we issued this policy. This policy does not become effective until you pay a premium large enough to cover the first monthly deduction. You may make other premium payments:

- at any time;
- for any amount of \$25 or more; and
- in excess of \$30,000 only if we approve.

If you pay a premium that would disqualify this policy as a life insurance policy under the Internal Revenue Code for federal income tax purposes, we will refund that premium.

We will send premium notices unless you request otherwise by notice to us. Premium payments may be made to our Home Office or to one of our authorized agents. If you stop paying premiums, insurance coverage will continue until the policy lapses, in accordance with the **GRACE PERIOD** provision below.

GRACE PERIOD

A grace period of 61 days will be given for the payment of a premium needed to prevent lapse of this policy and an end to all insurance coverage. The grace period will begin on the monthly date when the net cash value is less than the monthly deduction for the policy month to follow.

We will send notice to you of the amount you must pay to keep the insurance coverage from ending at least 30 days prior to the date insurance under this policy would end.

If the premium is not paid within the grace period, there will be no net cash value and all insurance coverage will end. If the Insured dies during the grace period, the death benefit will be paid but reduced by any loan with applicable unpaid interest charges and by the premium needed to cover the monthly deductions through the month of death. The policy value and monthly deductions are described in the **VALUES** provisions of this policy. The net cash value is defined on page 7.

TERMINATION

This policy will terminate and all insurance will end on the earliest to occur of the following:

- the death of the Insured, except for any extended benefits for other persons provided by riders to this policy; or
- the first monthly date after you request it by written notice to us; or
- the end of the grace period when a needed premium has not been received before the end of the grace period; or
- the annual date on or following which the Insured attains age 121 at which time this policy matures.

If this policy terminates for any reason other than the death of the Insured and there is any net cash value, we will pay the net cash value by notice to you according to the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

If this policy terminates within 30 days after an annual date, the net cash value will not be less than it was on the annual date, assuming there have been no partial surrenders or loans within those 30 days.

We have the right to wait up to 6 months to pay the net cash value after termination of this policy. A written release of all claims satisfactory to us will be required.

REINSTATEMENT

You may put this policy back in force by notice to us if:

- each person insured hereunder provides proof of insurability;
- payment is made of enough premium to keep this policy in force for the next three months;
- payment or reinstatement is made of any existing loan on the date insurance terminated (interest at the rate of 6% annually will be charged to the loans from the date insurance terminated to the date of payment or reinstatement); and
- notice to us is received within five years of the date insurance terminated and prior to the date on which this policy matures.

VALUES

Policy Value

Each premium payment adds to the policy value, as described below. Insurance costs and various charges are subtracted from the policy value.

- The policy value on the policy date is the initial premium paid less the expense charge shown on the Policy Schedule, page 3.
- The policy value on each monthly date following the policy date will be the total of (a), (b), and (c) less the total of (d), (e), and (f) where:
 - (a) is the policy value on the prior monthly date;
 - (b) is one month's interest on (a);
 - (c) is the net premium received for the policy in the prior month, plus interest to the monthly date;
 - (d) is the monthly deduction for the prior month;
 - (e) is one month's interest on (d); and
 - (f) is any partial surrender made since the previous monthly date, plus the \$15 charge for each partial surrender, and plus interest to the current monthly date.
- On any day between monthly dates, the policy value will reflect any premiums paid, any partial surrenders made, including the \$15 charge for each partial surrender, and time elapsed since the prior monthly date.

Monthly Deduction

The monthly deduction for each policy month is the total of (a), (b), (c) and (d) where:

- (a) is the cost of insurance;
- (b) is the cost of any other benefits shown in on Policy Schedule, page 3;
- (c) is the administrative fee shown on the Policy Schedule, page 3; and
- (d) is the additional administration fee as the result of an increase in the specified amount.

The administrative fee as of the policy date is shown on the Policy Schedule, page 3, immediately following the words "Current Administrative Fee". This fee may be changed in the future, but at no time will it exceed the fee stated on the Policy Schedule, page 3, immediately following the words "Maximum Administrative Fee".

Interest Rate

The guaranteed interest rate for computing interest on the policy value is shown on the Policy Schedule, page 3. An interest rate exceeding the guaranteed rate may be used at our option. Only the guaranteed rate will be applied to that part of any policy value which equals any outstanding loan. We will not change the interest rate used on any premium for 365 days after we receive the premium.

Cost of Insurance

- The cost of insurance is determined each month for the death benefit by using the Insured's age on the annual date that begins the applicable policy year.
- If the specified amount for the Insured includes the policy value (level death benefit option 1) and the specified amount has been increased, the policy value will be considered part of the initial specified amount. If the policy value is greater than the initial specified amount, it will then be

considered to be part of any additional specified amounts in order of the increases.

- The Policy Schedule, page 3, shows whether or not the policy value is included in the specified amount.
- The cost of insurance is (a) times the result of (b) less (c) where:
 - (a) is the cost of insurance rate;
 - (b) is the death benefit divided by 1.00246627; and
 - (c) is the policy value at the beginning of the policy month.
- The cost of insurance rate is determined for the specified amount by the sex, attained age and rate class of the Insured. We may, at our option, use lower rates than shown in the Table of Guaranteed Maximum Insurance Rates on the Policy Schedule, page 4. Each change of rate will be on a uniform basis for insureds of the same attained age, sex and rate class.

Computations

Minimum cash values for this policy are based on the mortality table shown in the footnote on the Policy Schedule, page 4, and the guaranteed interest rate shown on the Policy Schedule, page 3.

All of the values in this policy are the same or greater than the minimums set by the laws of the state where this policy was delivered. If required, we have filed a detailed statement about this with your state insurance officials. It shows the figures and methods used.

Annual Report

We will send you a report at least once each policy year showing premiums paid, amount of interest credited, partial surrenders taken and charges made since our last report, any new and existing loans, and your current policy value, cash value, and net cash value. You may contact us for additional status reports.

Projection of Policy Values

We will send you a projection of illustrative future policy values and death benefits at any time you request it. We may charge a nominal fee for this service. The projections are not guaranteed unless they are calculated using the guaranteed interest rate, the guaranteed cost of insurance rates found on page 4 of the policy, and with respect to any riders, the guaranteed cost of insurance rates found on pages 4, 5C, or in the rider itself. We will base the illustration on such assumptions as you specify and as we consider necessary.

PARTIAL SURRENDERS

You may surrender part of your policy net cash value by notice to us. A \$15 charge will be made for each partial surrender. Any surrender is subject to the rules listed below:

- You must surrender at least \$500.
- If the specified amount includes the policy value (level death benefit option 1), the specified amount of insurance will be reduced by the amount of the partial surrender plus the \$15 charge.
- No partial surrender may reduce the net cash value below \$500.
- No partial surrender may reduce the death benefit below the minimum specified amount shown on the Policy Schedule, page 3.

Any partial surrender, plus the \$15 charge, will be deducted in the following order:

1. from the policy value generated by your most recent premium payment; and
2. from the policy value generated by your next most recent premium payments, in order.

We may wait to pay you the partial surrender for up to 6 months after notice to us.

LOANS

Obtaining a Policy Loan

This policy may have a cash value which you may want to use. This may be done by a loan. The most we can lend on the sole security of this policy is:

- the cash value; less
- any existing loan with applicable unpaid interest charges payable to the next annual date; and less
- interest charges payable on the new loan to the next annual date.

You may ask for a loan at any time, by notice to us. We have the right to wait to make any loan up to six months after we receive notice to us.

Each loan will be made in the following order:

1. against the policy value generated by your most recent premium payment; and
2. against the policy value generated by your next most recent premium payments, in order.

Loan Interest Charges

Loan interest charges are payable each annual date. The loan interest rates as of the policy date are shown on the Policy Schedule, page 3, immediately following the words "Current Loan Interest Rates". These rates may be changed in the future, but at no time will they exceed the rate stated on the Policy Schedule, page 3, immediately following the words "Maximum Loan Interest Rate". We will add any unpaid interest charges to the loan on each annual date.

Loan Repayment

Any loan may be paid back in full or in part at any time. Each payment must be at least \$25. If you send us more than we need to repay a loan, we will treat the excess as a premium payment.

Loan repayments will be applied in the following order:

1. to restore the policy value generated by the oldest premium payment;
2. to restore the policy value generated by the next oldest premium payments, in order; and
3. to restore the policy value generated by the most recent premium payment.

If you do not repay a loan and loan interest charges, we will terminate this policy and all insurance coverage will terminate 61 days after the date the outstanding loans and loan interest charges equal or exceed the cash value. By notice to you, at least 30 days before the date insurance under this policy would terminate, we will tell you the amount you must pay to keep the insurance from terminating.

GENERAL PROVISIONS

Policy

Your contract with us consists of the following:

- your application;
- any supplements or amendments to the application;
- this policy consisting of these 19 pages;
- any endorsements added to this policy;
- any riders issued with this policy, identified on the Policy Schedule, page 3, and attached to this policy;
- any application for reinstatement, application for increase or decrease in the specified amount, or other written evidence or other proof of insurability required to reinstate this policy or to obtain an increase in the specified amount;
- any application for addition of a rider after the policy date, including any written evidence or other proof of insurability required in connection with such an application;

- any riders added to this policy after the policy date; and
- any supplemental policy schedule.

Your policy is a legal contract and is issued in consideration of the application and the initial premium. Nothing else which has been said or put in writing is part of this policy unless it is attached or considered to be attached. No one can change any part of your contract except you and one of our officers. Both must agree to a change, and it must be in writing.

Reliance

We have issued this policy in reliance on the statements made in the application. We will rely on the statements made in any application for reinstatement, any written request for increase or decrease in the specified amount, any written request for the addition of any rider, or any written evidence or other proof of insurability you may submit to us. These statements are representations and not warranties. No statement will cause this policy to be rescinded, or will be used in defense of a claim, unless contained in the application, any application or other written request for reinstatement, for increase or decrease in the specified amount, for addition of any rider, or any other written evidence or other proof of insurability which is part of this policy. Read the copies of the applications for this policy. If any statement is not true or complete, you must tell us.

Incontestability

This Policy and Increases in Specified Amount -- We may not contest this policy after it has been in force during the lifetime of the Insured for two years from the policy date, except for nonpayment of a needed premium or fraud or for requested increases in specified amount. Further, we may not contest any requested increase in specified amount after the increase has been in effect during the lifetime of the Insured for two years from its effective date, except for nonpayment of a needed premium or fraud.

While this policy, or any increase in specified amount, is contestable, we cannot rescind this policy or any increase or deny a claim unless:

- an answer in the application for this policy or increase in specified amount was not true or complete; and
- if we had known the truth, we would not have issued this policy at the rate class shown on the Policy Schedule, page 3, or increased the specified amount at the rate class shown on the supplemental schedule.

If we rescind this policy, the premiums you have paid, less all unpaid loans with applicable unpaid interest charges and any partial surrender, will be refunded.

Policy Changes and Reinstatements -- We may not contest a change in or reinstatement of this policy after the change or reinstatement has been in effect during the lifetime of the Insured for two years from the effective date of the change or reinstatement, except for nonpayment of a needed premium or fraud.

We cannot rescind a change in or reinstatement of this policy, while such change or reinstatement is contestable unless:

- an answer in the application for change or reinstatement was not true or complete; and
- if we had known the truth, we would not have made the requested change or reinstatement, as the case may be.

If we rescind this policy, the premiums you have paid, less any unpaid loans with applicable unpaid interest charges and any partial surrender, will be refunded.

Suicide

If the Insured commits suicide (while sane or insane) within two years of the policy date, our sole obligation will be to pay the Beneficiary the premiums you have paid less any unpaid loans with applicable unpaid

interest charges and any partial surrender. If the Insured commits suicide (while sane or insane) within two years from the effective date of any requested increase in specified amount, our sole obligation with respect to such increase will be to pay the Beneficiary the costs of insurance for such increase.

Misstatement of Age

Age in this policy means age last birthday. If the Insured's age has been misstated, we will adjust all benefits to the amount that would have been provided by the cost of insurance paid on the monthly date preceding death using the correct age.

Conformity with Laws

This policy is subject to the insurance laws of the state where this policy was delivered. If part of it does not follow any such law, it will be interpreted as if it does.

Nonparticipating

This policy is nonparticipating. It does not share in our divisible surplus. No dividends will be credited to this policy.

OWNERSHIP

This is your policy. While the Insured lives and without the consent of any revocable Beneficiary, you may exercise all rights in this policy. Your rights in this policy after the death of the Insured are described in the **BENEFICIARIES** provisions and the **PAYMENT OF POLICY BENEFITS** provisions of this policy.

Transfer of Ownership

You may transfer the ownership of this policy at any time by written application acceptable to us. The transfer will be effective the date you sign our transfer of ownership form but will be subject to any good faith action taken by us before we receive the form. We may require that you return the policy to us for endorsement to show the transfer.

Collateral Assignment

You may assign this policy as collateral security in a form acceptable to us. We will not be responsible for the validity or effect of any collateral assignment of this policy. We will not be responsible to any assignee for any payment or other action taken by us before we receive the written assignment.

The interest of any revocable Beneficiary will be subject to any collateral assignment made either before or after the beneficiary designation.

A collateral assignment will not transfer ownership to the assignee. You can transfer ownership only by complying with the **Transfer of Ownership** provision of this policy.

A collateral assignment is not a change of beneficiary. A change of beneficiary can only be made by complying with the **BENEFICIARIES** provisions of this policy.

BENEFICIARIES

Designation and Change of Beneficiaries

You may designate and change the primary and contingent beneficiaries. You may do so in written form acceptable to us at any time during the lifetime of the Insured. If you are not the Insured, you may do this within 60 days after the Insured's death, if the death benefit has not already been paid to the Beneficiary or otherwise settled in favor of the Beneficiary by the Beneficiary's election of a payment plan in accordance with the **Payment Plan Elections** provision of this policy. Any beneficiary designation made following the death of the Insured may not be changed again.

A transfer of ownership will not change the interest of any Beneficiary.

Effective Date

Any designation or change of beneficiary will take effect the date the request is signed by you. Any request for change will be subject to any payment or other action we may take before we receive the request. We may require that you return the policy to us for endorsement to show the designation or change.

Succession in Interest of Beneficiaries

The beneficiary classes in order of entitlement are as follows:

1. primary Beneficiaries, if living;
2. contingent Beneficiaries of the first class, if living;
3. contingent Beneficiaries of the next classes in order, if living;
4. you, if you are still living; and
5. your estate.

General

An irrevocable beneficiary designation cannot be changed without the written consent of such beneficiary.

Unless we are told otherwise in your beneficiary designation, we will follow these rules:

- We will pay equal shares when more than one beneficiary of the same class is to share in the death benefit.
- The word "child" means only a child born to or legally adopted by the Insured; it does not mean stepchild or grandchild.

PAYMENT OF POLICY BENEFITS

Payment

Any amount payable on surrender, maturity, or death of the Insured may be paid:

- in one lump sum; or
- under a payment plan elected on a form acceptable to us.

Payment will be made in a lump sum unless a payment plan was elected before the Insured's death or unless a payment plan is elected by the Beneficiary after the Insured's death. If payment is not made pursuant to the terms of a payment plan, and the proceeds are not paid within 30 days after our receipt of the claim and due proof of the Insured's death, after 30 days we will pay interest on the proceeds at the legal rate, currently eight percent (8%) per year. The proceeds will include any premium refund payable.

When benefits are to be paid under an elected payment plan, the payment plan will govern the terms under which we will make payments and to whom we will pay any remaining proceeds if the payee dies. We may require that you return the policy to us if a payment plan is elected.

Payment Plan Elections

All payment plan elections must be made by notice to us, effective on the date it was properly signed. However, any election is subject to any good faith action taken by us, or payments made by us before such notice is received by us. A payment plan may be elected by notice to us:

- by you during the lifetime of the Insured; or
- by you, if you are not the Insured, if we receive such notice within 60 days after the Insured's death (after such election is received by us, you may not change this election); or

- by a Beneficiary after the Insured dies, if no election is then in effect, subject to any notice to us from you of an elected payment plan that is received by us within 60 days after the Insured's death. However, we shall not be liable to you for any good faith action taken by us or payment made by us in favor of the Beneficiary in response to notice to us from the Beneficiary of an elected payment plan before notice to us from you of an elected payment plan or a change in Beneficiary.

Payment Plans

Interest Income Plan -- Proceeds will earn interest from the date the payment plan takes effect. The interest may be received in monthly payments or left with us to accumulate. If interest will be paid, the first interest payment is due one month after the plan takes effect. Accumulated interest and part or all of the proceeds may be withdrawn at any time.

Installment Income Plans -- Proceeds will be paid as a monthly installment income by the terms of the plan selected. The first payment is due on the date the plan takes effect.

- **Specified Period** -- Equal payments of the proceeds with interest will be made over a specified period of one to 30 years. The present value of any unpaid installments may be withdrawn at any time.
- **Specified Amount** -- Equal payments of a specified amount will be made until the entire proceeds with interest are paid. Payments must be at least \$5 per \$1,000 of proceeds. The unpaid balance may be withdrawn at any time.

Life Income Plans -- Proceeds will be paid as a monthly life income by the terms of the plan selected. The first payment is due on the date the plan takes effect. We must be furnished with proof of identity, age, or other facts for any person upon whose life the income payments depend.

- **Single Life Income** -- Equal payments are made during the lifetime of the payee, or for a selected guaranteed period and thereafter during the lifetime of the payee. The guaranteed periods available are:
 - (a) 10 years;
 - (b) 20 years; or
 - (c) a refund period continuing until the sum of the payments equals the proceeds applied under the plan.
- **Joint and Survivor Life Income** -- One level monthly payment is made as long as either payee lives.

An individual beneficiary may receive payments under a life income plan only if the payments depend upon the beneficiary's life. A corporation or fiduciary may receive payments under a life income plan only if the payments depend on the life of the Insured or surviving spouse or dependent of the Insured.

The present value of any unpaid life income payments to be made during a guaranteed period may be withdrawn only after the death of all payees.

Other Plan -- Payment will be made under any other plan which is mutually agreed upon by you and us.

Payment Plan Rates

Interest Income and Installment Income Plans -- Proceeds will earn interest at rates declared annually by us. Such rates will not be less than an annual effective rate of 1.5%. Interest in excess of 1.5% will increase the size of payments or, for the specified amount plan, increase the number of payments. The present value of any unpaid installments will be based on the interest rate used to determine the installment payments.

Life Income Plans -- Payments will be based on interest rates declared by us. Such rates will not be less than an annual effective rate of 1.5%.

The present value of any unpaid life income payments to be made during a guaranteed period will be based on the interest rate used to determine the life income payments.

Minimum Income Payments -- Payments under installment income plans and life income plans will be at least as large as those shown in the **MINIMUM INCOME TABLES** appearing on pages 18 and 19. Minimum incomes shown for life income plans are based on the 2000 Individual Annuity Mortality Table with interest at 1.5% per year.

General Payment Provisions

Increase of Monthly Income -- The beneficiary who is to receive the proceeds under a payment plan may increase the total monthly income by payment of an annuity premium to us. The amount of the net premium will be applied under the payment plan at the same rates as the policy proceeds. The net premium is the annuity premium less charges not exceeding 4%. We have the right to limit this net premium to an amount equal to the sum payable under this policy.

Minimum Amount -- Proceeds of less than \$5,000 may only be applied under the interest income plan, unless we approve applying the proceeds under another plan. We have the right to change the payment frequency or pay the proceeds in a lump sum if payments are less than \$50.

Payment Frequency -- You may elect to receive payments in equal quarterly, semiannual or annual payments rather than equal monthly payments.

Transfer Between Payment Plans -- A payee may transfer any withdrawal amount to any other plan available. The amount that may be withdrawn is specified in the applicable **Payment Plans** provision of this policy.

MINIMUM INCOME TABLES
Minimum Monthly Income Payments Per \$1,000 Proceeds

INSTALLMENT INCOME PLANS

PERIOD (YEARS)	MONTHLY PAYMENT	PERIOD (YEARS)	MONTHLY PAYMENT	PERIOD (YEARS)	MONTHLY PAYMENT
1	\$83.90	11	\$8.21	21	\$4.62
2	42.26	12	7.58	22	4.44
3	28.39	13	7.05	23	4.28
4	21.45	14	6.59	24	4.13
5	17.28	15	6.20	25	3.99
6	14.51	16	5.85	26	3.86
7	12.53	17	5.55	27	3.75
8	11.04	18	5.27	28	3.64
9	9.89	19	5.03	29	3.54
10	8.96	20	4.81	30	3.44

LIFE INCOME PLANS --- JOINT AND SURVIVOR MONTHLY PAYMENTS

2nd Payee's Age	1st Payee's Age										
	7 Yrs. Less	6 Yrs. Less	5 Yrs. Less	4 Yrs. Less	3 Yrs. Less	2 Yrs. Less	1 Yr. Less	Same as 2nd Payee	1 Yr. More	2 Yrs. More	3 Yrs. More
56	\$2.82	\$2.85	\$2.89	\$2.92	\$2.95	\$2.99	\$3.02	\$3.05	\$3.08	\$3.11	\$3.14
57	2.87	2.91	2.94	2.98	3.01	3.05	3.08	3.12	3.15	3.18	3.21
58	2.93	2.96	3.00	3.04	3.08	3.11	3.15	3.18	3.22	3.25	3.29
59	2.99	3.02	3.06	3.10	3.14	3.18	3.22	3.26	3.29	3.33	3.36
60	3.05	3.09	3.13	3.17	3.21	3.25	3.29	3.33	3.37	3.41	3.45
61	3.11	3.16	3.20	3.24	3.29	3.33	3.37	3.41	3.45	3.49	3.53
62	3.18	3.23	3.27	3.32	3.36	3.41	3.45	3.50	3.54	3.58	3.63
63	3.25	3.30	3.35	3.40	3.45	3.49	3.54	3.59	3.64	3.68	3.73
64	3.33	3.38	3.43	3.48	3.53	3.58	3.64	3.69	3.74	3.78	3.83
65	3.41	3.46	3.52	3.57	3.63	3.68	3.74	3.79	3.84	3.89	3.94
66	3.49	3.55	3.61	3.67	3.73	3.78	3.84	3.90	3.95	4.01	4.06
67	3.58	3.64	3.71	3.77	3.83	3.89	3.95	4.01	4.07	4.13	4.19
68	3.68	3.74	3.81	3.88	3.94	4.01	4.07	4.14	4.20	4.26	4.32
69	3.78	3.85	3.92	3.99	4.06	4.13	4.20	4.27	4.34	4.40	4.46
70	3.89	3.96	4.04	4.11	4.19	4.26	4.34	4.41	4.48	4.55	4.62

Incomes for ages and frequencies not shown are available on request.

MINIMUM INCOME TABLES
Minimum Monthly Income Payments Per \$1,000 Proceeds
LIFE INCOME PLANS --- SINGLE LIFE MONTHLY PAYMENTS

GUARANTEED INCOME SETTLEMENT BASIS											
AGE	GUAR. REFUND	AGE	NONE	Guaranteed Period			AGE	NONE	Guaranteed Period		
				10 YRS	20 YRS	REFUND			10 YRS	20 YRS	REFUND
0-10	\$1.88	35	\$2.45	\$2.45	\$2.44	\$2.39	60	\$4.04	\$3.97	\$3.73	\$3.61
11	1.90	36	2.49	2.48	2.47	2.42	61	4.15	4.08	3.80	3.69
12	1.91	37	2.52	2.52	2.51	2.45	62	4.28	4.19	3.87	3.77
13	1.92	38	2.56	2.56	2.54	2.48	63	4.41	4.31	3.95	3.86
14	1.94	39	2.60	2.60	2.58	2.52	64	4.55	4.44	4.02	3.95
15	1.96	40	2.64	2.64	2.62	2.55	65	4.70	4.57	4.09	4.05
16	1.97	41	2.69	2.68	2.66	2.59	66	4.87	4.71	4.16	4.15
17	1.99	42	2.73	2.72	2.70	2.62	67	5.04	4.85	4.23	4.26
18	2.00	43	2.78	2.77	2.74	2.66	68	5.22	5.00	4.29	4.37
19	2.02	44	2.83	2.82	2.79	2.70	69	5.42	5.15	4.35	4.49
20	2.04	45	2.88	2.87	2.83	2.74	70	5.63	5.32	4.41	4.61
21	2.06	46	2.93	2.92	2.88	2.79	71	5.85	5.48	4.46	4.74
22	2.08	47	2.99	2.98	2.93	2.83	72	6.09	5.66	4.51	4.88
23	2.10	48	3.05	3.03	2.98	2.88	73	6.35	5.83	4.56	5.02
24	2.12	49	3.11	3.09	3.03	2.93	74	6.62	6.02	4.60	5.17
25	2.14	50	3.17	3.15	3.09	2.98	75	6.92	6.20	4.64	5.33
26	2.16	51	3.24	3.22	3.14	3.03	76	7.23	6.39	4.67	5.50
27	2.18	52	3.31	3.29	3.20	3.08	77	7.57	6.58	4.70	5.67
28	2.20	53	3.39	3.36	3.26	3.14	78	7.94	6.77	4.72	5.86
29	2.23	54	3.46	3.43	3.33	3.20	79	8.33	6.96	4.74	6.05
30	2.25	55	3.55	3.51	3.39	3.26	80	8.75	7.14	4.76	6.26
31	2.28	56	3.63	3.60	3.45	3.32	81	9.20	7.32	4.77	6.47
32	2.30	57	3.73	3.68	3.52	3.39	82	9.69	7.49	4.78	6.70
33	2.33	58	3.82	3.78	3.59	3.46	83	10.21	7.66	4.79	6.94
34	2.36	59	3.93	3.87	3.66	3.53	84	10.77	7.81	4.80	7.19
							85	11.36	7.96	4.80	7.45

The amount of income is based on the age last birthday of the payee on the due date of the first payment. Settlement under Life Income Guaranteed for Refund Period will be made in those instances where Life Income guaranteed for a shorter period was selected and becomes payable at ages below 35. Rates for age 85 apply to all higher ages.

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**Flexible Premium
Adjustable Life Policy – Nonparticipating
Premiums Payable During Life of Insured**

Policy Schedule

Policy Number: {AU0123456}

Policy Date: {January 1, 2009}

POLICY DATA

Insured:	{John E. Doe}	Guaranteed Interest Rate for
Age:	{0}	Computations: 3.0% per year
		(same as 0.246627%
Rate Class:	{Standard}	compounded monthly)
Initial Specified Amount:	{ \$50,000 }	
Initial Death Benefit Option:	{Level Death Benefit Option 1 - Includes Policy Value}	
Minimum Specified Amount:	\$10,000	
Owner:	{John E. Doe}	

Benefit	Effective Date	Amount	Minimum First Year Annual Premium
Basic Policy	{Jan 1, 2009}	{ \$50,000 }	{ \$462.00 }
	Total		{ \$462.00 }
Other Frequencies of Premium Payments		Semiannual	{ \$235.62 }
		Quarterly	{ \$120.12 }
		Monthly (Preauthorized Withdrawal)	{ \$39.27 }

Initial Premium:	{ \$550.00 }	Current Administrative Fee:	{ \$15.50 } Every Month
Planned Periodic Premium:	{ \$462.00 }		Until 12-31-09
	Annually		{ \$4.50 } Every Month
			Thereafter
Current Expense Charge:	{ 5% } of Premiums Paid	Maximum Administrative Fee:	\$15.50 Every Month
Maximum Expense Charge:	7% of Premiums Paid		Until 12-31-09
Current Loan Interest Rates:	6% in Arrears		\$4.50 Every Month
Maximum Loan Interest Rate:	8% in Arrears		Thereafter

It is possible that coverage will expire where either no premiums are paid following payment of the initial premium or subsequent premiums are insufficient to continue coverage.

Policy Schedule

Policy Number: {AU0123456}

TABLE OF GUARANTEED MAXIMUM INSURANCE RATES

{Standard} Rate Classification *
Monthly Cost of Insurance

Attained Age	Rate Per \$1,000						
0	{ \$ 0.05500 }	30	{ \$ 0.13835 }	60	{ \$ 1.38358 }	90	{ \$ 16.84833 }
1	{ 0.03583 }	31	{ 0.14002 }	61	{ 1.52482 }	91	{ 17.69259 }
2	{ 0.02583 }	32	{ 0.14335 }	62	{ 1.68534 }	92	{ 18.66880 }
3	{ 0.02000 }	33	{ 0.14919 }	63	{ 1.85594 }	93	{ 19.77514 }
4	{ 0.01750 }	34	{ 0.15586 }	64	{ 2.02827 }	94	{ 21.11669 }
5	{ 0.01667 }	35	{ 0.16336 }	65	{ 2.19815 }	95	{ 22.61513 }
6	{ 0.01750 }	36	{ 0.17336 }	66	{ 2.36642 }	96	{ 24.07078 }
7	{ 0.01833 }	37	{ 0.18503 }	67	{ 2.53977 }	97	{ 25.22393 }
8	{ 0.01833 }	38	{ 0.19837 }	68	{ 2.71820 }	98	{ 26.04443 }
9	{ 0.01917 }	39	{ 0.21255 }	69	{ 2.91430 }	99	{ 27.23192 }
10	{ 0.01917 }	40	{ 0.23005 }	70	{ 3.13899 }	100	{ 28.58965 }
11	{ 0.02250 }	41	{ 0.25090 }	71	{ 3.41160 }	101	{ 29.95805 }
12	{ 0.02750 }	42	{ 0.27591 }	72	{ 3.72298 }	102	{ 31.50119 }
13	{ 0.03167 }	43	{ 0.30593 }	73	{ 4.04127 }	103	{ 33.22063 }
14	{ 0.04084 }	44	{ 0.33928 }	74	{ 4.38498 }	104	{ 35.28510 }
15	{ 0.05000 }	45	{ 0.37347 }	75	{ 4.76257 }	105	{ 37.77052 }
16	{ 0.05917 }	46	{ 0.40850 }	76	{ 5.17919 }	106	{ 40.39688 }
17	{ 0.06667 }	47	{ 0.44019 }	77	{ 5.65513 }	107	{ 43.14355 }
18	** { 0.08501 }	48	{ 0.46688 }	78	{ 6.19396 }	108	{ 46.00322 }
19	{ 0.09084 }	49	{ 0.50108 }	79	{ 6.78405 }	109	{ 49.00973 }
20	{ 0.09668 }	50	{ 0.54196 }	80	{ 7.44248 }	110	{ 52.08800 }
21	{ 0.10168 }	51	{ 0.59369 }	81	{ 8.16106 }	111	{ 55.13985 }
22	{ 0.10584 }	52	{ 0.65543 }	82	{ 8.89848 }	112	{ 58.14414 }
23	{ 0.11168 }	53	{ 0.72720 }	83	{ 9.67691 }	113	{ 61.26976 }
24	{ 0.11835 }	54	{ 0.81149 }	84	{ 10.54078 }	114	{ 65.05441 }
25	{ 0.12418 }	55	{ 0.90081 }	85	{ 11.48030 }	115	{ 68.76905 }
26	{ 0.13085 }	56	{ 0.99516 }	86	{ 12.50272 }	116	{ 72.68419 }
27	{ 0.13585 }	57	{ 1.08284 }	87	{ 13.61710 }	117	{ 76.86675 }
28	{ 0.13669 }	58	{ 1.16803 }	88	{ 14.75968 }	118	{ 80.91456 }
29	{ 0.13752 }	59	{ 1.26660 }	89	{ 15.88936 }	119	{ 85.16659 }
						120	{ 90.90909 }

* {These charges are based on the 2001 CSO (80) Composite U ALB mortality table for attained ages 0-17 and are based on the 2001 CSO (80) Smoker U ALB mortality table for attained ages 18-120.}

** {Presently, the Insured is not classified as either a smoker or nonsmoker. We will reclassify the Insured at attained age 18. We will send the Insured/Owner a notification of reclassification and the necessary forms to apply for our nonsmoker rate classification at least 31 days before the Insured reaches attained age 18. If the Insured does not qualify for the nonsmoker rate classification or if the Insured/Owner does not return the forms, the Insured will be reclassified to the smoker rate classification and have smoker guaranteed cost of insurance rates.}

Policy Schedule

Policy Number: {AU0123456}

TABLE OF ADDITIONAL ADMINISTRATIVE FEES

For Each \$1,000 of Increase
In Insured's Death Benefit

Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000	Attained Age	Administrative Fee Per \$1,000
0	\$ 2.64	30	\$ 4.44	60	\$ 21.60
1	2.64	31	4.56	61	23.04
2	2.64	32	4.68	62	24.48
3	2.64	33	4.80	63	25.80
4	2.64	34	5.04	64	27.12
5	2.76	35	5.28	65	28.32
6	2.76	36	5.52	66	29.52
7	2.76	37	5.76	67	30.72
8	2.76	38	6.00	68	31.92
9	2.76	39	6.24	69	33.24
10	2.76	40	6.48	70	34.44
11	2.76	41	6.84	71	35.64
12	2.76	42	7.08	72	36.84
13	2.76	43	7.32	73	38.16
14	2.88	44	7.68	74	39.60
15	2.88	45	7.92	75	41.04
16	3.12	46	8.28	76	42.24
17	3.36	47	8.88	77	43.32
18	3.60	48	9.36	78	44.88
19	3.60	49	10.08	79	45.12
20	3.60	50	10.68	80	45.24
21	3.72	51	11.28	81	45.36
22	3.72	52	11.76	82	45.48
23	3.72	53	12.24	83	45.60
24	3.84	54	12.96	84	45.72
25	3.96	55	14.04	85	46.44
26	4.08	56	15.36		
27	4.08	57	16.92		
28	4.20	58	18.48		
29	4.32	59	20.04		

SERFF Tracking Number: LAF A-125932349 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 41035
Company Tracking Number:
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: VAN-09
Project Name/Number: /

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice 12/04/2008
Comments:
Attachment:
CERTIFICATION.pdf

Review Status:
Satisfied -Name: Application 12/04/2008
Comments:
Attachment:
1459-F-AR.pdf

Review Status:
Satisfied -Name: Submission Letter 12/04/2008
Comments:
Attachment:
VAN-09 Submission Letter.pdf

Review Status:
Satisfied -Name: Annual Report 12/04/2008
Comments:
Attachment:
Annual Report.pdf

Review Status:
Satisfied -Name: Statement of Policy Cost and 12/04/2008
Benefit Information
Comments:
Attachment:
Statement of Policy Cost and Benefit Information.pdf

SERFF Tracking Number: LAF A-125932349 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 41035
Company Tracking Number:
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: VAN-09
Project Name/Number: /

Review Status:

Satisfied -Name: Illustration 12/04/2008
Comments:
Attachment:
VAN-09 Illustration.pdf

Review Status:

Satisfied -Name: Statement of Variability 12/04/2008
Comments:
Attachment:
Statement of Variability.pdf

Review Status:

Satisfied -Name: Illustration Certifications 12/04/2008
Comments:
Attachments:
Cert for new policies - Board & State - Donahue.pdf
Cert of new policies - State - Krenk.pdf

Review Status:

Satisfied -Name: Certification - Reg. 34 01/08/2009
Comments:
Attachment:
Certificate of Compliance Reg 34.pdf

Review Status:

Satisfied -Name: Consent 01/08/2009
Comments:
Attachment:
Consent to Submit Cast Bases for Approval.pdf

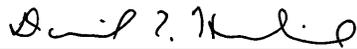
CERTIFICATION

The Lafayette Life Insurance Company, by its undersigned officer, hereby certifies:

1. This submission meets the provisions of Rule and Regulation 19, as well as applicable requirements of the Arkansas Insurance Department;
2. It is in compliance with Regulation 49;
3. It is in compliance with ACA 23-79-138; and
4. The following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state laws and regulations.

Form Number	Form Name	Flesch Score
VAN-09	Policy	52
VAN-09U	Policy	52

The Lafayette Life Insurance Company



Daniel E. Haneline, Actuary

Date: December 4, 2008

THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road, P.O. Box 7007, Lafayette, Indiana 47903, Phone: 800-243-6631 Fax: 877-267-4409

APPLICATION FOR LIFE INSURANCE, Type: () Individual () Pension

Part 1: Section I: Proposed Insured

Name: Street Address: City: State: Zip Code: Birth Date: Birth State: Age: Sex: Marital Status: Height / Weight: Social Security Number: Home Phone Number: E-mail Address: Occupation: Duties: Business Name and Address: Business Phone: Annual Income: \$

Section II: Others Proposed for Insurance (Spouse / Payor Name / SPO - Designated Person / Child(ren))

Table with columns: Spouse / Payor / SPO Full Name, Sex, Birth Date, Birth State, Age, Insurance in Force, Height / Weight, Occupation / Duties, Employer Name & Address, Years Employed, Child(ren) Full Name, Sex, Birth Date, Birth State, Age, Height / Weight, Insurance in Force.

Section III: Plan / Riders / Benefits / Amount of Insurance

Base Plan

Base Plan (using Reference Manual wording) Amount of Insurance \$

Death Benefit for Universal Life ONLY () Increasing () Level

IUL-07: % A: Annual Point to Point % B: Monthly Average % Fixed (Total must equal 100%)

Insurance Riders / Benefits

() LPUA \$ Initial Annual Premium \$ Maximum Annual Premium (Indicate Type of Term Rider)

() Long Term Care Rider (LTC Rider Packet needed) () SPUA \$

() SIR \$ () CIR \$ () SPO \$ () \$

() ADB \$ () GPO / GIO \$ () Payor Benefit with Waiver of Premium

() Waiver of Premium (for Whole Life) () Waiver of Monthly Deduction (UL ONLY) () No-Lapse Premium Waiver (UL ONLY)

Dividend Options: Plan's automatic Option will be used unless otherwise indicated:

Premium Billing: Billed Premium Amount \$ Premium Billing Frequency (indicate frequency)

Life Insurance in Force or Application Pending on Proposed Insured:

Table with columns: Company, Amount, Year Issued, Accidental Death

Existing Policies: Do you have any existing individual life insurance policies and/or annuity contracts in force? () Yes () No

If yes, total amount of existing insurance inforce \$

Replacement: Is the policy applied for intended to replace, in whole or in part, any existing life insurance or annuity?

() Yes () No If Yes, list Company:

Automatic Premium Loan Provision:

Automatic Premium Loan Provision will be in effect, if available, unless "No" is selected. () No

(under a Pension Plan, the non-forfeiture option will be reduced paid-up)

Section IV: Proposed Owner (if blank, Proposed Insured is Owner)

Primary Owner: _____

Individual or Company or Pension Plan (Trustee Of Plan)

Street Address: _____ City, State: _____ Zip Code: _____

SSN / Tax ID: _____ Relationship to Insured: _____ Owner's Age: _____

Contingent Owner: (if blank, Proposed Insured is Contingent Owner) _____

Street Address: _____ City, State: _____ Zip Code: _____

SSN/ Tax ID: _____ Relationship to Insured: _____ Owner's Age: _____

Section V: Beneficiary (Pension / Profit Sharing Plans: Beneficiary will be Trustee of the Plan named in Section IV above)

Primary Beneficiary _____ Relationship to Insured _____ Date of Birth _____

Contingent Beneficiary _____ Relationship to Insured _____ Date of Birth _____

Part 2: Non-Medical Questions: MUST BE ANSWERED ON ALL APPLICATIONS

	Insured		Spouse		Child		SPO/ Payor	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Have you or any other person proposed for insurance in the past five (5) years: a. flown as a pilot, student pilot, or crew member, or is such flying contemplated? (If yes, complete Aviation Questionnaire)								
b. engaged in racing, scuba diving, hang gliding, sky diving, mountain or rock climbing or other hazardous sport or avocation? (If yes, complete applicable questionnaire)								
c. had a drivers license revoked or suspended, had three (3) or more moving violations or accidents, or been convicted for driving under the influence of alcohol or drugs? (If yes, give details, state and license number)								
d. been arrested or convicted for any criminal offense, or are you currently on parole or probation?								
2. Are you or any other person proposed for insurance a current member of any Armed Forces, National Guard or Reserve Unit? (If yes, complete Military Questionnaire)								
3. Are all persons proposed for insurance United States Citizens? (If no, complete Citizenship Questionnaire)								
4. Have you or anyone else proposed for insurance used any form of tobacco in the past three (3) years? (Tobacco includes: cigarettes, cigars, pipe, smokeless, nicotine gum, patch, nasal spray, etc.) If yes, when and what types? Types: _____ Last used (dd/mm/yy): _____								
5. Have you been involved in any discussion about the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider?								
6. Have you ever sold a policy to a life settlement, viatical or other secondary market provider?								
7. Will any portion of the premiums for this policy be financed?								
8. Will any insured or policyowner receive any payment in connection with insurance issued on the basis of this application?								

Details of "Yes" answers:

Part 3: Medical Questions: Required for Simplified Issue and Regular Underwriting

	Insured		Spouse		Child		SPO/ Payor	
	Yes	No	Yes	No	Yes	No	Yes	No
9. Have you or anyone else proposed for insurance in the past ten (10) years been diagnosed, treated by or consulted with a medical professional for:								
a. diabetes, cancer, tumors, high blood pressure, heart disease or heart disorder, circulatory system disorder, disorder of brain, mental or nervous disorder, skin disease, arthritis, connective tissue disease, asthma, chronic obstructive pulmonary disease, disorder of the blood, bladder, intestines, kidneys, liver, lungs, pancreas, stomach or reproductive organs?								
b. an Immune Deficiency Disorder, AIDS or AIDS Related Complex (ARC)?								
10. Have you or anyone else proposed for insurance received medical or surgical treatment or advice from a medical professional for any condition not listed in (9a) in the past five (5) years, including a routine examination?								
11. Have you or any other person proposed for insurance in the past ten (10) years used drugs illegally or been advised by a medical professional to seek or have you been treated for alcohol or drug abuse? (If yes, complete Alcohol / Drug Questionnaire)								
12. Is anyone proposed for insurance now under treatment, observation or taking any medication?								

13. Personal Physician: _____ Address: _____
 Telephone Number: _____ Fax #: _____

Details of "Yes" answers

Medical Authorization: I (We) **Authorize** any licensed physician, medical professional or health care provider, hospital, clinic, health care facility or other medical care institution, the Veterans Administration or other institutional source, insurance or reinsuring company, the Medical Information Bureau, Inc., insurance support organization or consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me (us) or my (our) minor child(ren) and any other personal or non-medical information of me (us) or my (our) minor child(ren), to give to The Lafayette Life Insurance Company, its legal representative(s), or any consumer reporting agency employed by the Company, any and all such information. I (We) **Understand** the purpose of the authorization is to allow The Lafayette Life Insurance Company to determine eligibility for life insurance or a claim for benefits under a life policy. Any information obtained will not be released by the Company to any persons or organizations **Except** to the Company's reinsurers, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services for the Company in connection with my (our) application or claim. No other release of information may be made except as may be allowed by law or as I (we) may further authorize. I (We) **Know** that I (we) and my (our) authorized representative may receive a copy of this Authorization by requesting it from the Company. I (We) **Acknowledge** receipt of the Insurance Information Practices, which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice. I (We) **Agree** that a photocopy of this Authorization shall be as valid as the original and that this Authorization will be valid from the date signed below for a period of twenty-four (24) full months, or less if required by applicable state law. I (We) elect to be interviewed if an investigative consumer report is prepared in connection with the application for insurance.

Applicant Statement: I (We) **Agree:** a) that this Application (Part 1, pages 1 and 2; Part 2; and Part 3, if required; and any Supplement to the Application) shall form a part of any Policy issued and constitute the basis for its issue; b) that no agent of Lafayette Life has the authority to approve a policy or waive the provisions of a policy except an officer of the Company; c) changes or corrections made by the Company, if any, will be ratified by my (our) acceptance of the Policy unless written consent is required; and d) **Except as stated in a conditional receipt completed by the company's agent, Lafayette Life grants no insurance under this application unless and until, during the continued insurability of all persons proposed for insurance as stated in the application, the applied-for policy is issued, delivered to the applicant and the first premium therefore is paid.**

I acknowledge that I have received and read the below fraud notice.

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

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief.

\$ _____ has been paid to the agent named below. This payment can in no way obligate The Lafayette Life Insurance Company unless and until all terms or conditions of the corresponding conditional receipt are met.
(Must Always Be Answered)

Signed at _____ State of _____ this _____ day of _____ year _____

Signature of Proposed Insured Age 15 & Up

Signature of Proposed Insured Spouse/SPO/Payor

Signature of Parent (Juvenile Policy Only)

Signature of Individual Owner, Trustee or Authorized Officer if Corporate Owner - Authorized Officer must be one of the following:
circle one: President/Vice President General Manager Secretary/Treasurer Owner Partner Chairperson

Agent Statement: Does the applicant have any existing individual life insurance policies and/or annuity contracts in force to the best of your knowledge? (Yes___) (No___) The insurance applied for (will ___) (will not___) replace any existing life insurance or annuity. The information contained in this application is true and accurate to the best of my knowledge. I have delivered to the proposed insured the Insurance Information Practices which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice.

Witness _____
Signature of Agent

Agent State License # _____ Agent's Name _____
(if required) Please Print



Kate Donnoe, FLMI, PCS, ARA, AIRC, AIAA
Senior Compliance Analyst
Telephone: 765-477-3327
Fax: 765-477-3212
Toll Free 1-800-443-8793 ext.3327

1905 Teal Road • P.O. Box 7007 • Lafayette, Indiana 47903
1-800-443-8793 • (765) 477-7411 • www.lafayettelife.com

December 4, 2008

Department of Insurance State of Arkansas

RE: INDIVIDUAL LIFE FORM SUBMISSION
Flexible Premium Adjustable Life Insurance Policy Forms: VAN-09 and VAN-09U
The Lafayette Life Insurance Company, NAIC: 65242, FEIN: 35-0457540

Attached for your consideration and approval are the above-captioned universal life policy forms. Policy forms VAN-09 and VAN-09U will be replacing previously approved policy forms VAN-89 and VAN-89U, approved for use in your state on 08/03/1988. These forms are being submitted to you in final print format.

Policy forms VAN-09 and VAN-09U differ from forms VAN-89 and VAN-89U in that the reserves, non-forfeiture values, and maximum mortality charges of these two new policies are based on the 2001 CSO Mortality Tables, rather than the 1980 CSO Mortality Tables. Issue age ranges for these policies are: Preferred – 0 to 75, Nonsmoker – 0 to 85, and Smoker – 0 to 85. These policies are “front-end loaded” universal life policies and have no surrender charges.

In addition, policy form VAN-09U differs from policy form VAN-09 in that it utilizes the unisex rate classification. Form VAN-09U is intended to be used for business sold in connection with qualified retirement plans and in any state in which we are required to use the unisex rate classification for non-qualified business.

Attached to assist in your review of this filing are: application form 1459-F, which was approved for use in your state on 08/21/2007; an actuarial memorandum applicable to these policies; a Statement of Policy Cost and Benefit Information; an Annual Report; and a sample illustration (please note the calculated values have been removed from the sample illustration because we do not currently have our illustration system programmed to deliver the illustrated numbers.) Also attached are any certifications, filing fees or additional documentation required by your state’s form filing laws and/or regulations.

As always, we look forward to hearing from you at your earliest convenience and thank you for your time and consideration in reviewing this submission.

Sincerely,

Kate Donnoe, FLMI, PCS, ARA, AIRC, AIAA
Senior Compliance Analyst
800-443-8793, Ext. 3327
kate.donnoe@llic.com
fax: 765-477-3212

* * * * * POLICY INFORMATION * * * * * POLICY STATUS * * * * *

INSURED: JOHN E. DOE		BEGINNING VALUES	ENDING VALUES
ISSUE DATE: 01/01/2009		01/01/2009	12/31/2009
ISSUE AGE: 35			
PLANNED PREMIUM: 550.00	SPECIFIED AMOUNT:	50,000.00	50,000.00
PAYMENT METHOD: ANNUALLY	DEATH BENEFIT:	50,000.00	50,000.00
	POLICY VALUE:	0.00	163.92
	NET CASH VALUE:	0.00	163.92

PLAN: VANGUARD - A FLEXIBLE PREMIUM ADJUSTABLE LIFE POLICY
 LEVEL DEATH BENEFIT OPTION 1 -
 SPECIFIED AMOUNT INCLUDES THE POLICY VALUE
 DEATH BENEFIT IS SPECIFIED AMOUNT ON
 DATE OF DEATH

* * * INSURANCE BENEFITS * * * AMOUNT * * CHARGE *

RIDERS: NONE

* * * * * IMPORTANT NOTICE * * * * *

YOU MAY DEPOSIT ADDITIONAL PREMIUM UP TO 6,214.91
 IN THE NEXT POLICY YEAR WITHOUT EXCEEDING THE GUIDE-
 LIFE PREMIUM AS DEFINED IN THE INTERNAL REVENUE CODE.

* * * * * INTEREST RATE APPLIED * * * * *

		ANNUAL NEW MONEY RATE	ANNUAL PORTFOLIO RATE
JANUARY 2009	4.00 PCT	4.00 PCT	
FEBRUARY 2009	4.00 PCT	4.00 PCT	
MARCH 2009	4.00 PCT	4.00 PCT	
APRIL 2009	4.00 PCT	4.00 PCT	
MAY 2009	4.00 PCT	4.00 PCT	
JUNE 2009	4.00 PCT	4.00 PCT	
JULY 2009	4.00 PCT	4.00 PCT	
AUGUST 2009	4.00 PCT	4.00 PCT	
SEPTEMBER 2009	4.00 PCT	4.00 PCT	
OCTOBER 2009	4.00 PCT	4.00 PCT	
NOVEMBER 2009	4.00 PCT	4.00 PCT	
DECEMBER 2009	4.00 PCT	4.00 PCT	
JANUARY 2009	4.00 PCT	4.00 PCT	
FEBRUARY 2009	4.00 PCT	4.00 PCT	

SECTION 7702A OF THE INTERNAL REVENUE CODE MAY LIMIT THE
 AMOUNT OF THE ABOVE ADDITIONAL PREMIUM. PLEASE CONTACT
 YOUR AGENT OR THE HOME OFFICE FOR FURTHER INFORMATION.

IF NO PAYMENTS ARE MADE, YOUR POLICY WILL REMAIN
 IN FORCE UNTIL:
 ASSUMING THE GUARANTEED RATES 11/01/2010
 ASSUMING THE CURRENT RATES 07/01/2011

IF PLANNED PREMIUMS ARE PAID, YOUR POLICY WILL REMAIN
 IN FORCE UNTIL:
 ASSUMING THE GUARANTEED RATES 04/01/2049
 ASSUMING THE CURRENT RATES 05/01/2060

* * * POLICYOWNER * * * * * SERVICING AGENT *

THE POLICY VALUE THAT RESULTS FROM ALL PREMIUMS PAID IN A
 GIVEN MONTH EARNS THAT MONTH'S ANNUAL NEW MONEY RATE
 FROM ONE YEAR FROM THE DATE OF PREMIUM PAYMENT. POLICY
 VALUE THAT HAS BEEN WITH THE LAFAYETTE LIFE INSURANCE
 COMPANY MORE THAN ONE YEAR EARNS INTEREST EACH MONTH AT
 THE ANNUAL PORTFOLIO RATE. ANY POLICY VALUE THAT HAS
 BEEN LOANED TO THE POLICYOWNER BY LAFAYETTE LIFE ONLY
 EARNS 3.00 PCT INTEREST.

JOHN E DOE
 1500 VALLEY ST
 LAFAYETTE, IN 47123

ALVIN SMITH
 1000 MEADOW DR
 LAFAYETTE, IN 47234

POLICY NUMBER: AU0123456

ANNUAL REPORT FOR POLICY YEAR ENDING 12/31/2009

PAGE 2 OF 2

* * * * * MONTHLY ACTIVITY * * * * *

MONTH ENDING	PREMIUMS PAID	DATE PREMIUMS RECEIVED	EXPENSE CHARGES	BASIC INSURANCE CHARGES	RIDER INSURANCE CHARGES	PARTIAL SURRENDERS	INTEREST CREDITED	ENDING POLICY VALUE
01/28	550.00	1/01	54.00	4.44	0.00	0.00	1.61	0.00
02/31	0.00	2/01	26.50	4.44	0.00	0.00	1.51	493.17
03/30	0.00	3/01	26.50	4.45	0.00	0.00	1.42	434.21
04/31	0.00	4/01	26.50	4.45	0.00	0.00	1.32	404.58
05/30	0.00	5/01	26.50	4.45	0.00	0.00	1.22	374.85
06/31	0.00	6/01	26.50	4.45	0.00	0.00	1.13	345.03
07/31	0.00	7/01	26.50	4.46	0.00	0.00	1.03	315.10
08/30	0.00	8/01	26.50	4.46	0.00	0.00	.93	285.07
09/31	0.00	9/01	26.50	4.46	0.00	0.00	.83	254.94
10/30	0.00	10/01	26.50	4.47	0.00	0.00	.73	224.70
11/31	0.00	11/01	26.50	4.47	0.00	0.00	.63	194.36
12/31	0.00	12/01	26.50	4.47	0.00	0.00	.53	163.92
TOTALS	550.00		345.50	53.47	0.00	0.00	12.89	163.92

THE 12.89 OF TOTAL INTEREST CREDITED RESULTED FROM 9.67 OF GUARANTEED INTEREST AT 3 PCT AND 3.22 OF ADDITIONAL INTEREST OVER AND ABOVE THE GUARANTEE.

* * PROJECTED POLICY VALUES AND DEATH BENEFITS * * * * * SUMMARY OF POLICY LOAN ACTIVITY * * *

MONTH ENDING	ANNUAL PREMIUM	3.00 PCT GUARANTEED POLICY VALUE	DEATH BENEFIT	4.00 PCT ASSUMED POLICY VALUE	DEATH BENEFIT	
12/2009	550	149	50,000	164	50,000	*
12/2010	462	417	50,000	514	50,000	*
12/2011	462	690	50,000	876	50,000	*
12/2012	462	968	50,000	1,249	50,000	*
12/2013	462	1,250	50,000	1,633	50,000	*
12/2018	462	2,703	50,000	3,708	50,000	*
12/2028	462	5,537	50,000	8,536	50,000	*

THE ASSUMED PROJECTION USES CURRENT COST OF INSURANCE RATES AND 4.00 PCT INTEREST.

PROJECTIONS ASSUME PREMIUMS ARE PAID AS SCHEDULED BY BY THE PAYMENT METHOD INDICATED ON PAGE 1.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

THE LAFAYETTE LIFE INSURANCE COMPANY
LAFAYETTE, INDIANA 47903

ILLUSTRATION FOR: JOHN E. DOE
ISSUE AGE: 35 MALE NONSMOKER
POLICY NUMBER: AU0123456
PLAN: FLEXIBLE PREMIUM ADJUSTABLE LIFE

INITIAL INSURANCE AMOUNT: 50,000
LEVEL DEATH BENEFIT OPTION 1 - INCLUDES POLICY VALUE

FIRST YEAR PREMIUM: 550.00
PREMIUMS ARE PAID ANNUALLY

***** SUMMARY *****

AFTER YEAR	PREMIUMS LESS WITHDRAWALS	3.00 PCT POLICY VALUE	GUARANTEED* DEATH BENEFIT	3.00 PCT POLICY VALUE	ALTERNATE* DEATH BENEFIT	4.00 PCT POLICY VALUE	CURRENT* DEATH BENEFIT
5	2,398.00	1,240	50,000	1,574	50,000	1,622	50,000
10	2,310.00	2,669	50,000	3,469	50,000	3,673	50,000
15	2,310.00	4,091	50,000	5,441	50,000	5,943	50,000
20	2,310.00	5,426	50,000	7,436	50,000	8,418	50,000
7	3,322.00	1,809	50,000	2,320	50,000	2,416	50,000

LIFE INSURANCE COST INDICES**

	-- GUARANTEED* --		--- CURRENT* ---	
	10 YR	20 YR	10 YR	20 YR
SURRENDER COST	5.34	6.17	3.82	4.44
NET PAYMENT	9.38	9.29	9.38	9.29

THE EFFECTIVE POLICY LOAN ANNUAL INTEREST RATE IS 6 PCT IN ARREARS.

	GUARANTEED VALUES	ALTERNATE VALUES	CURRENT VALUES
* VALUES ARE CALCULATED ON THE FOLLOWING BASES:			
COST OF INSURANCE RATES	MAXIMUM	CURRENT	CURRENT
EXPENSE CHARGES	MAXIMUM	CURRENT	CURRENT
ADMINISTRATIVE FEES	MAXIMUM	CURRENT	CURRENT
INTEREST RATE	GUAR 3.00 PCT	GUAR 3.00 PCT	CURR 4.00 PCT

CURRENT RATES, CHARGES AND FEES MAY BE CHANGED IN THE FUTURE, BUT AT NO TIME WILL THEY BE LESS FAVORABLE THAN THOSE GUARANTEED IN THE POLICY.

** THESE INDICES ARE OF MOST VALUE WHEN COMPARING THE COST OF SIMILAR POLICIES. AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYERS GUIDE.

THIS ILLUSTRATION DESCRIBES WHAT OCCURS IF PREMIUMS ARE PAID AS SPECIFIED ON PAGE 2. VALUES AND DEATH BENEFITS WILL VARY IF PREMIUM CONTRIBUTIONS OR INTEREST RATES CHANGE. THIS IS A NONPARTICIPATING POLICY. NO DIVIDENDS WILL BE CREDITED TO THIS POLICY.

DIRECT INQUIRIES REGARDING THIS STATEMENT OF POLICY COST AND BENEFIT INFORMATION TO THE LAFAYETTE LIFE INSURANCE COMPANY, ACTUARIAL DEPARTMENT, 1905 TEAL ROAD, P.O. BOX 7007, LAFAYETTE IN 47903.

THE LAFAYETTE LIFE INSURANCE COMPANY
LAFAYETTE, INDIANA 47903

ILLUSTRATION FOR: JOHN E. DOE
ISSUE AGE: 35 MALE NONSMOKER
POLICY NUMBER: AU0123456
PLAN: FLEXIBLE PREMIUM ADJUSTABLE LIFE

INITIAL INSURANCE AMOUNT: 50,000
LEVEL DEATH BENEFIT OPTION 1 - INCLUDES POLICY VALUE

FIRST YEAR PREMIUM: 550.00
PREMIUMS ARE PAID ANNUALLY

YEAR	PREMIUMS LESS WITHDRAWALS	3.00 PCT POLICY VALUE	GUARANTEED* DEATH BENEFIT	3.00 PCT POLICY VALUE	ALTERNATE* DEATH BENEFIT	4.00 PCT POLICY VALUE	CURRENT* DEATH BENEFIT
1	550.00	147	50,000	159	50,000	162	50,000
2	462.00	414	50,000	502	50,000	511	50,000
3	462.00	685	50,000	852	50,000	871	50,000
4	462.00	960	50,000	1,209	50,000	1,241	50,000
5	462.00	1,240	50,000	1,574	50,000	1,622	50,000
6	462.00	1,523	50,000	1,944	50,000	2,014	50,000
7	462.00	1,809	50,000	2,320	50,000	2,416	50,000
8	462.00	2,096	50,000	2,700	50,000	2,827	50,000
9	462.00	2,383	50,000	3,083	50,000	3,246	50,000
10	462.00	2,669	50,000	3,469	50,000	3,673	50,000
11	462.00	2,954	50,000	3,856	50,000	4,107	50,000
12	462.00	3,236	50,000	4,245	50,000	4,549	50,000
13	462.00	3,520	50,000	4,638	50,000	5,002	50,000
14	462.00	3,805	50,000	5,037	50,000	5,466	50,000
15	462.00	4,091	50,000	5,441	50,000	5,943	50,000
16	462.00	4,375	50,000	5,847	50,000	6,429	50,000
17	462.00	4,654	50,000	6,253	50,000	6,922	50,000
18	462.00	4,924	50,000	6,655	50,000	7,419	50,000
19	462.00	5,184	50,000	7,051	50,000	7,920	50,000
20	462.00	5,426	50,000	7,436	50,000	8,418	50,000
2	462.00	414	50,000	502	50,000	511	50,000
7	462.00	1,809	50,000	2,320	50,000	2,416	50,000
12	462.00	3,236	50,000	4,245	50,000	4,549	50,000

WITHOUT AN INCREASE IN PREMIUM, THIS POLICY WILL LAPSE IN THE 40TH YEAR USING GUARANTEED FACTORS.

THE EFFECTIVE POLICY LOAN ANNUAL INTEREST RATE IS 6 PCT IN ARREARS.

	GUARANTEED VALUES	ALTERNATE VALUES	CURRENT VALUES
* VALUES ARE CALCULATED ON THE FOLLOWING BASES:			
COST OF INSURANCE RATES	MAXIMUM	CURRENT	CURRENT
EXPENSE CHARGES	MAXIMUM	CURRENT	CURRENT
ADMINISTRATIVE FEES	MAXIMUM	CURRENT	CURRENT
INTEREST RATE	GUAR 3.00 PCT	GUAR 3.00 PCT	CURR 4.00 PCT

CURRENT RATES, CHARGES AND FEES MAY BE CHANGED IN THE FUTURE, BUT AT NO TIME WILL THEY BE LESS FAVORABLE THAN THOSE GUARANTEED IN THE POLICY.

THIS ILLUSTRATION DESCRIBES WHAT OCCURS IF PREMIUMS ARE PAID AS SPECIFIED ABOVE. VALUES AND DEATH BENEFITS WILL VARY IF PREMIUM CONTRIBUTIONS OR INTEREST RATES CHANGE. THIS IS A NONPARTICIPATING POLICY. NO DIVIDENDS WILL BE CREDITED TO THIS POLICY.

DIRECT INQUIRIES REGARDING THIS STATEMENT OF POLICY COST AND BENEFIT INFORMATION TO THE LAFAYETTE LIFE INSURANCE COMPANY, ACTUARIAL DEPARTMENT, 1905 TEAL ROAD, P.O. BOX 7007, LAFAYETTE IN 47903.

The Lafayette Life Insurance Company

1905 Teal Road
Lafayette, Indiana 47905
(800) 243-6631

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan
Policy form VAN-09

Designed for

Sample

Agent/Representative

The Lafayette Life Insurance Company (License Number 99999)

1905 Teal Road
Lafayette, IN 47905

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Narrative Summary

Sample

Male Age 35 Standard/Non-smoker

Initial Death Benefit Option: Level

Riders: UABR

Initial Annual Premium: \$864.00

Initial Face Amount: \$100,000

Basic Life Insurance Illustration

Policy Summary

This summary provides a brief description of a life insurance policy and any riders. It also includes definitions of key terms and column headings. This summary is not intended as a substitute for a life insurance policy or any riders which may be issued with the policy. *In the event of any conflict, the provisions of the policy and the riders, and NOT this summary, shall control.*

Policy Form VAN-09

The Vanguard is a flexible premium adjustable life insurance policy, commonly referred to as a universal life insurance policy. The policy permits for flexible premium payments. You may elect whether the Specified Amount includes or excludes the Policy Value. The policy describes how the death benefit will be calculated based on the option you select. A Monthly Deduction equal to the cost of insurance on the Insured's life, the cost of other benefits issued with the policy, and a monthly administrative fee will be assessed against the Policy Value. An expense charge will be assessed against each premium paid. If the insured dies while the policy is in force, we will, subject to all the terms of the policy, pay to the beneficiary the death benefit due under the policy.

Death Benefit

A death benefit will be provided to the designated beneficiary upon the death of the insured. The death benefit is based on the specified amount, the death benefit option, and the policy value. Specified amount and death benefit options are described in the Definitions of Key Terms and Column Headings section.

Premiums

Subject to the requirement of a minimum first year premium, after the initial premium payment the policyowner has the option to vary the amount and timing of premiums as long as the premiums are sufficient to keep the policy in force and do not violate the maximum limitations imposed by tax law. The assumed premium outlay for this illustration is as follows:

Initial Annual Premium Outlay: \$864.00

The maximum annual level premium allowed under the applicable provisions of the Internal Revenue Code is \$1,349.87. This premium will not guarantee that this policy will remain in force until age 121.

This illustration describes values and benefits if premiums are paid on the dates and in the amounts on the following pages assuming indicated interest rates, insurance costs, expense and administrative charges. If actual premium payments are different than indicated on the following pages, or the payment dates are not consistent with the assumptions in the illustration, then the policy values will be different than those in this illustration. Note that if premium payments stop, the monthly deductions will continue to be applied against the policy values. Additional premiums may be required to keep the policy in force.

It is assumed that all premiums are received and credited at the beginning of the policy year (or of each modal period if the premium mode is non-annual). Policy values are illustrated as of the end of the policy year.

The information in this illustration is subject to the terms and requirements of the policy.

Address

Please address all inquiries to The Lafayette Life Insurance Company.

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Narrative Summary

Sample	Initial Annual Premium:	\$864.00
Male Age 35 Standard/Non-smoker	Initial Face Amount:	\$100,000
Initial Death Benefit Option: Level		
Riders: UABR		

The Lafayette Life Insurance Company
 1905 Teal Road
 Lafayette, Indiana 47905
 (800) 243-6631

Agent: The Lafayette Life Insurance Company
 1905 Teal Road
 Lafayette, IN 47905

Riders Illustrated values include the following additional benefits:

UABR **Accelerated Benefit Rider:** You may elect, if the insured is suffering from a terminal illness (as that term is defined in the rider), to receive a portion of the proceeds which are otherwise payable on the death of the insured. Any payment under the rider is subject to all the terms and conditions set forth in the rider. Further, the rider defines the circumstances under which an election to receive the benefit can be made and more fully describes how the benefit will be calculated. There is no premium charge for this rider.

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Definitions of Key Terms and Column Headings

Sample	Initial Annual Premium:	\$864.00
Male Age 35 Standard/Non-smoker	Initial Face Amount:	\$100,000
Initial Death Benefit Option: Level		
Riders: UABR		

"Annual Date" - The same date each year as the Policy Date. (The policy date is the effective date for the policy. However, no insurance takes effect under the policy until all requirements for coverage have been met.)

"Base Face Amount" - Initial face amount on the life of the insured, exclusive of riders.

"Beneficiary" - The person(s) named to receive the death benefit and applicable rider benefits upon the death of the insured.

"Cumulative Premiums" - This term only has application to a display of non-guaranteed elements in this illustration. It represents the sum of the premium outlays (non-guaranteed) paid to date.

"Death Benefit (Non-Guaranteed)" - The end of year death benefit assumed to be payable upon the insured's death, using current interest and current cost of insurance charges. If actual premium payments differ from the premium outlay (non-guaranteed) illustrated, the actual death benefit may be different from that illustrated.

"Death Benefit (Guaranteed)" - The end of year death benefit assumed to be payable upon the insured's death, using guaranteed 3% interest and maximum cost of insurance charges. If actual premium payments differ from the premium outlay (guaranteed) illustrated, the actual death benefit may be different from that illustrated.

"Guaranteed Elements" - Premiums, benefits, values, credits or charges under the insurance policy that are determined as of the policy date and guaranteed for the life of policy.

"Illustrated Scale" - A scale of non-guaranteed elements currently being illustrated by us that is reasonably based on our actual, recent historical experience.

"Mid-Point Scale" - Non-guaranteed credited interest and charges that are the average of the guaranteed rates and the rates contained in the Illustrated Scale.

"Monthly Date" - The same date each month as the annual date.

"Net Cash Value (Guaranteed)" - The cash value less all unpaid loans with interest. It is the value which is available upon surrender as of the end of the year using the guaranteed 3% interest and maximum cost of insurance charges. If actual premium payments differ from the premium outlay (guaranteed) which is illustrated, the actual net cash values will be different from those illustrated.

"Net Cash Value (Non-Guaranteed)" - The cash value less all unpaid loans with interest. It is the value which is available upon surrender using the current interest and current cost of insurance charges. The assumptions on which interest and cost of insurance charges are based are subject to change by us. If actual premium payments differ from the premium outlay (non-guaranteed) illustrated, the actual net cash values will be different from those illustrated.

"Non-Guaranteed Elements" - Premiums, benefits, values, credits or charges under the insurance policy that are not guaranteed on the policy date. The assumptions on which these elements are based are subject to change by us. Actual results may be more or less favorable than those stated in this illustration.

"Policy Value" - The accumulated fund which results from the payment of premiums less the expense charge for this policy. Interest is added to this fund, and monthly deductions are subtracted from it.

"Premium Outlay (Guaranteed)" - The premium which must be paid each year for the assumptions on which this column is based to be valid. This premium amount is the basis for all guaranteed policy values hereafter in the illustration. Although

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Definitions of Key Terms and Column Headings

Sample	Initial Annual Premium:	\$864.00
Male Age 35 Standard/Non-smoker	Initial Face Amount:	\$100,000
Initial Death Benefit Option: Level		
Riders: UABR		

this policy allows for flexibility in premium payments, there must be enough value in the policy as a result of premiums paid to keep the policy in force.

"Premium Outlay (Non-Guaranteed)" - The premium assumed to be paid each year. This premium amount is the basis for all non-guaranteed policy values hereafter in this illustration. Although this policy allows for flexibility in premium payments, there must be enough values in the policy as a result of the premiums paid to keep the policy in force.

"Specified Amount" - The death benefit payable under the base policy upon the death of the insured while the policy is in force. If the level death benefit option 1 is noted on page 1 of this illustration, then the specified amount includes the policy value. If the increasing death benefit option 2 is noted on page 1 of the illustration, then the specified amount excludes the policy value. The policy more fully describes the calculation of the death benefit based on the option selected.

"Taxable Gain on Surrender" - The amount which is taxable to you if the policy is surrendered. This amount is based on this illustration. Other scenarios, not contemplated in this illustration, will produce different taxable gain amounts.

"Total Outlay" - Sum of the premium outlay, loan payment and interest payment.

"We, our, or us" - The Lafayette Life Insurance Company

"You or your" - The owner(s) of the policy described in this illustration. The owner is also the applicant.

Premiums are assumed to be paid at the beginning of the year (or of each modal period if non-annual) and policy values are illustrated as of the end of the year.

This illustration assumes that the currently illustrated non-guaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Numeric Summary

Sample
 Male Age 35 Standard/Non-smoker
 Initial Death Benefit Option: Level
 Riders: UABR

Initial Annual Premium: \$864.00
 Initial Face Amount: \$100,000

Year	GUARANTEED			NON-GUARANTEED			
	Premium Outlay	Net Cash Value	Death Benefit	Midpoint Net Cash Value	Death Benefit	Illus. Scale Net Cash Value	Death Benefit
5							
10							
20							
Age 70							

Based on guaranteed assumptions, the illustration terminates in year xx.
 Based on midpoint assumptions, the illustration terminates in year xx.
 Based on current assumptions, the illustration terminates in year xx.

The **Guaranteed** columns assume an initial interest rate of 3.00%. The **Midpoint** columns assume an initial interest rate of 3.50%. The **Non-guaranteed** columns assume an initial interest rate of 4.00%.

The non-guaranteed elements are not guaranteed. The assumptions on which they are based are subject to change by the insurer. Actual results may be more or less favorable. Refer to the Additional Benefits and Information SECTION of this illustration for Important Information.

I (we) have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The agent has told me they are not guaranteed.

 Your Signature (owner/applicant)

 Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

 Agent

 Date

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan Tabular Detail

Sample
 Male Age 35 Standard/Non-smoker
 Initial Death Benefit Option: Level
 Riders: UABR

Initial Annual Premium: \$864.00
 Initial Face Amount: \$100,000

Age	Year	Premium Outlay	Cumulative Premium	Guaranteed Assumptions Guaranteed Interest of 3%			Non-Guaranteed Assumptions Current Interest of 4%		
				Policy Value	Net Cash Value	Death Benefit	Policy Value	Net Cash Value	Death Benefit
36	1								
37	2								
38	3								
39	4								
40	5								
41	6								
42	7								
43	8								
44	9								
45	10								
46	11								
47	12								
48	13								
49	14								
50	15								
51	16								
52	17								
53	18								
54	19								
55	20								
56	21								
57	22								
58	23								
59	24								
60	25								
61	26								
62	27								
63	28								
64	29								
65	30								
66	31								
67	32								
68	33								
69	34								
70	35								
71	36								
72	37								
73	38								
74	39								
75	40								
76	41								
77	42								
78	43								
79	44								
80	45								
81	46								

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan Tabular Detail

Sample
 Male Age 35 Standard/Non-smoker
 Initial Death Benefit Option: Level
 Riders: UABR

Initial Annual Premium: \$864.00
 Initial Face Amount: \$100,000

Age	Year	Premium Outlay	Cumulative Premium	Guaranteed Assumptions Guaranteed Interest of 3%			Non-Guaranteed Assumptions Current Interest of 4%		
				Policy Value	Net Cash Value	Death Benefit	Policy Value	Net Cash Value	Death Benefit
82	47								
83	48								
84	49								
85	50								
86	51								

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Additional Information

Sample	Initial Annual Premium:	\$864.00
Male Age 35 Standard/Non-smoker	Initial Face Amount:	\$100,000
Initial Death Benefit Option: Level		
Riders: UABR		

Life Insurance Cost Information

	Net Payment Cost Index		Surrender Cost Index	
	Guaranteed	Current	Guaranteed	Current
Year 10				
Year 20				

These indices are computed by the formulae as prescribed by the National Association of Insurance Commissioners, and reflect the time value of money at 5%. These indices do not include the cost of additional benefits.

The **Guaranteed** columns assume an initial guaranteed interest rate of 3.00% and guaranteed cost of insurance rates. The **Current** columns assume an initial current interest rate of 4.00% and current cost of insurance rates.

Premium Information

Premiums in this illustration are assumed to be paid on a(n) Annual basis.

First Year Premiums	Annual
Base Policy	\$864.00
Accelerated Benefit Rider	\$0.00

At the time of issue and after issue as illustrated, this policy complies with SECTION 7702A of the Internal Revenue Code so that it will not be a Modified Endowment Contract.

Life Insurance policies issued after June 21, 1988 may be defined as modified endowment contracts (MEC). Withdrawals from "modified endowment contracts" (including loans) will be taxed as current income until all of the policy earnings have been taxed. There is also a 10% penalty tax if the owner is under age 59 1/2 unless payments are due to disability or are annuity type payments.

This illustration complies with the definition of life insurance in I.R.C. Sec. 7702. The tax status of this policy as it applies to the policy owner should be reviewed each year. This illustration is not to be relied on for tax advice. Your personal legal and tax advisors should always be consulted.

The tax treatment of life insurance under federal tax law is subject to change.

ADDITIONAL BENEFITS AND INFORMATION

The premiums on this policy are subject to federal tax guidelines that limit the amount of premium you can pay into your policy. Pertinent premium information is summarized below. Future policy changes such as face amount adjustments, rider additions, and partial surrenders may require that such premiums be recalculated.

Initial Annual Premium:	\$
Initial Annual Minimum Premium	\$
Guideline Single Premium:	\$
Guideline Level Annual Premium:	\$
7 Pay Annual Premium:	\$

Underwriting Requirements

Primary Insured Underwriting Requirements Level A (\$100,000):

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

The Vanguard 09 - Flexible Premium Adjustable Life Insurance Plan

Additional Information

Sample
Male Age 35 Standard/Non-smoker
Initial Death Benefit Option: Level
Riders: UABR

Initial Annual Premium: \$864.00
Initial Face Amount: \$100,000

-
- o Nonmedical Underwriting

Additional Information

The above underwriting requirements are based solely on age and death benefit of the proposed insured. They do not take into account other factors which may affect underwriting, such as adverse medical history and/or total life insurance applied for and/or inforce with this and all other companies. Under these circumstances please contact The Lafayette Life Insurance Company Underwriting Department to determine if any additional requirements are necessary.

If the insured has had a complete favorable physical within the last 12 months which is available for us to review, Nonmedical underwriting may apply. These Expanded Nonmedical Limits depend on age and death benefit amount, according to the following schedule: ages 0-30 up to \$500,000; ages 31-35 up to \$400,000; ages 36-45 up to \$200,000, and ages 46-50 up to \$100,000. Refer to Agents Reference Manual page B-16 for further details.

This is an illustration only, not an offer, contract, or promise of future policy performance. Coverage is subject to the terms and conditions of the policy. This illustration is not valid without all 10 pages.

Statement of Variability

Policy Forms VAN-09 and VAN-09U

POLICY DATA – Page 3

Rate Class: There are 2 nonsmoker rate classes and 1 smoker rate class. The labels used to identify the different rate classes are:

- 'Preferred'
- 'Nonsmoker'
- 'Smoker'

Initial Death Benefit Option: This policy allows the Owner to elect either the level death benefit option 1 or the increasing death benefit option 2. The specified amount includes the policy value under first option, and excludes the policy value under the second option. The labels used to identify the Initial Death Benefit Option for the Initial Specified Amount are:

- 'Level Death Benefit Option 1 – Includes the Policy Value'
- 'Increasing Death Benefit Option 2 – Excludes the Policy Value'

Minimum Specified Amount: The minimum specified amount is \$10,000 for the smoker and nonsmoker rate classes. The minimum specified amount for the preferred rate class is \$100,000. There is no upper limit.

SCHEDULE OF BENEFITS – Page 3

Benefit: Eight rider forms may be issued with the base policy form. The labels that describe the benefit provided by each form vary as follows:

<u>Form</u>	<u>Benefit Label</u>
VAN-09, VAN-09U	'Basic Policy'
IUL-WMD-07	'Waiver of Monthly Deduction Rider'
IUL-ADB-07	'Accidental Death Benefit Rider'
IUL-TLR-07	'Term Insurance Rider'
IUL-SIR-07	'Spouse Term Insurance Rider'
IUL-GIO-07	'Guaranteed Increase Option Rider'
IUL-SPO-07	'Survivor Purchase Option Rider'
IUL-CIR-07	'Children's Insurance Rider'
IUL-ABR-07	'Accelerated Benefit Rider'

Effective Date: This date is the same as the Date of Issue for the base policy, and for any rider that is issued at the same time as the base policy. If a new rider is added at a later date, the Policy Schedule page will be revised to include the new rider, and the effective date for the new rider will be the date the new rider is added.

Statement of Variability

Policy Forms VAN-09 and VAN-09U

SCHEDULE OF BENEFITS – Page 3 (continued)

Amount: Amounts of insurance vary as follows:

<u>Form</u>	<u>Amount</u>
VAN-09, VAN-09U	Initial Specified Amount of the base policy
IUL-WMD-07	N/A
IUL-ADB-07	An amount that may not exceed the specified amount of the base policy, but may be less
IUL-TLR-07	Amount of additional term insurance on the Insured (Min: 5,000; Max: 4 times the base amount)
IUL-SIR-07	Amount of term insurance on the spouse of the Insured
IUL-GIO-07	N/A
IUL-SPO-07	N/A
IUL-CIR-07	Amount of term insurance to age 24 (in the range of \$5,000 to \$25,000) purchased for children of the Insured
IUL-ABR-07	N/A

Minimum First Year Annual Premium: These premiums vary as follows

<u>Form</u>	<u>Minimum FY Annual Premium</u>
VAN-09, VAN-09U	(Target rate/1000), times 1000's of Base Amount, plus \$60 Policy Fee
IUL-WMD-07	WMD percentage, times Base Premium
IUL-ADB-07	ADB rate/1000, times 1000's of ADB Amount
IUL-TLR-07	TLR rate/1000, times 1000's of TLR Amount
IUL-SIR-07	SIR rate/1000, times 1000's of SIR Amount
IUL-GIO-07	GIO rate/1000, times 1000's of Base Amount
IUL-SPO-07	SPO rate/1000, times 1000's of Base Amount
IUL-CIR-07	CIR rate/1000, times 1000's of CIR Amount
IUL-ABR-07	N/A

Statement of Variability

Policy Forms VAN-09 and VAN-09U

SCHEDULE OF BENEFITS – Page 3 (continued)

Other Frequencies of Premium Payments: The annual premiums for the base policy and riders are summed and shown as a 'Total'. The total premium may be paid annually, semiannually, quarterly or monthly (by preauthorized withdrawal). The premium factors that are applied to the total annual premium to obtain other frequencies of premium payment are:

<u>Premium Frequency</u>	<u>Premium Factor</u>
Semiannually	.5
Quarterly	.25
Monthly (preauthorized withdrawal)	1/12

Initial Premium: Actual premium paid at issue of the policy.

Planned Periodic Premium: Same as the Minimum First Year Premium, payable on the mode basis stated immediately below it.

Current Expense Charge: A percentage of each premium is deducted as an expense charge. The current charge is that in effect on the Policy Date. It may be changed in the future, but at no time will it exceed the Maximum Expense Charge.

Current Loan Interest Rate: This is the current loan rate in effect on the Policy Date. It may be changed in the future, but at no time will it exceed the Maximum Loan Interest Rate.

1st Year Administrative Fee: The administrative fee due at the beginning of every month during the 1st policy year is the sum of the policy fee and the additional administrative fee. This fee varies by attained age of the Insured as of the Policy Date and by underwriting class. The amount of the fee will never exceed the maximum additional administrative fees in **Tables 2 and 3** of the actuarial memorandum. The fee is that in effect on the Policy Date, and it is guaranteed as long as the policy remains in force.

Current Administrative Fee Every Month Thereafter: The current administrative fee, due every month after the 1st policy year, is the amount shown for the "Current Administrative Fee Every Month Thereafter". It is the policy fee. This fee may be changed in the future, but at no time will it exceed the amount shown for the "Maximum Administrative Fee Every Month Thereafter".

Statement of Variability

Policy Forms VAN-09 and VAN-09U

TABLE of GUARANTEED MAXIMUM INSURANCE RATES – Page 4

These are the guaranteed maximum monthly cost of insurance rates. They are based on the 2001 CSO Age Last Birthday mortality table. Rates vary depending on whether the sex of the Insured is Male, Female or Unisex. Rates also vary depending on whether the Insured is a Nonsmoker (Preferred or Nonsmoker rate class) or the Insured is a Smoker (Smoker rate class).

If the age of the Insured on the Policy Date is 18 or greater, one footnote appears:

- It describes the mortality table on which the monthly cost of insurance charges are based. Both the sex and smoking status of the mortality table are stated.

If the age of the Insured on the Policy Date is 17 or less, two footnotes appear:

- The first is a footnote to the rate classification. It states the sex of the mortality table on which the monthly cost of insurance charges are based. It also states that charges are based on the Composite mortality table for attained ages 0-17 and that they are based on the Smoker mortality table for attained ages 18-120.
- The second footnote pertains to attained age 18. The footnote says: "Presently the Insured is not classified as either a smoker or nonsmoker. We will reclassify the Insured at attained age 18. We will send the Insured/Owner a notification of reclassification and the necessary forms to apply for our nonsmoker rate classification at least 31 days before the Insured reaches attained age 18. If the Insured does not qualify for the nonsmoker rate classification or if the Insured/Owner does not return the forms, the Insured will be reclassified to the smoker rate classification and have smoker guaranteed cost of insurance rates."

TABLE of ADDITIONAL ADMINISTRATIVE FEES – Page 5

These are the fees per 1,000 of increase in specified amount that will be deducted one time from the policy value at the time of any increase in specified amount. This fee per 1,000 for a given age is the same as the additional administrative fee that applies to the first policy year after issue at the same age. This fee is deducted as a one time charge at the time of an increase in the specified amount, whereas the fee at issue is prorated over the first 12 months of the first policy year. This table is referred to in the fourth bullet of the **Death Benefit Changes** provision of the policy. The fees in this table are those in effect on the Policy Date, and are guaranteed as long as the policy remains in force.

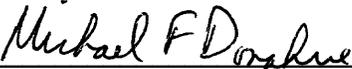
**RESPONSIBLE OFFICER'S CERTIFICATION OF
COMPLIANCE WITH ILLUSTRATION REQUIREMENTS**

TO: The Board of Directors of The Lafayette Life Insurance Company
Insurance Department of the State of Arkansas

I, **MICHAEL F. DONAHUE**, hereby certify as follows:

1. That I am Vice President-Marketing Support for The Lafayette Life Insurance Company of Lafayette, Indiana ("Lafayette Life").
2. That I have been duly named as the Company's responsible officer, as that term is used in the NAIC Life Insurance Illustrations Model Regulation ("Model") and the version adopted in Arkansas, to serve in that capacity in any jurisdiction adopting the Model or a substantially similar version of the Model, whether that adoption be by regulation, rule or statute.
3. That on December 11, 1996, Lafayette Life mailed to all then contracted agents and general agents a notice which provides them with the appropriate information concerning the expense allocation method used by Lafayette Life in its illustrations. The expense allocation method so disclosed is the same method described in the certification of Lafayette Life's illustration actuary which accompanies this certificate.
4. That the illustration formats utilized by Lafayette Life in the illustrated universal life insurance products, meet the requirements of the Model and the scales used in said illustrations are the same as those scales certified by Lafayette Life's illustration actuary.

SO CERTIFIED this 26th day of November, 2008.



Michael F. Donahue

TO: INSURANCE COMMISSIONER IN THE STATE OF ARKANSAS

I, David L. Krenk, Assistant Actuary, Systems, of The Lafayette Life Insurance Company, am a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of said insurer to be the illustration actuary for all plans of insurance subject to the Life Insurance Illustration Regulation (Regulation) for this state. The appointment was documented in the Board minutes dated February 21, 1996. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

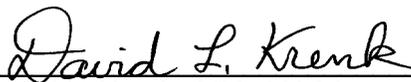
Scales of non-guaranteed elements used in illustrating the plans of insurance described on the attached list meet the requirements of the Regulation as it has been adopted in Arkansas. The disciplined current scales for these plans are in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board. Moreover:

No currently payable scale for business issued within the last five years and within the scope of this certification has been reduced for reasons other than changes in the experience factors.

Non-guaranteed elements illustrated for new policies are consistent with those illustrated for similar in force policies.

Illustrated non-guaranteed elements for new and in-force policies are consistent with the non-guaranteed elements amounts actually credited or charged to the same or similar forms.

The expense allocation method used to allocate overhead expenses for all illustrations is the Generally Recognized Expense Table (GRET) adopted by the NAIC and Arkansas.



David L. Krenk, ASA, MAAA

Assistant Actuary - Systems

THE LAFAYETTE LIFE INSURANCE COMPANY

1905 TEAL ROAD, P.O. BOX 7007

LAFAYETTE, IN 47903

November 26, 2008

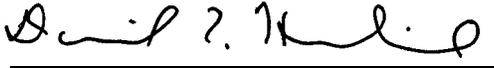
Date Signed

November 26, 2008

Effective Date

CERTIFICATION

I, Daniel E. Haneline, an officer of The Lafayette Life Insurance Company, hereby certify that policy forms VAN-09 and VAN-09U are in full compliance with Arkansas Regulation 34.



(Signature of Officer)

Actuary

(Title of Officer)

Daniel E. Haneline

(Printed Name of Officer)

January 8, 2009

(Date)

CONSENT TO SUBMIT COST BASES FOR APPROVAL

Per Arkansas Bulletin 11-83

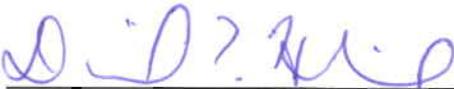
Flexible Premium Adjustable Life Insurance Policy

Policy Forms: VAN-09, VAN-09U

The Lafayette Life Insurance Company ("Company") of Lafayette, Indiana does hereby consent and agree that all cost bases, both "maximum" and "current," used in relation to policy form number VAN-09 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such cost bases prior to the expiration of sixty (60) days. See the cost bases described below and Attachments A, B and C.

The Lafayette Life Insurance Company

Date 1-8-09

By 
Daniel E. Haneline, FSA, MAAA
Actuary

COST BASES

	<u>Maximum</u>	<u>Current</u>
Cost of Insurance Rates:	Attachment A	Attachment B
Expense Charges:	7%	5%
1 st Year Administrative Fee *		
Annual Additional Administrative Fee:	same as Current	Attachment C
Annual Policy Fee: Issue Ages 0-17	same as Current	\$84.00
Issue Ages 18-39	same as Current	\$72.00
Issue Ages 40-up	same as Current	\$54.00

* See note on Attachment C.

Administrative Fee Every Month Thereafter (the Monthly Policy Fee):

Issue Ages 0-17	\$10.00	\$7.00
Issue Ages 18-39	\$10.00	\$6.00
Issue Ages 40-up	\$10.00	\$4.50

	<u>Minimum</u>	<u>Current</u>
Interest Rate:	3%	4%

Attachment A - Maximum Cost of Insurance Rates
 Monthly Rates per \$1,000 - Based on the 2001 CSO U ALB Mortality Table

Att Age	Male			Female			Unisex		
	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker
0	0.06000	0.06000	0.06000	0.03500	0.03500	0.03500	0.05500	0.05500	0.05500
1	0.03833	0.03833	0.03833	0.02583	0.02583	0.02583	0.03583	0.03583	0.03583
2	0.02750	0.02750	0.02750	0.01917	0.01917	0.01917	0.02583	0.02583	0.02583
3	0.02000	0.02000	0.02000	0.01667	0.01667	0.01667	0.02000	0.02000	0.02000
4	0.01750	0.01750	0.01750	0.01583	0.01583	0.01583	0.01750	0.01750	0.01750
5	0.01750	0.01750	0.01750	0.01500	0.01500	0.01500	0.01667	0.01667	0.01667
6	0.01833	0.01833	0.01833	0.01583	0.01583	0.01583	0.01750	0.01750	0.01750
7	0.01833	0.01833	0.01833	0.01750	0.01750	0.01750	0.01833	0.01833	0.01833
8	0.01833	0.01833	0.01833	0.01750	0.01750	0.01750	0.01833	0.01833	0.01833
9	0.01917	0.01917	0.01917	0.01750	0.01750	0.01750	0.01917	0.01917	0.01917
10	0.02000	0.02000	0.02000	0.01833	0.01833	0.01833	0.01917	0.01917	0.01917
11	0.02333	0.02333	0.02333	0.02083	0.02083	0.02083	0.02250	0.02250	0.02250
12	0.02833	0.02833	0.02833	0.02250	0.02250	0.02250	0.02750	0.02750	0.02750
13	0.03333	0.03333	0.03333	0.02583	0.02583	0.02583	0.03167	0.03167	0.03167
14	0.04334	0.04334	0.04334	0.02833	0.02833	0.02833	0.04084	0.04084	0.04084
15	0.05500	0.05500	0.05500	0.03000	0.03000	0.03000	0.05000	0.05000	0.05000
16	0.06500	0.06500	0.06500	0.03250	0.03250	0.03250	0.05917	0.05917	0.05917
17	0.07417	0.07417	0.07417	0.03417	0.03417	0.03417	0.06667	0.06667	0.06667
18	0.07667	0.07667	0.09501	0.03583	0.03583	0.04250	0.06834	0.06834	0.08501
19	0.07834	0.07834	0.10251	0.03750	0.03750	0.04667	0.07000	0.07000	0.09084
20	0.07917	0.07917	0.10835	0.03750	0.03750	0.04917	0.07084	0.07084	0.09668
21	0.07917	0.07917	0.11335	0.03917	0.03917	0.05250	0.07084	0.07084	0.10168
22	0.07917	0.07917	0.11918	0.04000	0.04000	0.05500	0.07167	0.07167	0.10584
23	0.08001	0.08001	0.12502	0.04000	0.04000	0.05750	0.07251	0.07251	0.11168
24	0.08084	0.08084	0.13168	0.04167	0.04167	0.06084	0.07334	0.07334	0.11835
25	0.08334	0.08334	0.13919	0.04250	0.04250	0.06584	0.07501	0.07501	0.12418
26	0.08667	0.08667	0.14669	0.04584	0.04584	0.07000	0.07834	0.07834	0.13085
27	0.08834	0.08834	0.15086	0.04750	0.04750	0.07417	0.08084	0.08084	0.13585
28	0.08667	0.08667	0.15169	0.05000	0.05000	0.07917	0.08001	0.08001	0.13669
29	0.08584	0.08584	0.15086	0.05250	0.05250	0.08417	0.07917	0.07917	0.13752
30	0.08501	0.08501	0.15002	0.05500	0.05500	0.08917	0.07834	0.07834	0.13835
31	0.08417	0.08417	0.15086	0.05834	0.05834	0.09584	0.07834	0.07834	0.14002
32	0.08501	0.08501	0.15336	0.06167	0.06167	0.10251	0.08001	0.08001	0.14335
33	0.08751	0.08751	0.15836	0.06584	0.06584	0.11085	0.08251	0.08251	0.14919
34	0.08917	0.08917	0.16419	0.07084	0.07084	0.12168	0.08584	0.08584	0.15586
35	0.09334	0.09334	0.17086	0.07667	0.07667	0.13252	0.09001	0.09001	0.16336
36	0.09751	0.09751	0.18087	0.08251	0.08251	0.14335	0.09501	0.09501	0.17336
37	0.10334	0.10334	0.19254	0.08751	0.08751	0.15252	0.10084	0.10084	0.18503
38	0.11085	0.11085	0.20671	0.09168	0.09168	0.16169	0.10668	0.10668	0.19837
39	0.11751	0.11751	0.22255	0.09668	0.09668	0.17170	0.11335	0.11335	0.21255
40	0.12668	0.12668	0.24173	0.10251	0.10251	0.18253	0.12168	0.12168	0.23005
41	0.13752	0.13752	0.26507	0.10918	0.10918	0.19504	0.13168	0.13168	0.25090
42	0.15086	0.15086	0.29259	0.11668	0.11668	0.21088	0.14419	0.14419	0.27591
43	0.16669	0.16669	0.32511	0.12585	0.12585	0.22839	0.15836	0.15836	0.30593
44	0.18420	0.18420	0.36180	0.13669	0.13669	0.24923	0.17503	0.17503	0.33928
45	0.20337	0.20337	0.39849	0.14919	0.14919	0.27341	0.19254	0.19254	0.37347
46	0.22255	0.22255	0.43519	0.16419	0.16419	0.30176	0.21088	0.21088	0.40850
47	0.23839	0.23839	0.46605	0.18170	0.18170	0.33678	0.22672	0.22672	0.44019
48	0.25090	0.25090	0.48941	0.20087	0.20087	0.37848	0.24089	0.24089	0.46688
49	0.26674	0.26674	0.51944	0.22255	0.22255	0.42518	0.25840	0.25840	0.50108
50	0.28758	0.28758	0.55865	0.24673	0.24673	0.47523	0.28008	0.28008	0.54196
51	0.31427	0.31427	0.60954	0.27424	0.27424	0.53028	0.30676	0.30676	0.59369
52	0.34679	0.34679	0.67128	0.30509	0.30509	0.58951	0.33845	0.33845	0.65543
53	0.38431	0.38431	0.74556	0.33761	0.33761	0.65376	0.37514	0.37514	0.72720
54	0.43185	0.43185	0.83403	0.37180	0.37180	0.72219	0.42018	0.42018	0.81149
55	0.48524	0.48524	0.92836	0.41100	0.41100	0.79480	0.47022	0.47022	0.90081
56	0.54029	0.54029	1.02605	0.45354	0.45354	0.87243	0.52277	0.52277	0.99516
57	0.59369	0.59369	1.11624	0.49858	0.49858	0.95090	0.57450	0.57450	1.08284
58	0.64709	0.64709	1.20228	0.54530	0.54530	1.03273	0.62623	0.62623	1.16803
59	0.70967	0.70967	1.30336	0.59285	0.59285	1.12042	0.68547	0.68547	1.26660

Attachment B - Current Cost of Insurance Rates

Monthly Rates per \$1,000

Att Age	Male			Female			Unisex		
	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker
0	0.06000	0.06000	0.06000	0.03500	0.03500	0.03500	0.05500	0.05500	0.05500
1	0.03833	0.03833	0.03833	0.02583	0.02583	0.02583	0.03583	0.03583	0.03583
2	0.02750	0.02750	0.02750	0.01917	0.01917	0.01917	0.02583	0.02583	0.02583
3	0.02000	0.02000	0.02000	0.01667	0.01667	0.01667	0.02000	0.02000	0.02000
4	0.01750	0.01750	0.01750	0.01583	0.01583	0.01583	0.01750	0.01750	0.01750
5	0.01750	0.01750	0.01750	0.01500	0.01500	0.01500	0.01667	0.01667	0.01667
6	0.01833	0.01833	0.01833	0.01583	0.01583	0.01583	0.01750	0.01750	0.01750
7	0.01833	0.01833	0.01833	0.01750	0.01750	0.01750	0.01833	0.01833	0.01833
8	0.01833	0.01833	0.01833	0.01750	0.01750	0.01750	0.01833	0.01833	0.01833
9	0.01917	0.01917	0.01917	0.01750	0.01750	0.01750	0.01917	0.01917	0.01917
10	0.02000	0.02000	0.02000	0.01833	0.01833	0.01833	0.01917	0.01917	0.01917
11	0.02333	0.02333	0.02333	0.02083	0.02083	0.02083	0.02250	0.02250	0.02250
12	0.02833	0.02833	0.02833	0.02250	0.02250	0.02250	0.02750	0.02750	0.02750
13	0.03333	0.03333	0.03333	0.02583	0.02583	0.02583	0.03167	0.03167	0.03167
14	0.04334	0.04334	0.04333	0.02833	0.02833	0.02833	0.04084	0.04084	0.04083
15	0.05500	0.05500	0.05500	0.03000	0.03000	0.03000	0.05000	0.05000	0.05000
16	0.06500	0.06500	0.06500	0.03250	0.03250	0.03250	0.05917	0.05917	0.05917
17	0.07417	0.07417	0.07417	0.03417	0.03417	0.03417	0.06667	0.06667	0.06667
18	0.07667	0.07667	0.09500	0.03583	0.03583	0.04250	0.06834	0.06834	0.08500
19	0.07834	0.07834	0.10250	0.03750	0.03750	0.04667	0.07000	0.07000	0.09083
20	0.07917	0.07917	0.10833	0.03750	0.03750	0.04917	0.07084	0.07084	0.09667
21	0.07917	0.07917	0.11333	0.03917	0.03917	0.05250	0.07084	0.07084	0.10167
22	0.07917	0.07917	0.11917	0.04000	0.04000	0.05500	0.07167	0.07167	0.10583
23	0.08001	0.08001	0.12500	0.04000	0.04000	0.05750	0.07251	0.07251	0.11167
24	0.08084	0.08084	0.13167	0.04167	0.04167	0.06083	0.07334	0.07334	0.11833
25	0.08334	0.08334	0.13917	0.04250	0.04250	0.06583	0.07501	0.07501	0.12417
26	0.08667	0.08667	0.14667	0.04584	0.04584	0.07000	0.07834	0.07834	0.13083
27	0.08834	0.08834	0.15083	0.04750	0.04750	0.07417	0.08084	0.08084	0.13583
28	0.08667	0.08667	0.15167	0.05000	0.05000	0.07917	0.08001	0.08001	0.13667
29	0.08584	0.08584	0.15083	0.05250	0.05250	0.08417	0.07917	0.07917	0.13750
30	0.08501	0.08501	0.15000	0.05500	0.05500	0.08917	0.07834	0.07834	0.13833
31	0.08417	0.08417	0.15083	0.05834	0.05834	0.09583	0.07834	0.07834	0.14000
32	0.08501	0.08501	0.15333	0.06167	0.06167	0.10250	0.08001	0.08001	0.14333
33	0.08751	0.08751	0.15833	0.06584	0.06584	0.11083	0.08251	0.08251	0.14917
34	0.08917	0.08917	0.16417	0.07084	0.07084	0.12167	0.08584	0.08584	0.15583
35	0.09334	0.09334	0.17083	0.07667	0.07667	0.13250	0.09001	0.09001	0.16333
36	0.09751	0.09751	0.18083	0.08251	0.08251	0.14333	0.09501	0.09501	0.17333
37	0.10334	0.10334	0.19250	0.08751	0.08751	0.15250	0.10084	0.10084	0.18500
38	0.11085	0.11085	0.20667	0.09168	0.09168	0.16167	0.10668	0.10668	0.19833
39	0.11751	0.11751	0.22250	0.09668	0.09668	0.17167	0.11335	0.11335	0.21250
40	0.12668	0.12668	0.24167	0.10251	0.10251	0.18250	0.12168	0.12168	0.23000
41	0.13752	0.13752	0.26500	0.10918	0.10918	0.19500	0.13168	0.13168	0.25083
42	0.15086	0.15086	0.29250	0.11668	0.11668	0.21083	0.14419	0.14419	0.27583
43	0.16669	0.16669	0.32500	0.12585	0.12585	0.22833	0.15836	0.15836	0.30583
44	0.18420	0.18420	0.36167	0.13669	0.13669	0.24917	0.17503	0.17503	0.33917
45	0.19270	0.20337	0.39833	0.14919	0.14919	0.27333	0.18778	0.19254	0.37333
46	0.20210	0.22255	0.43500	0.16419	0.16419	0.30167	0.19691	0.21088	0.40833
47	0.21160	0.23839	0.46583	0.18170	0.18170	0.33667	0.20639	0.22672	0.44000
48	0.22900	0.25090	0.48917	0.19817	0.20087	0.37833	0.22283	0.24089	0.46667
49	0.24790	0.26674	0.51917	0.21563	0.22255	0.42500	0.24145	0.25840	0.50083
50	0.27370	0.28758	0.55833	0.23164	0.24673	0.46417	0.26529	0.28008	0.54167
51	0.29880	0.31427	0.60917	0.25298	0.27424	0.50167	0.28964	0.30676	0.59333
52	0.32250	0.34679	0.67167	0.27364	0.30509	0.54000	0.31273	0.33845	0.65583
53	0.35510	0.38431	0.74583	0.29643	0.33761	0.58500	0.34337	0.37514	0.72750
54	0.39140	0.43185	0.83417	0.31971	0.37180	0.62750	0.37706	0.42018	0.81167
55	0.43180	0.48524	0.92833	0.34464	0.41007	0.67583	0.41437	0.47022	0.90083
56	0.47600	0.54029	1.02583	0.36957	0.43164	0.73000	0.45471	0.52277	0.99500
57	0.51450	0.59369	1.11583	0.39401	0.45618	0.78833	0.49040	0.57450	1.08000
58	0.55660	0.64709	1.20250	0.41836	0.47525	0.84250	0.52895	0.62623	1.15667
59	0.60310	0.70967	1.30333	0.44141	0.50232	0.91583	0.57076	0.68547	1.24750

Attachment B - Current Cost of Insurance Rates
 Monthly Rates per \$1,000

Att Age	Male			Female			Unisex		
	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker	Preferred	NonSmkr	Smoker
60	0.65410	0.78562	1.41417	0.47567	0.54230	0.99750	0.61841	0.74975	1.35000
61	0.72220	0.87821	1.54583	0.51766	0.59122	1.07250	0.68129	0.82081	1.47000
62	0.80050	0.96584	1.69167	0.56963	0.65162	1.15083	0.75433	0.90300	1.60000
63	0.88930	1.06445	1.84750	0.61530	0.70529	1.22750	0.83450	0.99262	1.73833
64	0.95052	1.19300	2.01417	0.66539	0.76417	1.31083	0.89349	1.10723	1.88917
65	0.97972	1.33486	2.21500	0.71739	0.81788	1.39500	0.92726	1.23146	2.07167
66	1.09667	1.48387	2.41833	0.76852	0.86952	1.51250	1.03104	1.36543	2.26250
67	1.20798	1.61928	2.60167	0.83028	0.93215	1.63250	1.13244	1.49046	2.43667
68	1.33048	1.75269	2.77417	0.89279	0.99440	1.75667	1.24294	1.60103	2.60167
69	1.46465	1.88508	2.95667	0.96182	1.06250	1.89250	1.36408	1.72056	2.77500
70	1.55853	1.99718	3.15167	1.04261	1.14190	2.05083	1.45535	1.82612	2.96167
71	1.72382	2.12011	3.40250	1.15473	1.23898	2.22167	1.61000	1.94388	3.19750
72	1.84786	2.29858	3.70917	1.29234	1.35774	2.43583	1.73675	2.11041	3.48417
73	1.98485	2.49539	4.02500	1.45724	1.49840	2.67917	1.87933	2.29599	3.78417
74	2.13746	2.70411	4.36583	1.62223	1.63170	2.91917	2.03442	2.48963	4.10500
75	2.30780	2.94504	4.73833	1.73304	1.78524	3.14333	2.19285	2.71308	4.44750
76	2.44353	3.18596	5.21667	1.81720	1.94211	3.40417	2.31827	2.93719	4.89083
77	2.59489	3.42401	5.76250	1.89127	2.10006	3.67250	2.45417	3.15922	5.38833
78	2.84619	3.77866	6.38333	1.99104	2.30040	3.99417	2.67516	3.48301	5.95083
79	3.08700	4.13414	7.06833	2.09762	2.56212	4.38917	2.88912	3.81974	6.55667
80	3.44542	4.59805	7.82167	2.34150	2.85993	4.85167	3.22464	4.25043	7.26833
81	3.76000	5.12344	8.65250	2.63732	3.22137	5.41250	3.53546	4.74303	8.05083
82	4.09333	5.72197	9.47167	3.02183	3.69099	6.09167	3.87903	5.31577	8.88333
83	4.45333	6.39408	10.30917	3.47242	4.24125	6.85750	4.25715	5.96351	9.67667
84	4.84833	7.13014	11.25833	3.91419	4.78089	7.61500	4.66150	6.66029	10.54083
85	5.27833	7.91728	12.33667	4.41574	5.39352	8.43000	5.10581	7.41253	11.48000
86	5.74333	8.74776	13.50917	4.98176	6.08481	9.35250	5.59102	8.21517	12.50250
87	6.24333	9.61139	14.75833	5.57886	6.81417	10.36167	6.11044	9.05195	13.61750
88	6.77458	10.50560	16.06333	6.21012	7.58529	11.40833	6.66169	9.92154	14.76000
89	7.32792	11.44203	17.40833	6.87575	8.39826	12.46917	7.23749	10.83328	15.88917
90	7.89875	12.43346	18.71167	7.56105	9.23535	12.99333	7.83121	11.79381	16.84833
91	8.48708	13.50171	19.95583	8.23641	10.06020	13.38333	8.43695	12.81341	17.69250
92	9.27849	14.68387	21.23500	8.97638	10.96398	14.22667	9.21807	13.93989	18.66917
93	10.12109	16.08589	22.56083	9.68338	11.82753	15.42333	10.03355	15.23422	19.77500
94	11.01817	17.67035	23.98000	10.46017	12.77631	17.09583	10.90657	16.69154	21.11667
95	11.84454	19.26422	25.41250	11.32579	13.83372	19.07500	11.74079	18.17812	22.61500
96	12.70788	20.51560	26.77583	12.05015	14.71842	20.96833	12.57633	19.35616	24.07083
97	13.60943	21.92176	28.21667	12.75799	15.58296	22.09417	13.43914	20.65400	25.22417
98	14.55047	23.41797	29.74250	13.50846	16.49961	22.54667	14.34207	22.03430	26.04417
99	15.35972	24.96816	31.35750	14.30548	17.47305	23.76583	15.14887	23.46914	27.23167
100	16.16918	26.31455	32.87250	15.36072	18.42018	24.88417	16.16918	24.99882	28.59000
101	16.95885	27.59970	34.17167	16.11091	19.31979	26.10417	16.95885	26.21972	29.95833
102	17.80142	28.97094	35.54083	16.91135	20.27966	27.41000	17.80142	27.52240	31.50083
103	18.70012	30.43353	36.98250	17.76512	21.30347	28.80167	18.70012	28.91186	33.22083
104	19.65322	31.98466	38.63083	18.67056	22.38926	30.40250	19.65322	30.38543	35.10417
105	20.66084	33.62450	40.60083	19.62780	23.53715	32.28917	20.66084	31.94328	37.34000
106	21.73465	35.37208	42.70000	20.64792	24.76046	34.26750	21.73465	33.60348	39.70833
107	22.87870	37.23397	44.93833	21.73477	26.06378	36.34000	22.87870	35.37227	42.19917
108	24.09806	39.21841	47.32250	22.89316	27.45289	38.50833	24.09806	37.25749	44.80833
109	25.39653	41.33162	49.86333	24.12671	28.93213	40.79667	25.39653	39.26503	47.56333
110	26.77854	43.58076	52.56667	25.43961	30.50653	43.17750	26.77854	41.40172	50.41583
111	28.25053	45.97635	55.44667	26.83800	32.18344	45.62250	28.25053	43.67753	53.30667
112	29.81726	48.52612	58.51417	28.32639	33.96829	48.12833	29.81726	46.09982	56.22583
113	31.48510	51.24046	61.77667	29.91085	35.86832	50.76667	31.48510	48.67844	59.28500
114	33.25875	54.12699	65.24917	31.59582	37.88889	53.75417	33.25875	51.42064	62.83833
115	35.14505	57.19684	68.94250	33.38779	40.03779	56.81000	35.14505	54.33700	66.41667
116	37.14964	60.45921	72.86750	35.29215	42.32145	60.04417	37.14964	57.43625	70.19833
117	39.27943	63.92535	77.03667	37.31546	44.74774	63.48917	39.27943	60.72908	74.23000
118	41.54017	67.60459	81.46333	39.46316	47.32321	66.99583	41.54017	64.22436	78.25500
119	43.92987	71.49371	86.14388	41.73338	50.04560	70.22500	43.92987	67.91902	81.30167
120	46.36364	75.45455	90.90909	44.04545	52.81818	72.72750	46.36364	71.68182	82.80333

Attachment C - Annual Additional Administrative Fee

Per \$1,000 of Specified Amount Issued (prorated over 1st year), or per \$1,000 of Increase in Specified Amount

Attained Age	All Underwriting Classes	Attained Age	All Underwriting Classes
0	2.88	60	21.60
1	3.12	61	23.04
2	3.12	62	24.48
3	3.12	63	25.80
4	3.12	64	27.12
5	3.36	65	28.32
6	3.36	66	29.52
7	3.36	67	30.72
8	3.36	68	31.92
9	3.36	69	33.24
10	3.36	70	34.44
11	3.36	71	35.64
12	3.36	72	36.84
13	3.48	73	38.16
14	3.60	74	39.60
15	3.72	75	41.04
16	3.84	76	42.24
17	4.08	77	43.32
18	4.44	78	44.88
19	4.44	79	45.12
20	4.44	80	45.24
21	4.56	81	45.36
22	4.56	82	45.48
23	4.56	83	45.60
24	4.68	84	45.72
25	4.80	85	46.44
26	4.92		
27	4.92		
28	5.16		
29	5.28		
30	5.40		
31	5.52		
32	5.76		
33	5.88		
34	6.12		
35	6.48		
36	6.60		
37	6.72		
38	6.84		
39	7.08		
40	7.20		
41	7.32		
42	7.44		
43	7.68		
44	7.80		
45	7.92		
46	8.28		
47	8.88		
48	9.36		
49	10.08		
50	10.68		
51	11.28		
52	11.76		
53	12.24		
54	12.96		
55	14.04		
56	15.36		
57	16.92		
58	18.48		
59	20.04		

Note: The 1st Year Administrative Fee is the sum of the above Annual Additional Administrative Fee and the Annual Policy Fee. One twelfth (1/12) of this fee is payable at the beginning of every month during the 1st policy year.

The 1st Year Administrative Fee is that in effect on the Policy Date. It is guaranteed as long as the policy remains in force.