

SERFF Tracking Number: NDPL-126311923 State: Arkansas
 Filing Company: Aviva Life and Annuity Company State Tracking Number: 43860
 Company Tracking Number: 2NLEEA10
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.101 External Indexed - Single Life
 Adjustable Life
 Product Name: 2NLEEA10
 Project Name/Number: 2NLEEA10/2NLEEA10

Filing at a Glance

Company: Aviva Life and Annuity Company

Product Name: 2NLEEA10

TOI: L09I Individual Life - Flexible Premium
 Adjustable Life

Sub-TOI: L09I.101 External Indexed - Single
 Life

Filing Type: Form

SERFF Tr Num: NDPL-126311923 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 43860
 Closed

Co Tr Num: 2NLEEA10

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Allison Roush, Jason
 Kaster

Disposition Date: 10/23/2009

Date Submitted: 10/22/2009

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2NLEEA10

Project Number: 2NLEEA10

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/19/2009

Domicile Status Comments: Iowa is our state of
 domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/23/2009

Explanation for Other Group Market Type:

State Status Changed: 10/23/2009

Deemer Date:

Created By: Allison Roush

Submitted By: Allison Roush

Corresponding Filing Tracking Number:

Filing Description:

Attached is Form 2NLEEA10, No Lapse Guarantee Rider (NLG), for your review and approval.

This Rider provides an extended no-lapse guarantee through the use of a shadow fund. This Rider has been re-designed to allow that the monthly cost for riders to be deducted from the shadow fund, as described in the NLG Monthly Rider Charges provision, be different than the monthly cost of riders deducted from the account value of the

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base policy as part of the monthly deduction. This Rider does not contain non-guaranteed elements. This is an optional rider may be elected only at issue. The issue ages for this Rider are 18-85 years.

Sample policy data pages are attached to the Supporting Documentation tab to demonstrate how the Rider will be shown when issued. This Rider will be shown in the same format regardless of the underlying base policy this Rider is issued with. In addition, a list of the previously approved riders available to be issued with this Rider and which affect the shadow fund is attached to the Supporting Documentation tab.

This Rider will be available with Form 2EDB08, Flexible Premium Adjustable Life Insurance with Indexed Feature, previously approved by your department effective 03/04/08, under SERFF Tracking #NDPL- 125480487 and State Tracking #38245, and future individual UL products.

This Rider will replace Form 2NLEDB08, also filed/approved by your department within the same SERFF filing referenced above for Form 2EDB08.

This Rider will be marketed with a sales illustration.

Application Form 14530 2/07, filed/approved by your department effective 08/28/06, will be used to apply for this Rider.

This Rider is written in simplified and readable language and does not contain any unusual or possible controversial items from normal company or industry standards. The attached Rider is in final print. At some time in the future, it may be necessary for us to change the format, fonts, page breaks, etc. in this form in order to accommodate new technology or new printing equipment. We reserve the right to make these types of changes without re-filing as long as there is no change in the text of the form. However, any such accommodation will not result in the use of a font or type style or size which would violate any state law or regulation.

You may direct any questions or comments regarding this submission to me at (800) 457-3557, ext. 8762 or e-mail me at jason.kaster@avivausa.com

Company and Contact

Filing Contact Information

Allison Roush, Product Compliance Specialist allison.roush@avivausa.com
Aviva Life and Annuity Company 515-242-8756 [Phone]
611 Fifth Avenue
Des Moines, IA 50309

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Filing Company Information

Aviva Life and Annuity Company	CoCode: 61689	State of Domicile: Iowa
611 Fifth Avenue	Group Code: 1225	Company Type:
Des Moines, IA 50309	Group Name:	State ID Number:
(317) 927-6749 ext. [Phone]	FEIN Number: 42-0175020	

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: 1 rider x \$20 = \$20
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Aviva Life and Annuity Company	\$20.00	10/22/2009	31476782

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/23/2009	10/23/2009

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Disposition

Disposition Date: 10/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	No	No
Supporting Document	AR Certification Regulation 19	Yes	Yes
Supporting Document	AR Certification Regulation 49	Yes	Yes
Supporting Document	List of Forms Affected by NLG Monthly Rider Charges Provision	Yes	Yes
Supporting Document	Sample Policy Data Pages	Yes	Yes
Supporting Document	Explanation of Variability for NLG Data Page 3F	Yes	Yes
Supporting Document	Actuarial Memorandum	No	No
Form	No Lapse Guarantee Rider (NLG)	Yes	Yes

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Form Schedule

Lead Form Number: Form 2NLEEA10

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	Form 2NLEEA10	Policy/Cont No Lapse Guarantee Revised ract/Fratern Rider (NLG) al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Replaced Form #: Form 2NLEDB08 Previous Filing #: NDPL-125480487	56.700	RGANLEE.pdf



Aviva Life and Annuity Company

Home Office: [611 Fifth Avenue, Des Moines, Iowa 50309]
Administrative Office: [611 Fifth Avenue, Des Moines, Iowa 50309]
[1-800-800-9882]

NO LAPSE GUARANTEE RIDER (NLG) (Attached to and made a part of this policy)

This Rider is added to and made a part of the policy to which it is attached. The benefit is subject to the provisions, terms and conditions of this Rider and the policy. This Rider is issued in consideration of the application received and payment of the cost for this Rider.

BENEFIT

This Rider provides a No Lapse Guarantee or lapse protection period that applies to the policy after the end of the Minimum Premium Period as shown on the Policy Data Page. Under this Rider, the policy will not terminate under the Grace Period and Lapse provisions of the policy if you meet the NLG values test. The NLG values test is satisfied if the NLG Value minus any outstanding policy loan(s) is greater than zero. This NLG values test must be satisfied on each monthly due date. If at any monthly due date the NLG values test is not satisfied, and the net cash value is not sufficient to cover the current monthly deduction, the policy will enter the grace period and the Grace Period and Lapse provisions will apply.

However, if any outstanding policy loan(s) exceeds the cash value of the policy, the No Lapse Guarantee as described in the preceding paragraph does not apply and the Grace Period provision of this policy to which this Rider is attached will apply.

The lapse protection period or length of time the No Lapse Guarantee is available depends on the calculation of a NLG Value as defined in this Rider. Several provisions in this Rider explain the basis of that calculation. The NLG Value is used only for the purpose of determining whether the benefit under this Rider is available. It does not represent value that can be accessed by you. Further, these calculations do not affect the policy's Account Value or any other value described in the policy.

In general, the lapse protection period provided by this Rider is subject to change based on:

- a) Taking a policy loan or withdrawal;
- b) Changing the Face Amount;
- c) Changing the Death Benefit Option;
- d) Changing the Rate Class;
- e) Adding or deleting riders;
- f) Changing your premium payment amount; and
- g) When a premium payment is applied.

If, within the NLG Exchange Period as shown on the Policy Data Page for this Rider but after the Policy Date, you add any amounts to this policy from any other life or annuity policies that you surrendered, those amounts will be treated as premium received as of the Policy Date for the purpose of calculating the NLG Value. All subsequent NLG Values up to the current monthly due date will then be recalculated.

If the policy includes the Wellness Benefits and Rewards Rider and a Wellness Reward is applied to the policy, an amount equal to any reduction in the policy's current monthly cost of insurance charge and the current monthly term life insurance rider cost of insurance charge for the Insured Term Life Insurance Rider, if attached to the policy, will be considered, for the purposes of determining the NLG Value as a premium paid as of the date a Wellness Reward is applied to the policy.

RIDER COST

The cost for this Rider is assessed monthly. This cost will be included in the monthly deduction from the policy's Account Value and is not payable after this Rider is terminated. We calculate the monthly cost for this Rider as $A \times ((B-C)/1000)$ where:

A is the Monthly Rider Charge per \$1,000 shown on the Policy Data Page for this Rider.

B is the death benefit of the base policy plus the face amount of any term riders on the life of the policy Insured on the monthly due date, divided by the Interest Factor shown on the Policy Data Page.

C is the Account Value of the base policy on the monthly due date after deduction of the monthly expense charge, the monthly cost of additional benefits provided by rider, except for the No Lapse Guarantee Rider, and the monthly policy charge before deduction of the monthly cost of insurance.

NLG CALCULATION PROVISIONS

Various terms used in this section of this Rider are used solely for purposes of calculating the NLG Value. These terms include the NLG Premium Reduction, NLG Premium Reduction Tier Factor, NLG Tier Amount, NLG Monthly Cost of Insurance, NLG Monthly Cost of Insurance Rates, NLG Net Amount At Risk, NLG Monthly Rider Charges, NLG Death Benefit, and NLG Interest Rate. None of these terms represent amounts actually available, credited or payable to you. Your policy specifies and governs the amounts available to you.

NLG VALUE

The NLG Value on the Policy Date is equal to:

- a) The premium paid, less the NLG Premium Reduction; less
- b) The NLG Monthly Rider Charges for the first policy month; less
- c) The NLG Monthly Cost of Insurance for the first policy month.

The NLG Value on a monthly due date is:

- a) The NLG Value on the preceding monthly due date; plus
- b) One month's interest on a), calculated using the NLG Interest Rate; plus
- c) Any premiums and/or wellness rewards, from the Wellness Benefits and Rewards Rider, if applicable, and/or the Amount Specified credited under the Waiver of Specified Premium Rider, if applicable, received since the preceding monthly due date, less the NLG Premium Reduction; plus
- d) Interest on c), calculated using the NLG Interest Rate, from the date of receipt to the monthly due date; less
- e) The NLG Monthly Rider Charges for the current monthly due date; less
- f) Any withdrawals made since the preceding monthly due date plus interest on those withdrawals, calculated using the NLG Interest Rate; less
- g) The NLG Monthly Cost of Insurance for the current monthly due date.

The interest as described above will never be less than zero.

If any premium is received within 14 calendar days prior to a policy anniversary, we will deduct the NLG Premium Reduction effective on that upcoming policy anniversary in Item c) above.

The NLG Value at any time other than on a monthly due date will be calculated in a manner consistent with that described above.

NLG PREMIUM REDUCTION

The NLG Premium Reduction used in calculating the NLG Value is determined by multiplying the appropriate NLG Tier Amount by the corresponding NLG Tier Reduction Factor, then adding the results for all applicable tiers. There are four levels of NLG Tier Reduction Factors as shown on the Policy Data Page. The NLG Tier Reduction Factors are based on the Insured's issue age, policy duration, sex, rate class and the amount of premium paid. In the calculation of the NLG Tier Amounts, the total premiums paid include:

- a) Premiums paid for the policy; plus
- b) Any wellness rewards from the Wellness Benefits and Rewards Rider, if applicable; plus
- c) The Amount Specified credited under the Waiver of Specified Premium Rider, if applicable.

There are four levels of NLG Tier Amounts. The NLG Tier Amounts are determined each policy year as follows:

Tier 1 Amount - total premiums paid for that policy year up to and including the NLG Tier 1 Maximum Premium.

Tier 2 Amount - total premiums paid for that policy year above the NLG Tier 1 Maximum Premium up to and including the NLG Tier 2 Maximum Premium.

Tier 3 Amount - total premiums paid for that policy year above the NLG Tier 2 Maximum Premium up to and including the NLG Tier 3 Maximum Premium.

Tier 4 Amount - total premiums paid for that policy year above the NLG Tier 3 Maximum Premium.

NLG MONTHLY RIDER CHARGES

The NLG Monthly Rider Charges used in calculating the NLG Value for riders attached to the policy are equal to:

- a) Zero for this Rider, any term riders on the life of the policy Insured and any riders that do not have a monthly cost; plus
- b) The monthly costs as shown in the Table of NLG Monthly Rider Charges on the Policy Data Page for all other riders attached to the policy.

NLG MONTHLY COST OF INSURANCE

The NLG Monthly Cost of Insurance used in calculating the NLG Value is determined on each monthly due date and is calculated as follows:

- a) Calculate the NLG Net Amount At Risk by:
 1. Dividing the NLG Death Benefit on the monthly due date by 1.00165158; then
 2. Subtracting the NLG Value on the monthly due date before deduction of the NLG Monthly Cost of Insurance; then
- b) Divide the NLG Net Amount At Risk by 1,000; then
- c) Multiply the result of b) by the applicable NLG Monthly Cost of Insurance Rate.

The minimum NLG Net Amount At Risk is zero.

NLG MONTHLY COST OF INSURANCE RATES

The NLG Monthly Cost of Insurance Rates used in calculating the NLG Monthly Cost of Insurance are based on the Insured's issue age, policy duration, sex, current rate class and rating, if any. The NLG Monthly Cost of Insurance Rates are shown on the Policy Data Page for this Rider.

NLG DEATH BENEFIT

Under Death Benefit Option 1, the NLG Death Benefit used in calculating the NLG Monthly Cost of Insurance is equal to the policy Face Amount plus the face amount of any term riders on the life of the policy Insured.

Under Death Benefit Option 2, the NLG Death Benefit used in calculating the NLG Monthly Cost of Insurance is equal to the policy Face Amount plus the face amount of any term riders on the life of the policy Insured plus the NLG Value.

NLG INTEREST RATE

The NLG Interest Rate is the interest rate used in the NLG Value calculation. The NLG Interest Rate is based on the Insured's issue age, and death benefit option chosen on the policy and is shown on the Policy Data Page for this Rider.

WAIVER OF CHARGES

If the policy includes a Waiver of Specified Premium Rider and a Total Disability claim is approved while this Rider is in force, then for each monthly due date on which the Amount Specified under the Waiver of Specified Premium Rider is credited to the policy, an amount equal to the Amount Specified less the NLG Premium Reduction will be credited to the NLG Value.

GENERAL PROVISIONS**EFFECTIVE DATE**

This Rider is effective on the Policy Date shown on the Policy Data Page. This Rider cannot be elected after the Policy Date.

GENERAL

While this Rider is in force, no transfers may be made into any fixed-term strategy as described in the policy.

TERMINATION

This Rider will terminate on the earliest of:

- a) The Insured's attained age 121.
- b) A termination as provided in the Restoration Period provision of this Rider.
- c) The monthly due date following your written request to terminate this Rider.
- d) Policy termination or maturity.
- e) The effective date of the exercise of the Life Protector Paid Up Rider, if attached to your policy.

REINSTATEMENT

If the policy lapses and is reinstated, this Rider cannot be reinstated.

RESTORATION PERIOD

The continuation of this Rider requires that the NLG Value, less policy loans, not fall below zero for any five-year period. If the NLG Value minus any outstanding policy loan(s) remains at or below zero for 60 consecutive monthly due dates, this Rider will terminate. If the NLG Value minus any outstanding policy loan(s) exceeds zero at any monthly due date within such five-year period, then this Rider will be deemed restored. A new five-year restoration period will begin at any subsequent monthly due date at which the NLG Value minus any outstanding policy loan(s) equals or is below zero.



Michael H. Miller
Secretary

<i>SERFF Tracking Number:</i>	<i>NDPL-126311923</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Aviva Life and Annuity Company</i>	<i>State Tracking Number:</i>	<i>43860</i>
<i>Company Tracking Number:</i>	<i>2NLEEA10</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L09I.101 External Indexed - Single Life</i>
<i>Product Name:</i>	<i>2NLEEA10</i>		
<i>Project Name/Number:</i>	<i>2NLEEA10/2NLEEA10</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AR RDCRT - Aviva.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Application	
Comments:		
Attached is a copy of approved application Form 14530 2/07 effective 08/28/2006. Both application Form 14530 2/07 and the submitted rider Form 2NLEEA10 will be used with the previously approved policy Form 2EDB08.		
Attachment:		
14530[1].pdf		

	Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	Not applicable.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	AR Certification Regulation 19	
Comments:		
Attachment:		
AR Reg19.pdf		

	Item Status:	Status Date:
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Satisfied - Item: AR Certification Regulation 49

Comments:

Attachment:

AR reg49.pdf

Item Status: **Status Date:**

Satisfied - Item: List of Forms Affected by NLG
 Monthly Rider Charges Provision

Comments:

Attached is a list of previously approved riders and approval dates that may be used with NLG Rider, Form 2NLEEA10, and which affect the shadow fund.

Attachment:

List of Forms Affected by NLG - AR.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample Policy Data Pages

Comments:

Sample Policy Data Page 3F (info only) is attached.

Attachment:

ABIII_NLG data page_final.pdf

Item Status: **Status Date:**

Satisfied - Item: Explanation of Variability for NLG
 Data Page 3F

Comments:

Attachment:

NLG 2EDB08 EO.V.pdf

Item Status: **Status Date:**

Satisfied - Item: Actuarial Memorandum

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Comments:

Attachment:

Aviva NLG Act Memo_1009 - 2NLEEA10.pdf

AR

ARKANSAS READABILITY CERTIFICATION

This is to certify that the following forms have achieved a Flesch Reading Ease Score of as indicated below and comply with the requirements of Arkansas Statute Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

**FORM NUMBER
AND NAME**

FLESCH SCORE

Form 2NLEEA10- No Lapse Guarantee Rider (NLG)

56.7

Aviva Life and Annuity Company



**Chris Guttin
ASA / Vice President-Product Operations**

09/21/09

Date

RD/CRT/AR



Application for Insurance

AGENT CODE # _____

(In this application, "Company" refers to the insurance company named above.)

APPLICANT INFORMATION

1. PROPOSED INSURED

Name (First, Middle, Last) _____ Is Insured also the Owner? Yes No

Address _____ E-Mail: _____

City _____ Home Ph. (____) _____ Bus. Ph. (____) _____

State _____ Zip _____ Gender M F Maiden Name _____

Birth Date _____ Birth State _____ Social Security Number _____

Marital Status Married Single Divorced or Separated Widow or Widower U.S. Citizen? Yes No Permanent Resident? Yes No

Driver's License # _____ State _____ Issue Date _____ Expiry Date _____

Or, if you do not have a driver's license, other government issued photo ID: Document Type _____

Document # _____ Where Issued _____ Issue Date _____ Expiry Date _____

Employer _____ How Long? _____ Occupation/Duties _____

Annual earned income \$ _____ Annual unearned income \$ _____ Net worth \$ _____

If multiple life product, (2nd app required for multiple life)

Joint Insured Names: (1st): _____ (2nd): _____

2. OWNER (If different from Proposed Insured) Individual Business Trust (date of trust) _____

Name (Owner, Business or Trustee) _____ Birth Date _____

If trust, name of trust _____

Address _____ City _____ State _____ Zip _____

Relationship to Proposed Insured _____ Social Security # or Taxpayer ID # _____

Owner's or Trustee's personal driver's license # or other government issued photo ID document, or corporate license:

Document Type _____ Document # _____ Where Issued _____ Issue Date _____ Expiry Date _____

Contingent Owner (If none specified, policy provisions will apply.) _____

Driver's License # or other government issued photo ID document:

Document Type _____ Document # _____ Where Issued _____ Issue Date _____ Expiry Date _____

Mail notices to Insured Owner Other (specify) _____

Other Notice Address _____ City _____ State _____ Zip _____

Tax Qualification Type

- Qualified Plan: Profit Sharing Plan 401(k) 412(i) Other Defined Benefit
Non-Qualified Plan: Welfare Benefit Plan: single employer multiple employer VEBA Deferred Comp Split Dollar Executive Bonus Other
 Neither

3. PRIMARY BENEFICIARY(IES) - Applies to primary insured only. (If trust, complete name and date of trust.)

(If necessary, use an additional page for additional details, signature of owner & date.)

Print Full Name _____ Birth Date _____ Relationship _____ Percentage _____ Social Security # or Taxpayer ID # _____

4. CONTINGENT BENEFICIARY(IES)

Print Full Name _____ Birth Date _____ Relationship _____ Percentage _____ Social Security # or Taxpayer ID # _____



POLICY INFORMATION

5. **PRIMARY INSURED** Nonsmoker/Nontobacco Smoker/Tobacco
 Base Plan _____ Amt. of Ins. \$ _____
 Additional Coverage _____ Amt. of Ins. \$ _____ Premium \$ _____
 Additional Coverage _____ Amt. of Ins. \$ _____ Premium \$ _____
Riders (Complete Supplemental Application if applicable)
 Waiver Type _____ Other Riders (Type/Amount): _____
 Spouse Rider \$ _____ Child Rider \$ _____
6. **UL Death Benefit Option:** Level Increasing Death Benefit Return of Premium Rider
 Premium Direction/Interest Crediting Strategy: 1 Year Point-to-Point _____% 2 Year Point-to-Point _____% 1 Year Monthly Average _____%
 1 Year Monthly Cap _____% 1 Year Average Multiple Index _____% 5 Year Fixed Term _____% 1 Year Fixed Term _____% _____%
 Levelized Strategy Transfer Yes No
7. **WHOLE LIFE** APL (If applicable) Yes No Direct Recognition (if available) Yes No

PREMIUM INFORMATION

8. **PREMIUM** Planned Premium \$ _____ Additional Premium (Lump Sum) \$ _____
 Billing Frequency Annual Semi-Annual Quarterly PAC (Complete Authorization) Other _____
 Govt. Allotment (if available) Group Bill Group Bill # _____
 Has the premium for the policy applied for been given to the agent? Yes No Amount \$ _____
 How Paid? Check Other (specify) _____

Additional Policy Specifications

Policy Date (optional) _____ Other _____

9. **Are you financing or refinancing a mortgage and/or a home equity loan or contemplating the use of any kind of mortgage financing strategy in connection with the purchase of or the payment of premiums on the life insurance policy?** Yes No
 (If yes, please review and acknowledge by signing the Mortgage Financing Disclosure Statement.)
10. **Will you borrow money to pay the premiums for this policy or have someone else pay these premiums for you, in return for you assigning part of or all of the policy values to someone else?** Yes No (If yes, please review and acknowledge by signing the Premium Financing Applicant Acknowledgement and Disclosure Statement.)

NON-MEDICAL INFORMATION

11. **INSURANCE IN FORCE ON PROPOSED INSURED**
 a. Are any life insurance or annuity contracts in force? Yes No
 If yes, complete section below. (Attach separate sheet if necessary)

Company	Amount	WP ?	Personal/Business	Year Issued	Replacing ?	Amount ADB

- b. Will any annuity or life insurance presently or recently in force be replaced or changed by this policy applied for? Yes No
 c. Have you ever been declined, rated, or had coverage modified or withdrawn, or reinstatement declined by any insurance company? Yes No
 d. Within the last year, has any other life, health or long term care insurance been issued or applied for, or is any to be applied for? ... Yes No

12. OTHER NON-MEDICAL INFORMATION

- a. Do you use any form of tobacco or nicotine based products? Yes No
 If no, have you used any form of tobacco or nicotine based products in the last 5 years? Yes No
 If yes, when did you last use tobacco or nicotine based products? _____ Type _____ Quantity _____
- b. Have you engaged in the last 3 years, or do you intend within the next 12 months to engage:
 1. In any aviation activity other than as a passenger? Yes No
 2. In ballooning, gliding, boat or vehicle racing, mountain or rock climbing, parachuting, sky diving, underwater diving or any other hazardous sport or activity? Yes No
- c. Within the last 5 years, have you filed for bankruptcy (personal or business)? Yes No
 d. Within the last 5 years, have you been charged with reckless driving, driving under the influence of alcohol or drugs, or 2 or more moving violations, or had your driver's license revoked or suspended, or received a warning letter? Yes No
 e. Have you been arrested for an illegal activity, acquired a criminal record, or are you currently on probation, parole, or under investigation? . Yes No
 f. Are you a member of or do you contemplate joining one of the Armed Forces or an active or reserve military unit? Yes No
 g. Have you in the past 2 years traveled or do you intend to travel or live outside the United States or Canada? Yes No
 h. Is any proposed insured, owner or beneficiary a resident or citizen of or an entity organized under the laws of a country other than the U.S.? Yes No
 i. Do you intend to sell or transfer all or any portion of this policy to another person, any group of investors or other entity? Yes No



Give complete details of any **YES** answers to questions 11 and 12. (If necessary, use an additional page for additional details, **signed by the applicant and dated.**) _____

13. PHYSICIAN INFORMATION

- a. Name, address and phone # of your doctor(s) or health care provider(s): _____
- b. When did you last consult a doctor and why? _____
- c. What medication(s) (prescribed or over the counter) are you now taking? (If none, so state) _____

MEDICAL INFORMATION If medical exam is required, questions 14-17 do not need to be completed.

14. PROPOSED INSURED

- a. Height in shoes _____ feet _____ inches Weight in clothes _____ pounds
- b. Have you gained or lost more than 10 pounds in the last year? Yes No
- c. Are you now under observation or treatment? Yes No
- d. Have you ever been diagnosed by a medical professional as having or been treated for AIDS or ARC (AIDS-related complex)? . . . Yes No
- e. Have you ever tested positive for antibodies to the AIDS Human T-Cell Lymphotropic (HIV) virus? . . . Yes No
- f. Have you ever requested or received a benefit, military deferment, discharge or rejection, payment or pension because of a disability, injury, or sickness? . . . Yes No

15. HAVE YOU EVER HAD OR HAVE SYMPTOMS OF OR BEEN TREATED FOR:

- a. Disease of the heart or circulatory system, including high blood pressure, heart attack, coronary artery disease, or chest pain? . . . Yes No
- b. Heart murmur, rhythm abnormality, heart catheterization, echocardiogram or an exercise treadmill test? . . . Yes No
- c. Cancer, tumors, lymphoma, leukemia, or any growths, lesions, polyps? . . . Yes No
- d. Diabetes, thyroid, glandular or endocrinal disorder? . . . Yes No
- e. Respiratory disorders including asthma, chronic bronchitis, emphysema, pneumonia, shortness of breath, or abnormal chest x-ray? Yes No
- f. Disorder of the stomach, liver, pancreas or intestinal tract, including ulcerative colitis, Crohn's disease, or cirrhosis? . . . Yes No
- g. Disorder of the kidneys, prostate, bladder, reproductive organs, sexually transmitted diseases, sugar, albumin or blood in urine? . . Yes No
- h. Stroke, transient ischemic attack (TIA), Parkinson's, multiple sclerosis, seizures, epilepsy, chronic headaches, memory changes or fainting? . . . Yes No
- i. Anxiety, depression, attempted suicide, attention deficit disorder or psychosis, mental or nervous system disorder? . . . Yes No
- j. Anemia, hepatitis, or any blood disorder? . . . Yes No
- k. Chronic back pain, arthritis, loss of limb, paralysis, muscle weakness or disease? . . . Yes No

16. WITHIN THE LAST FIVE YEARS, OTHER THAN AS NOTED ABOVE, HAVE YOU:

- a. Seen a doctor, health care provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed? . . . Yes No
- b. Been a patient of a clinic or hospital emergency room, or had any diagnostic test that was not normal? . . . Yes No
- c. Used any drug, narcotic or controlled substance not prescribed by a physician, or been arrested, counseled, treated, or participated in a support group because of alcohol, controlled substance or drug use? . . . Yes No
- d. Do you currently use alcoholic beverages? . . . Yes No
If yes, what is the average number of drinks per day? 2 or less 3-5 6 or more.

17. FAMILY HISTORY

- a. Is there a family history of diabetes, cancer, heart disease, mental illness, or any hereditary disorders? . . . Yes No
- b. Family information (natural parents, brothers, sisters):

Family Member	Age if Living	Age at Death	Cause of Death
Father			
Brother(s)			

Family Member	Age if Living	Age at Death	Cause of Death
Mother			
Sister(s)			

Give complete details of any **YES** answers to questions 14 through 17. (If necessary, use an additional page for additional details, **signed by the applicant & dated.**)

Question Number	Date	Details, Include Diagnosis, Treatment, Duration, Result	Name, Address and Phone Number of Doctor / Medical Facility

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 may be guilty of a crime and subject to fines and confinement in prison, depending on state law.



TAXPAYER IDENTIFICATION

Instructions (Section references are to the Internal Revenue Code.)

Use this form to report the taxpayer identification number (TIN) of the **policy owner**.

Payors must generally withhold a specified percentage of taxable interest, dividend, and certain other payments if you fail to furnish payors with the correct taxpayer identification number (this is referred to as backup withholding). For most individual taxpayers, the taxpayer identification number is the social security number.

To prevent backup withholding on these payments, be sure to notify payors of the correct taxpayer identification number and properly certify that you are not subject to backup withholding under Section 3406(a)(1)(C).

Use this area to certify that the taxpayer identification number you are giving the payor is correct and that you are not subject to backup withholding.

Backup Withholding - You are subject to backup withholding if:

- (1) You fail to furnish your taxpayer identification number to the payor; OR
- (2) The Internal Revenue Service (IRS) notifies the payor that you furnished an incorrect taxpayer identification number; OR
- (3) You are notified that you are subject to backup withholding [under Section 3406(a)(1)(C)]; OR
- (4) For an interest or dividend account opened after December 31, 1983, you fail to certify to the payor that you are not subject to backup withholding under (3) above, or fail to certify your taxpayer identification number.

Payees Exempt From Backup Withholding - Certain payees, such as corporations, government agencies, etc. may be exempt from backup withholding.

What Number to Give the Payor - Give the social security number or employer identification number of the record owner of the account. If the account belongs to you as an individual, give your social security number. If the account is owned by a corporation, give the employer identification number of the corporation.

Obtaining a Number - If you don't have a taxpayer identification number or you don't know your number, obtain **Form SS-5**, Application for a Social Security Number Card, or **Form SS-4**, Application for Employer Identification Number, at the local office of the Social Security Administration or the Internal Revenue Service and apply for a number. Write "applied for" in place of your number. When you get a number, submit a new Form W-9 to the payor.

AGREEMENTS AND REPRESENTATIONS

It is hereby represented that the answers and statements on the application(s) and any Supplements required are complete, true and correctly recorded. Information not recorded on the application(s) and any Supplements will not be treated as known to the Company. A copy of the application(s) and any Supplements shall be a part of the policy, and it is agreed that the policy and copy of the application(s) and any Supplements constitute the entire contract. No changes will be made unless the owner agrees and the change is authorized in writing by an officer of the Company.

If a Conditional Life Insurance Agreement was delivered in consideration of the payment of the first premium and is in effect, its terms will apply. Otherwise the policy will take effect and coverage will begin on the issue date specified in the policy if the full first premium is paid, the Proposed Insured(s) is (are) living, and the answers and statements in the application(s) and any Supplements continue to be complete and true at the time of delivery of the policy.

Under penalties of perjury, I certify that (1) the social security or federal tax identification number shown on page 1 of this application for me as the owner of this policy is my correct taxpayer identification number, AND (2) I am a U.S. person (including a U.S. resident alien), AND (3) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. NOTE: You must cross out item 3 in the above certification if you have been notified by the IRS that you are currently subject to backup withholding. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

IMPORTANT INFORMATION ABOUT THE USA PATRIOT ACT

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires financial institutions to obtain, verify and record information that identifies persons who engage in certain transactions with or through a financial institution, including insurance companies. This means that the Company will need to verify the **name, residential or street address (no P.O. Boxes), date of birth and social security number, drivers license and/or other identification information of all policy owners as may be required by law.**



AUTHORIZATION AND ACKNOWLEDGMENT

This authorization complies with the HIPAA Privacy Rule. I understand that if I refuse to sign this authorization, the Company may not be able to process my application for life insurance. I acknowledge that I have the right to request and receive a copy of this authorization.

Personal Health Information

I authorize any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or any other entity subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that has provided treatment, service, payment, or coverage to me within the past 10 years to disclose my entire medical record and any other protected health information concerning me to the Company, its agents, employees, representatives, insurance support organizations, and reinsurers ("the Company"). Protected health information includes but is not limited to: hospital records, treatment records/office notes, consultation reports, workers' compensation information, diagnosis, prescriptions, and test results. It also includes information concerning the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases, and information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature, I acknowledge that any agreements I have made to restrict my protected health information do not apply to this authorization and I instruct any physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, health care provider, health plan, insurer, and/or other entity subject to HIPAA to release and disclose such information without restriction.

I understand that, unless prohibited by state and/or federal law, the protected health information is to be disclosed under this authorization so that the Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have, have applied for, or may in the future apply for with the Company. I understand any information disclosed under this authorization may no longer be covered by federal rules governing privacy and confidentiality of health information and may be subject to re-disclosure.

Personal Private Information

I understand that an investigative consumer report may be prepared in connection with this application. I authorize any consumer reporting organization or employer having non-medical information about me to release such information to the Company, its reinsurers, or its authorized representatives. I authorize the Company to prepare an investigative consumer report. I understand that I may request to be personally interviewed if an investigative consumer report is prepared in connection with this application and not to have personal information disclosed for marketing purposes. Any information obtained will not be released by the Company, its reinsurers, or representatives to any person or organization except to reinsuring companies, the Medical Information Bureau, or other persons or organizations performing business or legal services in connection with my application, claim, as may be permitted or required by law, or as I may further authorize.

Limitations, Revocation and Rights

This authorization shall remain in force for 24 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization at any time. The request for revocation must be in writing and sent to the attention of the Underwriting Department of the Company. I understand that a revocation is not effective to the extent that the Company has already relied on this authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. Such revocation shall not apply to any use or disclosure of my protected health information specifically allowed without authorization by HIPAA and no action relating to this authorization shall be construed as creating any restriction on the uses that HIPAA allows without my authorization.

SIGNATURES

I have reviewed and understand the information contained above in the "Taxpayer Identification", "Agreements and Representations", including reviewing the answers and statements on the application(s) and any Supplements for accuracy, "Important Information About the USA Patriot Act", and "Authorization and Acknowledgment" sections, and further acknowledge receipt of the Disclosure Notice to Proposed Insured.

I understand, acknowledge and agree that the Agent has no authority to make any promise, representation or waiver regarding coverage or the terms of the policy. I also understand, acknowledge and agree that the Agent has no authority to provide any legal or tax advice on behalf of the Company. If any such legal or tax advice has been given, I understand, acknowledge and agree it has been done without Company authority and has not been given on behalf of the Company. I understand, acknowledge and agree that I am responsible for obtaining independent legal or tax advice with respect to any such matters. I understand, acknowledge and agree that all premium payments after the first are to be provided directly to the Company and that the Agent has no authority to receive, transmit, sign, endorse, deposit or process any subsequent payments made on the policy.

Signed / Dated at _____
City, State

X _____
Signature of Owner/Proposed Insured
(or signature of Insured's Personal Representative*)

On _____
Date

X _____
Signature of Owner if other than Proposed Insured

X _____
Signature of Licensed Agent

Parent/Guardian or Witness (if required)

If Owner is a corporation, business firm or trust, give full name and
an Authorized person must sign and provide title

*If you are the Proposed Insured's Personal Representative, describe the scope and/or basis of your authority to act on the Proposed Insured's behalf:



**Arkansas Certification
Regulation 19**

I certify that this submission meets the provisions of Regulation 19, Section 10B, as well as all applicable statutes, regulations, and bulletins of the State of Arkansas.

Aviva Life and Annuity Company



**Chris Guttin, ASA
Vice-President-Product Operations**

09/21/09
Date

**Form Numbers
Form 2NLEEA10**

Regulation 19

**Arkansas Certification
Regulation 49**

We have reviewed Regulation 49 against the issue procedures of the Company and certify that we are in compliance with the requirements of Regulation 49.

Aviva Life and Annuity Company



**Chris Guttin, ASA
Vice-President-Product Operations**

09/21/09
Date

**Form Numbers
Form 2NLEEA10**

Regulation 49

**List of Approved Forms Affected By NLG Monthly Rider Charges Provision
State of Arkansas**

Form Name	Form Number	Approval Date	SERFF Tracking Number	State Tracking Number
Waiver of Specified Premium Rider	21043F02	4/29/02	N/A	N/A
Guaranteed Purchase Option Rider	21011F02	5/1/02	N/A	N/A
Wellness Benefits and Rewards Rider	2WFLAJ07-2	7/24/08	NDPL-125731602	39670
Children's Insurance Rider	2CIBUA09	8/28/08	NDPL-125760216	40082
Term Life Insurance Rider	21052F02	5/1/02	N/A	N/A

POLICY DATA PAGE (continued)

POLICY NUMBER: [AVIVA AB III]
 INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

NLG Exchange Period: [12] months from the Policy Date

Monthly Rider Charge per \$1,000: [\$0.02583]

NLG Interest Rate for Death Benefit Option 1: [8.65%]

NLG Interest Rate for Death Benefit Option 2: [7.60%]

NLG Tier Reduction Factors:

Tier 1 Factors: 0% in all years
 Tier 2, Tier 3 and Tier 4 Factors: See Table Below

Table of NLG Factors and Rates

Policy Year	NLG Monthly Cost of Insurance Rate	NLG Tier 1 Maximum Premium	NLG Tier 2 Maximum Premium	NLG Tier 3 Maximum Premium	NLG Tier Reduction Factors:		
					Tier 2 Factors	Tier 3 Factors	Tier 4 Factors
1	\$0.03238	\$37.35	\$519.23	\$1,267.45	59.434%	51.193%	56.044%
2	0.04020	46.36	519.23	1,267.45	59.434	51.193	56.044
3	0.04802	55.38	519.23	1,267.45	59.434	51.193	56.044
4	0.05639	65.03	519.23	1,267.45	59.434	51.193	56.044
5	0.06421	74.05	519.23	1,267.45	59.434	51.193	56.044
6	0.07202	83.05	519.23	1,267.45	58.840	50.681	55.484
7	0.07984	92.06	519.23	1,267.45	58.246	50.169	54.923
8	0.08766	101.07	519.23	1,267.45	57.651	49.657	54.363
9	0.09659	111.36	519.23	1,267.45	57.057	49.145	53.802
10	0.10720	123.59	519.23	1,267.45	56.463	48.633	53.242
11	0.12172	140.31	519.23	1,267.45	55.868	48.121	52.682
12	0.13791	158.96	519.23	1,267.45	55.274	47.609	52.121
13	0.15689	180.81	519.23	1,267.45	54.679	47.097	51.561
14	0.17532	202.03	519.23	1,267.45	54.085	46.585	51.000
15	0.19374	223.23	519.23	1,267.45	53.491	46.073	50.440
16	0.20993	241.86	519.23	1,267.45	52.896	45.561	49.879
17	0.22836	263.06	519.23	1,267.45	52.302	45.049	49.319
18	0.24790	285.54	519.23	1,267.45	51.708	44.538	48.758
19	0.27358	315.06	519.23	1,267.45	51.113	44.026	48.198
20	0.30094	346.51	519.23	1,267.45	50.519	43.514	47.638
21	0.33165	381.80	519.23	1,267.45	49.925	43.002	47.077
22	0.36682	422.19	519.23	1,267.45	49.330	42.490	46.517
23	0.40423	465.13	519.23	1,267.45	48.736	41.978	45.956
24	0.44220	508.70	519.23	1,267.45	48.142	41.466	45.396
25	0.48463	557.36	519.23	1,267.45	47.547	40.954	44.835
26	0.54996	632.23	519.23	1,267.45	46.953	40.442	44.275
27	0.61137	702.55	519.23	1,267.45	46.359	39.930	43.714
28	0.68731	789.43	519.23	1,267.45	45.764	39.418	43.154
29	0.77217	886.42	519.23	1,267.45	45.170	38.906	42.594
30	0.86150	988.40	519.23	1,267.45	44.576	38.394	42.033
31	0.95530	1,095.36	519.23	1,267.45	43.981	37.883	41.473
32	1.05078	1,204.10	519.23	1,267.45	43.387	37.371	40.912
33	1.14737	1,313.97	519.23	1,267.45	42.793	36.859	40.352
34	1.25178	1,313.97	519.23	1,267.45	42.198	36.347	39.791
35	1.35842	1,432.58	519.23	1,267.45	41.604	35.835	39.231
36	1.48907	1,553.57	519.23	1,267.45	41.010	35.323	38.670
37	1.63479	1,701.56	519.23	1,267.45	40.415	34.811	38.110
38	1.82742	1,866.34	519.23	1,267.45	39.821	34.299	37.550
39	2.02953	2,083.69	519.23	1,267.45	39.227	33.787	36.989

POLICY DATA PAGE (continued)

POLICY NUMBER: [AVIVA AB III]
 INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

Table of NLG Factors and Rates

<u>Policy Year</u>	<u>NLG Monthly Cost of Insurance Rate</u>	<u>NLG Tier 1 Maximum Premium</u>	<u>NLG Tier 2 Maximum Premium</u>	<u>NLG Tier 3 Maximum Premium</u>	<u>NLG Tier Reduction Factors:</u>		
					<u>Tier 2 Factors</u>	<u>Tier 3 Factors</u>	<u>Tier 4 Factors</u>
40	2.24282	2,311.16	519.23	1,267.45	38.632	33.275	36.429
41	2.47508	2,550.57	519.23	1,267.45	38.038	32.763	35.868
42	2.71572	2,810.54	519.23	1,267.45	37.444	32.251	35.308
43	2.99489	3,079.07	519.23	1,267.45	36.849	31.739	34.747
44	3.31984	3,389.57	519.23	1,267.45	36.255	31.227	34.187
45	3.69336	3,749.58	519.23	1,267.45	35.661	30.716	33.627
46	4.09871	4,161.56	519.23	1,267.45	35.066	30.204	33.066
47	4.55766	4,606.43	519.23	1,267.45	34.472	29.692	32.506
48	5.03168	5,107.36	519.23	1,267.45	33.878	29.180	31.945
49	5.53809	5,621.65	519.23	1,267.45	33.283	28.668	31.385
50	6.09698	6,167.66	519.23	1,267.45	32.689	28.156	30.824
51	6.71728	6,766.18	519.23	1,267.45	32.094	27.644	30.264
52	7.40291	7,425.48	519.23	1,267.45	31.500	27.132	29.703
53	8.14493	8,148.18	519.23	1,267.45	30.906	26.620	29.143
54	8.93441	8,923.25	519.23	1,267.45	30.311	26.108	28.583
55	9.76074	9,739.89	519.23	1,267.45	29.717	25.596	28.022
56	10.61555	10,585.92	519.23	1,267.45	29.123	25.084	27.462
57	11.40670	11,451.82	519.23	1,267.45	28.528	24.572	26.901
58	12.22466	12,244.90	519.23	1,267.45	27.934	24.061	26.341
59	13.08058	13,056.53	519.23	1,267.45	27.340	23.549	25.780
60	13.98005	13,896.88	519.23	1,267.45	26.745	23.037	25.220
61	14.91805	14,770.23	519.23	1,267.45	26.151	22.525	24.659
62	15.84488	15,670.47	519.23	1,267.45	25.557	22.013	24.099
63	16.83312	16,549.57	519.23	1,267.45	24.962	21.501	23.539
64	17.88781	17,475.67	519.23	1,267.45	24.368	20.989	22.978
65	19.01341	18,451.39	519.23	1,267.45	23.774	20.477	22.418
66	20.21717	19,478.52	519.23	1,267.45	23.179	19.965	21.857
67	21.17247	21,408.47	519.23	1,267.45	22.585	19.453	21.297
68	22.19031	22,300.33	519.23	1,267.45	21.991	18.941	20.736
69	23.27347	23,237.00	519.23	1,267.45	21.396	18.429	20.176
70	24.42587	24,219.70	519.23	1,267.45	20.802	17.917	19.615
71	25.63466	25,235.38	519.23	1,267.45	20.208	17.405	19.055
72	26.91993	26,298.64	519.23	1,267.45	19.613	16.894	18.495
73	28.28617	27,410.35	519.23	1,267.45	19.019	16.382	17.934
74	29.73839	28,571.47	519.23	1,267.45	18.425	15.870	17.374
75	31.28106	29,782.16	519.23	1,267.45	17.830	15.358	16.813
76	32.91864	31,042.22	519.23	1,267.45	17.236	14.846	16.253
77	34.65784	32,352.76	519.23	1,267.45	16.642	14.334	15.692
78	36.50369	33,713.17	519.23	1,267.45	16.047	13.822	15.132
79	38.46399	35,124.39	519.23	1,267.45	15.453	13.310	14.571
80	40.54321	36,584.45	519.23	1,267.45	14.859	12.798	14.011
81	42.74974	38,093.62	519.23	1,267.45	14.265	12.286	13.451
82	45.09026	39,650.43	519.23	1,267.45	13.671	11.774	12.891
83	47.57260	41,253.58	519.23	1,267.45	13.077	11.262	12.331
84	50.20625	42,902.20	519.23	1,267.45	12.483	10.750	11.771
85	52.99790	44,592.99	519.23	1,267.45	11.889	10.238	11.211
86	55.83311	46,252.55	519.23	1,267.45	11.295	9.726	10.651
87	83.33300	59,731.81	519.23	1,267.45	17.400	17.947	20.068]

POLICY DATA PAGE (continued)

POLICY NUMBER: [AVIVA AB III]
INSURED: [JOHN DOE]

NO LAPSE GUARANTEE RIDER

TABLE OF NLG MONTHLY RIDER CHARGES

RIDER	CHARGE
[Waiver of Specified Premium Rider:	[\$0.35]]
[Children's Insurance Rider:	[\$6.00]]
[Guaranteed Purchase Option Rider:	[\$1.30]]
[Wellness Benefits and Rewards Rider (charged only in Policy Year 1):	[\$0.00]]

POLICY DATA PAGE (continued)

POLICY NUMBER: [AVIVA AB III]
INSURED: [JOHN DOE]

[NO LAPSE GUARANTEE RIDER

TABLE OF NLG MONTHLY RIDER CHARGES

Rider:

Term Life Insurance Rider:
COVERED INSURED: [Jane Doe]

POLICY YEAR	CHARGE	POLICY YEAR	CHARGE
[1	0.14083	34	2.41249
2	0.14750	35	2.66082
3	0.15667	36	2.94165
4	0.16667	37	3.31249
5	0.17833	38	3.63082
6	0.19083	39	4.05832
7	0.20583	40	4.54165
8	0.22083	41	5.06248
9	0.23833	42	5.62164
10	0.25667	43	6.21414
11	0.27750	44	6.83331
12	0.30000	45	7.49580
13	0.32417	46	8.22997
14	0.35000	47	9.05413
15	0.37917	48	9.99663
16	0.41000	49	11.07329
17	0.44750	50	12.26745
18	0.49000	51	13.55578
19	0.53750	52	14.91744
20	0.59333	53	16.34410
21	0.65416	54	17.80826
22	0.72250	55	19.33242
23	0.79500	56	20.94158
24	0.87333	57	22.66824
25	0.96166	58	24.57657
26	1.06083	59	26.76406
27	1.17083	60	29.63738
28	1.29583	61	33.93070
29	1.43916	62	41.27900
30	1.60166	63	56.03978
31	1.78166	64	83.33300
32	1.97499	65	83.33300]
33	2.18582		

Form 2EDBO8- EXPLANATION OF VARIABILITY

NLG Exchange Period - The length of time that the NLG Exchange Period is available. It will not change on an in force contract. It may differ between new and in force contracts. The NLG Exchange Period may vary based on changes in the cost of providing additional months for the exchange. If the long term expected cost of an additional month provided by the NLG Exchange Period increases, then the number of months in NLG Exchange Period would decrease. **Range is 0 to 12 months.**

Monthly Rider Charge per \$1,000 - The cost of insurance rate used in the calculation of the Rider Cost which is included in the monthly deduction from the policy Account Value and is not payable after this Rider has terminated. The Monthly Rider Charge per \$1,000 will not change on an in force contract. It may differ between new and in force contracts. The Monthly Rider Charge per \$1,000 may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Monthly Rider Charge per \$1,000 would increase. **Range is from 0.10 to 60.00.**

NLG Interest Rate for Death Benefit Option 1 - The interest rate used solely in the calculation of the NLG Value within the NLG Rider if the owner has elected Death Benefit Option 1. The NLG Interest Rate is an annual effective interest rate with the monthly rate credited each month within the NLG Value calculation. It will not change on an in force contract. It may differ between new and in force contracts. The NLG Interest Rate may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the NLG Interest Rate would decrease. **Range is from 2.00% to 15.00%.**

NLG Interest Rate for Death Benefit Option 2 - The interest rate used solely in the calculation of the NLG Value within the NLG Rider if the owner has elected Death Benefit Option 2. The NLG Interest Rate is an annual effective interest rate with the monthly rate credited each month within the NLG Value calculation. It will not change on an in force contract. It may differ between new and in force contracts. The NLG Interest Rate may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the NLG Interest Rate would decrease. **Range is from 2.00% to 15.00%.**

NLG Monthly Cost of Insurance Rate - The rates that the Insurer will apply solely to calculate the NLG monthly cost of insurance within the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. Higher NLG Monthly Cost of Insurance Rates are used with older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors. **Range is from 0.00 to 83.33333.**

NLG Tier 1 Maximum Premium - The highest premium amounts that are assessed the Tier 1 Factor within the NLG Premium Reduction provision of the NLG Rider. They differ by issue age, underwriting class and policy size. They will not change on an in force contract. They may differ between new and in force contracts. Higher NLG Tier 1 Maximum Premiums are used with higher face amounts, older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors. **Range is from 0.00 to unlimited due to unlimited face amounts.**

NLG Tier 2 Maximum Premium - The highest premium amounts that are assessed the Tier 2 Factor within the NLG Premium Reduction provision of the NLG Rider. They differ by issue age, underwriting class and policy size. They will not change on an in force contract. They may differ between new and in force contracts. Higher NLG Tier 2 Maximum Premiums are used with higher face amounts, older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors. **Range is from 0.00 to unlimited due to unlimited face amounts.**

NLG Tier 3 Maximum Premium - The highest premium amounts that are assessed the Tier 3 Factor within the NLG Premium Reduction provision of the NLG Rider. They differ by issue age, underwriting class and policy size. They will not change on an in force contract. They may differ between new and in force contracts. Higher NLG Tier 3

Maximum Premiums are used with higher face amounts, older insureds and tobacco risk classes as the cost of providing coverage increases for each of these factors. **Range is from 0.00 to unlimited due to unlimited face amounts.**

NLG Tier Reduction Factors: Tier 2 Factors - The portions of premiums received above the NLG Tier 1 Maximum Premium up to and including the NLG Tier 2 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 2 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 2 Factors would increase. **Range is from 0.00% to 100.00%.**

NLG Tier Reduction Factors: Tier 3 Factors - The portions of premiums received above the NLG Tier 2 Maximum Premium up to and including the NLG Tier 3 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 3 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 3 Factors would increase. **Range is from 0.00% to 100.00%.**

NLG Tier Reduction Factors: Tier 4 Factors - The portion of premiums received above the NLG Tier 3 Maximum Premium that are deducted from the NLG Value described in the NLG Rider. They differ by issue age and underwriting class. They will not change on an in force contract. They may differ between new and in force contracts. The Tier 4 Factors may vary based on changes in any pricing factor for no lapse guarantee coverage that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing NLG coverage increases, the Tier 4 Factors would increase. **Range is from 0.00% to 100.00%.**

Waiver of Specified Premium Rider - This wording will appear if the Waiver of Specified Premium Rider was elected by the policyowner at issue.

Waiver of Specified Premium Rider: CHARGE - The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Waiver of Specified Premium Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Waiver of Specified Premium Rider Charge may vary based on changes in any pricing factor for waiver benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing waiver coverage on NLG sales increases, the Waiver of Specified Premium Rider Charge would increase. **Range is from 0.00 to 15.00.**

Children's Insurance Rider - This wording will appear if the Children's Insurance Rider was elected by the policyowner at issue.

Children's Insurance Rider: CHARGE - The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Children's Insurance Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Children's Insurance Rider Charge may vary based on changes in any pricing factor for child benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing coverage to children on NLG sales increases, the Children's Insurance Rider Charge would increase. **Range is from 0.00 to 15.00.**

Guaranteed Purchase Option Rider - This wording will appear if the Guaranteed Purchase Option Rider was elected by the policyowner at issue.

Guaranteed Purchase Option Rider: CHARGE - The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Guaranteed Purchase Option Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Guaranteed Purchase Option Rider Charge may vary based on changes in any pricing factor for guaranteed purchase option benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing GPO coverage on NLG sales increases, the Guaranteed Purchase Option Rider Charge would increase. **Range is from 0.00 to 15.00.**

Wellness Benefits and Rewards Rider (charged only in Policy Year 1) - This wording will appear if the Wellness Benefits and Rewards Rider was elected by the policyowner at issue.

Wellness Benefits and Rewards Rider (charged only in Policy Year 1) CHARGE - The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Wellness Benefits and Rewards Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Wellness Benefits and Rewards Rider Charge may vary based on changes in any pricing factor for wellness benefits and/ or rewards that impact anticipated NLG profitability for new sales. If the long term expected cost to providing wellness benefits and/or rewards coverage on NLG sales increases, the Wellness Benefits and Rewards Rider Charge would increase. **Range is from 0.00 to 15.00.**

Term Life Insurance Rider - This wording will appear if the Term Life Insurance Rider was elected by the policyowner at issue.

Term Life Insurance Rider CHARGE - The charge assessed solely in the calculation of the NLG Monthly Rider Charges within the NLG Rider. The charge is assessed only if the Term Life Insurance Rider is active. It will not change on an in force contract. It may differ between new and in force contracts. The Term Life Insurance Rider Charge may vary based on changes in any pricing factor for term life benefits that impacts anticipated NLG profitability for new sales. If the long term expected cost to providing term life coverage on NLG sales increases, the Term Life Insurance Rider Charge would increase. **Range is 0.00 to 83.33333.**

Aviva Life and Annuity Company
("the Company")

611 Fifth Avenue
Des Moines, Iowa 50309

Actuarial Demonstration
No Lapse Guarantee Rider
Form 2NLEEA10

Benefit

If, on any monthly due date after the shortest minimum premium period provided in the base contract, the No Lapse Guarantee ("NLG") Value less any outstanding policy loans is greater than zero, the Policy will not enter the Grace Period or lapse even if the net cash value is not sufficient to cover the monthly deduction and provided that the loan balance is less than the cash value of the policy.

The NLG Value is calculated as follows:

The NLG Value on a monthly due date is:

- a. The NLG Value on the preceding monthly due date; plus
- b. One month's interest on (a) calculated using the NLG Interest Rate; plus
- c. Any premiums and/or wellness rewards, from the Wellness Benefits and Rewards Rider, if applicable, and/or the Amount Specified credited under the Waiver of Specified Premium Rider, if applicable, received since the preceding monthly due date, less the NLG Premium Reduction; plus
- d. Interest on (c), calculated using the NLG Interest Rate, from the date of receipt to the monthly due date; less
- e. The NLG Monthly Rider Charge for the current monthly due date, if any; less
- f. Any withdrawals since the preceding monthly due date plus interest on those withdrawals, calculated using the NLG Interest Rate; less
- g. The NLG Monthly Cost of Insurance for the current monthly due date.

The interest applied as described above will never be less than zero.

The NLG Value at any time other than on a monthly due date will be calculated in a consistent manner.

The charges, factors, and rates used in determining the NLG Value are shown on the data page and vary by issue ages, genders, risk classes, death benefit option, and coverage amount. The rates are guaranteed in all years and may only be updated upon a policy change, such as a change in the death benefit option or face amount increase.

The NLG Monthly Rider Charge is based on the additional benefits provided by any riders attached to the policy. The NLG Monthly Rider Charge for this rider, any term rider on the base policy insured, and any rider whose rate is not listed in the NLG Monthly Rider Charges table is zero. The NLG Monthly Rider Charge for other riders is determined using the same approach as determining the rider

charge for the base policy but with rates specific to the NLG Rider. Those rates are shown on NLG data page.

If the NLG Value less any outstanding policy loans is less than zero while the policy is in force, a Restoration Period of 5 years is provided during which sufficient premiums may be paid in order to bring the NLG Value less any outstanding policy loans above zero. If the NLG Value less outstanding policy loans remains less than zero for 5 years, this rider will terminate.

II. Formula and Sample Calculation

The following formulas and sample calculations assume the premium is paid on the anniversary and that there are no loans or withdrawals.

No Lapse Guarantee Value

Definitions:

y = policy year

NLG_t = NLG Value at the end of month t

NLG_0 = 0

$Prem_t$ = Premium received at the beginning of month t

$NLGT1MP_y$ = NLG Tier 1 Maximum Premium in policy year y .

$NLGT2MP_y$ = NLG Tier 2 Maximum Premium in policy year y .

$NLGT3MP_y$ = NLG Tier 3 Maximum Premium in policy year y .

$NLGTier1_t$ = NLG Premium Reduction Factor applicable in month t on premium paid up to the $NLGT1MP_y = 0\%$

$NLGTier2_t$ = NLG Premium Reduction Factor applicable in month t on premium paid in excess of $NLGT1MP_y$ and not more than $NLGT2MP_y$

$NLGTier3_t$ = NLG Premium Reduction Factor applicable in month t on premium paid in excess of $NLGT2MP_y$ and not more than $NLGT3MP_y$

$NLGTier4_t$ = NLG Premium Reduction Factor applicable in month t on premium paid in excess of $NLGT3MP_y$

$NLGRed_t$ = NLG Premium Reduction in month t

$NLGint_t$ = the monthly NLG Interest Factor for month t
= $(1 + \text{annual NLG Interest Factor for month } t)$ raised to the $1/12$ power

$NLGCOIR_t$ = NLG Monthly Cost of Insurance Rate for month t

$NLGCOI_t$ = NLG Monthly Cost of Insurance for month t

$NLGRC_t$ = NLG Rider Charge for month t

$NLGDB_t$ = NLG Death Benefit for month t

NLG_t = $[NLG_{t-1} + Prem_t - NLGRed_t - NLGCOI_t - NLGRC_t] \times NLGint_t$

Where:

$$\begin{aligned} \text{NLGRed}_t &= \text{if Prem}_t \leq \text{NLGT1MP}_y, \text{ then} \\ &\text{Prem}_t \times \text{NLGTier1}_t \\ &= \text{if NLGT1MP}_y < \text{Prem}_t \leq \text{NLGT2MP}_y, \text{ then} \\ &\text{NLGT1MP}_y \times \text{NLGTier1}_t + (\text{Prem}_t - \text{NLGT1MP}_y) \times \text{NLGTier2}_t \\ &= \text{if NLGT2MP}_y < \text{Prem}_t \leq \text{NLGT3MP}_y, \text{ then} \\ &\text{NLGT1MP}_y \times \text{NLGTier1}_t + (\text{NLGT2MP}_y - \text{NLGT1MP}_y) \times \text{NLGTier2}_t + (\text{Prem}_t - \\ &\text{NLGT2MP}_y) \times \text{NLGTier3}_t \\ &= \text{if Prem}_t > \text{NLGT3MP}_y, \text{ then} \\ &\text{NLGT1MP}_y \times \text{NLGTier1}_t + (\text{NLGT2MP}_y - \text{NLGT1MP}_y) \times \text{NLGTier2}_t + (\text{NLGT3MP}_y - \\ &\text{NLGT2MP}_y) \times \text{NLGTier3}_t + (\text{Prem}_t - \text{NLGT3MP}_y) \times \text{NLGTier4}_t \\ \\ \text{NLGCOI}_t &= \frac{[\text{NLGDB}_t / 1.00165158 - [\text{NLG}_{t-1} + (1 - \text{NLGRed}_t) \times \text{Prem}_t - \text{NLGRC}_t]]}{1000} \times \text{NLGCOIR}_t \end{aligned}$$

Sample Calculation

Assumptions: Male, non-tobacco user
Issue age 35
Duration: End of policy year 10 (Month 120)
Annual Premium = \$519.23
Level Death Benefit Option
Face Amount = \$100,000
No other riders attached

$$\begin{aligned} \text{NLG}_{119} &= 2,915.05 \\ \text{NLG}_{120} &= [\text{NLG}_{119} + \text{Prem}_{120} - \text{NLGRed}_{120} - \text{NLGCOI}_{120} - \text{NLGRC}_{120}] \times \text{NLGint}_{120} \\ &= [2,915.05 + 0 - 0 - 10.39 - 0] \times 1.00693741 \\ &= 2,924.81 \end{aligned}$$

where

$$\begin{aligned} \text{NLGCOI}_{120} &= \frac{[100,000 / 1.00165158 - 2915.05]}{1000} \times .10720 \\ &= 10.39 \end{aligned}$$

III. Rider Cost

The Monthly Rider Cost for this rider at month t is equal to:

(Monthly rider charge rate/1000) x [(base policy death benefit_t + face amount of any primary insured term riders_t) / 1.00165158 – Account Value on the monthly due date_t]

The Monthly Rider Cost is deducted from the policy's Account Value on each monthly anniversary. The monthly rider charge rate is shown in Appendix A. The monthly rider charge rate will vary by issue age, gender, class and the base policy to which this rider is attached. The monthly rider rate is guaranteed for each policy at issue and can't be changed after issue.

Termination

This Rider will terminate on the earliest of:

1. The insured's attained age 121.
2. A termination as provided in the Restoration Period provision of the Rider.
3. The monthly due date following written request to terminate this Rider.
4. Policy termination or maturity.
5. The effective date of the exercise of the Life Protector Paid Up Rider, if attached to the policy.

IV. Reserve Methodology

The statutory reserve for the benefit prior to the younger insured's attained age 121 is equal to the larger of:

- 1) The UL CRVM reserve calculated in accordance with the NAIC Valuation of Life Insurance Policies Model Regulation (Regulation XXX as interpreted by Actuarial Guideline 38), and
- 2) The cash surrender value of the policy.

V. Nonforfeiture

There are no nonforfeiture values associated with this rider.

VI. Certification

The Company certifies that pricing assumptions are reasonable and, in our judgment, self-supporting and that assumptions do not discriminate between new issues and in-force policies.



Thomas A. Doruska, FSA, MAAA
VP – Life Product Management

Date: October 2, 2009

Appendix A

NLG Per 1000 of NAR charge										
Issue Age	M/Pfd+	M/Pfd NT	M/NT	M/Pfd TB	M/TB	F/Pfd+	F/Pfd NT	F/NT	F/PT	F/TB
18	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
19	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
20	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
21	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
22	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
23	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
24	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
25	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
26	0.19	0.18	0.20	0.19	0.28	0.20	0.16	0.18	0.17	0.25
27	0.19	0.19	0.21	0.19	0.28	0.20	0.16	0.18	0.17	0.25
28	0.19	0.19	0.21	0.19	0.28	0.20	0.17	0.19	0.17	0.25
29	0.20	0.20	0.22	0.20	0.28	0.21	0.17	0.20	0.18	0.25
30	0.21	0.22	0.23	0.20	0.28	0.21	0.18	0.21	0.19	0.26
31	0.21	0.24	0.24	0.21	0.29	0.22	0.19	0.22	0.20	0.26
32	0.23	0.26	0.26	0.22	0.29	0.24	0.21	0.24	0.22	0.27
33	0.24	0.28	0.27	0.24	0.30	0.25	0.23	0.26	0.24	0.28
34	0.26	0.31	0.29	0.26	0.31	0.27	0.26	0.28	0.27	0.29
35	0.29	0.34	0.31	0.30	0.32	0.30	0.30	0.30	0.30	0.31
36	0.31	0.38	0.33	0.34	0.34	0.34	0.34	0.33	0.35	0.34
37	0.35	0.42	0.36	0.40	0.36	0.38	0.39	0.37	0.40	0.37
38	0.39	0.47	0.38	0.46	0.39	0.43	0.46	0.41	0.46	0.41
39	0.43	0.52	0.41	0.55	0.43	0.49	0.53	0.45	0.54	0.46
40	0.49	0.58	0.44	0.65	0.47	0.56	0.61	0.50	0.63	0.52
41	0.54	0.64	0.47	0.78	0.52	0.64	0.71	0.56	0.73	0.59
42	0.61	0.71	0.51	0.92	0.58	0.74	0.82	0.62	0.85	0.68
43	0.69	0.79	0.54	1.09	0.65	0.85	0.94	0.69	0.99	0.78
44	0.77	0.87	0.58	1.29	0.73	0.97	1.08	0.76	1.15	0.90
45	0.86	0.96	0.62	1.53	0.83	1.11	1.24	0.84	1.33	1.04
46	1.17	1.30	0.88	1.61	0.97	1.24	1.38	0.96	1.41	1.13
47	1.47	1.61	1.15	1.72	1.14	1.39	1.53	1.08	1.55	1.26
48	1.75	1.91	1.42	1.88	1.33	1.55	1.71	1.22	1.73	1.45
49	2.01	2.18	1.70	2.07	1.56	1.74	1.90	1.37	1.96	1.68
50	2.26	2.43	1.98	2.30	1.81	1.95	2.12	1.53	2.24	1.97
51	2.44	2.62	2.19	2.56	2.09	2.07	2.24	1.62	2.57	2.30
52	2.58	2.79	2.40	2.87	2.40	2.18	2.36	1.72	2.94	2.69
53	2.70	2.92	2.56	3.21	2.74	2.31	2.50	1.80	3.37	3.12
54	2.79	3.02	2.72	3.59	3.10	2.44	2.64	1.90	3.84	3.61
55	2.87	3.11	2.86	4.00	3.50	2.57	2.78	2.00	4.37	4.14
56	3.04	3.28	3.05	4.46	3.92	2.82	3.03	2.25	4.94	4.73
57	3.23	3.48	3.26	4.95	4.37	3.08	3.29	2.50	5.56	5.36
58	3.42	3.67	3.49	5.48	4.85	3.36	3.57	2.80	6.23	6.05
59	3.65	3.90	3.74	6.05	5.36	3.66	3.87	3.11	6.95	6.79
60	3.92	4.18	4.03	6.65	5.89	3.98	4.18	3.45	7.72	7.57
61	4.16	4.41	4.30	7.30	6.46	4.36	4.57	3.84	8.53	8.41

Appendix A

NLG Per 1000 of NAR charge										
Issue Age	M/Pfd+	M/Pfd NT	M/NT	M/Pfd TB	M/TB	F/Pfd+	F/Pfd NT	F/NT	F/PT	F/TB
62	4.49	4.73	4.63	7.98	7.05	4.76	4.98	4.29	9.40	9.29
63	4.92	5.14	5.05	8.70	7.67	5.18	5.41	4.76	10.31	10.23
64	5.46	5.67	5.62	9.45	8.32	5.65	5.89	5.26	11.28	11.21
65	6.16	6.35	6.35	10.25	9.00	6.09	6.34	5.79	12.29	12.25
66	6.80	7.03	7.26	10.92	9.84	7.06	7.36	6.74	13.17	13.20
67	7.62	7.89	8.35	11.63	10.71	8.04	8.39	7.71	14.08	14.15
68	8.60	8.92	9.69	12.39	11.62	9.09	9.49	8.75	15.03	15.10
69	9.82	10.20	11.24	13.17	12.54	10.23	10.69	9.91	16.00	16.05
70	11.24	11.70	13.06	14.00	13.50	11.45	11.98	11.15	17.01	17.00
71	12.21	12.72	14.85	14.85	14.49	12.42	12.99	12.05	18.04	17.95
72	13.21	13.77	16.77	15.73	15.50	13.39	14.01	12.96	19.11	18.90
73	14.21	14.82	18.77	16.65	16.55	14.39	15.05	13.86	20.21	19.85
74	15.16	15.82	20.78	17.59	17.62	15.40	16.10	14.73	21.34	20.80
75	16.00	16.71	22.68	18.58	18.72	16.42	17.17	15.57	22.50	21.75
76		18.75	24.90	19.79	18.93		17.76	16.03	23.31	22.70
77		21.08	27.45	20.99	19.15		18.93	17.04	24.12	23.65
78		23.72	30.35	22.20	19.36		20.68	18.68	24.93	24.60
79		26.65	33.58	23.41	19.58		23.02	21.05	25.74	25.55
80		29.89	37.16	24.62	19.79		25.95	24.24	26.55	26.50
81		33.42	41.08	25.82	20.00		29.46	28.32	27.36	27.45
82		37.26	45.33	27.03	20.22		33.55	33.41	28.17	28.40
83		41.39	49.93	28.24	20.43		38.23	39.57	28.98	29.35
84		45.83	54.86	29.44	20.65		43.50	46.91	29.79	30.30
85		50.56	60.14	30.65	20.86		49.51	55.52	30.60	31.25