Filing at a Glance

Company: The Union Central Life Insurance Company

Product Name: DI 2009	SERFF Tr Num: UNNC-126286959	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 43761
Sub-TOI: H11I.004 Other	Co Tr Num: U4501NC	State Status: Approved-Closed
Filing Type: Form/Rate		Reviewer(s): Rosalind Minor
	Authors: Bobbie Cramer, Joanne Friend, Jenny Andrus	Disposition Date: 10/22/2009
	Date Submitted: 10/12/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: DI 2009
Project Number: U4501NC, et al.
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 10/22/2009

Deemer Date:
Submitted By: Joanne Friend
Filing Description:
Re: The Union Central Life Insurance Company
NAIC No. 0943-80837 FEIN No. 31-0472910

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 10/22/2009
Created By: Bobbie Cramer
Corresponding Filing Tracking Number:

Submission Form Identification: U4501NC AR, et al – Individual Disability Income Policies, Related Riders, Endorsements and Applications
Designation of Form as Individual or Group Market: Individual
General Description of Submission: Individual Disability Income policies, related riders, endorsements and applications as shown on attached Exhibit A.

Issue Ages: 18-64

Enclosed for your review and approval are the new Disability Income policies, applicable rates and the forms shown in Exhibit A. Exhibit A also contains a description of each form, the form it is intended to replace, and its flesch score. These forms are being submitted for use with new issues only. Also included is a brief description of the above-referenced forms and applications (Exhibit B), as well as the Actuarial Memorandum.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

The enclosed forms were submitted concurrently to our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52339 or via email at: jfriend@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Joanne Friend

Company and Contact

Filing Contact Information

Joanne Friend, Supervisor, Contract Analysts
1876 Waycross Road
PO Box 40888
Cincinnati, OH 45240

jfriend@unioncentral.com
513-595-2339 [Phone] 52339 [Ext]
513-595-2918 [FAX]

Filing Company Information

The Union Central Life Insurance Company	CoCode: 80837	State of Domicile: Nebraska
5900 O Street	Group Code: 943	Company Type:
PO Box 81889	Group Name:	State ID Number:
Lincoln, NE 68510	FEIN Number: 31-0472910	
(513) 595-2339 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00

SERFF Tracking Number:	*UNNC-126286959*	*State:*	*Arkansas*
Filing Company:	*The Union Central Life Insurance Company*	*State Tracking Number:*	*43761*
Company Tracking Number:	*U4501NC*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.004 Other*
Product Name:	*DI 2009*		
Project Name/Number:	*DI 2009/U4501NC, et al.*		
Retaliatory?	No		
Fee Explanation:	$50/submission		
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Union Central Life Insurance Company	$50.00	10/12/2009	31225616

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/22/2009	10/22/2009

Disposition

Disposition Date: 10/22/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Exhibit A	Approved-Closed	No
Supporting Document	Statement of Variabilities	Approved-Closed	Yes
Supporting Document	Complaint Notice	Approved-Closed	Yes
Supporting Document	Guaranty Association Notice	Approved-Closed	Yes
Form	Noncancelable Disability Income Policy	Approved-Closed	Yes
Form	Guaranteed Renewable Disability Income Policy	Approved-Closed	Yes
Form	Outline of Coverage - NC	Approved-Closed	Yes
Form	Outline of Coverage - GR	Approved-Closed	Yes
Form	Automatic Increase Rider	Approved-Closed	Yes
Form	Basic Residual Disability Rider	Approved-Closed	Yes
Form	Catastrophic Disability Rider	Approved-Closed	Yes
Form	Cost of Living Adjustment Rider - 3% Simple	Approved-Closed	Yes
Form	Cost of Living Adjustment Rider - 6% Compound	Approved-Closed	Yes
Form	Enhanced Residual Disability Rider	Approved-Closed	Yes
Form	Future Increase Option Rider	Approved-Closed	Yes
Form	Social Insurance Substitute Rider	Approved-Closed	Yes
Form	Managerial Duties Endorsement	Approved-Closed	Yes
Form	Pension Complete Endorsement	Approved-Closed	Yes
Form	Suspension During Unemployment Endorsement	Approved-Closed	Yes
Form	Application for Reinstatement - Disability Income	Approved-Closed	Yes
Form	Disability Income - Policy Details	Approved-Closed	Yes
Form	Application for Policy Change - Disability Income	Approved-Closed	Yes
Form	Application for Benefit Increase - Disability Income (GSI)	Approved-Closed	Yes
Form	Application for Disability Income GSI - Policy Details	Approved-Closed	Yes

Form	Application for Disability Income GSI - Agreement	Approved-Closed	Yes
Rate	CR6A - 365 Day	Approved-Closed	Yes
Rate	CR6M - 365 Day	Approved-Closed	Yes
Rate	GR6ALVL1YR - 365 Day	Approved-Closed	Yes
Rate	GR6ALVL2YR - 365 Day	Approved-Closed	Yes
Rate	GR6ALVL5YR - 365 Day	Approved-Closed	Yes
Rate	GR6ALVL10YR - 365 Day	Approved-Closed	Yes
Rate	GR6ALVLT65 - 365 Day	Approved-Closed	Yes
Rate	GR6ALVLT67 - 365 Day	Approved-Closed	Yes
Rate	GR6ALVLT70 - 365 Day	Approved-Closed	Yes
Rate	GR6MLVL1YR - 365 Day	Approved-Closed	Yes
Rate	GR6MLVL2YR - 365 Day	Approved-Closed	Yes
Rate	GR6MLVL5YR - 365 Day	Approved-Closed	Yes
Rate	GR6MLVL10YR - 365 Day	Approved-Closed	Yes
Rate	GR6MLVLT65 - 365 Day	Approved-Closed	Yes
Rate	GR6MLVLT67 - 365 Day	Approved-Closed	Yes
Rate	GR6MLVLT70 - 365 Day	Approved-Closed	Yes
Rate	NC6ALVL1YR - 365 Day	Approved-Closed	Yes
Rate	NC6ALVL2YR - 365 Day	Approved-Closed	Yes
Rate	NC6ALVL5YR - 365 Day	Approved-Closed	Yes
Rate	NC6ALVL10YR - 365 Day	Approved-Closed	Yes
Rate	NC6ALVLT65 - 365 Day	Approved-Closed	Yes
Rate	NC6ALVLT67 - 365 Day	Approved-Closed	Yes
Rate	NC6ALVLT70 - 365 Day	Approved-Closed	Yes
Rate	NC6ASTPT65 - 365 Day	Approved-Closed	Yes
Rate	NC6ASTPT67 - 365 Day	Approved-Closed	Yes
Rate	NC6ASTPT70 - 365 Day	Approved-Closed	Yes
Rate	NC6MLVL1YR - 365 Day	Approved-Closed	Yes
Rate	NC6MLVL2YR - 365 Day	Approved-Closed	Yes
Rate	NC6MLVL5YR - 365 Day	Approved-Closed	Yes
Rate	NC6MLVL10YR - 365 Day	Approved-Closed	Yes
Rate	NC6MLVLT65 - 365 Day	Approved-Closed	Yes
Rate	NC6MLVLT67 - 365 Day	Approved-Closed	Yes
Rate	NC6MLVLT70 - 365 Day	Approved-Closed	Yes
Rate	NC6MSTPT65 - 365 Day	Approved-Closed	Yes

Rate	NC6MSTPT67 - 365 Day	Approved-Closed	Yes
Rate	NC6MSTPT70 - 365 Day	Approved-Closed	Yes

Form Schedule

Lead Form Number: U4501NC

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/22/2009	U4501NCAR	Policy/Contract/Fraternal Certificate	Noncancelable Disability Income Policy	Initial		50.000	U4501NCAR.pdf
Approved-Closed 10/22/2009	U4502GRAR	Policy/Contract/Fraternal Certificate	Guaranteed Renewable Disability Income Policy	Initial		50.000	U4502GRAR.pdf
Approved-Closed 10/22/2009	U4501NCOC	Outline of Coverage	Outline of Coverage - NC	Initial		50.000	U4501NCOC.pdf
Approved-Closed 10/22/2009	U4502GROC	Outline of Coverage	Outline of Coverage - GR	Initial		50.000	U4502GROC.pdf
Approved-Closed 10/22/2009	UAIR	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Automatic Increase Rider	Initial		50.000	UAIR.pdf
Approved-Closed 10/22/2009	UBRES	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorseme	Basic Residual Disability Rider	Initial		50.000	UBRES.pdf

		nt or Rider				
Approved-Closed 10/22/2009	UCAT	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Catastrophic Disability Rider	Initial	54.000	UCAT.pdf
Approved-Closed 10/22/2009	UCOLA3S	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cost of Living Adjustment Rider - 3% Simple	Initial	50.000	UCOLA3S.pdf
Approved-Closed 10/22/2009	UCOLA6C	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Cost of Living Adjustment Rider - 6% Compound	Initial	60.000	UCOLA6C.pdf
Approved-Closed 10/22/2009	UERES	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Enhanced Residual Disability Rider	Initial	50.000	UERES.pdf
Approved-	UFIO	Policy/Cont	Future Increase	Initial	50.000	UFIO.pdf

Closed 10/22/2009		ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Option Rider			
Approved-Closed 10/22/2009	USIS	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Social Insurance Substitute Rider	Initial	50.000	USIS.pdf
Approved-Closed 10/22/2009	UMDE	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Managerial Duties Endorsement	Initial	50.000	UMDE.pdf
Approved-Closed 10/22/2009	UPCE	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Pension Complete Endorsement	Initial	50.000	UPCE.pdf
Approved-Closed 10/22/2009	USDUE	Policy/Contract/Fraternal	Suspension During Unemployment Endorsement	Initial	51.000	USDUE.pdf

		Certificate: Amendment, Insert Page, Endorsement or Rider				
Approved-Closed 10/22/2009	UN 2387	Application/Enrollment Form	Application for Reinstatement - Disability Income	Initial	63.000	UN 2387.pdf
Approved-Closed 10/22/2009	UN 2550-1 DI	Application/Enrollment Form	Disability Income - Policy Details	Initial	60.000	UN 2550-1 DI.pdf
Approved-Closed 10/22/2009	UN 2852 B H	Application/Enrollment Form	Application for Policy Change - Disability Income	Initial	50.000	UN 2852 B H.pdf
Approved-Closed 10/22/2009	UN 3470	Application/Enrollment Form	Application for Benefit Increase - Disability Income (GSI)	Initial	78.000	UN 3470.pdf
Approved-Closed 10/22/2009	UN 4348 PD	Application/Enrollment Form	Application for Disability Income GSI - Policy Details	Initial	72.000	UN 4348 PD.pdf
Approved-Closed 10/22/2009	UN 4348 AG	Application/Enrollment Form	Application for Disability Income GSI - Agreement	Initial	54.000	UN 4348 AG.pdf

The Union Central Life Insurance Company

A Stock Company...Client Service Office: 1876 Waycross Road, P.O. Box 40888, Cincinnati, Ohio 45240

Insured:	John Doe
Policy Number:	N12345678D
Policy Date:	July 1, 2009
Issue Date:	July 1, 2009

We promise to pay the benefits according to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

NONCANCELABLE AND GUARANTEED RENEWABLE TO AGE 65

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between the *owner* and Union Central.

RIGHT TO EXAMINE. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning and any premiums paid will be refunded.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

SPECIMEN

President

Disability Income Policy
Nonparticipating

UnionCentral
A UNIFI Company

U4501NC AR

TABLE OF CONTENTS

Schedule of Benefits and Premium Summary		3
Part I	**Definitions**	4
Part II	**Benefit Provisions**	
	Benefit for Total Disability.	5
	Physician Care Requirement	5
	Successive Periods of Total Disability	5
	Concurrent Disabilities	5
	Presumptive Total Disability	5
	Surgical Transplant	6
	Cosmetic Surgery	6
	Rehabilitation	6
	Treatment of Nondisabling Injuries.	6
	Waiver of Premium	6
	Good Health Benefit	6
	Survivor Benefit	6
	COBRA Premium Benefit	7
Part III	**Exceptions/Limitations**	
	War.	7
	Self Inflicted Injury	7
	Incarceration.	7
	Loss or Suspension of License	7
	Residence	7
	Pregnancy	7
	Mental/Nervous Disorders, Alcoholism, and/or Drug Abuse	7
	Pre-existing Conditions	7
Part IV	**Premium and Renewal Provisions**	
	Payment of Premiums.	8
	Grace Period.	8
	Reinstatement	8
	Noncancelable and Guaranteed Renewable to Age 65	8
	Conditionally Renewable for Life; Subject to Premium Change	8
	Suspension During Service in the Armed Forces	9
Part V	**How to File a Claim**	
	Notice of Claim	9
	Claim Forms.	9
	Proof of Loss.	9
	Time of Loss.	9
	Time of Payment of Claims	9
	Payment of Claims	9
	Medical Examination	9
	Legal Actions	9
	Fraud	9
Part VI	**General Provisions**	
	Incontestability	10
	Policy Ownership	10
	Misstatement of Age and Gender	10
	Entire Contract	10
	Non-Participating Policy	10
	Headings	10
	Conformity with State Statutes.	10
	Duty to Cooperate	10
	Termination	10

POLICY SCHEDULE

Policy Number:	[N12345678D]
Insured:	[John Doe]
Issue Age and Gender:	[35], [Male]
Occupational Class:	[6A]
Risk Class:	[Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2009]
Issue Date:	[July 1, 2009]
Expiry Date:	[July 1, 2039]

As of the Expiry Date, *your* policy is Conditionally Renewable for Life at the premium then in effect.

POLICY SCHEDULE

Base Policy Information	
Base Monthly Benefit	$[2,000.00]
Elimination Period	[90] Days
Maximum Benefit Period	
[For Total Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]
Treatment of Nondisabling Injuries	
Maximum Amount Per Event	$[1,000.00]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000.00
COBRA Maximum Benefit Period	18 Months
MNDA Benefit Period	[Lifetime maximum: 60 Months]
Rider Information	
Enhanced Residual Disability Rider	
Cost of Living Adjustment Rider	Max 6%
Automatic Increase Rider	
Monthly Benefit Increase	$[80.00]
Future Increase Option Rider	
Total Maximum Increase	$[2,000.00]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[1,000.00]
SIS Elimination Period	[180] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[1,000.00]
Catastrophic Elimination Period	[90] Days
Catastrophic Maximum Benefit Period	
[For Catastrophic Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]

DEFINITION OF TOTAL DISABILITY

[**Total Disability or Totally Disabled** means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the material and substantial *duties* of *your* occupation. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at that time, *your* occupation means any occupation *you* are able to do based on *your* education, training and experience.]

POLICY SCHEDULE

Premium Information

Base Policy	$[487.80]
Enhanced Residual Disability Rider	$[106.25]
Cost of Living Adjustment Rider	$[146.03]
Automatic Increase Rider	NONE
Future Increase Option Rider	$[64.96]
Social Insurance Substitute Rider	$[105.20]
Catastrophic Disability Rider	$[31.20]
Subtotal	$[901.44]
Policy Fee	$[40.00]
Total [**Annual**] Premium	$[941.44]

Modal Premium Options

Mode	Premium
Annual	$[941.44]
Semiannual	$[482.73]
Quarterly	$[247.38]
Monthly	$[81.53]

Automatic Increase Rider Summary

Effective Date	**Base Monthly Benefit**	[**Annual**] **Premium**
[07/01/2009	$2,000	$941.44]
[07/01/2010	$2,080	$968.63]
[07/01/2011	$2,160	$997.03]
[07/01/2012	$2,240	$1,026.66]
[07/01/2013	$2,320	$1,057.59]
[07/01/2014	$2,400	$1,089.81]

The premiums shown may be different when billed, if there are benefit or rider changes to this policy.

PART I: DEFINITIONS

(Defined terms appear in italics throughout this policy.)

AGE. Means *your age* on *your* last birthday. When *we* use "*age*" followed by a number, such as *age* 65, *we* are referring to the policy anniversary on or after *your* 65th birthday.

BASE MONTHLY BENEFIT. Means the amount paid under the terms of this policy for each month *you* are *totally disabled* after the *elimination period*. This amount is shown on the *schedule*.

CLIENT SERVICE OFFICE. Means The Union Central Life Insurance Company, located at 1876 Waycross Road, Cincinnati, Ohio 45240 (mailing address is P.O. Box 40888, Cincinnati, Ohio 45240).

DUTIES. Means all functions that *you* were performing before the onset of a disability.

ELIMINATION PERIOD. Means the period of time *you* must be *totally disabled* before *we* start paying benefits. Benefits will not accrue or be payable during the *elimination period*. This period is shown on the *schedule*.

HOSPITAL. Means an institution licensed by law as a facility which:

(1) is primarily engaged in providing in-patient medical care for diagnosis and treatment of *injuries* or *sickness*, and charges a fee for such care; and
(2) is staffed by physicians on the premises; and
(3) provides services by registered graduate nurses 24 hours a day.

In no event will this include any institution which is:

(1) run mainly as a rest, nursing or convalescent home; or
(2) primarily operating for the care of the elderly; or
(3) is engaged in the education of its patients.

IN FORCE. Means premiums have been paid when due and *you* remain insured under the terms of this policy.

INJURY. Means any accidental bodily harm caused by a singular and distinct event occurring while this policy is *in force* and that is not contributed to by *sickness*.

ISSUE DATE. Means the date on which coverage begins. This date is shown on the *schedule*.

LAPSE. Means a premium is in default and *you* are no longer insured under this policy.

LOSS. Means an *injury*, *sickness* or disability that occurs while this policy is *in force* upon which a claim is based.

MAXIMUM BENEFIT PERIOD. Means the maximum length of time *we* will pay *you* a *base monthly benefit* as long as *you* are *totally disabled*. This period is shown on the *schedule*.

MENTAL/NERVOUS DISORDERS. Means any disorder (except dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of the period of disability. Such disorders include, but are not limited to, psychotic, emotional, or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a period of disability.

OWNER. Means *you*, the insured, unless *our* records show otherwise. The rights of the *owner* are described in Part VI of this policy.

PHYSICIAN. Means a person (other than *you*, a member of *your* family, a business or professional partner or any person with whom *you* share a financial or business interest) licensed by law in the state in which he or she practices and who is practicing within the scope of such license to treat *injury* or *sickness*. If a *loss* is due to *mental/nervous disorders*, the *physician* must be a board-certified psychiatrist or a licensed doctoral-level psychologist.

POLICY DATE. Means the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on the *schedule*.

PROOF. Means records and statements, including but not limited to tax records, medical records, employment records, and financial records.

SCHEDULE. Means the policy *schedule* or revised policy *schedule* most recently sent to *you* by *us* that includes a summary of *your* benefits and premiums.

SICKNESS. Means any illness or disease first manifested while this policy is *in force*, including complications due to pregnancy or childbirth.

TOTAL DISABILITY OR TOTALLY DISABLED. This is defined on the *schedule*.

WE, OUR, US. Means The Union Central Life Insurance Company.

YOU, YOUR. Means the person insured under this policy as shown on the *schedule*.

PART II: BENEFIT PROVISIONS

BENEFIT FOR TOTAL DISABILITY. If *your total disability* begins while this policy is *in force*, *we* will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* after the *elimination period*. Payments will not be made for more than the *maximum benefit period* shown on the *schedule*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for disability benefits or for *us* to waive premium under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. Successive periods of *total disability* will be considered as one period if:

(1) they are caused by the same or related conditions; and
(2) they are separated by less than 365 days; and
(3) they each begin while this policy is *in force*.

All other periods of *total disability* will be considered separate and not successive periods of *total disability*.

For successive periods of *total disability*:

(1) *you* will not be required to satisfy a new *elimination period*, if already satisfied; and
(2) the *maximum benefit period* will not start over; and
(3) the accumulated successive periods of *total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

CONCURRENT DISABILITIES. Disabilities arising from more than one cause at the same time will be treated as a single disability and benefits will not exceed those that would have been paid for any one cause.

PRESUMPTIVE TOTAL DISABILITY. *We* will also consider *you totally disabled* if, while this policy is *in force*, *you* sustain the total loss of:

(1) the sight in both eyes; or
(2) the hearing in both ears; or
(3) speech; or
(4) the use of both hands; or
(5) the use of both feet; or
(6) the use of one hand and one foot.

We will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* due to one of the specific losses shown above. Payments will not be made for more than the *maximum benefit period*. However:

(1) benefits will begin to accrue from the date of the specific loss instead of after the *elimination period*; and
(2) *you* may work at any occupation and still receive benefits; and
(3) *you* must meet the Physician Care Requirement in Part II of this policy; and
(4) *base monthly benefit* payments will end if the specific loss is recovered; and
(5) *total disability* must begin while this policy is *in force*.

SURGICAL TRANSPLANT. While this policy is *in force*, if a *total disability* results from transplanting a part of *your* body to the body of another person, *we* will consider *you totally disabled* due to *sickness*, provided the transplant occurs more than six months after the *issue date*. In this instance, the *elimination period* will be waived.

COSMETIC SURGERY. While this policy is *in force*, if a *total disability* results from cosmetic surgery to correct a disfigurement or to improve *your* appearance, *we* will consider *you totally disabled* due to *sickness*, provided the cosmetic surgery occurs more than six months after the *issue date*.

REHABILITATION. *We* will not consider *you* recovered from a *total disability* just because *you* participate in a program of occupational rehabilitation. *You* may request or *we* may suggest that *you* participate in a formal, supervised rehabilitation program designed to help *you* return to an occupation.

If *we* mutually agree that such a program is appropriate, *we* will pay expenses as set forth in a signed, written agreement between *you* and *us*.

TREATMENT OF NONDISABLING INJURIES. If *you* suffer an *injury* while this policy is *in force* that requires medical treatment prescribed by a *physician*, or the repair to natural teeth prescribed by a dentist, *we* will pay the expense of such treatment:

(1) only for expenses incurred while this policy is *in force* within 90 days from the *injury* date; and
(2) only if a claim is submitted within 365 days from the *injury* date; and
(3) provided no other benefits are payable under this policy or any of its riders.

We will pay *you* for such expenses up to the maximum amount shown on the *schedule* for this benefit subject to the following:

(1) if *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than a total of 100% of the expense incurred under all policies; and
(2) if a nondisabling *injury* develops into a disability for which monthly disability benefits are paid, any benefits which have been paid under this provision will be offset against the monthly disability benefits.

WAIVER OF PREMIUM. *You* must continue to pay premium until *your* claim has been approved by *us*. *We* will waive any premium on this policy as it comes due, until *total disability* ends, beginning with the date *your* claim is approved but not before 90 days of continuous *total disability*. Once *we* start waiving premium, *we* will also refund any premium *you* have paid on or after the date *you* became *totally disabled*.

GOOD HEALTH BENEFIT. For every policy year *you* complete without receiving any benefits under this policy, *we* will reduce the *elimination periods* shown on the *schedule* by two days. In no case will this benefit reduce any *elimination period* to less than 30 days.

SURVIVOR BENEFIT. If *you* die after satisfying the *elimination period* and while monthly disability benefits are being paid under this policy, *we* will pay an additional three months of *base monthly benefit*, as shown on the *schedule*. This benefit is in addition to any other benefit of this policy. This benefit is payable to *your* designated beneficiary, if any, otherwise, to *your* estate.

COBRA PREMIUM BENEFIT. *We* will reimburse the premium paid by *you* for medical coverage provided under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 and any subsequent amendments, beginning with the first premium due after *you* satisfy the *elimination period* of this policy, not to exceed the COBRA maximum monthly benefit shown on the *schedule*, if:

(1) *you* are receiving monthly disability benefits under this policy; and
(2) *you* became unemployed due to *your* disability and, as a result, *you* are paying premium to continue medical coverage under that employer's health or medical plan as provided for under COBRA.

We will reimburse *you*, for each month that *you* submit *proof* of the premium that *you* have paid for COBRA medical coverage, as long as *you* continue to receive monthly disability benefits under this policy, not to exceed the COBRA *maximum benefit period* shown on the *schedule*. All *proof* must be submitted within 365 days from the date the expense was incurred.

If *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than 100% of the COBRA premium expense incurred monthly under all policies.

PART III: EXCEPTIONS/LIMITATIONS

WAR. Benefits are not payable for a *sickness*, *injury* or disability caused or contributed to by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months.

SELF-INFLICTED INJURY. Benefits are not payable for *sickness*, *injury* or disability resulting from an intentionally self-inflicted *injury*.

INCARCERATION. Benefits are not payable during any period *you* are incarcerated.

LOSS OR SUSPENSION OF LICENSE. Except as a direct result of a *sickness* or *injury*, benefits are not payable if *you* are prevented from engaging in *your* occupation as the result of suspension, revocation, or surrender of *your* professional or occupational license or certification.

RESIDENCE. While *you* reside outside of the United States, *we* will not pay benefits for more than twelve months during the lifetime of this policy.

PREGNANCY. Benefits are not payable for normal pregnancy or childbirth until *you* have been disabled for 90 days.

MENTAL/NERVOUS DISORDERS, ALCOHOLISM, AND/OR DRUG ABUSE (MNDA). For each month *you* are *totally disabled*, *we* will not pay benefits for disabilities caused by or contributed to by *mental/nervous disorders*, alcoholism and/or drug abuse for more than the MNDA benefit period shown on the *schedule*, regardless of the *maximum benefit period* for *total disability* shown on the *schedule*. However, for each month *you* are *totally disabled*, *we* will pay benefits, subject to the *maximum benefit period* for *total disability* shown on the *schedule*, for *loss* caused by *mental/nervous disorders*, alcoholism and/or drug abuse for as long as *you* are thereby continuously confined in a *hospital* under the care of a *physician*.

PRE-EXISTING CONDITIONS. During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a pre-existing condition only if that condition is:

(1) fully disclosed and not misrepresented on this policy's application; and
(2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of this policy:

(1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
(2) a reasonably prudent person would have sought medical advice, care, or treatment.

PART IV: PREMIUM AND RENEWAL PROVISIONS

PAYMENT OF PREMIUMS. The first premium is due on the *policy date*. Subsequent premiums are payable on or before the date they are due. Premiums must be paid to *us* at *our client service office*. All premiums are payable in United States currency.

Your premium mode is shown on the *schedule*. *You* may request a change in the premium mode, subject to *our* approval. However, *you* may not change the mode of payment while receiving disability benefits.

If *we* accept a premium while this policy is *in force*, this policy will continue *in force* until the end of the period for which the premium was paid.

We will refund the unused portion of *your* premium in the event of *your* death.

GRACE PERIOD. A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period.

REINSTATEMENT. Within one year after this policy *lapses*, *we* will consider reinstatement of this policy upon payment of all past due premiums. *We* may require an application for reinstatement and evidence of insurability.

If *we* accept the past due premium with no further requirements, *we* will reinstate this policy effective the date the past due premium was received. If *we* require an application for reinstatement, this policy will be reinstated:

(1) when *we* approve *your* application; or
(2) 45 days after the date of the application unless *we* have refunded *your* premium and notified *you* in writing of *our* denial.

Following reinstatement, *your* policy will cover only:

(1) an *injury* that occurs after the date of reinstatement; or
(2) a *sickness* beginning more than 10 days after the date of reinstatement.

All other rights of the policy will remain the same except for changes made to the policy as a result of reinstatement.

NONCANCELABLE AND GUARANTEED RENEWABLE TO AGE 65. *You* have the right to continue this policy to *age* 65 by paying the premium as due. Until *age* 65, *we* shall not:

(1) cancel this policy except for nonpayment of premium; nor
(2) increase the premium; nor
(3) add any restrictions.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. *You* may renew this policy on each policy anniversary from *age* 65 for life, if, at the time of renewal:

(1) *you* are not receiving a benefit under this policy or any attached rider; and
(2) *you* are actively working at least 30 hours each week for wage or profit; and
(3) the policy is *in force* with no premium in default; and
(4) *you* pay the premium in effect for *your age* at that time; and
(5) *you* furnish *proof* of *your* current income.

If this policy is renewed under this provision, only the benefit for *total disability* will be renewed. At the time of renewal, all exclusion riders, limitations, exceptions, endorsements, and ratings will be renewed and remain part of this policy, unless specified otherwise. All other non-exclusion riders attached to this policy and *in force* at *age* 65 are non-renewable and will terminate according to the terms of those riders.

SUSPENSION DURING SERVICE IN THE ARMED FORCES. If *you* are on active duty in any armed forces for more than 30 days, *you* have the option to suspend this policy. During such suspension:

(1) the provisions of this policy will not be in effect; and
(2) the incontestability period in Part VI of this policy shall be tolled; and
(3) premium payments shall not be required.

You must request this suspension in writing. *We* will refund the part of any premium paid beyond *your* active duty date. If *your* active service ends before *you* reach *age* 65, *you* may reinstate this policy within 90 days after *your* active service ends. *We* must receive *your* request in writing along with *your* deactivation notice and payment of the premium due for coverage until the next premium due date. *We* will reinstate this policy effective the date premium is received. This policy will not cover *loss* from injuries which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, *you* and *we* shall have the same rights under this policy as each had before it was suspended.

PART V: HOW TO FILE A CLAIM

NOTICE OF CLAIM. A claim must be sent to *us* in writing within 30 days after *loss*, or as soon as reasonably possible, thereafter. The notice of claim should be submitted to *us* at *our client service office* and must include *your* name and policy number.

CLAIM FORMS. When *we* receive *your* notice of claim, *we* will send *you* forms for filing *your proof* of *loss*. If *we* don't send these forms to *you* within 15 days after receipt of *your* notice of claim, *you* may meet the *proof* of *loss* by giving *us* a written statement describing the nature and extent of *your loss*. *You* should send it to *us* within the time limit stated below.

PROOF OF LOSS. It is *your* responsibility, at *your* expense, to submit to *us* written *proof* of *loss* within 90 days after the date of *loss*. If *you* are not able to send it within that time, it may be sent as soon as reasonably possible thereafter without affecting *your* claim. The additional time allowed cannot exceed one year unless *you* are legally incapacitated. *We* may request additional *proof* of *loss* as often as *we* deem necessary.

TIME OF LOSS. A *loss* must occur while this policy is *in force*.

TIME OF PAYMENT OF CLAIMS. *We* will pay disability benefits due, in arrears, on a monthly basis, beginning the later of:

(1) one month after the end of the *elimination period*; or
(2) the date all *proof* of *loss* has been received and *your* claim has been approved by *us*.

Benefits for any other *loss* will be paid as soon as *we* receive proper written *proof*.

PAYMENT OF CLAIMS. All benefits payable under this policy will be paid to the *owner*, unless assigned to another person.

If the person who is to receive payments is dead or incompetent, *we* will make the payments to the legal representative for the property of that person. If no legal representative exists, *we* may make payment to any relative of that person *we* consider to be justly entitled to payment. If *we* do this, *we* will be discharged to the extent of such payment made in good faith. The amount *we* pay will not exceed $5,000 or, if greater, the limit allowed by state law for payments of this kind.

Payment of monthly benefits for a period of less than one month will be at the daily rate of 1/30 of the applicable monthly benefit.

MEDICAL EXAMINATION. *We* have the right, at *our* expense, to obtain other medical opinions from, or have *you* examined by, *physicians* of *our* choice as often as is reasonably necessary.

LEGAL ACTIONS. No legal action may be brought to recover on this policy within 60 days after written *proof* of *loss* has been given as required by this policy. No such action may be brought after three years from the time written *proof* of *loss* is required to be given. All actions must be brought in either a state or federal court within the United States.

FRAUD. In the event this policy and any rider, benefit, or reinstatement of this policy is procured by fraud or a claim is made with intent to deceive, this policy will be void. This provision shall control over all other policy provisions.

PART VI: GENERAL PROVISIONS

INCONTESTABILITY. After three years from the *issue date* of this policy or the effective date of any change to this policy or reinstatement, only fraudulent misstatements in the application may be used to void this policy or any change to this policy for *loss* incurred or disability that starts after the three-year period. However, for disabilities that start prior to the three-year period, *we* may void *your* policy if *you* made material misrepresentations in *your* application.

Applications include, but are not limited to, the application for this policy and those used for reinstatement or policy changes.

POLICY OWNERSHIP. *You* are the *owner* of this policy unless *our* records show otherwise. The *owner* has the right to:

(1) receive any benefits due under this policy; and
(2) assign this policy; and
(3) exercise other rights that this policy provides, or that *we* permit.

MISSTATEMENT OF AGE AND GENDER. If *your age* or gender has been misstated, *your* benefits will be adjusted to reflect the amount *your* premium would have purchased at *your* correct *age* and gender. If, however, no coverage would have been issued at the correct *age*, *you* will not be covered and *we* will refund all premiums paid.

ENTIRE CONTRACT. The entire contract consists of:

(1) this policy; and
(2) any riders; and
(3) any endorsements; and
(4) the attached copy of the application, and any amendments or supplemental applications; and
(5) the applicable *schedule(s)*.

No change in this policy will be effective until approved by one of *our* authorized officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

NONPARTICIPATING POLICY. This policy is nonparticipating. No dividends will be paid under this policy.

HEADINGS. The paragraph headings in this policy are included for convenience only and do not modify or control the scope of any of the provisions of this policy.

CONFORMITY WITH STATE STATUTES. If any provisions of this policy are in conflict with the laws of the state where *you* reside on the *issue date* of the policy, those provisions are amended to conform to the minimum requirements of those laws.

DUTY TO COOPERATE. *You* have the duty to cooperate with *us* concerning all matters relating to this policy and any claims thereunder. This cooperation includes, but is not limited to:

(1) submitting all required forms and other documentation according to this policy's provisions; and
(2) mitigating all covered expenses; and
(3) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefit under this policy is based. This includes such corrective/remedial surgery or generally accepted medical procedures which to an ordinarily prudent person would appear medically reasonable for such condition(s).

TERMINATION. This policy terminates on the earlier of the following:

(1) the expiry date shown on the *schedule*, unless *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(2) the end of the period for which premium has been paid, if premium is not paid by the end of the grace period; or
(3) the date *we* receive the *owner's* written request to terminate the policy; or
(4) the date of *your* death.

Disability Income Policy
Nonparticipating

The Union Central Life Insurance Company

A Stock Company...Client Service Office: 1876 Waycross Road, P.O. Box 40888, Cincinnati, Ohio 45240

Insured:	John Doe
Policy Number:	G12345678D
Policy Date:	July 1, 2009
Issue Date:	July 1, 2009

We promise to pay the benefits according to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

GUARANTEED RENEWABLE TO AGE 65

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between the *owner* and Union Central.

RIGHT TO EXAMINE. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning and any premiums paid will be refunded.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

SPECIMEN

President

Disability Income Policy
Nonparticipating

UnionCentral
A UNIFI Company

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TABLE OF CONTENTS

Schedule of Benefits and Premium Summary		3
Part I	**Definitions**	4
Part II	**Benefit Provisions**	
	Benefit for Total Disability.	5
	Benefit for Partial Disability.	5
	Physician Care Requirement	5
	Successive Periods of Total Disability	6
	Concurrent Disabilities	6
	Presumptive Total Disability	6
	Surgical Transplant	6
	Cosmetic Surgery	6
	Rehabilitation	6
	Treatment of Nondisabling Injuries.	6
	Waiver of Premium	7
	Good Health Benefit	7
	Survivor Benefit	7
	COBRA Premium Benefit	7
Part III	**Exceptions/Limitations**	
	War.	7
	Self Inflicted Injury	7
	Incarceration.	7
	Loss or Suspension of License	8
	Residence	8
	Pregnancy	8
	Mental/Nervous Disorders, Alcoholism, and/or Drug Abuse	8
	Pre-existing Conditions	8
Part IV	**Premium and Renewal Provisions**	
	Payment of Premiums.	8
	Grace Period.	8
	Reinstatement	8
	Guaranteed Renewable to Age 65	9
	Premium Rates Subject to Change	9
	Conditionally Renewable for Life; Subject to Premium Change	9
	Suspension During Service in the Armed Forces	9
Part V	**How to File a Claim**	
	Notice of Claim	9
	Claim Forms.	9
	Proof of Loss.	10
	Time of Loss.	10
	Time of Payment of Claims	10
	Payment of Claims	10
	Medical Examination	10
	Legal Actions	10
	Fraud	10
Part VI	**General Provisions**	
	Incontestability	10
	Policy Ownership	10
	Misstatement of Age and Gender	10
	Entire Contract	11
	Non-Participating Policy	11
	Headings	11
	Conformity with State Statutes.	11
	Duty to Cooperate	11
	Termination	11

POLICY SCHEDULE

Policy Number:	[G12345678D]
Insured:	[John Doe]
Issue Age and Gender:	[35], [Male]
Occupational Class:	[6A]
Risk Class:	[Nontobacco]
Owner:	[John Doe]
Policy Date:	[July 1, 2009]
Issue Date:	[July 1, 2009]
Expiry Date:	[July 1, 2039]

As of the Expiry Date, *your* policy is Conditionally Renewable for Life at the premium then in effect.

POLICY SCHEDULE

Base Policy Information	
Base Monthly Benefit	$[2,000.00]
Elimination Period	[90] Days
Maximum Benefit Period	
[For Total Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]
Parital Disability Benefit	
Partial Maximum Benefit Period	12 Months
Treatment of Nondisabling Injuries	
Maximum Amount Per Event	$[1,000.00]
COBRA Premium Benefit	
COBRA Maximum Monthly Benefit	$1,000.00
COBRA Maximum Benefit Period	18 Months
MNDA Benefit Period	[Lifetime maximum: 24 Months]
Rider Information	
Basic Residual Disability Rider	
Cost of Living Adjustment Rider	3% Simple
Automatic Increase Rider	
Monthly Benefit Increase	$[80.00]
Future Increase Option Rider	
Total Maximum Increase	$[2,000.00]
Social Insurance Substitute Rider	
SIS Monthly Benefit	$[1,000.00]
SIS Elimination Period	[180] Days
Catastrophic Disability Rider	
Catastrophic Monthly Benefit	$[1,000.00]
Catastrophic Elimination Period	[90] Days
Catastrophic Maximum Benefit Period	
[For Catastrophic Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]

DEFINITION OF TOTAL DISABILITY

[**Total Disability or Totally Disabled** means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the material and substantial *duties* of *your* occupation. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at that time, *your* occupation means any occupation *you* are able to do based on *your* education, training and experience.]

POLICY SCHEDULE

Premium Information

Base Policy	$[456.60]
Basic Residual Disability Rider	$[15.00]
Cost of Living Adjustment Rider	$[76.65]
Automatic Increase Rider	NONE
Future Increase Option Rider	$[48.99]
Social Insurance Substitute Rider	$[93.00]
Catastrophic Disability Rider	$[26.50]
Subtotal	$[676.74]
Policy Fee	$[40.00]
Total [**Annual**] Premium	$[716.74]

Modal Premium Options

Mode	Premium
Annual	$[716.74]
Semiannual	$[368.15]
Quarterly	$[188.96]
Monthly	$[62.20]

Automatic Increase Rider Summary

Effective Date	**Base Monthly Benefit**	[**Annual**] **Premium**
[07/01/2009	$2,000	$716.74]
[07/01/2010	$2,080	$737.24]
[07/01/2011	$2,160	$758.63]
[07/01/2012	$2,240	$780.94]
[07/01/2013	$2,320	$804.20]
[07/01/2014	$2,400	$828.40]

The premiums shown may be different when billed, if there are benefit or rider changes to this policy.

PART I: DEFINITIONS

(Defined terms appear in italics throughout this policy.)

AGE. Means *your age* on *your* last birthday. When *we* use "*age*" followed by a number, such as *age* 65, *we* are referring to the policy anniversary on or after *your* 65th birthday.

BASE MONTHLY BENEFIT. Means the amount paid under the terms of this policy for each month *you* are *totally disabled* after the *elimination period*. This amount is shown on the *schedule*.

CLIENT SERVICE OFFICE. Means The Union Central Life Insurance Company, located at 1876 Waycross Road, Cincinnati, Ohio 45240 (mailing address is P.O. Box 40888, Cincinnati, Ohio 45240).

DUTIES. Means all functions that *you* were performing before the onset of a disability.

ELIMINATION PERIOD. Means the period of time *you* must be *totally disabled* before *we* start paying benefits. Benefits will not accrue or be payable during the *elimination period*. This period is shown on the *schedule*.

HOSPITAL. Means an institution licensed by law as a facility which:

(1) is primarily engaged in providing in-patient medical care for diagnosis and treatment of *injuries* or *sickness*, and charges a fee for such care; and
(2) is staffed by physicians on the premises; and
(3) provides services by registered graduate nurses 24 hours a day.

In no event will this include any institution which is:

(1) run mainly as a rest, nursing or convalescent home; or
(2) primarily operating for the care of the elderly; or
(3) is engaged in the education of its patients.

IN FORCE. Means premiums have been paid when due and *you* remain insured under the terms of this policy.

INJURY. Means any accidental bodily harm caused by a singular and distinct event occurring while this policy is *in force* and that is not contributed to by *sickness*.

ISSUE DATE. Means the date on which coverage begins. This date is shown on the *schedule*.

LAPSE. Means a premium is in default and *you* are no longer insured under this policy.

LOSS. Means an *injury*, *sickness* or disability that occurs while this policy is *in force* upon which a claim is based.

MAXIMUM BENEFIT PERIOD. Means the maximum length of time *we* will pay *you* a *base monthly benefit* as long as *you* are *totally disabled*. This period is shown on the *schedule*.

MENTAL/NERVOUS DISORDERS. Means any disorder (except dementia resulting from stroke, trauma, infections or degenerative diseases, such as Alzheimer's disease) classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association, most current as of the start of the period of disability. Such disorders include, but are not limited to, psychotic, emotional, or behavioral disorders, or disorders relatable to stress or to substance abuse or dependency. If the DSM is discontinued or replaced, these disorders will be those classified in the diagnostic manual then in use by the American Psychiatric Association as of the start of a period of disability.

OWNER. Means *you*, the insured, unless *our* records show otherwise. The rights of the *owner* are described in Part VI of this policy.

PARTIAL MONTHLY BENEFIT. Means one-half of the *base monthly benefit*.

PARTIAL DISABILITY OR PARTIALLY DISABLED. Means that due to *sickness* or *injury*:

(1) *you* are able to do one or more but not all of the main *duties* of *your* occupation; or
(2) *you* can perform all of *your* main *duties* for only 50% or less of the time normally required.

PHYSICIAN. Means a person (other than *you*, a member of *your* family, a business or professional partner or any person with whom *you* share a financial or business interest) licensed by law in the state in which he or she practices and who is practicing within the scope of such license to treat *injury* or *sickness*. If a *loss* is due to *mental/nervous disorders*, the *physician* must be a board-certified psychiatrist or a licensed doctoral-level psychologist.

POLICY DATE. Means the date from which policy anniversaries, policy years and premium due dates are determined. This date is shown on the *schedule*.

PROOF. Means records and statements, including but not limited to tax records, medical records, employment records, and financial records.

SCHEDULE. Means the policy *schedule* or revised policy *schedule* most recently sent to *you* by *us* that includes a summary of *your* benefits and premiums.

SICKNESS. Means any illness or disease first manifested while this policy is *in force*, including complications due to pregnancy or childbirth.

TOTAL DISABILITY OR TOTALLY DISABLED. This is defined on the *schedule*.

WE, OUR, US. Means The Union Central Life Insurance Company.

YOU, YOUR. Means the person insured under this policy as shown on the *schedule*.

PART II: BENEFIT PROVISIONS

BENEFIT FOR TOTAL DISABILITY. If *your total disability* begins while this policy is *in force*, *we* will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* after the *elimination period*. Payments will not be made for more than the *maximum benefit period* shown on the *schedule*.

BENEFIT FOR PARTIAL DISABILITY. For each month *you* are *partially disabled*, *we* will pay *you* a *partial monthly benefit*, if *partial disability*:

(1) begins while this policy is *in force*; and
(2) begins within 180 days of a period of *total disability* for which *you* received a *base monthly benefit* under this policy and is caused by the same or related conditions.

Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *partial disability* for which a *partial monthly benefit* has been paid.

We will pay *you* a *partial monthly benefit* as long as *you* remain *partially disabled* not to exceed the lesser of:

(1) the partial maximum benefit period shown on the *schedule*, or
(2) any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule*.

We will not pay a *partial monthly benefit* for any day for which *we* pay *total disability* or presumptive total disability benefits.

If a residual disability rider is included in *your* policy, benefits will not be paid for *partial disability*. Instead, benefits will be paid as determined in the residual rider, if *you* meet the definitions and terms of that rider.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for disability benefits or for *us* to waive premium under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability. If, in the opinion of that *physician*, continued medical treatment will not improve *your* condition, *we* will waive this requirement. However, waiving this physician care requirement does not change or affect *our* rights under the Proof of Loss and Medical Examination provisions in Part V of this policy.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. Successive periods of *total disability* will be considered as one period if:

(1) they are caused by the same or related conditions; and
(2) they are separated by less than 180 days; and
(3) they each begin while this policy is *in force*.

All other periods of *total disability* will be considered separate and not successive periods of *total disability*.

For successive periods of *total disability*:

(1) *you* will not be required to satisfy a new *elimination period*, if already satisfied; and
(2) the *maximum benefit period* will not start over; and
(3) the accumulated successive periods of *total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

CONCURRENT DISABILITIES. Disabilities arising from more than one cause at the same time will be treated as a single disability and benefits will not exceed those that would have been paid for any one cause.

PRESUMPTIVE TOTAL DISABILITY. *We* will also consider *you totally disabled* if, while this policy is *in force*, *you* sustain the total loss of:

(1) the sight in both eyes; or
(2) the hearing in both ears; or
(3) speech; or
(4) the use of both hands; or
(5) the use of both feet; or
(6) the use of one hand and one foot.

We will pay the *base monthly benefit* shown on the *schedule* for each month *you* are *totally disabled* due to one of the specific losses shown above. Payments will not be made for more than the *maximum benefit period*. However:

(1) benefits will begin to accrue from the date of the specific loss instead of after the *elimination period*; and
(2) *you* may work at any occupation and still receive benefits; and
(3) *you* must meet the Physician Care Requirement in Part II of this policy; and
(4) *base monthly benefit* payments will end if the specific loss is recovered; and
(5) *total disability* must begin while this policy is *in force*.

SURGICAL TRANSPLANT. While this policy is *in force*, if a *total disability* results from transplanting a part of *your* body to the body of another person, *we* will consider *you totally disabled* due to *sickness*, provided the transplant occurs more than six months after the *issue date*. In this instance, the *elimination period* will be waived.

COSMETIC SURGERY. While this policy is *in force*, if a *total disability* results from cosmetic surgery to correct a disfigurement or to improve *your* appearance, *we* will consider *you totally disabled* due to *sickness*, provided the cosmetic surgery occurs more than six months after the *issue date*.

REHABILITATION. *We* will not consider *you* recovered from a *total disability* just because *you* participate in a program of occupational rehabilitation. *You* may request or *we* may suggest that *you* participate in a formal, supervised rehabilitation program designed to help *you* return to an occupation.

If *we* mutually agree that such a program is appropriate, *we* will pay expenses as set forth in a signed, written agreement between *you* and *us*.

TREATMENT OF NONDISABLING INJURIES. If *you* suffer an *injury* while this policy is *in force* that requires medical treatment prescribed by a *physician*, or the repair to natural teeth prescribed by a dentist, *we* will pay the expense of such treatment:

(1) only for expenses incurred while this policy is *in force* within 90 days from the *injury* date; and
(2) only if a claim is submitted within 365 days from the *injury* date; and
(3) provided no other benefits are payable under this policy or any of its riders.

We will pay *you* for such expenses up to the maximum amount shown on the *schedule* for this benefit subject to the following:

(1) if *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than a total of 100% of the expense incurred under all policies; and
(2) if a nondisabling *injury* develops into a disability for which monthly disability benefits are paid, any benefits which have been paid under this provision will be offset against the monthly disability benefits.

WAIVER OF PREMIUM. *You* must continue to pay premium until *your* claim has been approved by *us*. *We* will waive any premium on this policy as it comes due, until *total disability* ends, beginning with the date *your* claim is approved but not before 90 days of continuous *total disability*. Once *we* start waiving premium, *we* will also refund any premium *you* have paid on or after the date *you* became *totally disabled*.

GOOD HEALTH BENEFIT. For every policy year *you* complete without receiving any benefits under this policy, *we* will reduce the *elimination periods* shown on the *schedule* by two days. In no case will this benefit reduce any *elimination period* to less than 30 days.

SURVIVOR BENEFIT. If *you* die after satisfying the *elimination period* and while monthly disability benefits are being paid under this policy, *we* will pay an additional three months of *base monthly benefit*, as shown on the *schedule*. This benefit is in addition to any other benefit of this policy. This benefit is payable to *your* designated beneficiary, if any, otherwise, to *your* estate.

COBRA PREMIUM BENEFIT. *We* will reimburse the premium paid by *you* for medical coverage provided under the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 and any subsequent amendments, beginning with the first premium due after *you* satisfy the *elimination period* of this policy, not to exceed the COBRA maximum monthly benefit shown on the *schedule*, if:

(1) *you* are receiving monthly disability benefits under this policy; and
(2) *you* became unemployed due to *your* disability and, as a result, *you* are paying premium to continue medical coverage under that employer's health or medical plan as provided for under COBRA.

We will reimburse *you*, for each month that *you* submit *proof* of the premium that *you* have paid for COBRA medical coverage, as long as *you* continue to receive monthly disability benefits under this policy, not to exceed the COBRA *maximum benefit period* shown on the *schedule*. All *proof* must be submitted within 365 days from the date the expense was incurred.

If *you* have one or more of *our* disability income policies providing this benefit, *we* will not pay more than 100% of the COBRA premium expense incurred monthly under all policies.

PART III: EXCEPTIONS/LIMITATIONS

WAR. Benefits are not payable for a *sickness*, *injury* or disability caused or contributed to by war, declared or undeclared, or any act or incident of war, or as a result of military service when scheduled active duty is more than three months.

SELF-INFLICTED INJURY. Benefits are not payable for *sickness*, *injury* or disability resulting from an intentionally self-inflicted *injury*.

INCARCERATION. Benefits are not payable during any period *you* are incarcerated.

LOSS OR SUSPENSION OF LICENSE. Except as a direct result of a *sickness* or *injury*, benefits are not payable if *you* are prevented from engaging in *your* occupation as the result of suspension, revocation, or surrender of *your* professional or occupational license or certification.

RESIDENCE. While *you* reside outside of the United States, *we* will not pay benefits for more than twelve months during the lifetime of this policy.

PREGNANCY. Benefits are not payable for normal pregnancy or childbirth until *you* have been disabled for 90 days.

MENTAL/NERVOUS DISORDERS, ALCOHOLISM, AND/OR DRUG ABUSE (MNDA). For each month *you* are *totally disabled*, *we* will not pay benefits for disabilities caused by or contributed to by *mental/nervous disorders*, alcoholism and/or drug abuse for more than the MNDA benefit period shown on the *schedule*, regardless of the *maximum benefit period* for *total disability* shown on the *schedule*. However, for each month *you* are *totally disabled*, *we* will pay benefits, subject to the *maximum benefit period* for *total disability* shown on the *schedule*, for *loss* caused by *mental/nervous disorders*, alcoholism and/or drug abuse for as long as *you* are thereby continuously confined in a *hospital* under the care of a *physician*.

PRE-EXISTING CONDITIONS. During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a pre-existing condition only if that condition is:

(1) fully disclosed and not misrepresented on this policy's application; and
(2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of this policy:

(1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
(2) a reasonably prudent person would have sought medical advice, care, or treatment.

PART IV: PREMIUM AND RENEWAL PROVISIONS

PAYMENT OF PREMIUMS. The first premium is due on the *policy date*. Subsequent premiums are payable on or before the date they are due. Premiums must be paid to *us* at *our client service office*. All premiums are payable in United States currency.

Your premium mode is shown on the *schedule*. *You* may request a change in the premium mode, subject to *our* approval. However, *you* may not change the mode of payment while receiving disability benefits.

If *we* accept a premium while this policy is *in force*, this policy will continue *in force* until the end of the period for which the premium was paid.

We will refund the unused portion of *your* premium in the event of *your* death.

GRACE PERIOD. A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period.

REINSTATEMENT. Within one year after this policy *lapses*, *we* will consider reinstatement of this policy upon payment of all past due premiums. *We* may require an application for reinstatement and evidence of insurability.

If *we* accept the past due premium with no further requirements, *we* will reinstate this policy effective the date the past due premium was received. If *we* require an application for reinstatement, this policy will be reinstated:

(1) when *we* approve *your* application; or
(2) 45 days after the date of the application unless *we* have refunded *your* premium and notified *you* in writing of *our* denial.

Following reinstatement, *your* policy will cover only:

(1) an *injury* that occurs after the date of reinstatement; or
(2) a *sickness* beginning more than 10 days after the date of reinstatement.

All other rights of the policy will remain the same except for changes made to the policy as a result of reinstatement.

GUARANTEED RENEWABLE TO AGE 65. *You* have the right to continue this policy to *age* 65 by paying the premium as due. Until *age* 65, *we* shall not:

(1) cancel this policy except for nonpayment of premium; nor
(2) add any restrictions.

PREMIUM RATES SUBJECT TO CHANGE. *We* reserve the right to change the premium rates. A change will apply to all policies of this form and class in the same state as the insured. Such change shall apply on the next policy anniversary after the change is made. The new premium will be based on the *age*, gender and occupation of the insured on the *issue date*.

CONDITIONALLY RENEWABLE FOR LIFE; SUBJECT TO PREMIUM CHANGE. *You* may renew this policy on each policy anniversary from *age* 65 for life, if, at the time of renewal:

(1) *you* are not receiving a benefit under this policy or any attached rider; and
(2) *you* are actively working at least 30 hours each week for wage or profit; and
(3) the policy is *in force* with no premium in default; and
(4) *you* pay the premium in effect for *your age* at that time; and
(5) *you* furnish *proof* of *your* current income.

If this policy is renewed under this provision, only the benefit for *total disability* will be renewed. At the time of renewal, all exclusion riders, limitations, exceptions, endorsements, and ratings will be renewed and remain part of this policy, unless specified otherwise. All other non-exclusion riders attached to this policy and *in force* at *age* 65 are non-renewable and will terminate according to the terms of those riders.

SUSPENSION DURING SERVICE IN THE ARMED FORCES. If *you* are on active duty in any armed forces for more than 30 days, *you* have the option to suspend this policy. During such suspension:

(1) the provisions of this policy will not be in effect; and
(2) the incontestability period in Part VI of this policy shall be tolled; and
(3) premium payments shall not be required.

You must request this suspension in writing. *We* will refund the part of any premium paid beyond *your* active duty date. If *your* active service ends before *you* reach *age* 65, *you* may reinstate this policy within 90 days after *your* active service ends. *We* must receive *your* request in writing along with *your* deactivation notice and payment of the premium due for coverage until the next premium due date. *We* will reinstate this policy effective the date premium is received. This policy will not cover *loss* from injuries which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, *you* and *we* shall have the same rights under this policy as each had before it was suspended.

PART V: HOW TO FILE A CLAIM

NOTICE OF CLAIM. A claim must be sent to *us* in writing within 30 days after *loss*, or as soon as reasonably possible, thereafter. The notice of claim should be submitted to *us* at *our client service office* and must include *your* name and policy number.

CLAIM FORMS. When *we* receive *your* notice of claim, *we* will send *you* forms for filing *your proof* of *loss*. If *we* don't send these forms to *you* within 15 days after receipt of *your* notice of claim, *you* may meet the *proof* of *loss* by giving *us* a written statement describing the nature and extent of *your loss*. *You* should send it to *us* within the time limit stated below.

PROOF OF LOSS. It is *your* responsibility, at *your* expense, to submit to *us* written *proof* of *loss* within 90 days after the date of *loss*. If *you* are not able to send it within that time, it may be sent as soon as reasonably possible thereafter without affecting *your* claim. The additional time allowed cannot exceed one year unless *you* are legally incapacitated. *We* may request additional *proof* of *loss* as often as *we* deem necessary.

TIME OF LOSS. A *loss* must occur while this policy is *in force*.

TIME OF PAYMENT OF CLAIMS. *We* will pay disability benefits due, in arrears, on a monthly basis, beginning the later of:

(1) one month after the end of the *elimination period*; or
(2) the date all *proof* of *loss* has been received and *your* claim has been approved by *us*.

Benefits for any other *loss* will be paid as soon as *we* receive proper written *proof*.

PAYMENT OF CLAIMS. All benefits payable under this policy will be paid to the *owner*, unless assigned to another person.

If the person who is to receive payments is dead or incompetent, *we* will make the payments to the legal representative for the property of that person. If no legal representative exists, *we* may make payment to any relative of that person *we* consider to be justly entitled to payment. If *we* do this, *we* will be discharged to the extent of such payment made in good faith. The amount *we* pay will not exceed $5,000 or, if greater, the limit allowed by state law for payments of this kind.

Payment of monthly benefits for a period of less than one month will be at the daily rate of 1/30 of the applicable monthly benefit.

MEDICAL EXAMINATION. *We* have the right, at *our* expense, to obtain other medical opinions from, or have *you* examined by, *physicians* of *our* choice as often as is reasonably necessary.

LEGAL ACTIONS. No legal action may be brought to recover on this policy within 60 days after written *proof* of *loss* has been given as required by this policy. No such action may be brought after three years from the time written *proof* of *loss* is required to be given. All actions must be brought in either a state or federal court within the United States.

FRAUD. In the event this policy and any rider, benefit, or reinstatement of this policy is procured by fraud or a claim is made with intent to deceive, this policy will be void. This provision shall control over all other policy provisions.

PART VI: GENERAL PROVISIONS

INCONTESTABILITY. After three years from the *issue date* of this policy or the effective date of any change to this policy or reinstatement, only fraudulent misstatements in the application may be used to void this policy or any change to this policy for *loss* incurred or disability that starts after the three-year period. However, for disabilities that start prior to the three-year period, *we* may void *your* policy if *you* made material misrepresentations in *your* application.

Applications include, but are not limited to, the application for this policy and those used for reinstatement or policy changes.

POLICY OWNERSHIP. *You* are the *owner* of this policy unless *our* records show otherwise. The *owner* has the right to:

(1) receive any benefits due under this policy; and
(2) assign this policy; and
(3) exercise other rights that this policy provides, or that *we* permit.

MISSTATEMENT OF AGE AND GENDER. If *your age* or gender has been misstated, *your* benefits will be adjusted to reflect the amount *your* premium would have purchased at *your* correct *age* and gender. If, however, no coverage would have been issued at the correct *age*, *you* will not be covered and *we* will refund all premiums paid.

ENTIRE CONTRACT. The entire contract consists of:

(1) this policy; and
(2) any riders; and
(3) any endorsements; and
(4) the attached copy of the application, and any amendments or supplemental applications; and
(5) the applicable *schedule(s).*

No change in this policy will be effective until approved by one of *our* authorized officers. This approval must be noted on or attached to this policy. No agent may change this policy or waive any of its provisions.

NONPARTICIPATING POLICY. This policy is nonparticipating. No dividends will be paid under this policy.

HEADINGS. The paragraph headings in this policy are included for convenience only and do not modify or control the scope of any of the provisions of this policy.

CONFORMITY WITH STATE STATUTES. If any provisions of this policy are in conflict with the laws of the state where *you* reside on the *issue date* of the policy, those provisions are amended to conform to the minimum requirements of those laws.

DUTY TO COOPERATE. *You* have the duty to cooperate with *us* concerning all matters relating to this policy and any claims thereunder. This cooperation includes, but is not limited to:

(1) submitting all required forms and other documentation according to this policy's provisions; and
(2) mitigating all covered expenses; and
(3) securing appropriate medical treatment for the condition(s) upon which *your* claim for benefit under this policy is based. This includes such corrective/remedial surgery or generally accepted medical procedures which to an ordinarily prudent person would appear medically reasonable for such condition(s).

TERMINATION. This policy terminates on the earlier of the following:

(1) the expiry date shown on the *schedule*, unless *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(2) the end of the period for which premium has been paid, if premium is not paid by the end of the grace period; or
(3) the date *we* receive the *owner's* written request to terminate the policy; or
(4) the date of *your* death.

Disability Income Policy
Nonparticipating

The Union Central Life Insurance Company

OUTLINE OF COVERAGE

for

Disability Income Protection Coverage

(This form for use with Policy Form U4501NC or appropriate state variation thereof)

(1) READ *YOUR* POLICY CAREFULLY. This outline of coverage gives a very brief description of some of the important features of *your* policy. This is not the insurance contract. Only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both *you* and *your* insurance company. It is, therefore, important that *you* READ *YOUR* POLICY CAREFULLY.

(2) DISABILITY INCOME PROTECTION COVERAGE. Policies of this type provide a monthly benefit for disabilities that result from *injury* and *sickness*. Some *injuries* or *sicknesses* may not be covered. All covered disabilities must begin while this policy is in force. Payments will be made to the policy *owner*. The major benefits and limitations of *your* policy are listed below. This policy will not pay for hospital, medical, surgical, or other health care expenses except under the Treatment of Nondisabling Injuries provision.

(3) RENEWABILITY OF *YOUR* POLICY. *We* cannot cancel *your* policy except for non payment of premium or change *your* premium before *age* 65. From *age* 65 for life, *you* have a qualified right to renew *your* policy. Riders will not be renewed after *age* 65.

(4) BASE POLICY BENEFITS.

Base Monthly Benefit:	$[2,000.00]
Elimination Period:	[90] days
[Maximum Benefit Period for Total Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]

After the *elimination period*, *we* will pay the *base monthly benefit*, for as long as *you* remain *totally disabled* according to the terms of *your* policy, up to the *maximum benefit period*.

TOTAL DISABILITY. [*Total disability* or *totally disabled* means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the material and substantial *duties* of *your* occupation. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at that time, *your* occupation means any occupation *you* are able to do based on *your* education, training and experience.]

PRESUMPTIVE TOTAL DISABILITY. *You* will be considered *totally disabled* if, while this policy is in force, *you* suffer the total loss of: speech; hearing in both ears; sight in both eyes; use of both feet; use of both hands; or use of one hand and one foot. The *elimination period* will be waived and benefits will be paid for as long as the presumptive disability continues, but not beyond the *maximum benefit period*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for disability benefits or for *us* to waive premium under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability.

(5) OPTIONAL RIDERS. The following is a description of the optional coverage rider(s) included in *your* policy with the appropriate premium(s) shown in the Schedule of Premiums below.

ENHANCED RESIDUAL DISABILITY. If, due to a *sickness* or *injury*, *you* are only able to work part-time and suffer a loss of earnings of at least 15%, *you* may be entitled to reduced benefits. If *we* determine that *your loss* of earnings is more than 75%, it will be deemed to be a 100% loss; and *we* will pay *you* as if *you* are *totally disabled*. If loss of earnings is less than 15%, residual benefits will end. Upon return to full-time work, if *you* continue to suffer a loss of earnings of at least 15% and the loss is directly related to *your* previous disability, *you* also may be eligible for residual benefits.

COST OF LIVING ADJUSTMENT RIDER. During the continuance of a disability, the *base monthly benefit* will be increased, on each anniversary of the onset of disability, by the lesser of 6% compounded annually or the change in the *CPI-U*. Benefits will not be increased by this rider after *age* 65 but will remain at the same level applicable at *age* 65, until benefits cease.

AUTOMATIC INCREASE RIDER. The *base monthly benefit* will automatically increase on each policy anniversary, for up to five years, without evidence of insurability. Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases will only apply to disabilities that begin before the effective date of the increase. **Declining an increase forfeits *your* right to future increases.**

FUTURE INCREASE OPTION RIDER. *You* may elect increases in the *base monthly benefit* without evidence of physical insurability (financial underwriting only is required). Increases may be elected on any policy anniversary through *age* 55. The total maximum increase amount for this rider may not be exceeded.

SOCIAL INSURANCE SUBSTITUTE RIDER (SIS). After the *elimination period* for this rider, *we* will pay the *SIS monthly benefit* reduced by any *social insurance benefits* received from any other source, if *you* are receiving a *base monthly benefit* under *your* policy. If *your* policy contains residual disability or partial disability benefits, a percentage of the *SIS monthly benefit* will be paid, if *you* are not receiving any *social insurance benefits* and *you* are receiving residual disability or partial disability benefits under *your* policy.

CATASTROPHIC DISABILITY RIDER (CAT). After the *elimination period* for this rider, *we* will pay an additional monthly benefit if *you* are unable to perform two or more *activities of daily living* without *stand-by assistance* or if *you* require *substantial supervision* due to a *severe cognitive impairment*.

(6) EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF *YOUR* POLICY.

This policy does not cover:

(1) *loss* caused by war, declared or undeclared, or any act or incident of war; or
(2) *loss* caused by an intentionally self-inflicted *injury*; or
(3) *loss* caused by *your* incarceration for any reason; or
(4) *loss* caused as a result of the suspension, revocation or surrender of *your* professional or occupational license or certification; or
(5) *loss* for normal pregnancy or childbirth until *you* have been disabled for 90 days.

Pre-Existing Conditions:

[During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a pre-existing condition only if that condition is:

(1) fully disclosed and not misrepresented on the policy's application; and
(2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of the policy or rider:

(1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
(2) a reasonably prudent person would have sought medical advice, care, or treatment.]

This policy has limited benefits if:

(1) *you* reside outside the United States; or
(2) *loss* is caused by alcoholism or drug abuse; or
(3) *loss* is caused by mental or nervous disorders.

(7) SCHEDULE OF PREMIUMS.

Base Policy	$[487.80]
Enhanced Residual Disability Rider	$[106.25]
Cost of Living Adjustment Rider	$[146.03]
Automatic Increase Rider	NONE
Future Increase Option Rider	$[64.96]
Social Insurance Substitute Rider	$[105.20]
Catastrophic Disability Rider	$[31.20]
Subtotal	$[901.44]
Policy Fee	$[40.00]
Total [**Annual**] Premium	$[941.44]

GRACE PERIOD. A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period. If a premium is not paid by the end of the grace period, the policy will *lapse* as of the end of the period for which premium was paid.

Agent's Signature: _____ Date: _____

Agent's Address: _____ Phone:_____

The Union Central Life Insurance Company

OUTLINE OF COVERAGE

for

Disability Income Protection Coverage

(This form for use with Policy Form U4502GR or appropriate state variation thereof)

(1) READ *YOUR* POLICY CAREFULLY. This outline of coverage gives a very brief description of some of the important features of *your* policy. This is not the insurance contract. Only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both *you* and *your* insurance company. It is, therefore, important that *you* READ *YOUR* POLICY CAREFULLY.

(2) DISABILITY INCOME PROTECTION COVERAGE. Policies of this type provide a monthly benefit for disabilities that result from *injury* and *sickness*. Some *injuries* or *sicknesses* may not be covered. All covered disabilities must begin while this policy is in force. Payments will be made to the policy *owner*. The major benefits and limitations of *your* policy are listed below. This policy will not pay for hospital, medical, surgical, or other health care expenses except under the Treatment of Nondisabling Injuries provision.

(3) RENEWABILITY OF *YOUR* POLICY. *We* cannot cancel *your* policy before *age* 65, except for non payment of premium. *We* reserve the right to change premium rates. From *age* 65 for life, *you* have a qualified right to renew *your* policy. Riders will not be renewed after *age* 65.

(4) BASE POLICY BENEFITS.

Base Monthly Benefit:	$[2,000.00]
Elimination Period:	[90] days
[Maximum Benefit Period for Total Disability Starting:	
(1) Before *Age* 63	To *Age* 65
(2) At or after *Age* 63	24 Months]

After the *elimination period*, *we* will pay the *base monthly benefit*, for as long as *you* remain *totally disabled* according to the terms of *your* policy, up to the *maximum benefit period*.

TOTAL DISABILITY. [*Total disability* or *totally disabled* means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the material and substantial *duties* of *your* occupation. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at that time, *your* occupation means any occupation *you* are able to do based on *your* education, training and experience.]

PARTIAL DISABILITY. Once *you* have received monthly benefits for *total disability* and, due to the same or a related *sickness* or *injury*, *you* are only able to work part-time, *you* may be eligible for benefits equal to one-half of the *base monthly benefit*, for a period not to exceed 12 months.

PRESUMPTIVE TOTAL DISABILITY. *You* will be considered *totally disabled* if, while this policy is in force, *you* suffer the total loss of: speech; hearing in both ears; sight in both eyes; use of both feet; use of both hands; or use of one hand and one foot. The *elimination period* will be waived and benefits will be paid for as long as the presumptive disability continues, but not beyond the *maximum benefit period*.

PHYSICIAN CARE REQUIREMENT. In order to be eligible for disability benefits or for *us* to waive premium under this policy, *you* must be under the regular care and treatment of a *physician* appropriate for the condition causing disability.

(5) OPTIONAL RIDERS. The following is a description of the optional coverage rider(s) included in *your* policy with the appropriate premium(s) shown in the Schedule of Premiums below.

BASIC RESIDUAL DISABILITY. If, due to a *sickness* or *injury*, *you* are only able to work part-time and suffer a loss of earnings of at least 15%, *you* may be entitled to reduced benefits, not to exceed 50% of the *base monthly benefit*. If loss of earnings is less than 15%, residual benefits will end.

COST OF LIVING ADJUSTMENT RIDER. During the continuance of a disability, the *base monthly benefit* will be increased, on each anniversary of the onset of disability, by 3% of the *base monthly benefit*. This is not a compound calculation. Benefits will not be increased by this rider after *age* 65 but will remain at the same level applicable at *age* 65, until benefits cease.

AUTOMATIC INCREASE RIDER. The *base monthly benefit* will automatically increase on each policy anniversary, for up to five years, without evidence of insurability. Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases will only apply to disabilities that begin before the effective date of the increase. **Declining an increase forfeits *your* right to future increases.**

FUTURE INCREASE OPTION RIDER. *You* may elect increases in the *base monthly benefit* without evidence of physical insurability (financial underwriting only is required). Increases may be elected on any policy anniversary through *age* 55. The total maximum increase amount for this rider may not be exceeded.

SOCIAL INSURANCE SUBSTITUTE RIDER (SIS). After the *elimination period* for this rider, *we* will pay the *SIS monthly benefit* reduced by any *social insurance benefits* received from any other source, if *you* are receiving a *base monthly benefit* under *your* policy. If *your* policy contains residual disability or partial disability benefits, a percentage of the *SIS monthly benefit* will be paid, if *you* are not receiving any *social insurance benefits* and *you* are receiving residual disability or partial disability benefits under *your* policy.

CATASTROPHIC DISABILITY RIDER (CAT). After the *elimination period* for this rider, *we* will pay an additional monthly benefit if *you* are unable to perform two or more *activities of daily living* without *stand-by assistance* or if *you* require *substantial supervision* due to a *severe cognitive impairment*.

(6) EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF *YOUR* POLICY.

This policy does not cover:

(1) *loss* caused by war, declared or undeclared, or any act or incident of war; or
(2) *loss* caused by an intentionally self-inflicted *injury*; or
(3) *loss* caused by *your* incarceration for any reason; or
(4) *loss* caused as a result of the suspension, revocation or surrender of *your* professional or occupational license or certification; or
(5) *loss* for normal pregnancy or childbirth until *you* have been disabled for 90 days.

Pre-Existing Conditions:

[During the first 24 months following the *issue date* of this policy, *we* will pay benefits for disabilities caused or contributed to by a pre-existing condition only if that condition is:

(1) fully disclosed and not misrepresented on the policy's application; and
(2) not specifically excluded by name or specific description.

A pre-existing condition means any physical or mental condition for which, during the 24-month period preceding the *issue date* of the policy or rider:

(1) *you* have sought medical advice or treatment, undergone diagnostic procedures, or have been prescribed drugs or medication; or
(2) a reasonably prudent person would have sought medical advice, care, or treatment.]

This policy has limited benefits if:

(1) *you* reside outside the United States; or
(2) *loss* is caused by alcoholism or drug abuse; or
(3) *loss* is caused by mental or nervous disorders.

(7) SCHEDULE OF PREMIUMS.

Base Policy	$[456.60]
Basic Residual Disability Rider	$[15.00]
Cost of Living Adjustment Rider	$[76.65]
Automatic Increase Rider	NONE
Future Increase Option Rider	$[48.99]
Social Insurance Substitute Rider	$[93.00]
Catastrophic Disability Rider	$[26.50]
Subtotal	$[676.74]

Policy Fee	$[40.00]
Total [**Annual**] Premium	$[716.74]

GRACE PERIOD. A 31-day grace period is allowed for payment of premiums not paid on or before due dates. Coverage will continue *in force* during the grace period. If a premium is not paid by the end of the grace period, the policy will *lapse* as of the end of the period for which premium was paid.

Agent's Signature: _____ Date: _____

Agent's Address: _____ Phone:_____

The Union Central Life Insurance Company

AUTOMATIC INCREASE RIDER

This rider is designed to provide for automatic increases in the *base monthly benefit* shown on the *schedule.*

BENEFIT PROVISIONS

INCREASE IN BASE MONTHLY BENEFIT. *You* will receive an automatic annual increase in *base monthly benefit* on each policy anniversary for up to five years on the effective dates shown on the *schedule*. *Your* accumulated *base monthly benefit* and revised premium are shown on the *schedule*. ***You* may refuse an increase but by doing so *you* forfeit *your* right to any and all future automatic increases under this rider.**

Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases do not apply to catastrophic monthly benefit or to *SIS monthly benefit*.

AMOUNT OF INCREASE. The annual increase in *your base monthly benefit* is equal to the monthly benefit increase shown on the *schedule* for this rider.

APPLYING FOR ADDITIONAL INCREASES. *You* may apply for an additional five years of automatic increases, if:

(1) *you* are not receiving benefits under this policy or any of its riders; and
(2) *you* have not refused a previous increase; and
(3) *you* are under the *age* of 56; and
(4) *your* last automatic increase has occurred.

You must apply for additional increases within 90 days of *your* last scheduled automatic increase. Approval will be subject to financial insurability only, based on *your* earnings at the time *you* apply and *our* published issue and participation limits then in effect. The first increase will take place on the next policy anniversary following approval.

INCREASES DURING DISABILITY. An automatic increase will apply only to a separate period of disability that begins after the effective date of the increase. If the premium for the policy is being waived on the effective date of the increase, the premium for the increase will also be waived.

PREMIUM FOR AN INCREASE. Premium for the increase will be based on the attained *age* of the insured at the time of the increase. If premium for the increase is not paid when due, coverage will not take effect and it will be deemed as a refusal of the increase.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates and no further increases in *base monthly benefit* will be made under this rider at the earlier of the following:

(1) the date *you* are no longer eligible for additional increases; or
(2) *your* refusal of an increase; or
(3) the date the policy terminates; or
(4) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN SPECIMEN

Secretary President

The Union Central Life Insurance Company

BASIC RESIDUAL DISABILITY RIDER

This rider, as defined below, is designed to supplement *your* income when *you* are *residually disabled*.

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that due to *sickness* or *injury*:

(1) *your loss of monthly earnings* is at least 15% of *your prior monthly earnings*; and
(2) *your loss of monthly earnings* is the result, directly and apart from any other cause, of an *injury* or *sickness* as defined in the policy; and
(3) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your* occupation; or *you* are unable to work in *your* occupation for 80% or more of the time as was usual prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found on the *schedule*.

In order to be eligible for residual benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

RESIDUAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this rider.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of *your* policy is hereby revised. Days of both *total disability* and *residual disability* will satisfy the *elimination period*.

RESIDUAL MAXIMUM BENEFIT PERIOD. The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule*. Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*.

SUCCESSIVE PERIODS OF DISABILITY. Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *residual disability*. This is shown in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

MONTHLY EARNINGS. *Monthly earnings* are:

(1) all wages, fees, salaries, bonuses, commissions; and
(2) pension and profit-sharing contributions and deferred compensation; and
(3) other payments for service *you* do;
less
(4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include:

(1) *your* share of profits or losses generated by the business;
less
(2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the 60-day period immediately preceding the onset of a disability; and
(4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

Monthly earnings do not include:

(1) royalties;
(2) rent;
(3) annuities;
(4) interest;
(5) dividends;
(6) sick pay;
(7) benefits received for disability under a formal wage or salary continuation plan;
(8) income of a corporation imputed to a disabled single owner;
(9) any other form of unearned income.

Monthly earnings may be considered earned:

(1) in the period actually received (this is the cash accounting method); or
(2) in the period actually earned (this is the accrual accounting method).

You may elect to have *monthly earnings*, *prior monthly earnings* and the *current monthly earnings* calculated using either the cash or accrual accounting method. If *you* choose the cash accounting method, then, with the exception of deferred compensation, income earned but not received before the onset of a disability will be excluded from the calculation of *monthly earnings*.

PRIOR MONTHLY EARNINGS. *Prior monthly earnings* are *your* average *monthly earnings* for either the 12-month or 24-month period immediately preceding the onset of a disability, whichever is greater.

CURRENT MONTHLY EARNINGS. *Current monthly earnings* are *your monthly earnings* during each month of *residual disability* for which a claim for benefits is made under this rider.

During any period of *residual disability*, usual and customary business expenses will be construed to be only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the last 60 days before disability began.

LOSS OF MONTHLY EARNINGS. *Loss of monthly earnings* is *your prior monthly earnings* less *your current monthly earnings.*

BENEFIT PROVISIONS

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* under this rider for each month *you* are *residually disabled* beginning on the later of:

(1) the day after the end of the *elimination period*; or
(2) the day following a period of *total disability* for which benefits have been paid.

The *residual monthly benefit* will be the lesser of:

(1) 50% of *your base monthly benefit*; or
(2) the amount determined by the following formula.

$$\frac{\textit{loss of monthly earnings}}{\textit{prior monthly earnings}} \quad \text{(times)} \quad \text{X} \quad \textit{base monthly benefit}$$

We will not pay residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

If *prior monthly earnings* are determined to be less than or equal to zero then no residual benefits will be paid.

PRIOR MONTHLY EARNINGS ADJUSTMENT. *We* will make an adjustment to *your prior monthly earnings* in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the onset of *your* disability.

To make this adjustment, *we* will use the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that, in *our* judgment, most clearly reflects the change in the cost of living in the United States. CPI-U will then mean the chosen index.

For each disability claim, *we* will determine the CPI-U value for the third month prior to the start of *your* disability. This is called the initial index.

On each anniversary of the onset of the disability, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then calculated by dividing the current index by the initial index. This ratio will remain constant for 12 months and will be recalculated on each succeeding anniversary. This ratio will never be less than one.

The *prior monthly earnings* is then multiplied by this ratio. The result is the adjusted *prior monthly earnings*.

The adjusted *loss of monthly earnings* equals the difference between adjusted *prior monthly earnings* and *current monthly earnings*.

The *residual monthly benefit* then will be the lesser of:

(1) 50% of *your base monthly benefit*; or
(2) the amount determined by the following formula.

$$\frac{\text{adjusted } \textit{loss of monthly earnings}}{\text{adjusted } \textit{prior monthly earnings}} \quad \text{(times)} \quad \text{X} \quad \textit{base monthly benefit}$$

No *prior monthly earnings* adjustment is made during the first year of disability.

TERMINATION OF RESIDUAL BENEFITS. *We* will continue to pay the *residual monthly benefit*, until the earlier of:

(1) the date the *residual maximum benefit period* ends; or
(2) the date *you* are no longer *residually disabled*.

WAIVER OF PREMIUM. The Waiver of Premium provision in the **BENEFIT PROVISIONS** (Part II) section of *your* policy is amended as follows. References to *total disability* will be construed to include periods of *residual disability*.

Nothing in this rider will increase *your base monthly benefit*.

GENERAL PROVISIONS

PROOF OF EARNINGS. Before *we* can determine and approve any benefits, *we* require *proof* necessary to accurately calculate *your current monthly earnings* and *prior monthly earnings*. *We*, or an independent accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

Secretary

President

The Union Central Life Insurance Company

CATASTROPHIC DISABILITY RIDER

This rider provides, as defined below, an additional monthly benefit while *you* are *catastrophically disabled*.

DEFINITIONS

CATASTROPHIC DISABILITY AND CATASTROPHICALLY DISABLED. Means that, due to a *sickness* or *injury*:

(1) *you* are unable to perform two or more *activities of daily living* without *stand-by assistance* due to loss of functional capacity; or
(2) *you* require *substantial supervision* due to *severe cognitive impairment*.

In order to be eligible for catastrophic disability benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

ACTIVITIES OF DAILY LIVING:

(1) Dressing: the ability to put on and take off all garments and medically necessary braces or artificial limbs usually worn, and to fasten or unfasten them.
(2) Toileting: the ability, with or without the help of adaptive devices, to get to and from or on and off the toilet; and to perform associated personal hygiene.
(3) Transferring: the ability to move in and out of a chair, bed, or wheelchair with or without equipment such as canes, quad canes, walkers, crutches or grab bars or other support devices including mechanical or motorized devices.
(4) Continence: the ability to voluntarily control bowel and bladder function, or, in the event of incontinence, the ability to maintain a reasonable level of personal hygiene including caring for a catheter or colostomy bag.
(5) Eating: the ability to feed yourself by getting food into *your* body from a receptacle (such as a plate or cup or table) or by a feeding tube or intravenously.
(6) Bathing: the ability to wash yourself, with or without the help of adaptive devices, by sponge bath; or in the tub or shower, including the task of getting in and out of the tub or shower.

STAND-BY ASSISTANCE. Means *you* require the presence of another human being within arm's reach of *you* to prevent, by physical intervention or verbal cueing, *injury* to *you* while *you* are performing the *activities of daily living*.

SUBSTANTIAL SUPERVISION. Means continual supervision (which may include cueing by verbal prompting, gestures or other demonstrations) by another person that is necessary to protect *you* from threats to *your* health or safety (such as may result from wandering).

SEVERE COGNITIVE IMPAIRMENT. Means *you* have suffered a loss or deterioration in intellectual capacity requiring *substantial supervision* that is comparable to Alzheimer's disease and similar forms of irreversible dementia. This is measured by clinical evidence and standardized tests that reliably measure impairments in both short-term and long-term memory; orientation to people, places or time; and deductive or abstract reasoning.

CATASTROPHIC MAXIMUM BENEFIT PERIOD. Means the maximum length of time *we* will pay *you* a catastrophic monthly benefit as long as *you* are *catastrophically disabled*. This period is shown on the *schedule*.

CATASTROPHIC ELIMINATION PERIOD. The period of time *you* must be *catastrophically disabled* before *we* start paying benefits under this rider. This period is shown on the *schedule*.

SUCCESSIVE PERIODS OF CATASTROPHIC DISABILITY. *Successive periods of catastrophic disability* will be considered as one period if:

(1) they are caused by the same or related conditions; and
(2) they are separated by less than 180 days; and
(3) they each begin while this policy is *in force*.

All other periods of *catastrophic disability* will be considered separate and not *successive periods of catastrophic disability*.

For *successive periods of catastrophic disability:*

(1) *you* will not be required to satisfy a new *catastrophic elimination period*, if already satisfied; and
(2) the *catastrophic maximum benefit period* will not start over; and
(3) the accumulated *successive periods of catastrophic disability* cannot exceed the *catastrophic maximum benefit period* shown on the *schedule*.

BENEFIT PROVISIONS

CATASTROPHIC MONTHLY BENEFIT. If *your catastrophic disability* begins while this rider is *in force*, *we* will pay the catastrophic monthly benefit shown on the *schedule* for each month *you* are *catastrophically disabled* after the *catastrophic elimination period*. Payments will not be made for more than the *catastrophic maximum benefit period* shown on the *schedule*.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

SPECIMEN

President

The Union Central Life Insurance Company

COST OF LIVING ADJUSTMENT RIDER

This rider provides for a yearly **simple** interest increase in certain monthly income benefits during disability.

DEFINITIONS

MONTHLY INCOME BENEFIT. If *we* are paying *you* a total disability benefit, this is equal to the *base monthly benefit* shown on the *schedule*. If *we* are paying *you* a residual benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to *your* policy. If *your* policy includes a partial benefit and *we* are paying *you* under that provision, the *monthly income benefit* is equal to the *partial monthly benefit* as determined in that provision.

COST OF LIVING BENEFIT. This is determined by multiplying the *monthly income benefit* by three percent (3%) times the number of completed years of the current disability as of the anniversary of the onset date of disability.

BENEFIT PROVISIONS

The *cost of living benefit* will be paid each month in addition to *your monthly income benefit* as long as *you* are receiving a *monthly income benefit* under this policy. *We* will calculate the *cost of living benefit* beginning on the first anniversary of the onset date of disability and recalculate it on each subsequent anniversary.

If this benefit is payable beyond *age* 65, the same *cost of living benefit* payable at *age* 65 will apply until the *monthly income benefit* ceases.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

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The Union Central Life Insurance Company

COST OF LIVING ADJUSTMENT RIDER

This rider provides for a yearly **compound** interest cost of living adjustment in certain monthly income benefits during disability.

DEFINITIONS

CPI-U. *CPI-U* is the Consumer Price Index for All Urban Consumers. It is published by the United States Department of Labor. If the *CPI-U* is replaced or changed, *we* will use the index that, in *our* judgment, most clearly reflects the change in the cost of living in the United States. *CPI-U* will then mean the chosen index.

INITIAL INDEX. For each disability claim, *we* will determine the *CPI-U* value for the third month prior to the onset of *your* disability. This is called the *initial index*. It will remain fixed for the duration of each disability claim.

CURRENT INDEX. On each anniversary of the onset of *your* disability, *we* will determine the *CPI-U* value for the third month prior to that date. This is called the *current index*.

INDEX RATIO. The lesser of:

(1) the *current index* divided by the *initial index*; or
(2) one plus six percent (1 + 6%), compounded annually.

This ratio will never be less than one.

MONTHLY INCOME BENEFIT. If *we* are paying *you* a total disability benefit, this is equal to the *base monthly benefit* shown on the *schedule*. If *we* are paying *you* a residual benefit, the *monthly income benefit* is equal to the *residual monthly benefit* as determined in the residual rider attached to *your* policy. If *your* policy includes a partial benefit and *we* are paying *you* under that provision, the *monthly income benefit* is equal to the *partial monthly benefit* as determined in that provision.

BENEFIT PROVISIONS

ADJUSTED MONTHLY INCOME BENEFIT. As long as *you* are receiving a *monthly income benefit* under this policy, on each anniversary of the onset date of disability, *we* will adjust the *monthly income benefit* by the *index ratio* as follows:

Adjusted Monthly Income Benefit = *index ratio* multiplied by the *monthly income benefit*

If this benefit is payable beyond *age* 65, the same *index ratio* used at *age* 65 will apply until the *monthly income benefit* ceases.

RIGHT TO PURCHASE ADDITIONAL COVERAGE UPON RECOVERY. *You* have the right to purchase additional *base monthly benefit* if:

(1) for a period of disability, *you* have received benefits that were increased under the terms of this rider; and
(2) *you* are not receiving benefits under this policy or any of its riders; and
(3) *you* are no longer disabled; and
(4) *you* are employed in *your* own occupation on a full-time basis at least 30 hours each week; and
(5) *you* apply for this additional coverage within 90 days from the date *your* disability ends but before *age* 60; and
(6) *your* application includes satisfactory evidence that *you* have fully recovered and are working in *your* occupation on a full-time basis; and
(7) a plan similar to the policy to which this rider is attached is available at *your* attained *age*.

The additional coverage:

(1) will be issued on a policy form that is regularly used by *us* at the time of issue and has terms similar to those of this policy, exclusive of riders; and
(2) may contain riders if approved by *us*; and
(3) will have an *issue date* which is the later of the date:
  (a) the application for additional coverage is approved by *us*; or
  (b) the first premium for this coverage is paid; and
(4) will have the Incontestability provision measured from the *issue date* of the additional coverage; and
(5) may contain ratings, exclusions or limitations, if they were a part of this policy; and
(6) may be an amount up to the adjusted monthly income benefit payable at the end of the disability reduced by the *base monthly benefit* shown on the *schedule*, but will only be issued if this amount is at least $300.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

THE UNION CENTRAL LIFE INSURANCE COMPANY

SPECIMEN

Secretary

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President

The Union Central Life Insurance Company

ENHANCED RESIDUAL DISABILITY RIDER

This rider, as defined below, is designed to supplement *your* income when *you* are *residually disabled*.

DEFINITIONS

RESIDUAL DISABILITY or RESIDUALLY DISABLED. Means that due to *sickness* or *injury*:

(1) *your loss of monthly earnings* is at least 15% of *your prior monthly earnings*; and
(2) *your loss of monthly earnings* is the result, directly and apart from any other cause, of an *injury* or *sickness* as defined in the policy; and
(3) *you* are able to perform one or more, but not all, of the material and substantial *duties* of *your* occupation; or *you* are unable to work in *your* occupation for 80% or more of the time as was usual prior to the start of *your* disability.

Your occupation is defined in the Definition of Total Disability found on the *schedule*.

In order to be eligible for residual benefits, *you* must meet the Physician Care Requirement in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

RESIDUAL MONTHLY BENEFIT. The benefit amount that will be paid each month under this rider.

ELIMINATION PERIOD. The definition of *elimination period* in the **DEFINITIONS** (Part I) section of *your* policy is hereby revised. Days of both *total disability* and *residual disability* will satisfy the *elimination period.*

RESIDUAL MAXIMUM BENEFIT PERIOD. The *residual maximum benefit period* is equal to any unused portion of the *maximum benefit period* for *total disability* shown on the *schedule.* Payment of monthly benefits, under all provisions of this rider combined, will not be made for more than the *residual maximum benefit period*.

SUCCESSIVE PERIODS OF DISABILITY. Periods of *total disability* referred to in the Successive Periods of Total Disability provision will be construed to include periods of *residual disability*. This is shown in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

MONTHLY EARNINGS. *Monthly earnings* are:

(1) all wages, fees, salaries, bonuses, commissions; and
(2) pension and profit-sharing contributions and deferred compensation; and
(3) other payments for service *you* do;
less
(4) usual and customary business expenses.

If *you* own any portion of a business for which *you* work, *monthly earnings* also include:

(1) *your* share of profits or losses generated by the business;
less
(2) *your* share of usual and customary business expenses.

Usual and customary business expenses are only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the 60-day period immediately preceding the onset of a disability; and
(4) are incurred on a regular basis and which are essential to the operation of the business, except income taxes.

Monthly earnings do not include:

(1) royalties;
(2) rent;
(3) annuities;
(4) interest;
(5) dividends;
(6) sick pay;
(7) benefits received for disability under a formal wage or salary continuation plan;
(8) income of a corporation imputed to a disabled single owner;
(9) any other form of unearned income.

Monthly earnings may be considered earned:

(1) in the period actually received (this is the cash accounting method); or
(2) in the period actually earned (this is the accrual accounting method).

You may elect to have *monthly earnings*, *prior monthly earnings* and the *current monthly earnings* calculated using either the cash or accrual accounting method. If *you* choose the cash accounting method, then, with the exception of deferred compensation, income earned but not received before the onset of a disability will be excluded from the calculation of *monthly earnings*.

PRIOR MONTHLY EARNINGS. *Prior monthly earnings* are *your* average *monthly earnings* for either the 12-month or 24-month period immediately preceding the onset of a disability, whichever is greater.

CURRENT MONTHLY EARNINGS. *Current monthly earnings* are *your monthly earnings* during each month of *residual disability* for which a claim for benefits is made under this rider.

During any period of *residual disability*, usual and customary business expenses will be construed to be only those expenses which:

(1) are not in excess of the expenses that were incurred before the start of the *elimination period*; and
(2) *you* can deduct for federal income tax purposes; and
(3) are other than salaries, drawing accounts, profits, benefits and other forms of compensation payable to *you* or to any member of *your* immediate family who was not a full-time paid employee of the business during the last 60 days before disability began.

LOSS OF MONTHLY EARNINGS. *Loss of monthly earnings* is *your prior monthly earnings* less *your current monthly earnings*.

BENEFIT PROVISIONS

RESIDUAL BENEFITS. *We* will pay *you* a *residual monthly benefit* under this rider for each month *you* are *residually disabled* beginning on the later of:

(1) the day after the end of the *elimination period*; or
(2) the day following a period of *total disability* for which benefits have been paid.

$$\textit{residual monthly benefit} = \frac{\textit{loss of monthly earnings}}{\textit{prior monthly earnings}} \text{ (times) X } \textit{base monthly benefit}$$

The first six monthly payments of the *residual monthly benefit* will be the greater of:

(1) 50% of *your base monthly benefit*; or
(2) the amount determined by the above formula.

We will not pay residual benefits for any day for which *we* pay *total disability* or presumptive total disability benefits.

If *your loss of monthly earnings* is more than 75% of *your prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

If *prior monthly earnings* are determined to be less than or equal to zero then no residual benefits will be paid.

PRIOR MONTHLY EARNINGS ADJUSTMENT. *We* will make an adjustment to *your prior monthly earnings* in order to reflect the changes in cost of living. For those controlling a business entity, *we* will make the same adjustment to revenue and expenses. *We* will make this adjustment on the first and each successive anniversary of the onset of *your* disability.

To make this adjustment, *we* will use the Consumer Price Index for All Urban Consumers (CPI-U) published by the Bureau of Labor Statistics of the United States Department of Labor. If the CPI-U is replaced or changed, *we* will use the index that, in *our* judgment, most clearly reflects the change in the cost of living in the United States. CPI-U will then mean the chosen index.

For each disability claim, *we* will determine the CPI-U value for the third month prior to the start of *your* disability. This is called the initial index.

On each anniversary of the onset of the disability, *we* will determine the CPI-U value for the third month prior to that date. This is called the current index.

A ratio is then calculated by dividing the current index by the initial index. This ratio will remain constant for 12 months and will be recalculated on each succeeding anniversary. This ratio will never be less than one.

The *prior monthly earnings* is then multiplied by this ratio. The result is the adjusted *prior monthly earnings*.

The adjusted *loss of monthly earnings* equals the difference between adjusted *prior monthly earnings* and *current monthly earnings*.

Then:

$$\text{adjusted } \textit{residual monthly benefit} = \frac{\text{adjusted } \textit{loss of monthly earnings}}{\text{adjusted } \textit{prior monthly earnings}} \text{ (times) X } \textit{base monthly benefit}$$

If *your* adjusted *loss of monthly earnings* is more than 75% of *your* adjusted *prior monthly earnings*, it will be deemed a 100% loss and *we* will pay *you* as if *you* are *totally disabled*.

No *prior monthly earnings* adjustment is made during the first year of disability.

TERMINATION OF RESIDUAL BENEFITS. *We* will continue to pay the *residual monthly benefit*, until the earlier of:

(1) the date the *residual maximum benefit period* ends; or
(2) the date *you* are no longer *residually disabled*.

RECOVERY BENEFIT. In the month immediately following a period for which monthly disability benefits have been paid under this policy, if *you* have returned to *your* occupation and *you* are performing the material and substantial *duties* of *your* occupation for 80% or more of the time as was usual prior to the start of *your* disability, a *residual monthly benefit* will be paid provided:

(1) *loss of monthly earnings* are at least 15%; and
(2) a demonstrable relationship exists between the *loss of monthly earnings* and the previous disability. This relationship will be reevaluated periodically.

A demonstrable relationship exists if *loss of monthly earnings* is a direct and primary result of *your residual disability*. A demonstrable relationship does not exist if the *loss of monthly earnings* is primarily due to intervening causes that are not related to *your residual disability*.

TERMINATION OF RECOVERY BENEFIT. The recovery benefit will terminate upon the earlier of:

(1) the date a demonstrable relationship no longer exists; or
(2) two consecutive months in which *your loss of monthly earnings* is less than 15%; or
(3) three non consecutive months in which *your loss of monthly earnings* is less than 15%; or
(4) the date the *residual maximum benefit period* ends.

WAIVER OF PREMIUM. The Waiver of Premium provision in the **BENEFIT PROVISIONS** (Part II) section of *your* policy is amended as follows. References to *total disability* will be construed to include periods of *residual disability*.

Nothing in this rider will increase *your base monthly benefit*.

GENERAL PROVISIONS

PROOF OF EARNINGS. Before *we* can determine and approve any benefits, *we* require *proof* necessary to accurately calculate *your current monthly earnings* and *prior monthly earnings*. *We*, or an independent accountant retained by *us*, may examine *your* financial records as often as *we* deem necessary.

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

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FUTURE INCREASE OPTION RIDER

This rider gives *you* the qualified right to purchase additional *base monthly benefit* based on financial insurability only.

BENEFIT PROVISIONS

INCREASE IN BASE MONTHLY BENEFIT. *You* may apply for an increase in *base monthly benefit* on each policy anniversary up to and including the one when *you* are *age* 55. Increases also apply to residual, partial, and cost of living benefits, if included in *your* policy. Increases do not apply to the catastrophic monthly benefit or the *SIS monthly benefit*.

An increase will apply only to a separate period of disability that begins after the *issue date* of the increase.

AMOUNT OF INCREASE. *You* may request an increase in *your base monthly benefit* in any amount subject to the following conditions:

(1) The maximum annual increase allowed will be the lesser of:
   (a) one-half the *base monthly benefit* originally issued as shown on the *schedule*; or
   (b) the amount for which *you* qualify based on *your* earnings at the time *you* apply for the increase and *our* published financial underwriting guidelines then in effect. If *you* are disabled when *you* apply for an increase, *your* earnings prior to the start of disability will be used in the calculation of the increase for which *you* qualify.
(2) The total of all increases combined may not exceed the lesser of:
   (a) the total maximum increase originally issued as shown on the *schedule* for this rider; or
   (b) *our* published maximum issue and participation limit at the time of the increase.
(3) The minimum increase allowed is $300.

HOW TO APPLY FOR AN INCREASE. *You* must apply for an increase and submit a current federal tax return and any other documentation deemed appropriate by *us* within the 31 days prior to or following the policy anniversary on which *you* want the increase to take effect.

PREMIUM FOR AN INCREASE. If *your* application for an increase is approved, *you* must pay the premium within 31 days of the date of approval for coverage to take effect. Future premiums must be paid when due. The premium rate for the increase will:

(1) be based on *your* attained *age* as of the *issue date* of the increase; and
(2) use the rate basis in effect on the *issue date* of the policy to which this rider is attached; and
(3) be based on the occupation class shown on the *schedule* attached to this policy on the *issue date* of the increase.

Premiums will be waived for any increase while they are waived for the policy to which this rider is attached.

GENERAL PROVISIONS

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates and no further increases in *base monthly benefit* will be made under this rider at the earlier of the following:

(1) *your age* 55; or
(2) when the total of all increases elected equals the total maximum increase amount shown on the *schedule;* or
(3) the date the policy terminates; or
(4) the date *we* receive the *owner's* written request to terminate this rider.

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SOCIAL INSURANCE SUBSTITUTE RIDER

This Social Insurance Substitute (SIS) rider provides an additional monthly benefit as defined below while *you* are *totally disabled*.

DEFINITIONS

SOCIAL INSURANCE BENEFITS. Means payments of disability or retirement benefits under:

(1) the Federal Social Security Act under:
  (a) a Primary Insurance Amount (PIA); or
  (b) a PIA and a Family Benefit for dependents;
(2) any Worker's Compensation, Occupational Disease, or Employer's Liability program;
(3) Government Retirement and Disability Fund Benefit including:
  (a) disability compensation, including amounts for dependents under any federal, state, county, municipal or other government subdivision retirement and disability fund for which *you* may be eligible; or
  (b) any payment that results from elective retirement;
(4) any other similar federal, state or local governmental program.

SIS MONTHLY BENEFIT. The maximum benefit amount that will be paid each month under this rider, as shown on the *schedule*.

MAXIMUM BENEFIT PERIOD. The monthly benefit payable under this rider will be paid for up to the *maximum benefit period* for *total disability* shown on the *schedule*. With respect to all provisions of this rider combined, payment will not be made for more than the *maximum benefit period*.

SIS ELIMINATION PERIOD. The period of time *you* must be disabled before *we* start paying benefits under this rider. This period is shown on the *schedule*.

SUCCESSIVE PERIODS OF TOTAL DISABILITY. *Successive periods of total disability* are defined in the **BENEFIT PROVISIONS** (Part II) section of *your* policy.

For *successive periods of total disability*:

(1) *you* will not be required to satisfy a new *SIS elimination period*, if already satisfied; and
(2) the *maximum benefit period* will not start over; and
(3) the accumulated *successive periods of total disability* cannot exceed the *maximum benefit period* shown on the *schedule*.

Periods of *total disability* will be construed to include periods of *residual disability* and *partial disability* provided *your* policy contains the residual or partial benefit.

BENEFIT PROVISIONS

BENEFITS FOR TOTAL DISABILITY. If *you* are receiving a *base monthly benefit* under this policy, *we* will pay a *SIS monthly benefit*, reduced by any *social insurance benefits* being received, for each month *you* are *totally disabled* after the *SIS elimination period.*

BENEFITS FOR RESIDUAL DISABILITY (Provided *your* policy includes a residual benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *residual monthly benefit* under this policy, for each month *you* are *residually disabled* after the *SIS elimination period*, *we* will add the *SIS monthly benefit* to the *base monthly benefit* when *we* determine what benefits to pay under *residual disability*.

BENEFITS FOR PARTIAL DISABILITY (Provided *your* policy includes a partial benefit). If *you* are not receiving any *social insurance benefits* and *you* are receiving a *partial monthly benefit* under this policy, for each month *you* are *partially disabled* after the *SIS elimination period*, *we* will add the *SIS monthly benefit* to the *base monthly benefit* when *we* determine what benefits to pay under *partial disability*.

COST OF LIVING ADJUSTMENT (Provided *your* policy contains a Cost of Living Adjustment Rider). If the *SIS monthly benefit* has been included in determining *your* disability benefits and *you* are receiving disability benefits under this policy, *we* will add the *SIS monthly benefit*, reduced by any *social insurance benefits* being received, to the *base monthly benefit* when determining the benefits payable under the Cost of Living Adjustment Rider.

GENERAL PROVISIONS

We cannot require *you* to accept reduced Social Security retirement benefits.

If benefits have been paid under this rider and *you* receive retroactive *social insurance benefits*, then *we* will not seek reimbursement from *you.*

If *you* fail to notify *us* that *you* are receiving periodic payment of *social insurance benefits* and an overpayment of benefits occurs under this rider, *you* must repay *us* the overpayment.

If *you* receive a lump sum award in lieu of continued periodic payments for loss of income, the lump sum payment will be pro rated on a monthly basis over the time period for which payment was intended. If this time period is not specified, *we* will make a reasonable determination as to the time period for which payment may have been intended. *We* will allow for reasonable adjustments to the lump sum amount if the award specifies that portions of the lump sum were for loss of function, dismemberment, attorney fees, and/or medical treatment. If such portions of the lump sum are not otherwise determinable, no adjustments will be allowed.

LEGISLATIVE INCREASES. During *your* disability, legislated automatic increases may be made to *your social insurance benefits*. These increases will not be included in computing the benefit payable under this rider.

PROOF OF SOCIAL INSURANCE BENEFIT STATUS. *We* must receive *proof* of the status of *your social insurance benefits* before *we* will pay benefits under this rider. This *proof* must show that:

(1) *you* have applied for all *social insurance benefits* to which *you* may be entitled; and
(2) such benefits have been approved, denied, or are still pending.

These same *proof* requirements apply if *your* family may be eligible for *social insurance benefits* due to *your* disability. *You* must provide *us* with *proof* as often as *we* deem necessary.

APPEAL OF SOCIAL INSURANCE BENEFITS. If *social insurance benefits* are denied, *we* may require *you* to appeal the denial. *We* will pay the expense incurred for such appeal, if *we* require *you* to do so. If *we* do not require *you* to appeal a verdict, *you* may do so on *your* own, at *your* own expense.

RIDER SPECIFICATIONS. This rider is:

(1) part of the policy; and
(2) based on the application for this rider and payment of its premium; and
(3) subject to all definitions, provisions, exceptions, limitations, and other terms of the policy unless specifically changed by this rider.

This rider takes effect on the *issue date* of the policy unless a different *issue date* for the rider is shown on a revised *schedule*. As applied to this rider, the Incontestability and Pre-Existing Conditions provisions of the policy will be measured from the later of the *issue date* of the policy or of the rider.

TERMINATION. This rider terminates on the earlier of the following:

(1) the date the policy terminates; or
(2) the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision; or
(3) the date *we* receive the *owner's* written request to terminate this rider.

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MANAGERIAL DUTIES ENDORSEMENT

DEFINITIONS

(1) The definition of **MANAGERIAL DUTIES** and **MANUAL DUTIES** are added to the **DEFINITIONS** (Part I) section of *your* policy as follows:

MANAGERIAL DUTIES. Means *your* sedentary, administrative type activities.

MANUAL DUTIES. Means *your* physical activity including, but not limited to: bending, carrying, climbing, crawling, crouching, kneeling, lifting, pulling, pushing, stooping and driving a vehicle.

(2) The following changes apply if a Residual Disability Rider is included in *your* policy:

Item (3) in the definition of **RESIDUAL DISABILITY or RESIDUALLY DISABLED** is removed and replaced with the following:

(3) *you* are able to perform one or more, but not all, of the *managerial duties* of *your* occupation; or *you* are unable to perform *your managerial duties* for 80% or more of the time as was usual prior to the start of *your* disability.

(3) The **DEFINITION OF TOTAL DISABILITY** shown on the *schedule* is removed and replaced with the following:

Total Disability or Totally Disabled means that due to a *sickness* or *injury*, in and of itself, *you* are not able to perform the *managerial duties* of *your* occupation and *you* are not working in any occupation for wage or profit. *Your* occupation means *your* occupation or occupations at the time disability began. If *you* are not employed at that time, *your* occupation means any occupation *you* are able to do based on *your* education, training and experience.

(4) The following changes apply to **PARTIAL DISABILITY**, if included in *your* policy:

Items (1) and (2) in the definition of **PARTIAL DISABILITY,** in the **DEFINITIONS** (Part I) section of *your* policy, are removed and replaced with the following:

(1) *you* are able to do one or more but not all of the *managerial duties* of *your* occupation; or
(2) *you* can perform all of *your managerial duties* for only 50% or less of the time normally required.

EXCEPTIONS/LIMITATIONS

The **EXCEPTIONS/LIMITATIONS** (Part III) section of *your* policy is amended to include the following:

MANUALLY UNABLE. Benefits are not payable for *sickness* or *injury* in which *you* can perform the *managerial duties* of *your* occupation, but cannot perform the *manual duties* of *your* occupation.

In all other respects, this policy remains unchanged. This endorsement is part of the policy to which it is attached.

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PENSION COMPLETION ENDORSEMENT

BENEFIT PROVISIONS

PRESUMPTIVE TOTAL DISABILITY, in the **BENEFIT PROVISIONS** (Part II) section of *your* policy, is removed in its entirety.

GENERAL PROVISIONS

Items (1) and (2) under **POLICY OWNERSHIP,** in the **GENERAL PROVISIONS** (Part VI) section of *your* policy, are changed to read as follows:

(1) receive any benefits due under this policy except for benefits paid under **TREATMENT OF NONDISABLING INJURIES** in the **BENEFIT PROVISIONS** (Part II) section of *your* policy. These benefits will be paid directly to the insured.

(2) assign this policy, but only to a qualified plan, non-qualified deferred compensation plan, or other retirement vehicle, approved by *us* in advance.

In all other respects, this policy remains unchanged. This endorsement is part of the policy to which it is attached.

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SUSPENSION DURING UNEMPLOYMENT ENDORSEMENT

The **BENEFIT PROVISIONS** (Part II) section of *your* policy is amended to include the following:

SUSPENSION DURING UNEMPLOYMENT. If, after this policy has been *in force* for at least one year from the *issue date*, *you* become unemployed and have received eight consecutive weeks of governmental unemployment benefits, *you* have the option to suspend this policy. During such suspension:

(1) the provisions of this policy will not be in effect; and
(2) the Incontestability period, in the **GENERAL PROVISIONS** (Part VI) section of *your* policy, shall be tolled; and
(3) premium payments shall not be required.

You must request this suspension in writing. *Your* request must include *proof* that *you* are unemployed and that *you* have received eight weeks of governmental unemployment benefits. Premiums must be paid to the date *your* policy is suspended; however, w*e* will refund the part of any premium paid beyond that date.

The suspension will end at the earlier of:

(1) six months after the date *your* policy is suspended; or
(2) the date *you* request that *we* end the suspension.

At that time, *we* will require *you* to pay any pro rata premium due for coverage until the next premium due date. *Your* policy will be reinstated upon receipt of premium due. However, if premium is not received by *us* within 45 days, *your* policy will terminate as of the end of the suspension period.

You may not suspend this policy under this provision until 48 months have elapsed from the end of a previous period of suspension during unemployment.

This policy will not cover *loss* from *injuries* which occurred, or *sickness* first manifested, while this policy was suspended. Otherwise, *you* and *we* shall have the same rights under this policy as each had before it was suspended.

If *you* are still unemployed as of the anniversary following *your* 65th birthday, *you* may not reinstate this policy under this provision.

This endorsement terminates on the expiry date shown on the *schedule*, even if *you* renew the policy as provided under the Conditionally Renewable for Life provision.

In all other respects, this policy remains unchanged. This endorsement is part of the policy to which it is attached.

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UNIFI® Companies

The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218]
(Client Service Office)

Application for Reinstatement Disability Income

Insured: _____ of Policy Number: _____

IMPORTANT: To apply for reinstatement, **Questions 1, 2, 3, 4, 5, 6 and 7 must be answered for all policies and details of all "Yes" answers must be provided.**

To the best of your knowledge and belief:

Within the past five years (or the period since the date of the policy, whichever is shorter) have you:

1. a. Applied for insurance or reinstatement which was: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused? . . . . . ☐ Yes ☐ No
   b. Received or claimed: indemnity, benefits or a payment for any injury, sickness or impaired condition?. . . . . ☐ Yes ☐ No
   c. Engaged in or plan to engage in any form of: motorized racing, scuba diving, parachuting, sky diving, hang-gliding, ballooning, mountain climbing, rodeos or competitive skiing? . . . . . ☐ Yes ☐ No
   d. Made any flights as: a pilot, student pilot, or crew member of any aircraft or intend doing so? . . . . . ☐ Yes ☐ No
   e. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law, fined more than $50 for the violation of any traffic law, or had driver's license suspended? . . . . . ☐ Yes ☐ No
2. Been in a hospital, clinic, or institution for examination, observation, diagnosis, operation, or treatment? . . . . . ☐ Yes ☐ No
3. In addition to any information listed above, have you:
   a. Consulted or been treated or examined by any other doctors or other practitioner? . . . . . ☐ Yes ☐ No
   b. Been treated for any other cause(s) not named above? . . . . . ☐ Yes ☐ No
   c. Been diagnosed by a licensed medical professional as having Acquired Immune Deficiency Syndrome (AIDS), or Human Immunodeficiency Virus (HIV)? . . . . . ☐ Yes ☐ No
   d. Received treatment from a member of the medical profession for AIDS or HIV infection?. . . . . ☐ Yes ☐ No

Give DETAILS of all "Yes" answers for Questions 1, 2, and 3. Specify name of person, disease or injury, dates, results of treatment, names and addresses of each doctor and each hospital.

_____

_____

4. Present Employer: _____

   Address: _____

   Occupation, duties and length of time employed: _____
5. Net Annual Earned Income: _____ Unearned Income: _____ Net Worth: _____
6. Do you have any Disability Income/Overhead Expense coverage in force or pending (including Union Central coverage)? ☐ Yes ☐ No

Company	Type of Insurance	Monthly Income	Benefit Period	Elimination Period

7. Smoking: Smoke Cigarettes? ☐ Yes ☐ No
   Formerly Smoked Cigarettes? ☐ Yes ☐ No If "Yes," Date Discontinued and Reason:
   Use other form of Tobacco? ☐ Yes ☐ No If "Yes," Describe:

"You" and "your" mean the Policyowner and the Insured, if other than the Policyowner. "We," "us," and "our" mean Union Central.

AGREEMENT

The undersigned agrees that the statements in this application are true and complete to the best of his/her knowledge and belief. It is agreed that only statements which are to be considered as the basis for the reinstatement are those contained in: (1) this application; or (2) any amendment to the application.

FRAUD NOTICE: Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____ Month: _____ Day: _____ Year: _____
City State

Signature of Insured (always required): _____

Signature of Policyowner (if other than insured): _____

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The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2352]
(Client Service Office)

Disability Income
Policy Details

1. Individual Disability Income Insurance:

a) Contract Type
☐ Non Cancelable (U4501NC)
☐ Guaranteed Renewable (U4502GR)

b) Definition of Disability
☐ Own Occ for benefit period (OO)
☐ Own Occ and Not Working for benefit period (NW)
☐ 60 month Own Occ and Not Working thereafter (ON)

c) Base Monthly Benefit: $ _____

d) Elimination Period *(Days)*:
☐ 30 ☐ 60 ☐ 90
☐ 180 ☐ 365 ☐ 730

e) Benefit Period:
☐ 1 Year ☐ 2 Years ☐ 5 Years ☐ 10 Years
☐ To Age 65 ☐ To Age 67 ☐ To Age 70

f) Riders:
☐ Enhanced Residual Disability Rider
☐ Basic Residual Disability Rider
☐ Cost of Living Adjustment Rider – 6% Compound
☐ Cost of Living Adjustment Rider – 3% Simple
☐ Social Insurance Substitute Rider:
Amount: $_____ Elimination Period *(Days)*: _____
☐ Catastrophic Disability Rider:
Amount: $_____ Elimination Period *(Days)*: _____
Benefit Period *(Years)*: _____
☐ Future Increase Option Rider: Amount: $ _____
☐ Automatic Increase Rider
☐ Other: _____

g) Do you understand and agree that under the terms of the Individual Disability Income policy applied for, no monthly benefit is payable during the elimination period of any disability? ☐ Yes ☐ No

2. Business Overhead Expense:

a) Base Monthly Benefit: $ _____

b) Elimination (Waiting) Period *(Days)*:
☐ 30 ☐ 60 ☐ 90

c) Benefit Period *(Months)*:
☐ 12 ☐ 18 ☐ 24

d) Riders:
☐ Future Increase Option Rider: Amount: $ _____
☐ Substitute Salary Expense Rider: Amount: $ _____

e) Do you understand and agree that under the terms of the Business Overhead Expense policy applied for, no monthly benefit is payable during the elimination (waiting) period of any disability? ☐ Yes ☐ No

3. Premium:

a) Premium Payor:
☐ Insured ☐ Employer ☐ Other_____

b) Send Premium Notices to:
☐ Residence ☐ Business
☐ Other *(specific relationship and address)*
_____
_____

c) Premium Frequency:
☐ Annual
☐ Semi-Annual
☐ Quarterly
☐ Step Rate
☐ Electronic Funds Transfer (complete EFT form)
☐ Salary Allotment/List Bill
List bill number _____
☐ Other:_____

d) Association Discount: ☐ Yes ☐ No *(If "Yes," give IPN.)*
Association IPN: _____

e) Has any premium been given in connection with this application? ☐ Yes ☐ No
(If "Yes," state amount paid for which conditional receipt has been given, the terms of which are hereby agreed to.)

Individual Disability Income: $_____
Business Overhead Expense: $_____
Total: $_____

4. Business Ownership:

a) Do you have any ownership in the business where you work?
☐ Yes ☐ No If "Yes," what percent do you own? _____%

b) If yes, what type of business is it?
☐ C-Corp ☐ S-Corp ☐ LLP
☐ LLC ☐ Partnership ☐ Sole Proprietor
☐ Other:_____

c) If yes, how many other owners or partners are there? _____

5. Occupation / Employment:

a) How many total employees are there in the business where you work? _____

b) How long have you been employed at the business where you work? _____

c) How many hours per week do you work in your primary occupation? _____

d) How long have you worked in your primary occupation? _____

e) Do you have any other occupations not listed elsewhere on this application? ☐ Yes ☐ No
(If "Yes," give details, including description of duties and hours worked per week.)
_____
_____

f) If this application is for Individual Disability Income Insurance, will your employer pay the premium for this coverage? ☐ Yes ☐ No

g) If yes, what percent will be paid by the employer? _____%

h) If yes, will the premium paid by the employer be included in your taxable income? ☐ Yes ☐ No

i) Have you ever had a professional license suspended or revoked; or is such license under review; or have you been disbarred? ☐ Yes ☐ No
(If "Yes," give details.)
_____
_____

UNIFI® Companies

The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240
800-319-6901, Fax 513-595-2218]
(Client Service Office)

Application for Policy Change Disability Income

The undersigned hereby requests and directs The Union Central Life Insurance Company to change the policy numbered:

_____ on the insured: _____ as follows:

1. POLICY AND RIDERS

a) Add

☐ CAT Rider: Amount: $_____ Elimination Period _____ days Benefit Period: _____

b) Change

☐ Base Policy: Amount: $_____ Elimination Period _____ days Benefit Period: _____

☐ CAT Rider: Amount: $_____ Elimination Period _____ days Benefit Period: _____

☐ SIS Rider: Amount: $_____ Elimination Period _____ days

c) Cancel

☐ Residual Disability Rider
☐ COLA/Inflation Rider
☐ Social Insurance Substitute Rider (SIS)
☐ Catastrophic Disability Rider (CAT/ADL)
☐ Automatic Increase Rider (AIR)
☐ Future Increase Option Rider (FIOR/GPIR)
☐ Substitute Salary Expense Rider

2. MISCELLANEOUS

☐ Change Occupation Class to: _____

☐ Change Definition of Disability to: _____

☐ AIR Renewal (additional five years)

☐ Change Tobacco Status to Non-Tobacco

☐ Reconsider Rating and/or Exclusion Rider

☐ Change Premium Mode to: ☐ Annual ☐ Semiannual ☐ Quarterly ☐ List Bill ☐ Electronic Funds Transfer (Complete EFT form)

☐ Other: _____

3. ADDITIONAL DETAILS

_____

_____

For any change, it is agreed that evidence of insurability will be furnished if required.

I hereby declare that: (a) no bankruptcy proceedings are now pending against the owner; and (b) no assignment of the policy numbered above has been made except to (if no exception, so state): _____

IMPORTANT: Please note, if the policyowner is a resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI), the policyowner's spouse is required by that state to sign this form as "Other Required Signature". The form will be returned if incomplete. If the policyowner has never been married, then please state "Not Married" on the "Other Required Signature" line. If the policyowner is divorced or the spouse is deceased, we will need verification of this for our records for future requests, i.e., certified copy of death certificate, certified copy of divorce decree.

FRAUD NOTICE: Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____ Month: _____ Day: _____ Year: _____
City State

Insured Signature: _____ Owner Signature: _____

Other Required Signature: _____ Creditor Assignee: _____
If signing for a corporation, show corporate title.

Name of Corporation: _____

Officer: _____ Title: _____

Acknowledged: THE UNIFI COMPANIES

By: Date: _____

(From Agency No.: _____) NOTE: Mail completed matter to: ☐ Owner ☐ Agency No.: _____

UNIFI® Companies

The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240]
(Client Service Office)

Application for Benefit Increase Disability Income (GSI)

1. Name of Insured Employee: _____
2. Employee Address: _____
3. Social Security Number: _____ 4. Date of Birth: _____
5. Name of Employer: _____
6. Provide benefit amount and type (individual, group, etc.) of any Disability Income insurance in force or pending since the last time you applied for coverage with Union Central, or for which you will become eligible in the next 12 months. Also, provide policy number and issue date if replacing coverage:

   _____

   _____

7. I accept the increase in coverage and additional premium shown below. ☐ Yes ☐ No
   (a) If I pay by Electronic Funds Transfer (EFT), I authorize Union Central to add the premium due for the increase to my existing EFT. I understand the initial EFT transaction may occur on a date other than my usual scheduled withdrawal.
   (b) If I pay by Payroll Deduction through my employer, I understand that my employer will add the premium due for the increase to my current payroll deduction amount.
   (c) If I pay by Direct Bill, I have attached a check for the premium due for this increase.

Coverage	Monthly Benefit	Elimination Period (Days)	Maximum Benefit Period	Other Benefits	Definition of Disability
Base	$			☐ Enhanced Residual ☐ Basic Residual ☐ COLA - 3% Simple ☐ COLA - 6% Compound ☐ Other: _____	☐ Own Occ for benefit period ☐ Own Occ & Not Working for benefit period ☐ 60 month Own Occ and Not Working thereafter
CAT	$				
SIS	$				
Mode: _____ Premium: _____ Effective Date: _____ Current Policy Number: _____					

I, the insured, agree that the statements in this application are true and complete to the best of my knowledge and belief. I understand that:

(a) this increase will not take effect until premium due has been received by Union Central;
(b) if I am not actively at work on a full-time basis (30 hours or more per week) performing all of the duties of my occupation for the employer named in this application on the effective date of this increase, this increase will become void from the beginning, all premiums will be returned, and no benefits will be payable;
(c) the increase issued as a result of this application will apply only to a period of disability that starts on or after the effective date of the increase;
(d) if I decline this increase, I will not be eligible for future Guaranteed Standard Issue (GSI) increases; and
(e) coverage is issued based on the replacement information provided in this application. If any policies are to be replaced and such insurance is not canceled on a timely basis, any policy issued as a result of this application will be void from the beginning, all premiums will be returned, and no benefits will be payable.

FRAUD NOTICE: Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____ _____
City/State Month/Day/Year

_____ _____
Print Name of Insured. Signature of Insured.

PRODUCER: Print Name Signature Number/Situation Code

UNIFI® Companies

The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240]
(Client Service Office)

Application for Disability Income Guaranteed Standard Issue (GSI)

A. Personal Information (Proposed Insured)

Full Name: _____ ☐ Male ☐ Female

Home Address: _____ City: _____ State: _____ ZIP: _____

Social Security Number: _____ Birth State: _____ Date of Birth: _____ Age: _____

Are you a U.S. citizen? ☐ Yes ☐ No If "No," what country? _____ Type of Visa: ☐ Perm ☐ Temp

Annual Base Income: _____ Average Variable Income (commission, bonus, etc): _____

Have you used any tobacco or nicotine (patches, gum, etc.) products in the past 12 months? ☐ Yes ☐ No

B. Employment Information

Primary Employer: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Hire: _____ Occupation: _____ Occupation Class: _____

Are you actively at work on a full-time basis (30 hours or more per week)? ☐ Yes ☐ No

C. Premium Information

Premium Mode: ☐ Monthly List Bill ☐ Monthly Electronic Fund Transfer (complete EFT form) ☐ Other: _____

Percentage of the premium paid by: the employer _____ %; the employee _____ %

If all or part of the premium is paid by your employer, will it be included in your taxable income? ☐ Yes ☐ No

D. Coverage Applied For

Coverage	Monthly Benefit	Elimination Period (Days)	Maximum Benefit Period	Other Benefits	Definition of Disability
Base	$			☐ Enhanced Residual ☐ Basic Residual ☐ COLA - 3% Simple ☐ COLA - 6% Compound ☐ Other: _____	☐ Own Occ for benefit period ☐ Own Occ & Not Working for benefit period ☐ 60 month Own Occ and Not Working thereafter
CAT	$				
SIS	$				

Will the owner of the policy be someone other than the proposed insured? ☐ Yes ☐ No

If Yes, print full name and relationship to the proposed insured: _____

E. Other Insurance: If none, check here ☐

List all disability income in force, currently applied for or which you will become eligible for in the next 12 months. Include individual, group, or any coverage offered through your employer or an association. Provide policy number and issue date if replacing coverage.

Company Name	Type of Coverage	Monthly Benefit (Base+SIS)	Benefit Period	CAT Monthly Benefit	Employer Paid	Will Coverage Be Replaced?	*(if replacing)*	
							Policy Number	Issue Date
		$		$	☐ Yes ☐ No	☐ Yes ☐ No		
		$		$	☐ Yes ☐ No	☐ Yes ☐ No		

F. Health Information

1. ☐ Yes ☐ No During the past 6 months, have you missed work, or worked less than a full-time schedule, due to illness or injury?
2. ☐ Yes ☐ No Have you ever had a total loss of: speech; or hearing in both ears; or sight in both eyes; or use of both hands, both feet, or one hand and one foot?

If applying for Catastrophic (CAT) Coverage, answer 3 & 4 below.

3. ☐ Yes ☐ No Do you need human assistance of any kind or the use of adaptive equipment (such as: wheelchair, pacemaker, oxygen tank, cane, catheter, artificial limb, etc.) to perform everyday activities (such as: bathing, dressing, continence, eating, using the toilet, or transferring, for example, from the chair to your bed)?
4. ☐ Yes ☐ No Have you ever received medical treatment for memory loss or confusion or for a complete or partial loss of intellectual capacity resulting from an injury or from a sickness (such as Alzheimer's disease, stroke, senility, dementia, etc.)?

If the answer to any question 1 through 4 is "Yes," please provide details in the space below.

_____

_____

UNIFI® Companies

The Union Central Life Insurance Company
[P.O. Box 40888, Cincinnati, OH 45240]
(Client Service Office)

Application for Disability Income (GSI)

Agreement

The proposed insured represents that the statements in this application are true and complete to the best of his/her knowledge and belief. It is agreed that:

(a) the only statements to be considered as the basis of the policy are those contained in this application or in any amendment to this application;

(b) any prepayment made by the proposed insured, on the date the application is signed and dated, will be subject to the provisions of the CONDITIONAL RECEIPT;

(c) **when the proposed insured makes no prepayment with this application, or if the employer named in this application ("the Employer") is paying the entire cost of coverage (whether or not prepayment is made),** if this application is approved and the proposed insured's health and the facts and other conditions affecting his/her insurability remain as described in this application, insurance will take effect on the policy issue date agreed upon by The Union Central Life Insurance Company ("the Company") and the Employer, subject to receipt by the Company of the initial premium payment;

(d) premium will not be considered paid until received by the Company, regardless of whether coverage is funded by the Employer, employee, or some combination thereof. If the Employer is deducting the proposed insured's portion of the premium from his/her paycheck, it is understood that the Employer is acting on his/her behalf when remitting premiums to the Company;

(e) if the Employer is paying the entire cost of the policy resulting from this application and the Company determines that the insured qualifies for an annual increase in the policy's maximum monthly benefit, he/she authorizes such an increase provided the Employer agrees to pay the cost of the increase. An increase applies only to a period of disability that starts on or after the effective date of the increase;

(f) the coverage applied for with this application, or any future increase in coverage, will become void from the date that coverage took effect, if the proposed insured is not actively at work on a full-time basis (30 hours or more per week) performing all of the duties of his/her occupation for the Employer, as of the effective date of that coverage. All premiums will be returned and no benefits will be payable for that coverage;

(g) coverage is issued based on the replacement information provided in this application. If any policies are to be replaced and such insurance is not canceled on a timely basis, any policy issued as a result of this application will be void from the beginning, all premiums will be returned, and no benefits will be payable;

(h) no one except the President, a Vice President, the Secretary, or an Assistant Secretary may make, alter or discharge contracts or waive any of the Company's rights or requirements; and

(i) the application was signed and dated in the state indicated below.

Fraud Notice: Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: _____

City | State | Month | Day | Year

Print or Type Proposed Insured Name. | Signature of Proposed Insured.

Print or Type Owner if not Proposed Insured. | Signature of Owner if not Proposed Insured.

PRODUCER 1: Print/Type Name | Signature | Number/Sit Code | % Split

PRODUCER 2: Print/Type Name | Signature | Number/Sit Code | % Split

PRODUCER 3: Print/Type Name | Signature | Number/Sit Code | % Split

Agency Name. | Agency Number.

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 10/22/2009	CR6A - 365 Day	U4501NC, U4502GR	New		CR6A.pdf
Approved-Closed 10/22/2009	CR6M - 365 Day	U4501NC, U4502GR	New		CR6M.pdf
Approved-Closed 10/22/2009	GR6ALVL1YR - 365 Day	U4502GR	New		GR6ALVL1YR.pdf
Approved-Closed 10/22/2009	GR6ALVL2YR - 365 Day	U4502GR	New		GR6ALVL2YR.pdf
Approved-Closed 10/22/2009	GR6ALVL5YR - 365 Day	U4502GR	New		GR6ALVL5YR.pdf
Approved-Closed 10/22/2009	GR6ALVL10YR - 365 Day	U4502GR	New		GR6ALVL10YR.pdf
Approved-Closed	GR6ALVLT65 - 365 Day	U4502GR	New		GR6ALVLT65.pdf

10/22/2009

Approved-Closed 10/22/2009	GR6ALVLT67 - 365 Day	U4502GR	New	GR6ALVLT67.pdf
Approved-Closed 10/22/2009	GR6ALVLT70 - 365 Day	U4502GR	New	GR6ALVLT70.pdf
Approved-Closed 10/22/2009	GR6MLVL1YR - 365 Day	U4502GR	New	GR6MLVL1YR.pdf
Approved-Closed 10/22/2009	GR6MLVL2YR - 365 Day	U4502GR	New	GR6MLVL2YR.pdf
Approved-Closed 10/22/2009	GR6MLVL5YR - 365 Day	U4502GR	New	GR6MLVL5YR.pdf
Approved-Closed 10/22/2009	GR6MLVL10YR - 365 Day	U4502GR	New	GR6MLVL10YR.pdf
Approved-Closed 10/22/2009	GR6MLVLT65 - 365 Day	U4502GR	New	GR6MLVLT65.pdf
Approved-Closed 10/22/2009	GR6MLVLT67 - 365 Day	U4502GR	New	GR6MLVLT67.pdf

Approved-Closed 10/22/2009	GR6MLVLT70 - 365 Day	U4502GR	New	GR6MLVLT70.pdf
Approved-Closed 10/22/2009	NC6ALVL1YR - 365 Day	U4501NC	New	NC6ALVL1YR.pdf
Approved-Closed 10/22/2009	NC6ALVL2YR - 365 Day	U4501NC	New	NC6ALVL2YR.pdf
Approved-Closed 10/22/2009	NC6ALVL5YR - 365 Day	U4501NC	New	NC6ALVL5YR.pdf
Approved-Closed 10/22/2009	NC6ALVL10YR - 365 Day	U4501NC	New	NC6ALVL10YR.pdf
Approved-Closed 10/22/2009	NC6ALVLT65 - 365 Day	U4501NC	New	NC6ALVLT65.pdf
Approved-Closed 10/22/2009	NC6ALVLT67 - 365 Day	U4501NC	New	NC6ALVLT67.pdf
Approved-Closed 10/22/2009	NC6ALVLT70 - 365 Day	U4501NC	New	NC6ALVLT70.pdf

Approved-Closed 10/22/2009	NC6ASTPT65 - 365 Day	U4501NC	New	NC6ASTPT65.pdf
Approved-Closed 10/22/2009	NC6ASTPT67 - 365 Day	U4501NC	New	NC6ASTPT67.pdf
Approved-Closed 10/22/2009	NC6ASTPT70 - 365 Day	U4501NC	New	NC6ASTPT70.pdf
Approved-Closed 10/22/2009	NC6MLVL1YR - 365 Day	U4501NC	New	NC6MLVL1YR.pdf
Approved-Closed 10/22/2009	NC6MLVL2YR - 365 Day	U4501NC	New	NC6MLVL2YR.pdf
Approved-Closed 10/22/2009	NC6MLVL5YR - 365 Day	U4501NC	New	NC6MLVL5YR.pdf
Approved-Closed 10/22/2009	NC6MLVL10YR - 365 Day	U4501NC	New	NC6MLVL10YR.pdf
Approved-Closed 10/22/2009	NC6MLVLT65 - 365 Day	U4501NC	New	NC6MLVLT65.pdf

Approved-Closed 10/22/2009	NC6MLVLT67 - 365 Day	U4501NC	New	NC6MLVLT67.pdf
Approved-Closed 10/22/2009	NC6MLVLT70 - 365 Day	U4501NC	New	NC6MLVLT70.pdf
Approved-Closed 10/22/2009	NC6MSTPT65 - 365 Day	U4501NC	New	NC6MSTPT65.pdf
Approved-Closed 10/22/2009	NC6MSTPT67 - 365 Day	U4501NC	New	NC6MSTPT67.pdf
Approved-Closed 10/22/2009	NC6MSTPT70 - 365 Day	U4501NC	New	NC6MSTPT70.pdf

UNION CENTRAL LIFE INS. CO.
Conditionally Renewable Disability Income
Annual Premiums per $100 of monthly benefit

6A - Male/Female/Unisex | Age 65+ | Nonsmoker

	Elimination Period			
Benefit Period	30 Days	60 Days	90 Days	180 Days
24 Months	177.81	124.09	84.41	67.95
12 Months	147.82	93.35	58.49	NA

UNION CENTRAL LIFE INS. CO.
Conditionally Renewable Disability Income
Annual Premiums per $100 of monthly benefit

6M - Male/Female/Unisex | Age 65+ | Nonsmoker

	Elimination Period			
Benefit Period	30 Days	60 Days	90 Days	180 Days
24 Months	243.60	170.00	115.64	93.08
12 Months	202.51	127.89	80.13	NA

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	56.60	46.10	31.80
62	60.85	49.57	34.19
63	65.42	53.30	36.75
64	70.32	57.29	39.51

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	5.60	4.56	3.15
62	6.02	4.90	3.38
63	6.48	5.28	3.64
64	6.96	5.67	3.91

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	1.88	1.53	1.05
62	2.01	1.64	1.13
63	2.17	1.76	1.22
64	2.33	1.90	1.31

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	66.56	54.22	37.39
62	71.55	58.28	40.20
63	76.93	62.66	43.21
64	82.69	67.35	46.45

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	6.60	5.37	3.71
62	7.10	5.78	3.99
63	7.62	6.21	4.28
64	8.20	6.68	4.61

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	2.19	1.79	1.23
62	2.36	1.92	1.33
63	2.54	2.07	1.43
64	2.74	2.23	1.54

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	58.59	47.72	32.92
62	62.99	51.31	35.39
63	67.72	55.17	38.04
64	72.79	59.30	40.90

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	5.80	4.72	3.26
62	6.24	5.08	3.50
63	6.71	5.47	3.77
64	7.21	5.87	4.05

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	1.94	1.58	1.09
62	2.08	1.70	1.17
63	2.24	1.82	1.26
64	2.41	1.97	1.36

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	10.18	8.29	5.72	4.75
19	10.18	8.29	5.72	4.75
20	10.18	8.29	5.72	4.75
21	10.18	8.29	5.72	4.75
22	10.18	8.29	5.72	4.75
23	10.18	8.29	5.72	4.75
24	10.18	8.29	5.72	4.75
25	10.18	8.29	5.72	4.75
26	10.48	8.54	5.89	4.89
27	10.79	8.79	6.06	5.03
28	11.09	9.03	6.23	5.17
29	11.39	9.28	6.40	5.31
30	11.98	9.76	6.73	5.59
31	12.60	10.27	7.08	5.88
32	13.26	10.80	7.45	6.18
33	13.94	11.35	7.83	6.50
34	14.61	11.90	8.21	6.81
35	15.33	12.48	8.61	7.15
36	16.06	13.08	9.02	7.49
37	16.80	13.69	9.44	7.84
38	17.55	14.30	9.86	8.18
39	18.33	14.94	10.30	8.55
40	19.14	15.59	10.75	8.92
41	20.06	16.34	11.27	9.35
42	21.00	17.11	11.80	9.79
43	21.97	17.89	12.34	10.24
44	22.98	18.72	12.91	10.72
45	23.99	19.55	13.48	11.19
46	25.60	20.85	14.38	11.94
47	27.07	22.05	15.21	12.62
48	28.46	23.19	15.99	13.27
49	29.74	24.23	16.71	13.87
50	30.92	25.19	17.37	14.42
51	33.41	27.22	18.77	15.58
52	35.90	29.25	20.17	16.74
53	37.08	30.20	20.83	17.29
54	39.91	32.51	22.42	18.61
55	42.93	34.97	24.12	20.02
56	45.64	37.18	25.64	21.28
57	48.51	39.51	27.25	22.62
58	51.48	41.93	28.92	24.00
59	55.66	45.34	31.27	25.95
60	61.94	50.46	34.80	28.88
61	66.59	54.24	37.41	31.05
62	71.59	58.32	40.22	33.38
63	76.97	62.70	43.24	35.89
64	82.73	67.40	46.48	38.58

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.77	0.62	0.43	0.36
19	0.77	0.62	0.43	0.36
20	0.77	0.62	0.43	0.36
21	0.77	0.62	0.43	0.36
22	0.77	0.62	0.43	0.36
23	0.77	0.62	0.43	0.36
24	0.77	0.62	0.43	0.36
25	0.77	0.62	0.43	0.36
26	0.80	0.65	0.45	0.37
27	0.82	0.67	0.46	0.38
28	0.85	0.70	0.48	0.40
29	0.89	0.73	0.50	0.42
30	0.96	0.78	0.54	0.45
31	1.03	0.84	0.58	0.48
32	1.10	0.90	0.62	0.51
33	1.17	0.96	0.66	0.55
34	1.25	1.02	0.70	0.58
35	1.34	1.09	0.75	0.62
36	1.41	1.15	0.79	0.66
37	1.50	1.22	0.84	0.70
38	1.58	1.29	0.89	0.74
39	1.69	1.38	0.95	0.79
40	1.78	1.45	1.00	0.83
41	1.89	1.54	1.06	0.88
42	2.01	1.64	1.13	0.94
43	2.14	1.74	1.20	1.00
44	2.24	1.83	1.26	1.05
45	2.39	1.94	1.34	1.11
46	2.55	2.07	1.43	1.19
47	2.69	2.19	1.51	1.25
48	2.83	2.31	1.59	1.32
49	2.95	2.41	1.66	1.38
50	3.06	2.49	1.72	1.43
51	3.33	2.71	1.87	1.55
52	3.56	2.90	2.00	1.66
53	3.68	3.00	2.07	1.72
54	3.97	3.23	2.23	1.85
55	4.25	3.47	2.39	1.98
56	4.52	3.68	2.54	2.11
57	4.81	3.92	2.70	2.24
58	5.11	4.16	2.87	2.38
59	5.52	4.50	3.10	2.57
60	6.12	4.99	3.44	2.86
61	6.59	5.37	3.70	3.07
62	7.08	5.77	3.98	3.30
63	7.62	6.21	4.28	3.55
64	8.19	6.67	4.60	3.82

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.25	0.20	0.14	0.12
19	0.25	0.20	0.14	0.12
20	0.25	0.20	0.14	0.12
21	0.25	0.20	0.14	0.12
22	0.25	0.20	0.14	0.12
23	0.25	0.20	0.14	0.12
24	0.25	0.20	0.14	0.12
25	0.25	0.20	0.14	0.12
26	0.27	0.22	0.15	0.12
27	0.27	0.22	0.15	0.12
28	0.28	0.23	0.16	0.13
29	0.30	0.25	0.17	0.14
30	0.32	0.26	0.18	0.15
31	0.36	0.29	0.20	0.17
32	0.37	0.30	0.21	0.17
33	0.39	0.32	0.22	0.18
34	0.41	0.33	0.23	0.19
35	0.45	0.36	0.25	0.21
36	0.48	0.39	0.27	0.22
37	0.52	0.42	0.29	0.24
38	0.53	0.44	0.30	0.25
39	0.57	0.46	0.32	0.27
40	0.59	0.48	0.33	0.27
41	0.64	0.52	0.36	0.30
42	0.66	0.54	0.37	0.31
43	0.71	0.58	0.40	0.33
44	0.75	0.61	0.42	0.35
45	0.78	0.64	0.44	0.37
46	0.85	0.70	0.48	0.40
47	0.89	0.73	0.50	0.42
48	0.94	0.77	0.53	0.44
49	0.98	0.80	0.55	0.46
50	1.01	0.83	0.57	0.47
51	1.10	0.90	0.62	0.51
52	1.19	0.97	0.67	0.56
53	1.23	1.00	0.69	0.57
54	1.34	1.09	0.75	0.62
55	1.42	1.16	0.80	0.66
56	1.51	1.23	0.85	0.71
57	1.60	1.31	0.90	0.75
58	1.71	1.39	0.96	0.80
59	1.85	1.51	1.04	0.86
60	2.05	1.67	1.15	0.95
61	2.21	1.80	1.24	1.03
62	2.37	1.93	1.33	1.10
63	2.55	2.07	1.43	1.19
64	2.74	2.23	1.54	1.28

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	5.25	4.28	2.95	2.45
19	5.25	4.28	2.95	2.45
20	5.25	4.28	2.95	2.45
21	5.25	4.28	2.95	2.45
22	5.25	4.28	2.95	2.45
23	5.25	4.28	2.95	2.45
24	5.25	4.28	2.95	2.45
25	5.25	4.28	2.95	2.45
26	5.48	4.47	3.08	2.56
27	5.75	4.68	3.23	2.68
28	6.00	4.89	3.37	2.80
29	6.23	5.08	3.50	2.91
30	6.59	5.37	3.70	3.07
31	6.98	5.68	3.92	3.25
32	7.37	6.00	4.14	3.44
33	7.80	6.35	4.38	3.64
34	8.22	6.70	4.62	3.83
35	8.69	7.08	4.88	4.05
36	9.17	7.47	5.15	4.27
37	9.70	7.90	5.45	4.52
38	10.25	8.35	5.76	4.78
39	10.89	8.87	6.12	5.08
40	11.55	9.41	6.49	5.39
41	12.30	10.02	6.91	5.74
42	13.07	10.64	7.34	6.09
43	13.85	11.28	7.78	6.46
44	14.72	11.99	8.27	6.86
45	15.63	12.73	8.78	7.29
46	16.98	13.83	9.54	7.92
47	18.28	14.89	10.27	8.52
48	19.54	15.92	10.98	9.11
49	20.79	16.94	11.68	9.69
50	21.97	17.89	12.34	10.24
51	24.12	19.65	13.55	11.25
52	26.31	21.43	14.78	12.27
53	27.38	22.30	15.38	12.77
54	29.80	24.27	16.74	13.89
55	32.06	26.11	18.01	14.95
56	34.09	27.77	19.15	15.89
57	36.22	29.51	20.35	16.89
58	38.43	31.31	21.59	17.92
59	41.56	33.86	23.35	19.38
60	46.26	37.69	25.99	21.57

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.53	1.25	0.86	0.71
19	1.53	1.25	0.86	0.71
20	1.53	1.25	0.86	0.71
21	1.53	1.25	0.86	0.71
22	1.53	1.25	0.86	0.71
23	1.53	1.25	0.86	0.71
24	1.53	1.25	0.86	0.71
25	1.53	1.25	0.86	0.71
26	1.55	1.26	0.87	0.72
27	1.58	1.29	0.89	0.74
28	1.60	1.31	0.90	0.75
29	1.64	1.33	0.92	0.76
30	1.73	1.41	0.97	0.81
31	1.83	1.49	1.03	0.85
32	1.94	1.58	1.09	0.90
33	2.05	1.67	1.15	0.95
34	2.17	1.77	1.22	1.01
35	2.28	1.86	1.28	1.06
36	2.37	1.93	1.33	1.10
37	2.47	2.02	1.39	1.15
38	2.56	2.09	1.44	1.20
39	2.69	2.19	1.51	1.25
40	2.79	2.28	1.57	1.30
41	2.95	2.41	1.66	1.38
42	3.10	2.52	1.74	1.44
43	3.24	2.64	1.82	1.51
44	3.40	2.77	1.91	1.59
45	3.58	2.91	2.01	1.67
46	3.84	3.13	2.16	1.79
47	4.11	3.35	2.31	1.92
48	4.38	3.57	2.46	2.04
49	4.65	3.78	2.61	2.17
50	4.88	3.97	2.74	2.27
51	5.38	4.38	3.02	2.51
52	5.87	4.79	3.30	2.74
53	6.18	5.03	3.47	2.88
54	6.84	5.57	3.84	3.19
55	7.62	6.21	4.28	3.55
56	8.44	6.87	4.74	3.93
57	8.97	7.31	5.04	4.18
58	9.52	7.76	5.35	4.44
59	10.29	8.38	5.78	4.80
60	11.45	9.32	6.43	5.34

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	18.51	15.08	10.40	8.63
19	18.51	15.08	10.40	8.63
20	18.51	15.08	10.40	8.63
21	18.51	15.08	10.40	8.63
22	18.51	15.08	10.40	8.63
23	18.51	15.08	10.40	8.63
24	18.51	15.08	10.40	8.63
25	18.51	15.08	10.40	8.63
26	19.26	15.69	10.82	8.98
27	20.01	16.30	11.24	9.33
28	20.81	16.95	11.69	9.70
29	21.91	17.85	12.31	10.22
30	23.00	18.73	12.92	10.72
31	23.96	19.52	13.46	11.17
32	24.94	20.31	14.01	11.63
33	25.92	21.11	14.56	12.08
34	26.90	21.91	15.11	12.54
35	27.87	22.71	15.66	13.00
36	28.50	23.21	16.01	13.29
37	29.10	23.71	16.35	13.57
38	29.73	24.22	16.70	13.86
39	30.33	24.71	17.04	14.14
40	30.95	25.22	17.39	14.43
41	32.02	26.09	17.99	14.93
42	33.09	26.96	18.59	15.43
43	34.18	27.84	19.20	15.94
44	35.28	28.74	19.82	16.45
45	36.40	29.65	20.45	16.97
46	37.38	30.45	21.00	17.43
47	38.38	31.26	21.56	17.89
48	39.37	32.07	22.12	18.36
49	40.39	32.90	22.69	18.83
50	41.40	33.73	23.26	19.31
51	44.18	35.99	24.82	20.60
52	47.08	38.35	26.45	21.95
53	50.07	40.79	28.13	23.35
54	53.15	43.30	29.86	24.78
55	56.35	45.91	31.66	26.28
56	59.20	48.23	33.26	27.61
57	62.62	51.01	35.18	29.20
58	66.14	53.88	37.16	30.84
59	69.44	56.56	39.01	32.38
60	72.84	59.33	40.92	33.96
61	78.30	63.79	43.99	36.51
62	84.18	68.57	47.29	39.25
63	90.50	73.72	50.84	42.20
64	97.28	79.24	54.65	45.36

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.39	1.13	0.78	0.65
19	1.39	1.13	0.78	0.65
20	1.39	1.13	0.78	0.65
21	1.39	1.13	0.78	0.65
22	1.39	1.13	0.78	0.65
23	1.39	1.13	0.78	0.65
24	1.39	1.13	0.78	0.65
25	1.39	1.13	0.78	0.65
26	1.44	1.17	0.81	0.67
27	1.53	1.25	0.86	0.71
28	1.62	1.32	0.91	0.76
29	1.73	1.41	0.97	0.81
30	1.85	1.51	1.04	0.86
31	1.98	1.61	1.11	0.92
32	2.06	1.68	1.16	0.96
33	2.19	1.78	1.23	1.02
34	2.30	1.87	1.29	1.07
35	2.42	1.97	1.36	1.13
36	2.51	2.04	1.41	1.17
37	2.60	2.12	1.46	1.21
38	2.69	2.19	1.51	1.25
39	2.78	2.26	1.56	1.29
40	2.88	2.35	1.62	1.34
41	3.01	2.45	1.69	1.40
42	3.15	2.57	1.77	1.47
43	3.31	2.70	1.86	1.54
44	3.47	2.83	1.95	1.62
45	3.60	2.93	2.02	1.68
46	3.70	3.02	2.08	1.73
47	3.81	3.10	2.14	1.78
48	3.90	3.18	2.19	1.82
49	4.01	3.26	2.25	1.87
50	4.09	3.34	2.30	1.91
51	4.38	3.57	2.46	2.04
52	4.66	3.80	2.62	2.17
53	4.97	4.05	2.79	2.32
54	5.27	4.29	2.96	2.46
55	5.59	4.55	3.14	2.61
56	5.87	4.79	3.30	2.74
57	6.21	5.06	3.49	2.90
58	6.55	5.34	3.68	3.05
59	6.89	5.61	3.87	3.21
60	7.23	5.89	4.06	3.37
61	7.76	6.32	4.36	3.62
62	8.35	6.80	4.69	3.89
63	8.97	7.31	5.04	4.18
64	9.65	7.86	5.42	4.50

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.46	0.38	0.26	0.22
19	0.46	0.38	0.26	0.22
20	0.46	0.38	0.26	0.22
21	0.46	0.38	0.26	0.22
22	0.46	0.38	0.26	0.22
23	0.46	0.38	0.26	0.22
24	0.46	0.38	0.26	0.22
25	0.46	0.38	0.26	0.22
26	0.48	0.39	0.27	0.22
27	0.52	0.42	0.29	0.24
28	0.53	0.44	0.30	0.25
29	0.57	0.46	0.32	0.27
30	0.62	0.51	0.35	0.29
31	0.66	0.54	0.37	0.31
32	0.69	0.57	0.39	0.32
33	0.73	0.59	0.41	0.34
34	0.77	0.62	0.43	0.36
35	0.82	0.67	0.46	0.38
36	0.84	0.68	0.47	0.39
37	0.85	0.70	0.48	0.40
38	0.89	0.73	0.50	0.42
39	0.93	0.75	0.52	0.43
40	0.96	0.78	0.54	0.45
41	1.00	0.81	0.56	0.46
42	1.07	0.87	0.60	0.50
43	1.10	0.90	0.62	0.51
44	1.16	0.94	0.65	0.54
45	1.19	0.97	0.67	0.56
46	1.23	1.00	0.69	0.57
47	1.26	1.03	0.71	0.59
48	1.30	1.06	0.73	0.61
49	1.34	1.09	0.75	0.62
50	1.37	1.12	0.77	0.64
51	1.46	1.19	0.82	0.68
52	1.57	1.28	0.88	0.73
53	1.66	1.35	0.93	0.77
54	1.76	1.44	0.99	0.82
55	1.87	1.52	1.05	0.87
56	1.96	1.60	1.10	0.91
57	2.06	1.68	1.16	0.96
58	2.19	1.78	1.23	1.02
59	2.31	1.89	1.30	1.08
60	2.40	1.96	1.35	1.12
61	2.58	2.10	1.45	1.20
62	2.78	2.26	1.56	1.29
63	2.99	2.44	1.68	1.39
64	3.22	2.62	1.81	1.50

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	9.08	7.40	5.10	4.23
19	9.08	7.40	5.10	4.23
20	9.08	7.40	5.10	4.23
21	9.08	7.40	5.10	4.23
22	9.08	7.40	5.10	4.23
23	9.08	7.40	5.10	4.23
24	9.08	7.40	5.10	4.23
25	9.08	7.40	5.10	4.23
26	9.58	7.80	5.38	4.47
27	10.15	8.27	5.70	4.73
28	10.70	8.71	6.01	4.99
29	11.37	9.27	6.39	5.30
30	12.02	9.79	6.75	5.60
31	12.58	10.25	7.07	5.87
32	13.17	10.73	7.40	6.14
33	13.76	11.21	7.73	6.42
34	14.36	11.70	8.07	6.70
35	15.01	12.22	8.43	7.00
36	15.47	12.60	8.69	7.21
37	15.97	13.01	8.97	7.45
38	16.48	13.43	9.26	7.69
39	17.11	13.93	9.61	7.98
40	17.75	14.46	9.97	8.28
41	18.65	15.20	10.48	8.70
42	19.54	15.92	10.98	9.11
43	20.47	16.68	11.50	9.55
44	21.47	17.49	12.06	10.01
45	22.53	18.36	12.66	10.51
46	23.55	19.18	13.23	10.98
47	24.62	20.05	13.83	11.48
48	25.70	20.94	14.44	11.99
49	26.82	21.85	15.07	12.51
50	27.95	22.77	15.70	13.03
51	30.30	24.68	17.02	14.13
52	32.79	26.71	18.42	15.29
53	35.12	28.61	19.73	16.38
54	37.70	30.71	21.18	17.58
55	39.98	32.57	22.46	18.64
56	41.99	34.21	23.59	19.58
57	44.43	36.19	24.96	20.72
58	46.92	38.22	26.36	21.88
59	49.25	40.12	27.67	22.97
60	51.67	42.09	29.03	24.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.34	1.09	0.75	0.62
19	1.34	1.09	0.75	0.62
20	1.34	1.09	0.75	0.62
21	1.34	1.09	0.75	0.62
22	1.34	1.09	0.75	0.62
23	1.34	1.09	0.75	0.62
24	1.34	1.09	0.75	0.62
25	1.34	1.09	0.75	0.62
26	1.35	1.10	0.76	0.63
27	1.39	1.13	0.78	0.65
28	1.44	1.17	0.81	0.67
29	1.48	1.20	0.83	0.69
30	1.57	1.28	0.88	0.73
31	1.67	1.36	0.94	0.78
32	1.78	1.45	1.00	0.83
33	1.89	1.54	1.06	0.88
34	1.99	1.62	1.12	0.93
35	2.10	1.71	1.18	0.98
36	2.19	1.78	1.23	1.02
37	2.28	1.86	1.28	1.06
38	2.39	1.94	1.34	1.11
39	2.47	2.02	1.39	1.15
40	2.58	2.10	1.45	1.20
41	2.69	2.19	1.51	1.25
42	2.85	2.32	1.60	1.33
43	2.97	2.42	1.67	1.39
44	3.13	2.55	1.76	1.46
45	3.29	2.68	1.85	1.54
46	3.54	2.89	1.99	1.65
47	3.77	3.07	2.12	1.76
48	4.02	3.28	2.26	1.88
49	4.29	3.49	2.41	2.00
50	4.47	3.64	2.51	2.08
51	4.91	4.00	2.76	2.29
52	5.38	4.38	3.02	2.51
53	5.62	4.58	3.16	2.62
54	6.21	5.06	3.49	2.90
55	6.87	5.60	3.86	3.20
56	8.03	6.54	4.51	3.74
57	7.51	6.12	4.22	3.50
58	8.46	6.89	4.75	3.94
59	9.74	7.93	5.47	4.54
60	11.46	9.34	6.44	5.35

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	11.85	9.65	6.66	5.53
19	11.85	9.65	6.66	5.53
20	11.85	9.65	6.66	5.53
21	11.85	9.65	6.66	5.53
22	11.85	9.65	6.66	5.53
23	11.85	9.65	6.66	5.53
24	11.85	9.65	6.66	5.53
25	11.85	9.65	6.66	5.53
26	12.24	9.97	6.88	5.71
27	12.63	10.29	7.10	5.89
28	13.03	10.61	7.32	6.08
29	13.49	10.99	7.58	6.29
30	14.18	11.55	7.97	6.62
31	14.87	12.12	8.36	6.94
32	15.60	12.70	8.76	7.27
33	16.34	13.30	9.18	7.62
34	17.07	13.90	9.59	7.96
35	17.84	14.53	10.02	8.32
36	18.55	15.11	10.42	8.65
37	19.26	15.69	10.82	8.99
38	19.99	16.28	11.23	9.32
39	20.73	16.89	11.65	9.67
40	21.50	17.52	12.08	10.02
41	22.45	18.29	12.61	10.47
42	23.42	19.08	13.16	10.92
43	24.41	19.88	13.71	11.38
44	25.44	20.72	14.29	11.87
45	26.47	21.57	14.87	12.35
46	27.96	22.77	15.70	13.04
47	29.33	23.89	16.48	13.67
48	30.64	24.97	17.22	14.29
49	31.87	25.96	17.91	14.86
50	33.02	26.90	18.55	15.40
51	35.56	28.97	19.98	16.58
52	38.14	31.07	21.43	17.78
53	39.68	32.32	22.29	18.50
54	42.56	34.67	23.91	19.84
55	45.61	37.16	25.63	21.27
56	48.35	39.39	27.16	22.55
57	51.33	41.81	28.84	23.94
58	54.41	44.32	30.57	25.37
59	58.42	47.58	32.82	27.24
60	64.12	52.23	36.02	29.90
61	68.93	56.15	38.73	32.14
62	74.11	60.37	41.63	34.55
63	79.68	64.90	44.76	37.15
64	85.64	69.77	48.11	39.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.89	0.72	0.50	0.42
19	0.89	0.72	0.50	0.42
20	0.89	0.72	0.50	0.42
21	0.89	0.72	0.50	0.42
22	0.89	0.72	0.50	0.42
23	0.89	0.72	0.50	0.42
24	0.89	0.72	0.50	0.42
25	0.89	0.72	0.50	0.42
26	0.93	0.75	0.52	0.43
27	0.96	0.79	0.54	0.45
28	1.00	0.82	0.57	0.47
29	1.06	0.87	0.59	0.50
30	1.14	0.93	0.64	0.53
31	1.22	0.99	0.69	0.57
32	1.29	1.06	0.73	0.60
33	1.37	1.12	0.77	0.64
34	1.46	1.19	0.82	0.68
35	1.56	1.27	0.87	0.72
36	1.63	1.33	0.91	0.76
37	1.72	1.40	0.96	0.80
38	1.80	1.47	1.01	0.84
39	1.91	1.56	1.07	0.89
40	2.00	1.63	1.12	0.93
41	2.11	1.72	1.19	0.98
42	2.24	1.83	1.26	1.05
43	2.37	1.93	1.33	1.11
44	2.49	2.03	1.40	1.16
45	2.63	2.14	1.48	1.22
46	2.78	2.26	1.56	1.30
47	2.91	2.37	1.64	1.36
48	3.04	2.48	1.71	1.42
49	3.16	2.58	1.78	1.48
50	3.27	2.66	1.84	1.53
51	3.54	2.88	1.99	1.65
52	3.78	3.08	2.12	1.76
53	3.94	3.21	2.21	1.84
54	4.23	3.44	2.38	1.97
55	4.52	3.69	2.54	2.11
56	4.79	3.90	2.69	2.24
57	5.09	4.15	2.86	2.37
58	5.40	4.40	3.03	2.51
59	5.79	4.72	3.25	2.70
60	6.34	5.17	3.56	2.96
61	6.82	5.56	3.83	3.18
62	7.33	5.98	4.12	3.42
63	7.89	6.43	4.43	3.68
64	8.48	6.91	4.76	3.96

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.29	0.24	0.16	0.14
19	0.29	0.24	0.16	0.14
20	0.29	0.24	0.16	0.14
21	0.29	0.24	0.16	0.14
22	0.29	0.24	0.16	0.14
23	0.29	0.24	0.16	0.14
24	0.29	0.24	0.16	0.14
25	0.29	0.24	0.16	0.14
26	0.31	0.25	0.17	0.14
27	0.32	0.26	0.18	0.14
28	0.33	0.27	0.19	0.15
29	0.35	0.29	0.20	0.17
30	0.38	0.31	0.21	0.18
31	0.42	0.34	0.23	0.20
32	0.43	0.35	0.25	0.20
33	0.46	0.37	0.26	0.21
34	0.48	0.39	0.27	0.22
35	0.52	0.42	0.29	0.24
36	0.55	0.45	0.31	0.25
37	0.59	0.48	0.33	0.27
38	0.60	0.50	0.34	0.28
39	0.64	0.52	0.36	0.30
40	0.66	0.54	0.37	0.31
41	0.71	0.58	0.40	0.33
42	0.74	0.61	0.42	0.35
43	0.79	0.64	0.44	0.37
44	0.83	0.68	0.47	0.39
45	0.86	0.71	0.49	0.41
46	0.93	0.76	0.52	0.43
47	0.96	0.79	0.54	0.45
48	1.01	0.83	0.57	0.47
49	1.05	0.86	0.59	0.49
50	1.08	0.89	0.61	0.50
51	1.17	0.96	0.66	0.54
52	1.27	1.03	0.71	0.59
53	1.32	1.07	0.74	0.61
54	1.42	1.16	0.80	0.66
55	1.51	1.23	0.85	0.70
56	1.60	1.30	0.90	0.75
57	1.69	1.38	0.95	0.79
58	1.81	1.47	1.01	0.84
59	1.94	1.59	1.09	0.90
60	2.12	1.73	1.19	0.98
61	2.28	1.86	1.28	1.06
62	2.45	2.00	1.38	1.14
63	2.64	2.14	1.48	1.23
64	2.84	2.31	1.59	1.32

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	6.02	4.90	3.38	2.81
19	6.02	4.90	3.38	2.81
20	6.02	4.90	3.38	2.81
21	6.02	4.90	3.38	2.81
22	6.02	4.90	3.38	2.81
23	6.02	4.90	3.38	2.81
24	6.02	4.90	3.38	2.81
25	6.02	4.90	3.38	2.81
26	6.30	5.14	3.54	2.94
27	6.63	5.40	3.72	3.09
28	6.94	5.65	3.90	3.24
29	7.26	5.92	4.08	3.39
30	7.68	6.25	4.31	3.58
31	8.10	6.59	4.55	3.77
32	8.53	6.95	4.79	3.98
33	8.99	7.32	5.05	4.20
34	9.45	7.70	5.31	4.40
35	9.95	8.11	5.59	4.64
36	10.43	8.50	5.86	4.86
37	10.95	8.92	6.15	5.11
38	11.50	9.37	6.46	5.36
39	12.13	9.88	6.82	5.66
40	12.79	10.42	7.19	5.97
41	13.57	11.06	7.62	6.33
42	14.36	11.70	8.07	6.69
43	15.17	12.36	8.52	7.08
44	16.07	13.09	9.03	7.49
45	17.01	13.86	9.56	7.93
46	18.29	14.90	10.28	8.53
47	19.55	15.92	10.98	9.11
48	20.77	16.92	11.67	9.69
49	22.00	17.92	12.36	10.25
50	23.17	18.87	13.01	10.80
51	25.36	20.66	14.24	11.83
52	27.61	22.49	15.51	12.87
53	28.93	23.56	16.25	13.49
54	31.38	25.56	17.63	14.63
55	33.64	27.40	18.90	15.69
56	35.67	29.06	20.04	16.63
57	37.86	30.85	21.27	17.66
58	40.13	32.69	22.54	18.71
59	43.10	35.11	24.21	20.10
60	47.34	38.57	26.60	22.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.49	1.22	0.84	0.69
19	1.49	1.22	0.84	0.69
20	1.49	1.22	0.84	0.69
21	1.49	1.22	0.84	0.69
22	1.49	1.22	0.84	0.69
23	1.49	1.22	0.84	0.69
24	1.49	1.22	0.84	0.69
25	1.49	1.22	0.84	0.69
26	1.51	1.23	0.85	0.70
27	1.54	1.26	0.87	0.72
28	1.57	1.28	0.88	0.73
29	1.61	1.30	0.90	0.75
30	1.70	1.38	0.95	0.79
31	1.80	1.46	1.01	0.84
32	1.91	1.55	1.07	0.89
33	2.02	1.64	1.13	0.94
34	2.13	1.74	1.20	0.99
35	2.24	1.83	1.26	1.04
36	2.33	1.90	1.31	1.08
37	2.43	1.99	1.37	1.13
38	2.53	2.06	1.42	1.18
39	2.65	2.16	1.49	1.23
40	2.75	2.24	1.55	1.28
41	2.90	2.37	1.63	1.35
42	3.05	2.48	1.71	1.42
43	3.19	2.60	1.79	1.49
44	3.35	2.73	1.88	1.56
45	3.52	2.86	1.98	1.64
46	3.78	3.08	2.13	1.76
47	4.04	3.29	2.27	1.89
48	4.31	3.51	2.42	2.01
49	4.58	3.72	2.57	2.14
50	4.80	3.90	2.69	2.23
51	5.29	4.30	2.97	2.47
52	5.77	4.71	3.24	2.69
53	6.07	4.94	3.41	2.83
54	6.71	5.47	3.77	3.13
55	7.47	6.09	4.20	3.48
56	8.36	6.80	4.69	3.89
57	8.68	7.07	4.88	4.04
58	9.31	7.59	5.23	4.34
59	10.18	8.29	5.72	4.75
60	11.45	9.32	6.43	5.34

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	14.54	11.85	8.17	6.78	5.76
19	14.54	11.85	8.17	6.78	5.76
20	14.54	11.85	8.17	6.78	5.76
21	14.54	11.85	8.17	6.78	5.76
22	14.54	11.85	8.17	6.78	5.76
23	14.54	11.85	8.17	6.78	5.76
24	14.54	11.85	8.17	6.78	5.76
25	14.54	11.85	8.17	6.78	5.76
26	14.97	12.19	8.41	6.98	5.93
27	15.41	12.56	8.66	7.19	6.11
28	15.84	12.91	8.90	7.39	6.28
29	16.27	13.25	9.14	7.59	6.45
30	17.11	13.93	9.61	7.98	6.78
31	18.01	14.67	10.12	8.40	7.14
32	18.94	15.43	10.64	8.83	7.51
33	19.90	16.21	11.18	9.28	7.89
34	20.88	17.01	11.73	9.74	8.28
35	21.89	17.84	12.30	10.21	8.68
36	22.94	18.69	12.89	10.70	9.10
37	23.99	19.55	13.48	11.19	9.51
38	25.08	20.43	14.09	11.69	9.94
39	26.20	21.34	14.72	12.22	10.39
40	27.34	22.27	15.36	12.75	10.84
41	28.66	23.35	16.10	13.36	11.36
42	30.01	24.45	16.86	13.99	11.89
43	31.38	25.56	17.63	14.63	12.44
44	32.82	26.74	18.44	15.31	13.01
45	34.28	27.93	19.26	15.99	13.59
46	36.56	29.78	20.54	17.05	14.49
47	38.68	31.51	21.73	18.04	15.33
48	40.66	33.12	22.84	18.96	16.12
49	42.49	34.61	23.87	19.81	16.84
50	44.16	35.97	24.81	20.59	17.50
51	47.74	38.89	26.82	22.26	18.92
52	51.28	41.77	28.81	23.91	20.32
53	52.96	43.14	29.75	24.69	20.99
54	57.01	46.44	32.03	26.58	22.59
55	61.32	49.95	34.45	28.59	24.30
56	65.20	53.11	36.63	30.40	25.84
57	69.30	56.45	38.93	32.31	27.46
58	73.55	59.91	41.32	34.30	29.16
59	79.51	64.77	44.67	37.08	31.52
60	88.48	72.08	49.71	41.26	35.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.09	0.88	0.61	0.51	0.43
19	1.09	0.88	0.61	0.51	0.43
20	1.09	0.88	0.61	0.51	0.43
21	1.09	0.88	0.61	0.51	0.43
22	1.09	0.88	0.61	0.51	0.43
23	1.09	0.88	0.61	0.51	0.43
24	1.09	0.88	0.61	0.51	0.43
25	1.09	0.88	0.61	0.51	0.43
26	1.14	0.93	0.64	0.53	0.45
27	1.17	0.96	0.66	0.55	0.47
28	1.23	1.00	0.69	0.57	0.48
29	1.28	1.04	0.72	0.60	0.51
30	1.37	1.12	0.77	0.64	0.54
31	1.48	1.20	0.83	0.69	0.59
32	1.57	1.28	0.88	0.73	0.62
33	1.67	1.36	0.94	0.78	0.66
34	1.78	1.45	1.00	0.83	0.71
35	1.90	1.55	1.07	0.89	0.76
36	2.01	1.64	1.13	0.94	0.80
37	2.14	1.74	1.20	1.00	0.85
38	2.26	1.84	1.27	1.05	0.89
39	2.40	1.96	1.35	1.12	0.95
40	2.55	2.07	1.43	1.19	1.01
41	2.71	2.20	1.52	1.26	1.07
42	2.87	2.33	1.61	1.34	1.14
43	3.04	2.48	1.71	1.42	1.21
44	3.20	2.61	1.80	1.49	1.27
45	3.40	2.77	1.91	1.59	1.35
46	3.63	2.96	2.04	1.69	1.44
47	3.83	3.12	2.15	1.78	1.51
48	4.04	3.29	2.27	1.88	1.60
49	4.22	3.44	2.37	1.97	1.67
50	4.38	3.57	2.46	2.04	1.73
51	4.75	3.87	2.67	2.22	1.89
52	5.09	4.15	2.86	2.37	2.01
53	5.25	4.28	2.95	2.45	2.08
54	5.66	4.61	3.18	2.64	2.24
55	6.09	4.96	3.42	2.84	2.41
56	6.46	5.26	3.63	3.01	2.56
57	6.87	5.60	3.86	3.20	2.72
58	7.30	5.95	4.10	3.40	2.89
59	7.89	6.42	4.43	3.68	3.13
60	8.76	7.13	4.92	4.08	3.47

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.36	0.29	0.20	0.17	0.14
19	0.36	0.29	0.20	0.17	0.14
20	0.36	0.29	0.20	0.17	0.14
21	0.36	0.29	0.20	0.17	0.14
22	0.36	0.29	0.20	0.17	0.14
23	0.36	0.29	0.20	0.17	0.14
24	0.36	0.29	0.20	0.17	0.14
25	0.36	0.29	0.20	0.17	0.14
26	0.39	0.32	0.22	0.18	0.15
27	0.39	0.32	0.22	0.18	0.15
28	0.41	0.33	0.23	0.19	0.16
29	0.43	0.35	0.24	0.20	0.17
30	0.45	0.36	0.25	0.21	0.18
31	0.50	0.41	0.28	0.23	0.20
32	0.53	0.44	0.30	0.25	0.21
33	0.57	0.46	0.32	0.27	0.23
34	0.59	0.48	0.33	0.27	0.23
35	0.62	0.51	0.35	0.29	0.25
36	0.68	0.55	0.38	0.32	0.27
37	0.73	0.59	0.41	0.34	0.29
38	0.77	0.62	0.43	0.36	0.31
39	0.80	0.65	0.45	0.37	0.31
40	0.84	0.68	0.47	0.39	0.33
41	0.91	0.74	0.51	0.42	0.36
42	0.94	0.77	0.53	0.44	0.37
43	1.01	0.83	0.57	0.47	0.40
44	1.07	0.87	0.60	0.50	0.43
45	1.12	0.91	0.63	0.52	0.44
46	1.21	0.99	0.68	0.56	0.48
47	1.28	1.04	0.72	0.60	0.51
48	1.35	1.10	0.76	0.63	0.54
49	1.41	1.15	0.79	0.66	0.56
50	1.46	1.19	0.82	0.68	0.58
51	1.58	1.29	0.89	0.74	0.63
52	1.71	1.39	0.96	0.80	0.68
53	1.74	1.42	0.98	0.81	0.69
54	1.90	1.55	1.07	0.89	0.76
55	2.03	1.65	1.14	0.95	0.81
56	2.17	1.77	1.22	1.01	0.86
57	2.30	1.87	1.29	1.07	0.91
58	2.44	1.99	1.37	1.14	0.97
59	2.63	2.15	1.48	1.23	1.05
60	2.92	2.38	1.64	1.36	1.16

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	0.47	0.35
19	0.47	0.35
20	0.47	0.35
21	0.47	0.35
22	0.47	0.35
23	0.47	0.35
24	0.47	0.35
25	0.47	0.35
26	0.50	0.36
27	0.53	0.37
28	0.56	0.38
29	0.59	0.39
30	0.64	0.41
31	0.69	0.43
32	0.74	0.46
33	0.80	0.48
34	0.85	0.50
35	0.91	0.53
36	0.98	0.55
37	1.04	0.58
38	1.11	0.61
39	1.18	0.63
40	1.25	0.66
41	1.34	0.69
42	1.42	0.72
43	1.51	0.76
44	1.60	0.79
45	1.70	0.83
46	1.83	0.88
47	1.96	0.93
48	2.09	0.98
49	2.21	1.03
50	2.32	1.07
51	2.54	1.15
52	2.75	1.24
53	2.87	1.28
54	3.12	1.38
55	3.38	1.48
56	3.62	1.57
57	3.88	1.67
58	4.15	1.77
59	3.99	1.89
60	3.83	2.00

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	7.12	5.80	4.00	3.32	2.82
19	7.12	5.80	4.00	3.32	2.82
20	7.12	5.80	4.00	3.32	2.82
21	7.12	5.80	4.00	3.32	2.82
22	7.12	5.80	4.00	3.32	2.82
23	7.12	5.80	4.00	3.32	2.82
24	7.12	5.80	4.00	3.32	2.82
25	7.12	5.80	4.00	3.32	2.82
26	7.44	6.06	4.18	3.47	2.95
27	7.81	6.37	4.39	3.64	3.09
28	8.13	6.63	4.57	3.79	3.22
29	8.44	6.87	4.74	3.93	3.34
30	8.94	7.28	5.02	4.17	3.54
31	9.47	7.71	5.32	4.42	3.76
32	10.00	8.15	5.62	4.66	3.96
33	10.57	8.61	5.94	4.93	4.19
34	11.14	9.08	6.26	5.20	4.42
35	11.78	9.60	6.62	5.49	4.67
36	12.46	10.15	7.00	5.81	4.94
37	13.15	10.72	7.39	6.13	5.21
38	13.92	11.34	7.82	6.49	5.52
39	14.77	12.04	8.30	6.89	5.86
40	15.68	12.77	8.81	7.31	6.21
41	16.68	13.59	9.37	7.78	6.61
42	17.73	14.44	9.96	8.27	7.03
43	18.80	15.31	10.56	8.76	7.45
44	19.97	16.27	11.22	9.31	7.91
45	21.22	17.28	11.92	9.89	8.41
46	23.03	18.76	12.94	10.74	9.13
47	24.81	20.21	13.94	11.57	9.83
48	26.54	21.62	14.91	12.38	10.52
49	28.21	22.98	15.85	13.16	11.19
50	29.82	24.29	16.75	13.90	11.82
51	32.75	26.68	18.40	15.27	12.98
52	35.71	29.09	20.06	16.65	14.15
53	37.15	30.26	20.87	17.32	14.72
54	40.44	32.94	22.72	18.86	16.03
55	43.50	35.44	24.44	20.29	17.25
56	46.24	37.67	25.98	21.56	18.33
57	49.16	40.05	27.62	22.92	19.48
58	52.17	42.50	29.31	24.33	20.68
59	56.41	45.95	31.69	26.30	22.36
60	62.76	51.13	35.26	29.27	24.88

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.19	1.78	1.23	1.02	0.87
19	2.19	1.78	1.23	1.02	0.87
20	2.19	1.78	1.23	1.02	0.87
21	2.19	1.78	1.23	1.02	0.87
22	2.19	1.78	1.23	1.02	0.87
23	2.19	1.78	1.23	1.02	0.87
24	2.19	1.78	1.23	1.02	0.87
25	2.19	1.78	1.23	1.02	0.87
26	2.21	1.80	1.24	1.03	0.88
27	2.26	1.84	1.27	1.05	0.89
28	2.28	1.86	1.28	1.06	0.90
29	2.35	1.91	1.32	1.10	0.94
30	2.46	2.00	1.38	1.15	0.98
31	2.62	2.13	1.47	1.22	1.04
32	2.78	2.26	1.56	1.29	1.10
33	2.92	2.38	1.64	1.36	1.16
34	3.10	2.52	1.74	1.44	1.22
35	3.26	2.65	1.83	1.52	1.29
36	3.38	2.76	1.90	1.58	1.34
37	3.52	2.87	1.98	1.64	1.39
38	3.67	2.99	2.06	1.71	1.45
39	3.84	3.13	2.16	1.79	1.52
40	4.01	3.26	2.25	1.87	1.59
41	4.22	3.44	2.37	1.97	1.67
42	4.41	3.60	2.48	2.06	1.75
43	4.63	3.77	2.60	2.16	1.84
44	4.86	3.96	2.73	2.27	1.93
45	5.11	4.16	2.87	2.38	2.02
46	5.50	4.48	3.09	2.56	2.18
47	5.87	4.79	3.30	2.74	2.33
48	6.25	5.09	3.51	2.91	2.47
49	6.64	5.41	3.73	3.10	2.64
50	6.98	5.68	3.92	3.25	2.76
51	7.67	6.25	4.31	3.58	3.04
52	8.40	6.84	4.72	3.92	3.33
53	8.83	7.19	4.96	4.12	3.50
54	9.77	7.96	5.49	4.56	3.88
55	10.88	8.86	6.11	5.07	4.31
56	12.05	9.82	6.77	5.62	4.78
57	12.82	10.44	7.20	5.98	5.08
58	13.62	11.09	7.65	6.35	5.40
59	14.70	11.98	8.26	6.86	5.83
60	16.36	13.33	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	26.43	21.53	14.85	12.33	10.48
19	26.43	21.53	14.85	12.33	10.48
20	26.43	21.53	14.85	12.33	10.48
21	26.43	21.53	14.85	12.33	10.48
22	26.43	21.53	14.85	12.33	10.48
23	26.43	21.53	14.85	12.33	10.48
24	26.43	21.53	14.85	12.33	10.48
25	26.43	21.53	14.85	12.33	10.48
26	27.52	22.42	15.46	12.83	10.91
27	28.57	23.27	16.05	13.32	11.32
28	29.73	24.22	16.70	13.86	11.78
29	31.29	25.49	17.58	14.59	12.40
30	32.86	26.77	18.46	15.32	13.02
31	34.23	27.88	19.23	15.96	13.57
32	35.64	29.03	20.02	16.62	14.13
33	37.02	30.16	20.80	17.26	14.67
34	38.43	31.31	21.59	17.92	15.23
35	39.82	32.44	22.37	18.57	15.78
36	40.71	33.16	22.87	18.98	16.13
37	41.58	33.87	23.36	19.39	16.48
38	42.45	34.58	23.85	19.80	16.83
39	43.33	35.29	24.34	20.20	17.17
40	44.22	36.02	24.84	20.62	17.53
41	45.75	37.27	25.70	21.33	18.13
42	47.28	38.51	26.56	22.04	18.73
43	48.83	39.77	27.43	22.77	19.35
44	50.39	41.05	28.31	23.50	19.98
45	51.99	42.35	29.21	24.24	20.60
46	53.40	43.50	30.00	24.90	21.17
47	54.82	44.66	30.80	25.56	21.73
48	56.25	45.82	31.60	26.23	22.30
49	57.69	46.99	32.41	26.90	22.87
50	59.15	48.18	33.23	27.58	23.44
51	63.12	51.42	35.46	29.43	25.02
52	67.25	54.78	37.78	31.36	26.66
53	71.52	58.26	40.18	33.35	28.35
54	75.93	61.86	42.66	35.41	30.10
55	80.51	65.58	45.23	37.54	31.91
56	84.59	68.90	47.52	39.44	33.52
57	89.46	72.88	50.26	41.72	35.46
58	94.50	76.98	53.09	44.06	37.45
59	99.20	80.81	55.73	46.26	39.32
60	104.06	84.77	58.46	48.52	41.24

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.98	1.61	1.11	0.92	0.78
19	1.98	1.61	1.11	0.92	0.78
20	1.98	1.61	1.11	0.92	0.78
21	1.98	1.61	1.11	0.92	0.78
22	1.98	1.61	1.11	0.92	0.78
23	1.98	1.61	1.11	0.92	0.78
24	1.98	1.61	1.11	0.92	0.78
25	1.98	1.61	1.11	0.92	0.78
26	2.06	1.68	1.16	0.96	0.82
27	2.19	1.78	1.23	1.02	0.87
28	2.31	1.89	1.30	1.08	0.92
29	2.47	2.02	1.39	1.15	0.98
30	2.63	2.15	1.48	1.23	1.05
31	2.81	2.29	1.58	1.31	1.11
32	2.95	2.41	1.66	1.38	1.17
33	3.12	2.54	1.75	1.45	1.23
34	3.28	2.67	1.84	1.53	1.30
35	3.45	2.81	1.94	1.61	1.37
36	3.58	2.91	2.01	1.67	1.42
37	3.72	3.03	2.09	1.73	1.47
38	3.84	3.13	2.16	1.79	1.52
39	3.97	3.23	2.23	1.85	1.57
40	4.11	3.35	2.31	1.92	1.63
41	4.31	3.51	2.42	2.01	1.71
42	4.50	3.67	2.53	2.10	1.79
43	4.73	3.86	2.66	2.21	1.88
44	4.95	4.03	2.78	2.31	1.96
45	5.14	4.19	2.89	2.40	2.04
46	5.29	4.31	2.97	2.47	2.10
47	5.45	4.44	3.06	2.54	2.16
48	5.57	4.54	3.13	2.60	2.21
49	5.71	4.65	3.21	2.66	2.26
50	5.86	4.77	3.29	2.73	2.32
51	6.25	5.09	3.51	2.91	2.47
52	6.66	5.42	3.74	3.10	2.64
53	7.08	5.77	3.98	3.30	2.81
54	7.53	6.13	4.23	3.51	2.98
55	7.97	6.50	4.48	3.72	3.16
56	8.40	6.84	4.72	3.92	3.33
57	8.86	7.22	4.98	4.13	3.51
58	9.36	7.63	5.26	4.37	3.71
59	9.84	8.02	5.53	4.59	3.90
60	10.32	8.41	5.80	4.81	4.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.66	0.54	0.37	0.31	0.26
19	0.66	0.54	0.37	0.31	0.26
20	0.66	0.54	0.37	0.31	0.26
21	0.66	0.54	0.37	0.31	0.26
22	0.66	0.54	0.37	0.31	0.26
23	0.66	0.54	0.37	0.31	0.26
24	0.66	0.54	0.37	0.31	0.26
25	0.66	0.54	0.37	0.31	0.26
26	0.68	0.55	0.38	0.32	0.27
27	0.73	0.59	0.41	0.34	0.29
28	0.77	0.62	0.43	0.36	0.31
29	0.82	0.67	0.46	0.38	0.32
30	0.89	0.73	0.50	0.42	0.36
31	0.94	0.77	0.53	0.44	0.37
32	1.00	0.81	0.56	0.46	0.39
33	1.03	0.84	0.58	0.48	0.41
34	1.09	0.88	0.61	0.51	0.43
35	1.16	0.94	0.65	0.54	0.46
36	1.19	0.97	0.67	0.56	0.48
37	1.23	1.00	0.69	0.57	0.48
38	1.28	1.04	0.72	0.60	0.51
39	1.32	1.07	0.74	0.61	0.52
40	1.37	1.12	0.77	0.64	0.54
41	1.42	1.16	0.80	0.66	0.56
42	1.51	1.23	0.85	0.71	0.60
43	1.58	1.29	0.89	0.74	0.63
44	1.66	1.35	0.93	0.77	0.65
45	1.71	1.39	0.96	0.80	0.68
46	1.76	1.44	0.99	0.82	0.70
47	1.82	1.48	1.02	0.85	0.72
48	1.85	1.51	1.04	0.86	0.73
49	1.90	1.55	1.07	0.89	0.76
50	1.96	1.60	1.10	0.91	0.77
51	2.08	1.70	1.17	0.97	0.82
52	2.23	1.81	1.25	1.04	0.88
53	2.37	1.93	1.33	1.10	0.94
54	2.51	2.04	1.41	1.17	0.99
55	2.67	2.18	1.50	1.25	1.06
56	2.79	2.28	1.57	1.30	1.11
57	2.95	2.41	1.66	1.38	1.17
58	3.12	2.54	1.75	1.45	1.23
59	3.29	2.68	1.85	1.54	1.31
60	3.44	2.80	1.93	1.60	1.36

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	0.86	0.64
19	0.86	0.64
20	0.86	0.64
21	0.86	0.64
22	0.86	0.64
23	0.86	0.64
24	0.86	0.64
25	0.86	0.64
26	0.92	0.66
27	0.98	0.69
28	1.05	0.72
29	1.13	0.76
30	1.22	0.79
31	1.30	0.83
32	1.39	0.86
33	1.48	0.89
34	1.57	0.93
35	1.66	0.96
36	1.73	0.98
37	1.81	1.00
38	1.88	1.02
39	1.95	1.05
40	2.03	1.07
41	2.13	1.10
42	2.24	1.14
43	2.35	1.18
44	2.46	1.22
45	2.57	1.25
46	2.68	1.29
47	2.78	1.32
48	2.89	1.36
49	3.00	1.39
50	3.11	1.43
51	3.35	1.52
52	3.61	1.62
53	3.88	1.73
54	4.15	1.83
55	4.44	1.94
56	4.70	2.04
57	5.01	2.16
58	5.33	2.28
59	4.92	2.32
60	4.50	2.35

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	12.96	10.56	7.28	6.04	5.13
19	12.96	10.56	7.28	6.04	5.13
20	12.96	10.56	7.28	6.04	5.13
21	12.96	10.56	7.28	6.04	5.13
22	12.96	10.56	7.28	6.04	5.13
23	12.96	10.56	7.28	6.04	5.13
24	12.96	10.56	7.28	6.04	5.13
25	12.96	10.56	7.28	6.04	5.13
26	13.69	11.15	7.69	6.38	5.42
27	14.49	11.80	8.14	6.76	5.75
28	15.27	12.44	8.58	7.12	6.05
29	16.23	13.22	9.12	7.57	6.43
30	17.18	13.99	9.65	8.01	6.81
31	17.98	14.65	10.10	8.38	7.12
32	18.83	15.34	10.58	8.78	7.46
33	19.67	16.02	11.05	9.17	7.79
34	20.52	16.72	11.53	9.57	8.13
35	21.43	17.46	12.04	9.99	8.49
36	22.11	18.01	12.42	10.31	8.76
37	22.80	18.57	12.81	10.63	9.04
38	23.55	19.18	13.23	10.98	9.33
39	24.44	19.91	13.73	11.40	9.69
40	25.35	20.65	14.24	11.82	10.05
41	26.63	21.69	14.96	12.42	10.56
42	27.93	22.75	15.69	13.02	11.07
43	29.23	23.81	16.42	13.63	11.59
44	30.65	24.97	17.22	14.29	12.15
45	32.18	26.22	18.08	15.01	12.76
46	33.64	27.41	18.90	15.69	13.34
47	35.16	28.64	19.75	16.39	13.93
48	36.70	29.90	20.62	17.11	14.54
49	38.31	31.20	21.52	17.86	15.18
50	39.93	32.52	22.43	18.62	15.83
51	43.29	35.26	24.32	20.19	17.16
52	46.81	38.14	26.30	21.83	18.56
53	50.18	40.88	28.19	23.40	19.89
54	53.86	43.88	30.26	25.12	21.35
55	57.12	46.53	32.09	26.63	22.64
56	60.00	48.88	33.71	27.98	23.78
57	63.46	51.69	35.65	29.59	25.15
58	67.03	54.61	37.66	31.26	26.57
59	70.36	57.32	39.53	32.81	27.89
60	73.82	60.13	41.47	34.42	29.26

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.90	1.55	1.07	0.89	0.76
19	1.90	1.55	1.07	0.89	0.76
20	1.90	1.55	1.07	0.89	0.76
21	1.90	1.55	1.07	0.89	0.76
22	1.90	1.55	1.07	0.89	0.76
23	1.90	1.55	1.07	0.89	0.76
24	1.90	1.55	1.07	0.89	0.76
25	1.90	1.55	1.07	0.89	0.76
26	1.94	1.58	1.09	0.90	0.77
27	1.99	1.62	1.12	0.93	0.79
28	2.05	1.67	1.15	0.95	0.81
29	2.12	1.73	1.19	0.99	0.84
30	2.24	1.83	1.26	1.05	0.89
31	2.39	1.94	1.34	1.11	0.94
32	2.55	2.07	1.43	1.19	1.01
33	2.71	2.20	1.52	1.26	1.07
34	2.85	2.32	1.60	1.33	1.13
35	3.01	2.45	1.69	1.40	1.19
36	3.13	2.55	1.76	1.46	1.24
37	3.26	2.65	1.83	1.52	1.29
38	3.40	2.77	1.91	1.59	1.35
39	3.54	2.89	1.99	1.65	1.40
40	3.68	3.00	2.07	1.72	1.46
41	3.84	3.13	2.16	1.79	1.52
42	4.06	3.31	2.28	1.89	1.61
43	4.25	3.47	2.39	1.98	1.68
44	4.47	3.64	2.51	2.08	1.77
45	4.70	3.83	2.64	2.19	1.86
46	5.06	4.12	2.84	2.36	2.01
47	5.39	4.39	3.03	2.51	2.13
48	5.75	4.68	3.23	2.68	2.28
49	6.12	4.99	3.44	2.86	2.43
50	6.39	5.21	3.59	2.98	2.53
51	7.03	5.73	3.95	3.28	2.79
52	7.69	6.26	4.32	3.59	3.05
53	8.05	6.55	4.52	3.75	3.19
54	8.86	7.22	4.98	4.13	3.51
55	9.83	8.00	5.52	4.58	3.89
56	11.46	9.34	6.44	5.35	4.55
57	10.73	8.74	6.03	5.00	4.25
58	12.07	9.83	6.78	5.63	4.79
59	13.92	11.34	7.82	6.49	5.52
60	16.38	13.34	9.20	7.64	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	16.92	13.79	9.51	7.89	6.70
19	16.92	13.79	9.51	7.89	6.70
20	16.92	13.79	9.51	7.89	6.70
21	16.92	13.79	9.51	7.89	6.70
22	16.92	13.79	9.51	7.89	6.70
23	16.92	13.79	9.51	7.89	6.70
24	16.92	13.79	9.51	7.89	6.70
25	16.92	13.79	9.51	7.89	6.70
26	17.48	14.24	9.82	8.15	6.93
27	18.04	14.70	10.14	8.42	7.15
28	18.62	15.17	10.46	8.68	7.38
29	19.27	15.70	10.83	8.99	7.64
30	20.26	16.50	11.38	9.45	8.03
31	21.25	17.31	11.94	9.91	8.43
32	22.28	18.15	12.52	10.39	8.83
33	23.32	19.00	13.10	10.88	9.25
34	24.39	19.87	13.70	11.38	9.67
35	25.48	20.76	14.31	11.88	10.10
36	26.49	21.58	14.89	12.36	10.51
37	27.51	22.41	15.46	12.83	10.90
38	28.55	23.26	16.04	13.31	11.32
39	29.63	24.13	16.64	13.82	11.75
40	30.72	25.02	17.26	14.32	12.18
41	32.08	26.13	18.02	14.95	12.71
42	33.46	27.26	18.80	15.60	13.26
43	34.87	28.40	19.59	16.26	13.82
44	36.33	29.60	20.41	16.95	14.40
45	37.82	30.81	21.25	17.64	14.99
46	39.93	32.52	22.43	18.62	15.83
47	41.91	34.14	23.54	19.54	16.61
48	43.78	35.66	24.59	20.41	17.36
49	45.53	37.09	25.58	21.23	18.05
50	47.16	38.41	26.49	21.99	18.69
51	50.82	41.40	28.55	23.69	20.14
52	54.47	44.37	30.60	25.40	21.59
53	56.67	46.16	31.84	26.42	22.46
54	60.79	49.52	34.16	28.35	24.09
55	65.16	53.08	36.61	30.38	25.82
56	69.08	56.27	38.81	32.21	27.38
57	73.33	59.74	41.20	34.19	29.06
58	77.74	63.32	43.67	36.25	30.82
59	83.45	67.98	46.88	38.92	33.08
60	91.60	74.62	51.46	42.71	36.30

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.27	1.03	0.71	0.59	0.50
19	1.27	1.03	0.71	0.59	0.50
20	1.27	1.03	0.71	0.59	0.50
21	1.27	1.03	0.71	0.59	0.50
22	1.27	1.03	0.71	0.59	0.50
23	1.27	1.03	0.71	0.59	0.50
24	1.27	1.03	0.71	0.59	0.50
25	1.27	1.03	0.71	0.59	0.50
26	1.32	1.08	0.74	0.62	0.52
27	1.37	1.12	0.77	0.64	0.55
28	1.45	1.18	0.81	0.67	0.57
29	1.52	1.24	0.85	0.71	0.60
30	1.62	1.33	0.91	0.76	0.64
31	1.75	1.42	0.98	0.81	0.69
32	1.85	1.51	1.04	0.86	0.73
33	1.96	1.60	1.10	0.91	0.77
34	2.08	1.69	1.17	0.97	0.83
35	2.21	1.80	1.24	1.03	0.88
36	2.32	1.89	1.31	1.09	0.92
37	2.46	2.00	1.38	1.15	0.97
38	2.58	2.10	1.45	1.20	1.02
39	2.71	2.21	1.53	1.27	1.07
40	2.86	2.33	1.61	1.34	1.13
41	3.03	2.46	1.70	1.41	1.20
42	3.20	2.60	1.79	1.49	1.27
43	3.38	2.76	1.90	1.58	1.34
44	3.55	2.89	2.00	1.65	1.41
45	3.75	3.05	2.11	1.75	1.49
46	3.96	3.23	2.23	1.85	1.57
47	4.15	3.38	2.33	1.93	1.64
48	4.35	3.54	2.44	2.02	1.72
49	4.52	3.68	2.54	2.11	1.79
50	4.68	3.81	2.63	2.18	1.85
51	5.05	4.11	2.84	2.36	2.01
52	5.40	4.40	3.04	2.52	2.14
53	5.62	4.58	3.16	2.62	2.23
54	6.03	4.91	3.39	2.81	2.39
55	6.47	5.27	3.63	3.02	2.56
56	6.85	5.58	3.85	3.19	2.71
57	7.27	5.92	4.08	3.39	2.88
58	7.71	6.29	4.33	3.59	3.05
59	8.28	6.74	4.65	3.86	3.28
60	9.07	7.39	5.10	4.23	3.59

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.42	0.34	0.23	0.20	0.16
19	0.42	0.34	0.23	0.20	0.16
20	0.42	0.34	0.23	0.20	0.16
21	0.42	0.34	0.23	0.20	0.16
22	0.42	0.34	0.23	0.20	0.16
23	0.42	0.34	0.23	0.20	0.16
24	0.42	0.34	0.23	0.20	0.16
25	0.42	0.34	0.23	0.20	0.16
26	0.45	0.37	0.25	0.21	0.17
27	0.46	0.37	0.26	0.21	0.18
28	0.48	0.39	0.27	0.22	0.19
29	0.51	0.41	0.28	0.24	0.20
30	0.54	0.43	0.30	0.25	0.22
31	0.59	0.48	0.33	0.27	0.23
32	0.62	0.51	0.35	0.29	0.25
33	0.66	0.54	0.37	0.31	0.27
34	0.69	0.56	0.39	0.32	0.27
35	0.73	0.60	0.41	0.34	0.29
36	0.78	0.63	0.44	0.37	0.31
37	0.83	0.67	0.47	0.39	0.33
38	0.87	0.70	0.49	0.41	0.35
39	0.90	0.73	0.51	0.42	0.35
40	0.95	0.77	0.53	0.44	0.37
41	1.01	0.82	0.57	0.47	0.40
42	1.05	0.86	0.59	0.49	0.42
43	1.12	0.92	0.63	0.52	0.45
44	1.19	0.97	0.67	0.55	0.47
45	1.24	1.01	0.70	0.58	0.49
46	1.32	1.08	0.74	0.61	0.52
47	1.39	1.13	0.78	0.65	0.55
48	1.45	1.18	0.82	0.68	0.58
49	1.51	1.23	0.85	0.71	0.60
50	1.56	1.27	0.88	0.73	0.62
51	1.68	1.37	0.95	0.79	0.67
52	1.81	1.47	1.02	0.85	0.72
53	1.87	1.52	1.05	0.87	0.74
54	2.02	1.65	1.14	0.95	0.81
55	2.16	1.76	1.21	1.01	0.86
56	2.29	1.87	1.29	1.07	0.91
57	2.43	1.98	1.36	1.13	0.96
58	2.58	2.10	1.45	1.20	1.02
59	2.76	2.26	1.55	1.29	1.10
60	3.02	2.46	1.70	1.41	1.20

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	0.55	0.41
19	0.55	0.41
20	0.55	0.41
21	0.55	0.41
22	0.55	0.41
23	0.55	0.41
24	0.55	0.41
25	0.55	0.41
26	0.58	0.42
27	0.62	0.43
28	0.66	0.45
29	0.70	0.46
30	0.76	0.49
31	0.81	0.51
32	0.87	0.54
33	0.94	0.56
34	0.99	0.59
35	1.06	0.62
36	1.13	0.64
37	1.19	0.66
38	1.26	0.69
39	1.33	0.71
40	1.41	0.74
41	1.50	0.77
42	1.58	0.80
43	1.68	0.84
44	1.77	0.88
45	1.87	0.91
46	2.00	0.96
47	2.12	1.01
48	2.25	1.06
49	2.37	1.10
50	2.48	1.14
51	2.70	1.22
52	2.92	1.32
53	3.07	1.37
54	3.33	1.47
55	3.59	1.57
56	3.84	1.66
57	4.11	1.77
58	4.39	1.87
59	4.18	1.97
60	3.96	2.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	8.29	6.75	4.66	3.86	3.28
19	8.29	6.75	4.66	3.86	3.28
20	8.29	6.75	4.66	3.86	3.28
21	8.29	6.75	4.66	3.86	3.28
22	8.29	6.75	4.66	3.86	3.28
23	8.29	6.75	4.66	3.86	3.28
24	8.29	6.75	4.66	3.86	3.28
25	8.29	6.75	4.66	3.86	3.28
26	8.69	7.08	4.88	4.05	3.44
27	9.15	7.46	5.14	4.26	3.62
28	9.56	7.79	5.37	4.46	3.79
29	10.00	8.14	5.62	4.66	3.96
30	10.59	8.62	5.95	4.94	4.19
31	11.17	9.10	6.28	5.21	4.43
32	11.77	9.59	6.61	5.48	4.66
33	12.39	10.09	6.96	5.78	4.91
34	13.02	10.61	7.31	6.07	5.16
35	13.71	11.17	7.70	6.39	5.43
36	14.39	11.72	8.08	6.71	5.70
37	15.08	12.29	8.47	7.03	5.98
38	15.85	12.91	8.90	7.39	6.28
39	16.70	13.61	9.39	7.79	6.63
40	17.61	14.35	9.90	8.21	6.98
41	18.67	15.21	10.49	8.71	7.40
42	19.77	16.10	11.11	9.22	7.84
43	20.89	17.01	11.73	9.73	8.28
44	22.11	18.01	12.42	10.31	8.76
45	23.41	19.07	13.15	10.91	9.28
46	25.15	20.49	14.13	11.73	9.97
47	26.88	21.90	15.10	12.53	10.65
48	28.57	23.28	16.05	13.33	11.32
49	30.23	24.62	16.98	14.10	11.99
50	31.84	25.94	17.89	14.84	12.62
51	34.86	28.40	19.58	16.25	13.82
52	37.93	30.90	21.31	17.69	15.03
53	39.76	32.38	22.33	18.54	15.75
54	43.12	35.13	24.23	20.11	17.09
55	46.22	37.66	25.97	21.56	18.33
56	48.99	39.91	27.53	22.84	19.42
57	52.02	42.38	29.23	24.25	20.61
58	55.14	44.92	30.98	25.72	21.86
59	59.20	48.22	33.26	27.60	23.47
60	64.97	52.93	36.50	30.30	25.76

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.13	1.73	1.20	0.99	0.85
19	2.13	1.73	1.20	0.99	0.85
20	2.13	1.73	1.20	0.99	0.85
21	2.13	1.73	1.20	0.99	0.85
22	2.13	1.73	1.20	0.99	0.85
23	2.13	1.73	1.20	0.99	0.85
24	2.13	1.73	1.20	0.99	0.85
25	2.13	1.73	1.20	0.99	0.85
26	2.16	1.76	1.21	1.00	0.86
27	2.21	1.80	1.24	1.03	0.87
28	2.23	1.82	1.25	1.04	0.88
29	2.30	1.87	1.29	1.08	0.92
30	2.42	1.97	1.36	1.13	0.96
31	2.57	2.09	1.44	1.20	1.02
32	2.73	2.22	1.53	1.27	1.08
33	2.88	2.34	1.62	1.34	1.14
34	3.05	2.48	1.71	1.42	1.20
35	3.21	2.61	1.80	1.50	1.27
36	3.33	2.72	1.87	1.56	1.32
37	3.47	2.83	1.95	1.62	1.37
38	3.62	2.95	2.03	1.69	1.43
39	3.78	3.08	2.13	1.76	1.50
40	3.94	3.21	2.21	1.84	1.56
41	4.14	3.38	2.33	1.93	1.64
42	4.34	3.54	2.44	2.03	1.72
43	4.55	3.71	2.56	2.12	1.81
44	4.78	3.90	2.69	2.23	1.90
45	5.03	4.09	2.82	2.34	1.99
46	5.41	4.41	3.04	2.52	2.15
47	5.77	4.71	3.25	2.69	2.29
48	6.15	5.01	3.45	2.86	2.43
49	6.54	5.33	3.67	3.05	2.60
50	6.86	5.59	3.85	3.20	2.71
51	7.54	6.15	4.24	3.52	2.99
52	8.26	6.72	4.64	3.85	3.27
53	8.67	7.06	4.87	4.05	3.44
54	9.59	7.81	5.39	4.47	3.81
55	10.67	8.69	5.99	4.97	4.23
56	11.93	9.72	6.70	5.57	4.73
57	12.40	10.10	6.97	5.78	4.91
58	13.31	10.84	7.48	6.21	5.28
59	14.54	11.85	8.17	6.79	5.77
60	16.36	13.33	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	9.41	7.81	6.64
19	9.41	7.81	6.64
20	9.41	7.81	6.64
21	9.41	7.81	6.64
22	9.41	7.81	6.64
23	9.41	7.81	6.64
24	9.41	7.81	6.64
25	9.41	7.81	6.64
26	9.76	8.10	6.88
27	10.11	8.40	7.14
28	10.47	8.69	7.39
29	10.84	9.00	7.65
30	11.47	9.53	8.10
31	12.14	10.07	8.56
32	12.82	10.64	9.04
33	13.53	11.23	9.55
34	14.26	11.84	10.07
35	15.02	12.46	10.59
36	15.81	13.12	11.15
37	16.61	13.78	11.72
38	17.44	14.47	12.30
39	18.30	15.19	12.90
40	19.18	15.92	13.54
41	20.15	16.73	14.22
42	21.15	17.56	14.93
43	22.17	18.40	15.64
44	23.25	19.30	16.40
45	24.33	20.19	17.17
46	26.01	21.58	18.35
47	27.58	22.89	19.45
48	29.05	24.11	20.49
49	30.43	25.25	21.47
50	31.70	26.31	22.36
51	33.55	27.85	23.67
52	35.34	29.33	24.93
53	35.81	29.72	25.26
54	37.86	31.42	26.71
55	40.04	33.23	28.25

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.70	0.58	0.49
19	0.70	0.58	0.49
20	0.70	0.58	0.49
21	0.70	0.58	0.49
22	0.70	0.58	0.49
23	0.70	0.58	0.49
24	0.70	0.58	0.49
25	0.70	0.58	0.49
26	0.74	0.61	0.52
27	0.78	0.65	0.55
28	0.81	0.67	0.58
29	0.86	0.71	0.60
30	0.92	0.76	0.65
31	0.99	0.83	0.70
32	1.06	0.88	0.75
33	1.14	0.95	0.81
34	1.21	1.00	0.85
35	1.30	1.08	0.92
36	1.38	1.15	0.98
37	1.48	1.23	1.04
38	1.57	1.31	1.11
39	1.68	1.40	1.19
40	1.79	1.48	1.26
41	1.90	1.58	1.35
42	2.02	1.68	1.43
43	2.15	1.78	1.52
44	2.27	1.88	1.60
45	2.41	2.00	1.70
46	2.58	2.14	1.82
47	2.73	2.26	1.92
48	2.89	2.40	2.03
49	3.02	2.51	2.13
50	3.14	2.61	2.22
51	3.33	2.76	2.35
52	3.51	2.91	2.47
53	3.55	2.95	2.51
54	3.76	3.12	2.65
55	3.97	3.30	2.81

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.23	0.19	0.16
19	0.23	0.19	0.16
20	0.23	0.19	0.16
21	0.23	0.19	0.16
22	0.23	0.19	0.16
23	0.23	0.19	0.16
24	0.23	0.19	0.16
25	0.23	0.19	0.16
26	0.25	0.21	0.18
27	0.26	0.22	0.19
28	0.27	0.22	0.19
29	0.29	0.24	0.20
30	0.30	0.25	0.21
31	0.33	0.27	0.23
32	0.36	0.30	0.26
33	0.38	0.32	0.27
34	0.40	0.33	0.28
35	0.43	0.35	0.30
36	0.46	0.39	0.33
37	0.50	0.42	0.36
38	0.53	0.43	0.37
39	0.56	0.47	0.40
40	0.59	0.49	0.41
41	0.64	0.53	0.45
42	0.67	0.56	0.47
43	0.72	0.60	0.51
44	0.75	0.63	0.53
45	0.80	0.67	0.57
46	0.86	0.72	0.61
47	0.91	0.76	0.64
48	0.96	0.80	0.68
49	1.01	0.83	0.70
50	1.05	0.87	0.75
51	1.11	0.93	0.79
52	1.17	0.97	0.83
53	1.18	0.98	0.83
54	1.26	1.04	0.89
55	1.32	1.10	0.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	1.90	1.43
19	1.90	1.43
20	1.90	1.43
21	1.90	1.43
22	1.90	1.43
23	1.90	1.43
24	1.90	1.43
25	1.90	1.43
26	2.03	1.49
27	2.18	1.54
28	2.33	1.59
29	2.45	1.63
30	2.62	1.72
31	2.78	1.80
32	2.94	1.88
33	3.09	1.96
34	3.24	2.03
35	3.38	2.10
36	3.52	2.17
37	3.64	2.23
38	3.78	2.29
39	3.91	2.33
40	4.05	2.39
41	4.18	2.43
42	4.31	2.47
43	4.41	2.50
44	4.53	2.53
45	4.63	2.54
46	4.84	2.60
47	5.00	2.63
48	5.10	2.63
49	5.19	2.62
50	5.21	2.57
51	5.31	2.55
52	5.34	2.51
53	5.16	2.35
54	5.16	2.28
55	5.12	2.19

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	4.61	3.83	3.25
19	4.61	3.83	3.25
20	4.61	3.83	3.25
21	4.61	3.83	3.25
22	4.61	3.83	3.25
23	4.61	3.83	3.25
24	4.61	3.83	3.25
25	4.61	3.83	3.25
26	4.85	4.03	3.42
27	5.13	4.26	3.62
28	5.38	4.46	3.80
29	5.62	4.67	3.96
30	6.00	4.98	4.23
31	6.38	5.30	4.50
32	6.77	5.62	4.77
33	7.18	5.96	5.07
34	7.62	6.32	5.38
35	8.08	6.70	5.69
36	8.58	7.12	6.05
37	9.11	7.56	6.42
38	9.67	8.03	6.82
39	10.32	8.57	7.29
40	10.99	9.12	7.76
41	11.73	9.74	8.27
42	12.50	10.37	8.81
43	13.28	11.02	9.37
44	14.14	11.74	9.98
45	15.06	12.50	10.62
46	16.38	13.60	11.56
47	17.69	14.69	12.48
48	18.96	15.73	13.37
49	20.20	16.76	14.25
50	21.39	17.75	15.09
51	23.01	19.10	16.23
52	24.60	20.42	17.35
53	25.12	20.85	17.72
54	26.86	22.29	18.95
55	28.40	23.57	20.03

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.42	1.18	1.00
19	1.42	1.18	1.00
20	1.42	1.18	1.00
21	1.42	1.18	1.00
22	1.42	1.18	1.00
23	1.42	1.18	1.00
24	1.42	1.18	1.00
25	1.42	1.18	1.00
26	1.44	1.20	1.02
27	1.48	1.23	1.04
28	1.51	1.25	1.07
29	1.56	1.30	1.10
30	1.65	1.37	1.17
31	1.76	1.46	1.24
32	1.88	1.56	1.33
33	1.99	1.65	1.40
34	2.11	1.75	1.49
35	2.23	1.85	1.57
36	2.33	1.93	1.64
37	2.44	2.02	1.72
38	2.55	2.12	1.80
39	2.68	2.23	1.90
40	2.81	2.33	1.97
41	2.96	2.46	2.08
42	3.11	2.58	2.19
43	3.27	2.72	2.32
44	3.44	2.85	2.43
45	3.62	3.01	2.55
46	3.91	3.24	2.76
47	4.19	3.47	2.95
48	4.46	3.71	3.15
49	4.75	3.94	3.35
50	5.01	4.16	3.54
51	5.40	4.48	3.80
52	5.79	4.81	4.09
53	5.97	4.96	4.21
54	6.49	5.38	4.58
55	7.10	5.89	5.01

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	17.10	14.20	12.06
19	17.10	14.20	12.06
20	17.10	14.20	12.06
21	17.10	14.20	12.06
22	17.10	14.20	12.06
23	17.10	14.20	12.06
24	17.10	14.20	12.06
25	17.10	14.20	12.06
26	17.93	14.88	12.65
27	18.76	15.57	13.23
28	19.66	16.31	13.87
29	20.83	17.29	14.70
30	22.04	18.29	15.55
31	23.06	19.14	16.27
32	24.12	20.01	17.01
33	25.17	20.89	17.76
34	26.25	21.78	18.51
35	27.32	22.67	19.27
36	28.05	23.28	19.79
37	28.78	23.89	20.31
38	29.52	24.50	20.82
39	30.26	25.12	21.35
40	31.02	25.75	21.89
41	32.17	26.70	22.69
42	33.33	27.66	23.51
43	34.50	28.63	24.33
44	35.69	29.62	25.17
45	36.90	30.63	26.04
46	37.98	31.52	26.79
47	39.09	32.44	27.58
48	40.19	33.36	28.36
49	41.31	34.29	29.15
50	42.45	35.23	29.95
51	44.36	36.82	31.29
52	46.33	38.45	32.68
53	48.36	40.14	34.11
54	50.44	41.87	35.59
55	52.57	43.63	37.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.27	1.06	0.90
19	1.27	1.06	0.90
20	1.27	1.06	0.90
21	1.27	1.06	0.90
22	1.27	1.06	0.90
23	1.27	1.06	0.90
24	1.27	1.06	0.90
25	1.27	1.06	0.90
26	1.34	1.12	0.95
27	1.44	1.20	1.02
28	1.53	1.27	1.08
29	1.64	1.36	1.16
30	1.77	1.46	1.24
31	1.89	1.57	1.34
32	2.01	1.67	1.42
33	2.11	1.76	1.49
34	2.24	1.86	1.58
35	2.37	1.97	1.67
36	2.47	2.05	1.75
37	2.58	2.13	1.81
38	2.67	2.22	1.89
39	2.78	2.31	1.97
40	2.88	2.39	2.03
41	3.03	2.52	2.14
42	3.18	2.64	2.25
43	3.34	2.77	2.36
44	3.50	2.91	2.47
45	3.66	3.03	2.58
46	3.76	3.13	2.66
47	3.88	3.22	2.73
48	3.98	3.31	2.81
49	4.10	3.40	2.89
50	4.20	3.48	2.96
51	4.39	3.64	3.10
52	4.59	3.81	3.24
53	4.79	3.98	3.38
54	5.00	4.15	3.53
55	5.21	4.32	3.67

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.42	0.35	0.30
19	0.42	0.35	0.30
20	0.42	0.35	0.30
21	0.42	0.35	0.30
22	0.42	0.35	0.30
23	0.42	0.35	0.30
24	0.42	0.35	0.30
25	0.42	0.35	0.30
26	0.44	0.37	0.31
27	0.48	0.40	0.34
28	0.50	0.41	0.35
29	0.55	0.46	0.39
30	0.59	0.49	0.42
31	0.64	0.53	0.45
32	0.67	0.56	0.47
33	0.71	0.59	0.50
34	0.74	0.62	0.53
35	0.79	0.66	0.55
36	0.83	0.68	0.58
37	0.86	0.71	0.60
38	0.89	0.74	0.63
39	0.92	0.77	0.66
40	0.96	0.80	0.68
41	1.00	0.83	0.71
42	1.06	0.88	0.75
43	1.11	0.92	0.78
44	1.17	0.97	0.83
45	1.22	1.01	0.86
46	1.25	1.04	0.89
47	1.29	1.07	0.91
48	1.33	1.10	0.94
49	1.36	1.13	0.96
50	1.40	1.16	0.99
51	1.46	1.21	1.03
52	1.53	1.28	1.09
53	1.60	1.33	1.12
54	1.66	1.38	1.17
55	1.74	1.44	1.22

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	3.44	2.60
19	3.44	2.60
20	3.44	2.60
21	3.44	2.60
22	3.44	2.60
23	3.44	2.60
24	3.44	2.60
25	3.44	2.60
26	3.74	2.73
27	4.05	2.86
28	4.37	2.98
29	4.71	3.15
30	5.03	3.30
31	5.29	3.42
32	5.54	3.54
33	5.75	3.64
34	5.96	3.74
35	6.14	3.82
36	6.24	3.85
37	6.32	3.86
38	6.39	3.87
39	6.48	3.86
40	6.56	3.85
41	6.68	3.88
42	6.79	3.89
43	6.87	3.89
44	6.95	3.88
45	7.03	3.85
46	7.07	3.80
47	7.08	3.73
48	7.07	3.65
49	7.04	3.55
50	6.98	3.44
51	7.02	3.37
52	7.01	3.29
53	6.97	3.18
54	6.87	3.04
55	6.72	2.88

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.39	6.96	5.92
19	8.39	6.96	5.92
20	8.39	6.96	5.92
21	8.39	6.96	5.92
22	8.39	6.96	5.92
23	8.39	6.96	5.92
24	8.39	6.96	5.92
25	8.39	6.96	5.92
26	8.91	7.40	6.29
27	9.51	7.89	6.71
28	10.10	8.38	7.12
29	10.81	8.97	7.63
30	11.51	9.56	8.12
31	12.12	10.06	8.55
32	12.74	10.57	8.99
33	13.37	11.10	9.43
34	14.01	11.63	9.88
35	14.71	12.20	10.37
36	15.23	12.64	10.74
37	15.78	13.10	11.13
38	16.37	13.59	11.55
39	17.07	14.17	12.04
40	17.78	14.76	12.55
41	18.74	15.55	13.22
42	19.69	16.35	13.89
43	20.66	17.15	14.58
44	21.70	18.01	15.31
45	22.84	18.96	16.11
46	23.93	19.86	16.88
47	25.07	20.81	17.69
48	26.23	21.77	18.50
49	27.43	22.76	19.35
50	28.66	23.79	20.22
51	30.43	25.26	21.47
52	32.26	26.78	22.76
53	33.93	28.16	23.94
54	35.78	29.70	25.24
55	37.29	30.95	26.31

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.23	1.03	0.87
19	1.23	1.03	0.87
20	1.23	1.03	0.87
21	1.23	1.03	0.87
22	1.23	1.03	0.87
23	1.23	1.03	0.87
24	1.23	1.03	0.87
25	1.23	1.03	0.87
26	1.26	1.05	0.89
27	1.31	1.08	0.92
28	1.35	1.12	0.95
29	1.41	1.17	1.00
30	1.49	1.24	1.05
31	1.61	1.34	1.14
32	1.72	1.43	1.22
33	1.84	1.52	1.30
34	1.95	1.61	1.37
35	2.07	1.72	1.46
36	2.16	1.79	1.52
37	2.26	1.88	1.60
38	2.36	1.96	1.67
39	2.47	2.05	1.74
40	2.58	2.15	1.83
41	2.71	2.26	1.92
42	2.86	2.37	2.01
43	3.00	2.49	2.11
44	3.16	2.62	2.23
45	3.33	2.76	2.35
46	3.60	2.99	2.54
47	3.85	3.19	2.72
48	4.11	3.42	2.91
49	4.38	3.64	3.09
50	4.59	3.80	3.23
51	4.94	4.09	3.48
52	5.30	4.39	3.73
53	5.44	4.51	3.83
54	5.89	4.88	4.15
55	6.41	5.32	4.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.95	9.09	7.72
19	10.95	9.09	7.72
20	10.95	9.09	7.72
21	10.95	9.09	7.72
22	10.95	9.09	7.72
23	10.95	9.09	7.72
24	10.95	9.09	7.72
25	10.95	9.09	7.72
26	11.39	9.46	8.03
27	11.84	9.83	8.36
28	12.31	10.21	8.69
29	12.84	10.66	9.06
30	13.58	11.28	9.59
31	14.32	11.88	10.10
32	15.08	12.51	10.63
33	15.86	13.16	11.19
34	16.66	13.83	11.76
35	17.48	14.50	12.33
36	18.26	15.15	12.88
37	19.04	15.80	13.44
38	19.86	16.48	14.00
39	20.69	17.18	14.59
40	21.55	17.89	15.21
41	22.55	18.72	15.91
42	23.59	19.58	16.65
43	24.64	20.45	17.38
44	25.74	21.36	18.15
45	26.84	22.28	18.94
46	28.40	23.57	20.04
47	29.88	24.80	21.08
48	31.28	25.96	22.06
49	32.61	27.06	23.01
50	33.85	28.09	23.88
51	35.71	29.64	25.19
52	37.54	31.15	26.48
53	38.32	31.80	27.03
54	40.38	33.51	28.49
55	42.55	35.31	30.02

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.81	0.68	0.57
19	0.81	0.68	0.57
20	0.81	0.68	0.57
21	0.81	0.68	0.57
22	0.81	0.68	0.57
23	0.81	0.68	0.57
24	0.81	0.68	0.57
25	0.81	0.68	0.57
26	0.86	0.71	0.61
27	0.91	0.76	0.64
28	0.95	0.79	0.68
29	1.02	0.84	0.71
30	1.09	0.90	0.77
31	1.17	0.98	0.83
32	1.25	1.04	0.88
33	1.33	1.11	0.95
34	1.42	1.17	1.00
35	1.51	1.26	1.07
36	1.60	1.33	1.13
37	1.70	1.41	1.19
38	1.79	1.49	1.27
39	1.90	1.58	1.35
40	2.01	1.66	1.41
41	2.13	1.77	1.51
42	2.25	1.87	1.59
43	2.39	1.98	1.69
44	2.52	2.09	1.77
45	2.66	2.21	1.88
46	2.82	2.34	1.99
47	2.96	2.45	2.08
48	3.11	2.58	2.19
49	3.24	2.69	2.28
50	3.35	2.78	2.37
51	3.54	2.94	2.50
52	3.73	3.09	2.62
53	3.80	3.16	2.68
54	4.01	3.33	2.83
55	4.22	3.50	2.98

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.27	0.22	0.19
19	0.27	0.22	0.19
20	0.27	0.22	0.19
21	0.27	0.22	0.19
22	0.27	0.22	0.19
23	0.27	0.22	0.19
24	0.27	0.22	0.19
25	0.27	0.22	0.19
26	0.29	0.24	0.21
27	0.30	0.26	0.22
28	0.32	0.26	0.22
29	0.34	0.28	0.24
30	0.36	0.30	0.25
31	0.39	0.32	0.27
32	0.42	0.35	0.30
33	0.45	0.37	0.32
34	0.47	0.39	0.33
35	0.50	0.41	0.35
36	0.53	0.45	0.38
37	0.57	0.48	0.41
38	0.60	0.49	0.42
39	0.63	0.53	0.45
40	0.66	0.55	0.46
41	0.71	0.59	0.50
42	0.75	0.62	0.53
43	0.80	0.66	0.56
44	0.83	0.70	0.59
45	0.88	0.74	0.63
46	0.94	0.78	0.67
47	0.99	0.82	0.69
48	1.03	0.86	0.73
49	1.08	0.89	0.75
50	1.12	0.93	0.80
51	1.18	0.99	0.84
52	1.24	1.03	0.88
53	1.26	1.05	0.89
54	1.34	1.11	0.95
55	1.40	1.17	1.00

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	2.21	1.66
19	2.21	1.66
20	2.21	1.66
21	2.21	1.66
22	2.21	1.66
23	2.21	1.66
24	2.21	1.66
25	2.21	1.66
26	2.37	1.74
27	2.55	1.80
28	2.74	1.87
29	2.90	1.93
30	3.10	2.04
31	3.28	2.12
32	3.46	2.21
33	3.62	2.30
34	3.78	2.37
35	3.93	2.44
36	4.06	2.51
37	4.18	2.56
38	4.30	2.61
39	4.42	2.64
40	4.55	2.68
41	4.68	2.72
42	4.81	2.75
43	4.90	2.78
44	5.01	2.80
45	5.11	2.80
46	5.29	2.84
47	5.42	2.85
48	5.49	2.83
49	5.56	2.81
50	5.56	2.74
51	5.65	2.71
52	5.67	2.67
53	5.52	2.52
54	5.50	2.43
55	5.44	2.33

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	5.37	4.46	3.78
19	5.37	4.46	3.78
20	5.37	4.46	3.78
21	5.37	4.46	3.78
22	5.37	4.46	3.78
23	5.37	4.46	3.78
24	5.37	4.46	3.78
25	5.37	4.46	3.78
26	5.66	4.70	3.99
27	6.01	4.99	4.24
28	6.32	5.24	4.46
29	6.66	5.53	4.69
30	7.10	5.90	5.01
31	7.53	6.25	5.31
32	7.96	6.61	5.61
33	8.42	6.99	5.94
34	8.90	7.38	6.28
35	9.41	7.80	6.63
36	9.91	8.22	6.99
37	10.44	8.67	7.36
38	11.01	9.14	7.77
39	11.67	9.69	8.24
40	12.35	10.25	8.72
41	13.13	10.90	9.26
42	13.94	11.57	9.83
43	14.76	12.25	10.41
44	15.65	12.99	11.05
45	16.62	13.79	11.72
46	17.89	14.85	12.62
47	19.17	15.91	13.52
48	20.41	16.94	14.40
49	21.65	17.96	15.27
50	22.84	18.96	16.12
51	24.49	20.33	17.28
52	26.13	21.69	18.43
53	26.88	22.31	18.96
54	28.64	23.77	20.21
55	30.18	25.05	21.29

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.38	1.15	0.97
19	1.38	1.15	0.97
20	1.38	1.15	0.97
21	1.38	1.15	0.97
22	1.38	1.15	0.97
23	1.38	1.15	0.97
24	1.38	1.15	0.97
25	1.38	1.15	0.97
26	1.40	1.17	0.99
27	1.45	1.20	1.02
28	1.48	1.22	1.05
29	1.53	1.27	1.08
30	1.62	1.34	1.15
31	1.73	1.44	1.22
32	1.85	1.53	1.31
33	1.96	1.62	1.38
34	2.08	1.72	1.47
35	2.20	1.82	1.55
36	2.30	1.90	1.62
37	2.40	1.99	1.70
38	2.51	2.09	1.77
39	2.64	2.19	1.87
40	2.76	2.29	1.94
41	2.91	2.42	2.05
42	3.06	2.54	2.15
43	3.22	2.67	2.28
44	3.38	2.80	2.39
45	3.56	2.96	2.51
46	3.85	3.19	2.72
47	4.12	3.41	2.90
48	4.39	3.65	3.10
49	4.68	3.88	3.30
50	4.93	4.09	3.48
51	5.31	4.40	3.74
52	5.69	4.73	4.02
53	5.86	4.87	4.13
54	6.37	5.28	4.49
55	6.96	5.78	4.91

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	11.75	9.75	8.29
19	11.75	9.75	8.29
20	11.75	9.75	8.29
21	11.75	9.75	8.29
22	11.75	9.75	8.29
23	11.75	9.75	8.29
24	11.75	9.75	8.29
25	11.75	9.75	8.29
26	12.12	10.06	8.55
27	12.50	10.38	8.82
28	12.88	10.69	9.09
29	13.26	11.01	9.36
30	13.97	11.60	9.86
31	14.71	12.21	10.38
32	15.47	12.84	10.91
33	16.25	13.49	11.47
34	17.06	14.16	12.04
35	17.88	14.84	12.61
36	18.74	15.55	13.22
37	19.60	16.27	13.83
38	20.49	17.01	14.46
39	21.41	17.77	15.10
40	22.35	18.55	15.77
41	23.31	19.35	16.45
42	24.29	20.16	17.14
43	25.28	20.98	17.83
44	26.32	21.85	18.57
45	27.35	22.70	19.30
46	29.03	24.09	20.48
47	30.57	25.37	21.56
48	31.98	26.54	22.56
49	33.27	27.61	23.47
50	34.42	28.57	24.28
51	35.82	29.73	25.27
52	37.10	30.79	26.17
53	36.98	30.69	26.09
54	38.47	31.93	27.14
55	40.04	33.23	28.25
56	41.24	34.23	29.10
57	42.49	35.27	29.98
58	43.76	36.32	30.87
59	45.95	38.14	32.42
60	49.71	41.26	35.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.87	0.72	0.61
19	0.87	0.72	0.61
20	0.87	0.72	0.61
21	0.87	0.72	0.61
22	0.87	0.72	0.61
23	0.87	0.72	0.61
24	0.87	0.72	0.61
25	0.87	0.72	0.61
26	0.92	0.76	0.65
27	0.96	0.80	0.68
28	1.00	0.83	0.71
29	1.05	0.87	0.74
30	1.12	0.93	0.79
31	1.20	1.00	0.85
32	1.28	1.06	0.90
33	1.37	1.14	0.97
34	1.45	1.20	1.02
35	1.55	1.29	1.10
36	1.64	1.36	1.16
37	1.75	1.45	1.23
38	1.85	1.54	1.31
39	1.97	1.64	1.39
40	2.08	1.73	1.47
41	2.20	1.83	1.56
42	2.32	1.93	1.64
43	2.45	2.03	1.73
44	2.57	2.13	1.81
45	2.71	2.25	1.91
46	2.88	2.39	2.03
47	3.03	2.51	2.13
48	3.18	2.64	2.24
49	3.30	2.74	2.33
50	3.41	2.83	2.41
51	3.56	2.95	2.51
52	3.68	3.05	2.59
53	3.67	3.05	2.59
54	3.82	3.17	2.69
55	3.97	3.30	2.81
56	4.09	3.39	2.88
57	4.21	3.49	2.97
58	4.34	3.60	3.06
59	4.56	3.78	3.21
60	4.92	4.08	3.47

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.29	0.24	0.20
19	0.29	0.24	0.20
20	0.29	0.24	0.20
21	0.29	0.24	0.20
22	0.29	0.24	0.20
23	0.29	0.24	0.20
24	0.29	0.24	0.20
25	0.29	0.24	0.20
26	0.31	0.26	0.22
27	0.32	0.27	0.23
28	0.33	0.27	0.23
29	0.35	0.29	0.25
30	0.37	0.31	0.26
31	0.40	0.33	0.28
32	0.43	0.36	0.31
33	0.46	0.38	0.32
34	0.48	0.40	0.34
35	0.51	0.42	0.36
36	0.55	0.46	0.39
37	0.59	0.49	0.42
38	0.62	0.51	0.43
39	0.66	0.55	0.47
40	0.69	0.57	0.48
41	0.74	0.61	0.52
42	0.77	0.64	0.54
43	0.82	0.68	0.58
44	0.85	0.71	0.60
45	0.90	0.75	0.64
46	0.96	0.80	0.68
47	1.01	0.84	0.71
48	1.06	0.88	0.75
49	1.10	0.91	0.77
50	1.14	0.95	0.81
51	1.19	0.99	0.84
52	1.23	1.02	0.87
53	1.22	1.01	0.86
54	1.28	1.06	0.90
55	1.32	1.10	0.94
56	1.37	1.14	0.97
57	1.41	1.17	0.99
58	1.45	1.20	1.02
59	1.52	1.26	1.07
60	1.64	1.36	1.16

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.37	1.79
19	2.37	1.79
20	2.37	1.79
21	2.37	1.79
22	2.37	1.79
23	2.37	1.79
24	2.37	1.79
25	2.37	1.79
26	2.52	1.85
27	2.70	1.90
28	2.86	1.96
29	3.00	2.00
30	3.19	2.09
31	3.37	2.18
32	3.55	2.27
33	3.71	2.35
34	3.87	2.43
35	4.02	2.50
36	4.17	2.57
37	4.30	2.63
38	4.44	2.69
39	4.58	2.73
40	4.72	2.78
41	4.84	2.81
42	4.95	2.84
43	5.03	2.85
44	5.13	2.86
45	5.21	2.86
46	5.40	2.90
47	5.54	2.92
48	5.62	2.90
49	5.67	2.86
50	5.66	2.79
51	5.67	2.72
52	5.61	2.63
53	5.33	2.43
54	5.24	2.32
55	5.12	2.19
56	4.91	2.03
57	4.65	1.99
58	4.34	1.95
59	4.06	1.94
60	3.83	2.00

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	5.76	4.78	4.06
19	5.76	4.78	4.06
20	5.76	4.78	4.06
21	5.76	4.78	4.06
22	5.76	4.78	4.06
23	5.76	4.78	4.06
24	5.76	4.78	4.06
25	5.76	4.78	4.06
26	6.02	5.00	4.25
27	6.34	5.26	4.47
28	6.62	5.49	4.67
29	6.88	5.71	4.85
30	7.30	6.06	5.15
31	7.73	6.42	5.46
32	8.17	6.78	5.76
33	8.63	7.16	6.09
34	9.11	7.56	6.43
35	9.62	7.98	6.78
36	10.17	8.44	7.17
37	10.75	8.92	7.58
38	11.37	9.44	8.02
39	12.08	10.03	8.53
40	12.81	10.63	9.04
41	13.57	11.26	9.57
42	14.35	11.91	10.12
43	15.14	12.57	10.68
44	16.01	13.29	11.30
45	16.93	14.05	11.94
46	18.29	15.18	12.90
47	19.61	16.28	13.84
48	20.87	17.32	14.72
49	22.09	18.33	15.58
50	23.23	19.28	16.39
51	24.57	20.39	17.33
52	25.83	21.44	18.22
53	25.94	21.53	18.30
54	27.29	22.65	19.25
55	28.40	23.57	20.03
56	29.25	24.28	20.64
57	30.14	25.02	21.27
58	31.04	25.76	21.90
59	32.60	27.06	23.00
60	35.26	29.27	24.88

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.77	1.47	1.25
19	1.77	1.47	1.25
20	1.77	1.47	1.25
21	1.77	1.47	1.25
22	1.77	1.47	1.25
23	1.77	1.47	1.25
24	1.77	1.47	1.25
25	1.77	1.47	1.25
26	1.79	1.49	1.27
27	1.83	1.52	1.29
28	1.86	1.54	1.31
29	1.91	1.59	1.35
30	2.01	1.67	1.42
31	2.13	1.77	1.50
32	2.27	1.88	1.60
33	2.39	1.98	1.68
34	2.52	2.09	1.78
35	2.65	2.20	1.87
36	2.76	2.29	1.95
37	2.88	2.39	2.03
38	3.00	2.49	2.12
39	3.14	2.61	2.22
40	3.27	2.71	2.30
41	3.42	2.84	2.41
42	3.57	2.96	2.52
43	3.73	3.10	2.64
44	3.89	3.23	2.75
45	4.07	3.38	2.87
46	4.36	3.62	3.08
47	4.64	3.85	3.27
48	4.91	4.08	3.47
49	5.19	4.31	3.66
50	5.44	4.52	3.84
51	5.76	4.78	4.06
52	6.08	5.05	4.29
53	6.17	5.12	4.35
54	6.59	5.47	4.65
55	7.10	5.89	5.01
56	7.62	6.32	5.37
57	7.86	6.52	5.54
58	8.10	6.72	5.71
59	8.50	7.06	6.00
60	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	21.35	17.72	15.06
19	21.35	17.72	15.06
20	21.35	17.72	15.06
21	21.35	17.72	15.06
22	21.35	17.72	15.06
23	21.35	17.72	15.06
24	21.35	17.72	15.06
25	21.35	17.72	15.06
26	22.27	18.48	15.71
27	23.18	19.24	16.35
28	24.17	20.06	17.05
29	25.49	21.16	17.99
30	26.83	22.27	18.93
31	27.95	23.20	19.72
32	29.10	24.15	20.53
33	30.24	25.10	21.34
34	31.39	26.05	22.14
35	32.53	27.00	22.95
36	33.25	27.60	23.46
37	33.97	28.20	23.97
38	34.69	28.79	24.47
39	35.41	29.39	24.98
40	36.14	30.00	25.50
41	37.21	30.88	26.25
42	38.27	31.76	27.00
43	39.33	32.64	27.74
44	40.40	33.53	28.50
45	41.48	34.43	29.27
46	42.40	35.19	29.91
47	43.33	35.96	30.57
48	44.25	36.73	31.22
49	45.17	37.49	31.87
50	46.10	38.26	32.52
51	47.36	39.31	33.41
52	48.64	40.37	34.31
53	49.94	41.45	35.23
54	51.25	42.54	36.16
55	52.57	43.63	37.09
56	53.50	44.41	37.75
57	54.86	45.53	38.70
58	56.23	46.67	39.67
59	57.33	47.58	40.44
60	58.46	48.52	41.24

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.59	1.32	1.12
19	1.59	1.32	1.12
20	1.59	1.32	1.12
21	1.59	1.32	1.12
22	1.59	1.32	1.12
23	1.59	1.32	1.12
24	1.59	1.32	1.12
25	1.59	1.32	1.12
26	1.67	1.39	1.18
27	1.78	1.48	1.26
28	1.88	1.56	1.33
29	2.01	1.67	1.42
30	2.15	1.78	1.51
31	2.29	1.90	1.62
32	2.42	2.01	1.71
33	2.54	2.11	1.79
34	2.68	2.22	1.89
35	2.82	2.34	1.99
36	2.93	2.43	2.07
37	3.04	2.52	2.14
38	3.14	2.61	2.22
39	3.25	2.70	2.30
40	3.36	2.79	2.37
41	3.50	2.91	2.47
42	3.65	3.03	2.58
43	3.81	3.16	2.69
44	3.96	3.29	2.80
45	4.11	3.41	2.90
46	4.20	3.49	2.97
47	4.30	3.57	3.03
48	4.38	3.64	3.09
49	4.48	3.72	3.16
50	4.56	3.78	3.21
51	4.69	3.89	3.31
52	4.82	4.00	3.40
53	4.95	4.11	3.49
54	5.08	4.22	3.59
55	5.21	4.32	3.67
56	5.31	4.41	3.75
57	5.44	4.52	3.84
58	5.57	4.62	3.93
59	5.69	4.72	4.01
60	5.80	4.81	4.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.53	0.44	0.37
19	0.53	0.44	0.37
20	0.53	0.44	0.37
21	0.53	0.44	0.37
22	0.53	0.44	0.37
23	0.53	0.44	0.37
24	0.53	0.44	0.37
25	0.53	0.44	0.37
26	0.55	0.46	0.39
27	0.59	0.49	0.42
28	0.62	0.51	0.43
29	0.67	0.56	0.48
30	0.72	0.60	0.51
31	0.77	0.64	0.54
32	0.81	0.67	0.57
33	0.85	0.71	0.60
34	0.89	0.74	0.63
35	0.94	0.78	0.66
36	0.98	0.81	0.69
37	1.01	0.84	0.71
38	1.05	0.87	0.74
39	1.08	0.90	0.77
40	1.12	0.93	0.79
41	1.16	0.96	0.82
42	1.22	1.01	0.86
43	1.27	1.05	0.89
44	1.32	1.10	0.94
45	1.37	1.14	0.97
46	1.40	1.16	0.99
47	1.43	1.19	1.01
48	1.46	1.21	1.03
49	1.49	1.24	1.05
50	1.52	1.26	1.07
51	1.56	1.29	1.10
52	1.61	1.34	1.14
53	1.65	1.37	1.16
54	1.69	1.40	1.19
55	1.74	1.44	1.22
56	1.77	1.47	1.25
57	1.81	1.50	1.28
58	1.85	1.54	1.31
59	1.90	1.58	1.34
60	1.93	1.60	1.36

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	4.30	3.25
19	4.30	3.25
20	4.30	3.25
21	4.30	3.25
22	4.30	3.25
23	4.30	3.25
24	4.30	3.25
25	4.30	3.25
26	4.64	3.39
27	5.00	3.53
28	5.37	3.67
29	5.76	3.85
30	6.13	4.02
31	6.41	4.15
32	6.68	4.27
33	6.91	4.37
34	7.13	4.47
35	7.31	4.55
36	7.40	4.56
37	7.46	4.56
38	7.51	4.55
39	7.58	4.52
40	7.64	4.49
41	7.73	4.49
42	7.80	4.47
43	7.83	4.44
44	7.87	4.39
45	7.90	4.33
46	7.89	4.24
47	7.85	4.14
48	7.78	4.02
49	7.70	3.88
50	7.58	3.74
51	7.49	3.60
52	7.36	3.45
53	7.20	3.28
54	6.98	3.09
55	6.72	2.88
56	6.36	2.64
57	6.00	2.57
58	5.58	2.50
59	5.07	2.42
60	4.50	2.35

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.47	8.69	7.39
19	10.47	8.69	7.39
20	10.47	8.69	7.39
21	10.47	8.69	7.39
22	10.47	8.69	7.39
23	10.47	8.69	7.39
24	10.47	8.69	7.39
25	10.47	8.69	7.39
26	11.07	9.19	7.81
27	11.75	9.75	8.29
28	12.42	10.31	8.76
29	13.23	10.98	9.33
30	14.02	11.64	9.89
31	14.69	12.19	10.36
32	15.37	12.76	10.85
33	16.06	13.33	11.33
34	16.76	13.91	11.82
35	17.51	14.53	12.35
36	18.05	14.98	12.73
37	18.63	15.46	13.14
38	19.24	15.97	13.57
39	19.97	16.58	14.09
40	20.72	17.20	14.62
41	21.67	17.99	15.29
42	22.61	18.77	15.95
43	23.55	19.55	16.62
44	24.57	20.39	17.33
45	25.68	21.31	18.11
46	26.71	22.17	18.84
47	27.79	23.07	19.61
48	28.88	23.97	20.37
49	29.99	24.89	21.16
50	31.12	25.83	21.96
51	32.49	26.97	22.92
52	33.87	28.11	23.89
53	35.04	29.08	24.72
54	36.36	30.18	25.65
55	37.29	30.95	26.31
56	37.95	31.50	26.78
57	38.92	32.30	27.46
58	39.89	33.11	28.14
59	40.67	33.76	28.70
60	41.47	34.42	29.26

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.54	1.28	1.09
19	1.54	1.28	1.09
20	1.54	1.28	1.09
21	1.54	1.28	1.09
22	1.54	1.28	1.09
23	1.54	1.28	1.09
24	1.54	1.28	1.09
25	1.54	1.28	1.09
26	1.57	1.30	1.11
27	1.62	1.34	1.14
28	1.66	1.38	1.17
29	1.72	1.43	1.22
30	1.82	1.51	1.28
31	1.95	1.62	1.38
32	2.08	1.73	1.47
33	2.21	1.83	1.56
34	2.33	1.93	1.64
35	2.47	2.05	1.74
36	2.56	2.12	1.80
37	2.67	2.22	1.89
38	2.77	2.30	1.96
39	2.89	2.40	2.04
40	3.01	2.50	2.13
41	3.14	2.61	2.22
42	3.28	2.72	2.31
43	3.42	2.84	2.41
44	3.58	2.97	2.52
45	3.74	3.10	2.64
46	4.02	3.34	2.84
47	4.27	3.54	3.01
48	4.53	3.76	3.20
49	4.79	3.98	3.38
50	4.98	4.13	3.51
51	5.27	4.37	3.71
52	5.56	4.61	3.92
53	5.62	4.66	3.96
54	5.98	4.96	4.22
55	6.41	5.32	4.52
56	7.25	6.02	5.12
57	6.58	5.46	4.64
58	7.18	5.96	5.07
59	8.04	6.67	5.67
60	9.20	7.64	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	13.67	11.34	9.64
19	13.67	11.34	9.64
20	13.67	11.34	9.64
21	13.67	11.34	9.64
22	13.67	11.34	9.64
23	13.67	11.34	9.64
24	13.67	11.34	9.64
25	13.67	11.34	9.64
26	14.15	11.74	9.98
27	14.64	12.15	10.33
28	15.14	12.56	10.68
29	15.71	13.04	11.09
30	16.54	13.73	11.67
31	17.36	14.41	12.25
32	18.20	15.10	12.83
33	19.05	15.81	13.44
34	19.93	16.54	14.06
35	20.81	17.27	14.68
36	21.64	17.96	15.27
37	22.47	18.66	15.86
38	23.33	19.37	16.46
39	24.21	20.09	17.08
40	25.11	20.84	17.72
41	26.09	21.66	18.41
42	27.09	22.48	19.11
43	28.09	23.31	19.81
44	29.14	24.19	20.56
45	30.18	25.05	21.29
46	31.70	26.31	22.37
47	33.12	27.49	23.36
48	34.43	28.58	24.29
49	35.65	29.59	25.15
50	36.76	30.51	25.93
51	38.13	31.65	26.90
52	39.41	32.71	27.80
53	39.57	32.84	27.92
54	41.03	34.05	28.94
55	42.55	35.31	30.02
56	43.69	36.27	30.83
57	44.96	37.32	31.72
58	46.25	38.39	32.63
59	48.23	40.03	34.02
60	51.46	42.71	36.30

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.01	0.84	0.71
19	1.01	0.84	0.71
20	1.01	0.84	0.71
21	1.01	0.84	0.71
22	1.01	0.84	0.71
23	1.01	0.84	0.71
24	1.01	0.84	0.71
25	1.01	0.84	0.71
26	1.07	0.89	0.76
27	1.12	0.94	0.80
28	1.18	0.98	0.83
29	1.24	1.03	0.88
30	1.33	1.10	0.93
31	1.42	1.18	1.00
32	1.51	1.25	1.06
33	1.60	1.33	1.13
34	1.70	1.40	1.19
35	1.80	1.50	1.28
36	1.90	1.57	1.34
37	2.01	1.66	1.41
38	2.11	1.75	1.49
39	2.23	1.85	1.57
40	2.34	1.94	1.65
41	2.46	2.05	1.74
42	2.59	2.15	1.83
43	2.72	2.26	1.92
44	2.85	2.36	2.01
45	2.99	2.48	2.11
46	3.14	2.61	2.22
47	3.28	2.72	2.31
48	3.42	2.84	2.41
49	3.54	2.94	2.50
50	3.64	3.02	2.57
51	3.79	3.14	2.67
52	3.91	3.24	2.75
53	3.93	3.26	2.77
54	4.07	3.38	2.87
55	4.22	3.50	2.98
56	4.33	3.59	3.05
57	4.46	3.70	3.14
58	4.59	3.80	3.23
59	4.79	3.97	3.37
60	5.10	4.23	3.59

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.34	0.28	0.23
19	0.34	0.28	0.23
20	0.34	0.28	0.23
21	0.34	0.28	0.23
22	0.34	0.28	0.23
23	0.34	0.28	0.23
24	0.34	0.28	0.23
25	0.34	0.28	0.23
26	0.36	0.30	0.25
27	0.37	0.31	0.27
28	0.39	0.32	0.27
29	0.41	0.34	0.30
30	0.44	0.37	0.31
31	0.47	0.39	0.33
32	0.51	0.42	0.36
33	0.54	0.45	0.38
34	0.56	0.47	0.40
35	0.60	0.49	0.42
36	0.64	0.53	0.45
37	0.67	0.56	0.48
38	0.71	0.58	0.49
39	0.74	0.62	0.53
40	0.78	0.64	0.54
41	0.82	0.68	0.58
42	0.86	0.71	0.60
43	0.91	0.75	0.64
44	0.94	0.79	0.67
45	0.99	0.83	0.71
46	1.05	0.87	0.74
47	1.09	0.91	0.77
48	1.14	0.95	0.81
49	1.18	0.98	0.83
50	1.22	1.01	0.86
51	1.26	1.05	0.89
52	1.31	1.08	0.92
53	1.31	1.08	0.92
54	1.36	1.13	0.96
55	1.40	1.17	1.00
56	1.45	1.21	1.03
57	1.49	1.24	1.05
58	1.53	1.27	1.08
59	1.60	1.32	1.12
60	1.70	1.41	1.20

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	2.76	2.08
19	2.76	2.08
20	2.76	2.08
21	2.76	2.08
22	2.76	2.08
23	2.76	2.08
24	2.76	2.08
25	2.76	2.08
26	2.94	2.16
27	3.16	2.23
28	3.36	2.30
29	3.55	2.37
30	3.78	2.48
31	3.98	2.57
32	4.18	2.67
33	4.35	2.75
34	4.52	2.84
35	4.68	2.91
36	4.82	2.97
37	4.93	3.02
38	5.05	3.06
39	5.18	3.09
40	5.30	3.12
41	5.42	3.15
42	5.52	3.17
43	5.59	3.17
44	5.68	3.17
45	5.75	3.15
46	5.90	3.17
47	6.00	3.16
48	6.05	3.12
49	6.08	3.06
50	6.04	2.98
51	6.03	2.90
52	5.96	2.79
53	5.70	2.60
54	5.59	2.47
55	5.44	2.33
56	5.20	2.15
57	4.92	2.11
58	4.59	2.06
59	4.26	2.04
60	3.96	2.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.70	5.56	4.73
19	6.70	5.56	4.73
20	6.70	5.56	4.73
21	6.70	5.56	4.73
22	6.70	5.56	4.73
23	6.70	5.56	4.73
24	6.70	5.56	4.73
25	6.70	5.56	4.73
26	7.03	5.84	4.96
27	7.42	6.16	5.23
28	7.78	6.45	5.49
29	8.15	6.76	5.75
30	8.64	7.18	6.10
31	9.12	7.57	6.44
32	9.61	7.98	6.78
33	10.12	8.39	7.14
34	10.64	8.83	7.51
35	11.20	9.29	7.89
36	11.75	9.75	8.28
37	12.33	10.23	8.69
38	12.94	10.75	9.13
39	13.66	11.34	9.64
40	14.39	11.94	10.16
41	15.19	12.61	10.71
42	16.00	13.28	11.29
43	16.82	13.97	11.87
44	17.72	14.71	12.51
45	18.68	15.50	13.17
46	19.97	16.58	14.09
47	21.25	17.64	14.99
48	22.47	18.65	15.85
49	23.67	19.64	16.70
50	24.81	20.59	17.50
51	26.15	21.71	18.45
52	27.44	22.77	19.35
53	27.76	23.04	19.58
54	29.10	24.16	20.53
55	30.18	25.05	21.29
56	30.99	25.72	21.87
57	31.90	26.48	22.51
58	32.81	27.23	23.15
59	34.21	28.40	24.14
60	36.50	30.30	25.76

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.72	1.43	1.22
19	1.72	1.43	1.22
20	1.72	1.43	1.22
21	1.72	1.43	1.22
22	1.72	1.43	1.22
23	1.72	1.43	1.22
24	1.72	1.43	1.22
25	1.72	1.43	1.22
26	1.75	1.45	1.24
27	1.79	1.48	1.26
28	1.82	1.51	1.28
29	1.87	1.56	1.32
30	1.97	1.64	1.39
31	2.09	1.74	1.48
32	2.23	1.85	1.57
33	2.35	1.95	1.66
34	2.48	2.06	1.75
35	2.61	2.17	1.84
36	2.72	2.26	1.92
37	2.84	2.36	2.00
38	2.95	2.45	2.09
39	3.09	2.57	2.18
40	3.22	2.67	2.27
41	3.36	2.79	2.37
42	3.51	2.91	2.48
43	3.67	3.05	2.59
44	3.83	3.18	2.70
45	4.00	3.32	2.82
46	4.29	3.56	3.03
47	4.57	3.79	3.22
48	4.83	4.02	3.42
49	5.11	4.24	3.60
50	5.35	4.44	3.77
51	5.66	4.70	3.99
52	5.98	4.96	4.22
53	6.06	5.03	4.27
54	6.47	5.37	4.56
55	6.96	5.78	4.91
56	7.55	6.26	5.32
57	7.60	6.31	5.36
58	7.92	6.57	5.58
59	8.41	6.98	5.93
60	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.23	10.15	8.63
19	12.23	10.15	8.63
20	12.23	10.15	8.63
21	12.23	10.15	8.63
22	12.23	10.15	8.63
23	12.23	10.15	8.63
24	12.23	10.15	8.63
25	12.23	10.15	8.63
26	12.63	10.48	8.91
27	13.05	10.83	9.21
28	13.47	11.18	9.50
29	13.88	11.53	9.80
30	14.65	12.16	10.34
31	15.44	12.82	10.90
32	16.26	13.50	11.47
33	17.10	14.19	12.07
34	17.97	14.92	12.68
35	18.85	15.65	13.30
36	19.78	16.42	13.96
37	20.71	17.20	14.62
38	21.68	18.00	15.30
39	22.68	18.82	15.99
40	23.70	19.67	16.72
41	24.78	20.57	17.49
42	25.88	21.48	18.27
43	27.01	22.41	19.05
44	28.19	23.40	19.89
45	29.36	24.37	20.72
46	31.24	25.93	22.04
47	32.98	27.37	23.26
48	34.59	28.70	24.40
49	36.07	29.94	25.45
50	37.41	31.05	26.39
51	39.19	32.53	27.65
52	40.86	33.91	28.82
53	41.00	34.02	28.92
54	42.93	35.63	30.28
55	44.97	37.32	31.73
56	46.62	38.69	32.89
57	48.34	40.12	34.10
58	50.10	41.58	35.34
59	52.94	43.94	37.35
60	57.63	47.83	40.66

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.91	0.75	0.63
19	0.91	0.75	0.63
20	0.91	0.75	0.63
21	0.91	0.75	0.63
22	0.91	0.75	0.63
23	0.91	0.75	0.63
24	0.91	0.75	0.63
25	0.91	0.75	0.63
26	0.96	0.79	0.68
27	1.00	0.84	0.71
28	1.05	0.87	0.74
29	1.10	0.91	0.77
30	1.17	0.98	0.83
31	1.26	1.05	0.89
32	1.35	1.11	0.95
33	1.44	1.20	1.02
34	1.53	1.26	1.07
35	1.63	1.36	1.16
36	1.73	1.44	1.22
37	1.85	1.53	1.30
38	1.96	1.63	1.39
39	2.09	1.74	1.47
40	2.21	1.83	1.56
41	2.34	1.95	1.66
42	2.47	2.06	1.75
43	2.62	2.17	1.85
44	2.75	2.28	1.94
45	2.91	2.42	2.05
46	3.10	2.57	2.18
47	3.27	2.71	2.30
48	3.44	2.86	2.42
49	3.58	2.97	2.53
50	3.71	3.08	2.62
51	3.90	3.23	2.75
52	4.05	3.36	2.85
53	4.07	3.38	2.87
54	4.26	3.54	3.00
55	4.46	3.71	3.16
56	4.62	3.83	3.26
57	4.79	3.97	3.38
58	4.97	4.12	3.50
59	5.25	4.35	3.70
60	5.70	4.73	4.02

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.30	0.25	0.21
19	0.30	0.25	0.21
20	0.30	0.25	0.21
21	0.30	0.25	0.21
22	0.30	0.25	0.21
23	0.30	0.25	0.21
24	0.30	0.25	0.21
25	0.30	0.25	0.21
26	0.32	0.27	0.23
27	0.33	0.28	0.24
28	0.34	0.28	0.24
29	0.37	0.30	0.26
30	0.39	0.33	0.27
31	0.42	0.35	0.29
32	0.45	0.38	0.33
33	0.48	0.40	0.34
34	0.51	0.42	0.36
35	0.54	0.44	0.38
36	0.58	0.49	0.41
37	0.62	0.52	0.44
38	0.66	0.54	0.45
39	0.70	0.58	0.50
40	0.73	0.60	0.51
41	0.79	0.65	0.55
42	0.82	0.68	0.58
43	0.88	0.73	0.62
44	0.91	0.76	0.64
45	0.97	0.81	0.69
46	1.03	0.86	0.73
47	1.09	0.91	0.77
48	1.15	0.95	0.81
49	1.19	0.99	0.83
50	1.24	1.03	0.88
51	1.30	1.08	0.92
52	1.35	1.12	0.96
53	1.35	1.12	0.95
54	1.43	1.18	1.00
55	1.48	1.24	1.06
56	1.55	1.29	1.10
57	1.60	1.33	1.13
58	1.66	1.37	1.17
59	1.75	1.45	1.23
60	1.90	1.58	1.34

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.47	1.86
19	2.47	1.86
20	2.47	1.86
21	2.47	1.86
22	2.47	1.86
23	2.47	1.86
24	2.47	1.86
25	2.47	1.86
26	2.63	1.93
27	2.82	1.98
28	2.99	2.05
29	3.14	2.09
30	3.35	2.19
31	3.54	2.29
32	3.73	2.39
33	3.90	2.47
34	4.08	2.56
35	4.24	2.64
36	4.40	2.71
37	4.54	2.78
38	4.70	2.85
39	4.85	2.89
40	5.00	2.95
41	5.14	2.99
42	5.27	3.03
43	5.37	3.04
44	5.49	3.06
45	5.59	3.07
46	5.81	3.12
47	5.98	3.15
48	6.08	3.14
49	6.15	3.10
50	6.15	3.03
51	6.20	2.98
52	6.18	2.90
53	5.91	2.69
54	5.85	2.59
55	5.75	2.46
56	5.55	2.29
57	5.29	2.26
58	4.97	2.23
59	4.68	2.24
60	4.44	2.32

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	5.99	4.97	4.22
19	5.99	4.97	4.22
20	5.99	4.97	4.22
21	5.99	4.97	4.22
22	5.99	4.97	4.22
23	5.99	4.97	4.22
24	5.99	4.97	4.22
25	5.99	4.97	4.22
26	6.27	5.21	4.43
27	6.62	5.49	4.67
28	6.92	5.74	4.88
29	7.20	5.98	5.08
30	7.66	6.36	5.40
31	8.12	6.74	5.73
32	8.59	7.13	6.05
33	9.08	7.53	6.41
34	9.60	7.96	6.77
35	10.14	8.42	7.15
36	10.74	8.91	7.57
37	11.36	9.43	8.01
38	12.03	9.99	8.49
39	12.79	10.62	9.03
40	13.58	11.27	9.59
41	14.42	11.97	10.17
42	15.29	12.69	10.78
43	16.17	13.43	11.41
44	17.15	14.23	12.10
45	18.18	15.08	12.82
46	19.68	16.34	13.88
47	21.16	17.56	14.93
48	22.57	18.73	15.92
49	23.95	19.87	16.89
50	25.25	20.95	17.81
51	26.88	22.31	18.96
52	28.45	23.61	20.07
53	28.76	23.87	20.29
54	30.45	25.27	21.48
55	31.90	26.47	22.50
56	33.06	27.44	23.33
57	34.29	28.46	24.20
58	35.54	29.49	25.07
59	37.56	31.18	26.50
60	40.88	33.93	28.84

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.84	1.53	1.30
19	1.84	1.53	1.30
20	1.84	1.53	1.30
21	1.84	1.53	1.30
22	1.84	1.53	1.30
23	1.84	1.53	1.30
24	1.84	1.53	1.30
25	1.84	1.53	1.30
26	1.87	1.55	1.32
27	1.91	1.59	1.35
28	1.94	1.61	1.37
29	2.00	1.66	1.41
30	2.11	1.75	1.49
31	2.24	1.86	1.57
32	2.39	1.98	1.68
33	2.51	2.08	1.77
34	2.65	2.20	1.87
35	2.79	2.32	1.97
36	2.91	2.42	2.06
37	3.04	2.53	2.15
38	3.17	2.63	2.24
39	3.33	2.76	2.35
40	3.47	2.87	2.44
41	3.64	3.02	2.56
42	3.80	3.15	2.69
43	3.98	3.31	2.82
44	4.17	3.46	2.95
45	4.37	3.63	3.08
46	4.69	3.90	3.31
47	5.01	4.15	3.53
48	5.31	4.41	3.75
49	5.63	4.67	3.97
50	5.91	4.91	4.17
51	6.30	5.23	4.44
52	6.70	5.56	4.72
53	6.84	5.68	4.82
54	7.35	6.10	5.19
55	7.97	6.62	5.63
56	8.61	7.14	6.07
57	8.94	7.42	6.30
58	9.27	7.69	6.54
59	9.79	8.13	6.91
60	10.65	8.85	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	22.22	18.44	15.67
19	22.22	18.44	15.67
20	22.22	18.44	15.67
21	22.22	18.44	15.67
22	22.22	18.44	15.67
23	22.22	18.44	15.67
24	22.22	18.44	15.67
25	22.22	18.44	15.67
26	23.21	19.26	16.37
27	24.20	20.08	17.07
28	25.27	20.97	17.82
29	26.69	22.16	18.84
30	28.14	23.35	19.85
31	29.34	24.36	20.70
32	30.58	25.38	21.58
33	31.82	26.41	22.45
34	33.06	27.44	23.32
35	34.30	28.47	24.20
36	35.10	29.14	24.77
37	35.90	29.80	25.33
38	36.70	30.46	25.89
39	37.51	31.13	26.46
40	38.32	31.81	27.04
41	39.55	32.83	27.90
42	40.78	33.85	28.77
43	42.02	34.87	29.63
44	43.27	35.91	30.52
45	44.53	36.96	31.42
46	45.63	37.87	32.19
47	46.75	38.80	32.98
48	47.86	39.73	33.77
49	48.97	40.65	34.55
50	50.11	41.58	35.35
51	51.82	43.01	36.55
52	53.57	44.46	37.79
53	55.36	45.95	39.06
54	57.19	47.47	40.35
55	59.04	49.00	41.66
56	60.47	50.20	42.67
57	62.41	51.79	44.02
58	64.37	53.43	45.42
59	66.05	54.82	46.59
60	67.77	56.25	47.81

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.65	1.37	1.17
19	1.65	1.37	1.17
20	1.65	1.37	1.17
21	1.65	1.37	1.17
22	1.65	1.37	1.17
23	1.65	1.37	1.17
24	1.65	1.37	1.17
25	1.65	1.37	1.17
26	1.74	1.45	1.23
27	1.86	1.54	1.32
28	1.97	1.63	1.39
29	2.10	1.75	1.49
30	2.25	1.87	1.58
31	2.40	1.99	1.70
32	2.54	2.11	1.80
33	2.67	2.22	1.88
34	2.82	2.34	1.99
35	2.97	2.47	2.10
36	3.09	2.57	2.19
37	3.21	2.66	2.26
38	3.32	2.76	2.35
39	3.44	2.86	2.44
40	3.56	2.96	2.51
41	3.72	3.09	2.63
42	3.89	3.23	2.75
43	4.07	3.38	2.87
44	4.24	3.52	3.00
45	4.41	3.66	3.11
46	4.52	3.76	3.20
47	4.64	3.85	3.27
48	4.74	3.94	3.34
49	4.86	4.03	3.43
50	4.96	4.11	3.49
51	5.13	4.26	3.62
52	5.31	4.41	3.74
53	5.49	4.56	3.87
54	5.67	4.71	4.01
55	5.85	4.85	4.12
56	6.00	4.98	4.24
57	6.19	5.14	4.37
58	6.38	5.29	4.50
59	6.56	5.44	4.62
60	6.72	5.58	4.74

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.55	0.46	0.39
19	0.55	0.46	0.39
20	0.55	0.46	0.39
21	0.55	0.46	0.39
22	0.55	0.46	0.39
23	0.55	0.46	0.39
24	0.55	0.46	0.39
25	0.55	0.46	0.39
26	0.57	0.48	0.41
27	0.62	0.51	0.44
28	0.65	0.53	0.45
29	0.70	0.59	0.50
30	0.76	0.63	0.53
31	0.81	0.67	0.57
32	0.85	0.70	0.60
33	0.89	0.75	0.63
34	0.94	0.78	0.66
35	0.99	0.82	0.70
36	1.03	0.86	0.73
37	1.07	0.89	0.75
38	1.11	0.92	0.78
39	1.14	0.95	0.82
40	1.19	0.99	0.84
41	1.23	1.02	0.87
42	1.30	1.08	0.92
43	1.36	1.12	0.95
44	1.41	1.18	1.01
45	1.47	1.22	1.04
46	1.51	1.25	1.07
47	1.54	1.28	1.09
48	1.58	1.31	1.11
49	1.62	1.34	1.14
50	1.65	1.37	1.16
51	1.71	1.41	1.20
52	1.77	1.48	1.26
53	1.83	1.52	1.29
54	1.89	1.56	1.33
55	1.95	1.62	1.37
56	2.00	1.66	1.41
57	2.06	1.71	1.46
58	2.12	1.76	1.50
59	2.19	1.82	1.54
60	2.24	1.85	1.58

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	4.47	3.38
19	4.47	3.38
20	4.47	3.38
21	4.47	3.38
22	4.47	3.38
23	4.47	3.38
24	4.47	3.38
25	4.47	3.38
26	4.84	3.53
27	5.22	3.68
28	5.61	3.84
29	6.03	4.03
30	6.43	4.22
31	6.73	4.36
32	7.02	4.49
33	7.27	4.60
34	7.51	4.71
35	7.71	4.80
36	7.81	4.81
37	7.88	4.82
38	7.95	4.81
39	8.03	4.79
40	8.10	4.76
41	8.22	4.77
42	8.31	4.76
43	8.36	4.74
44	8.43	4.70
45	8.48	4.65
46	8.49	4.56
47	8.47	4.47
48	8.41	4.35
49	8.35	4.21
50	8.24	4.06
51	8.19	3.94
52	8.11	3.80
53	7.98	3.64
54	7.79	3.45
55	7.55	3.23
56	7.19	2.98
57	6.83	2.92
58	6.39	2.86
59	5.84	2.79
60	5.22	2.72

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.89	9.04	7.69
19	10.89	9.04	7.69
20	10.89	9.04	7.69
21	10.89	9.04	7.69
22	10.89	9.04	7.69
23	10.89	9.04	7.69
24	10.89	9.04	7.69
25	10.89	9.04	7.69
26	11.54	9.58	8.14
27	12.26	10.18	8.65
28	12.98	10.78	9.16
29	13.85	11.50	9.77
30	14.70	12.21	10.37
31	15.42	12.80	10.88
32	16.15	13.41	11.40
33	16.90	14.03	11.92
34	17.65	14.65	12.45
35	18.46	15.32	13.02
36	19.06	15.81	13.44
37	19.69	16.34	13.89
38	20.36	16.90	14.36
39	21.15	17.56	14.92
40	21.97	18.24	15.50
41	23.04	19.12	16.25
42	24.09	20.00	17.00
43	25.16	20.89	17.76
44	26.31	21.84	18.56
45	27.57	22.88	19.44
46	28.75	23.86	20.28
47	29.98	24.89	21.16
48	31.24	25.93	22.03
49	32.52	26.99	22.94
50	33.82	28.07	23.87
51	35.55	29.51	25.08
52	37.30	30.96	26.31
53	38.85	32.24	27.40
54	40.57	33.68	28.62
55	41.88	34.76	29.55
56	42.90	35.61	30.27
57	44.27	36.74	31.24
58	45.67	37.91	32.22
59	46.85	38.89	33.06
60	48.08	39.90	33.92

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.60	1.33	1.13
19	1.60	1.33	1.13
20	1.60	1.33	1.13
21	1.60	1.33	1.13
22	1.60	1.33	1.13
23	1.60	1.33	1.13
24	1.60	1.33	1.13
25	1.60	1.33	1.13
26	1.64	1.35	1.16
27	1.69	1.40	1.19
28	1.74	1.44	1.22
29	1.80	1.50	1.28
30	1.91	1.58	1.34
31	2.05	1.70	1.45
32	2.19	1.82	1.55
33	2.33	1.93	1.64
34	2.45	2.03	1.73
35	2.60	2.16	1.83
36	2.70	2.24	1.90
37	2.82	2.35	2.00
38	2.93	2.43	2.07
39	3.06	2.54	2.16
40	3.19	2.65	2.26
41	3.34	2.77	2.36
42	3.50	2.90	2.46
43	3.65	3.03	2.57
44	3.83	3.18	2.70
45	4.02	3.33	2.83
46	4.33	3.59	3.06
47	4.61	3.82	3.25
48	4.90	4.07	3.46
49	5.19	4.32	3.66
50	5.41	4.49	3.81
51	5.77	4.78	4.06
52	6.12	5.08	4.32
53	6.23	5.17	4.39
54	6.67	5.53	4.71
55	7.20	5.97	5.08
56	8.19	6.80	5.79
57	7.49	6.21	5.28
58	8.22	6.82	5.80
59	9.26	7.68	6.53
60	10.67	8.86	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.23	11.81	10.04
19	14.23	11.81	10.04
20	14.23	11.81	10.04
21	14.23	11.81	10.04
22	14.23	11.81	10.04
23	14.23	11.81	10.04
24	14.23	11.81	10.04
25	14.23	11.81	10.04
26	14.75	12.24	10.40
27	15.28	12.68	10.78
28	15.83	13.14	11.16
29	16.44	13.66	11.61
30	17.35	14.40	12.24
31	18.22	15.13	12.86
32	19.12	15.88	13.49
33	20.04	16.63	14.15
34	20.99	17.42	14.81
35	21.94	18.21	15.48
36	22.84	18.96	16.12
37	23.75	19.72	16.76
38	24.68	20.49	17.42
39	25.65	21.28	18.08
40	26.62	22.10	18.78
41	27.73	23.02	19.57
42	28.86	23.95	20.37
43	30.01	24.90	21.17
44	31.21	25.90	22.02
45	32.39	26.89	22.86
46	34.12	28.32	24.07
47	35.73	29.66	25.20
48	37.24	30.91	26.27
49	38.65	32.08	27.27
50	39.95	33.16	28.18
51	41.72	34.63	29.43
52	43.40	36.02	30.61
53	43.87	36.41	30.95
54	45.78	38.00	32.29
55	47.78	39.66	33.72
56	49.39	40.99	34.85
57	51.15	42.45	36.08
58	52.95	43.95	37.36
59	55.56	46.12	39.20
60	59.66	49.51	42.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.06	0.87	0.74
19	1.06	0.87	0.74
20	1.06	0.87	0.74
21	1.06	0.87	0.74
22	1.06	0.87	0.74
23	1.06	0.87	0.74
24	1.06	0.87	0.74
25	1.06	0.87	0.74
26	1.12	0.92	0.79
27	1.17	0.98	0.83
28	1.23	1.02	0.87
29	1.30	1.08	0.91
30	1.39	1.16	0.98
31	1.49	1.24	1.05
32	1.59	1.31	1.12
33	1.69	1.40	1.19
34	1.79	1.48	1.25
35	1.90	1.58	1.35
36	2.00	1.67	1.41
37	2.12	1.76	1.49
38	2.23	1.86	1.58
39	2.36	1.96	1.66
40	2.48	2.06	1.75
41	2.62	2.18	1.85
42	2.75	2.29	1.95
43	2.91	2.41	2.05
44	3.05	2.53	2.15
45	3.21	2.67	2.26
46	3.38	2.81	2.38
47	3.54	2.94	2.49
48	3.70	3.08	2.60
49	3.84	3.18	2.71
50	3.96	3.29	2.79
51	4.15	3.44	2.92
52	4.30	3.57	3.03
53	4.35	3.62	3.07
54	4.54	3.77	3.20
55	4.74	3.94	3.35
56	4.90	4.06	3.46
57	5.07	4.20	3.58
58	5.25	4.35	3.70
59	5.51	4.57	3.88
60	5.90	4.90	4.16

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.35	0.29	0.25
19	0.35	0.29	0.25
20	0.35	0.29	0.25
21	0.35	0.29	0.25
22	0.35	0.29	0.25
23	0.35	0.29	0.25
24	0.35	0.29	0.25
25	0.35	0.29	0.25
26	0.37	0.31	0.27
27	0.39	0.33	0.28
28	0.40	0.33	0.28
29	0.44	0.36	0.31
30	0.46	0.39	0.32
31	0.50	0.41	0.35
32	0.53	0.44	0.38
33	0.56	0.47	0.40
34	0.60	0.49	0.42
35	0.63	0.52	0.44
36	0.67	0.56	0.47
37	0.71	0.59	0.50
38	0.75	0.62	0.52
39	0.79	0.65	0.56
40	0.82	0.68	0.58
41	0.88	0.72	0.61
42	0.92	0.76	0.65
43	0.98	0.81	0.69
44	1.01	0.84	0.71
45	1.07	0.89	0.76
46	1.13	0.94	0.80
47	1.18	0.98	0.83
48	1.24	1.02	0.87
49	1.28	1.06	0.89
50	1.32	1.10	0.94
51	1.38	1.15	0.98
52	1.43	1.19	1.02
53	1.45	1.20	1.02
54	1.52	1.26	1.07
55	1.57	1.32	1.12
56	1.64	1.36	1.16
57	1.69	1.41	1.20
58	1.75	1.45	1.24
59	1.84	1.52	1.29
60	1.97	1.63	1.39

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	2.87	2.16
19	2.87	2.16
20	2.87	2.16
21	2.87	2.16
22	2.87	2.16
23	2.87	2.16
24	2.87	2.16
25	2.87	2.16
26	3.07	2.25
27	3.30	2.32
28	3.51	2.41
29	3.72	2.48
30	3.97	2.60
31	4.18	2.70
32	4.39	2.81
33	4.57	2.90
34	4.77	2.99
35	4.93	3.07
36	5.08	3.13
37	5.21	3.19
38	5.35	3.24
39	5.49	3.27
40	5.62	3.31
41	5.76	3.35
42	5.88	3.38
43	5.97	3.38
44	6.08	3.39
45	6.17	3.39
46	6.35	3.41
47	6.48	3.41
48	6.55	3.38
49	6.59	3.32
50	6.57	3.24
51	6.60	3.17
52	6.57	3.08
53	6.32	2.88
54	6.24	2.76
55	6.11	2.61
56	5.88	2.43
57	5.60	2.39
58	5.25	2.36
59	4.91	2.35
60	4.60	2.40

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.97	5.78	4.91
19	6.97	5.78	4.91
20	6.97	5.78	4.91
21	6.97	5.78	4.91
22	6.97	5.78	4.91
23	6.97	5.78	4.91
24	6.97	5.78	4.91
25	6.97	5.78	4.91
26	7.32	6.08	5.17
27	7.75	6.43	5.47
28	8.13	6.75	5.74
29	8.53	7.08	6.02
30	9.07	7.53	6.39
31	9.58	7.95	6.76
32	10.10	8.39	7.12
33	10.64	8.83	7.51
34	11.21	9.30	7.91
35	11.80	9.80	8.32
36	12.40	10.29	8.74
37	13.03	10.81	9.19
38	13.70	11.37	9.66
39	14.46	12.01	10.21
40	15.26	12.66	10.77
41	16.14	13.40	11.39
42	17.05	14.15	12.02
43	17.97	14.92	12.68
44	18.98	15.75	13.39
45	20.06	16.64	14.14
46	21.49	17.84	15.16
47	22.92	19.03	16.18
48	24.30	20.17	17.14
49	25.66	21.29	18.10
50	26.96	22.37	19.02
51	28.61	23.75	20.18
52	30.22	25.08	21.32
53	30.78	25.54	21.71
54	32.47	26.95	22.91
55	33.90	28.13	23.91
56	35.03	29.07	24.72
57	36.29	30.12	25.61
58	37.57	31.17	26.50
59	39.42	32.72	27.81
60	42.32	35.12	29.86

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.79	1.49	1.27
19	1.79	1.49	1.27
20	1.79	1.49	1.27
21	1.79	1.49	1.27
22	1.79	1.49	1.27
23	1.79	1.49	1.27
24	1.79	1.49	1.27
25	1.79	1.49	1.27
26	1.82	1.51	1.29
27	1.87	1.55	1.32
28	1.90	1.58	1.34
29	1.96	1.63	1.38
30	2.07	1.72	1.46
31	2.20	1.83	1.55
32	2.35	1.95	1.65
33	2.47	2.05	1.74
34	2.61	2.17	1.84
35	2.75	2.29	1.94
36	2.87	2.38	2.03
37	3.00	2.49	2.12
38	3.12	2.59	2.21
39	3.28	2.72	2.31
40	3.41	2.83	2.40
41	3.58	2.97	2.52
42	3.74	3.10	2.64
43	3.91	3.25	2.77
44	4.10	3.40	2.90
45	4.30	3.57	3.03
46	4.62	3.84	3.26
47	4.93	4.08	3.47
48	5.23	4.34	3.69
49	5.54	4.60	3.91
50	5.81	4.83	4.10
51	6.19	5.14	4.36
52	6.58	5.46	4.64
53	6.72	5.58	4.73
54	7.21	5.99	5.09
55	7.82	6.49	5.52
56	8.53	7.07	6.01
57	8.65	7.18	6.10
58	9.06	7.52	6.39
59	9.68	8.04	6.83
60	10.65	8.85	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.88	10.69	9.09
19	12.88	10.69	9.09
20	12.88	10.69	9.09
21	12.88	10.69	9.09
22	12.88	10.69	9.09
23	12.88	10.69	9.09
24	12.88	10.69	9.09
25	12.88	10.69	9.09
26	13.33	11.06	9.40
27	13.80	11.46	9.73
28	14.26	11.84	10.07
29	14.73	12.23	10.40
30	15.58	12.93	10.99
31	16.44	13.65	11.60
32	17.33	14.39	12.22
33	18.25	15.15	12.88
34	19.21	15.94	13.56
35	20.18	16.75	14.23
36	21.21	17.60	14.96
37	22.23	18.46	15.69
38	23.30	19.34	16.44
39	24.40	20.26	17.21
40	25.54	21.20	18.02
41	27.49	22.82	19.40
42	29.54	24.51	20.84
43	31.67	26.28	22.34
44	33.94	28.17	23.94
45	36.27	30.10	25.59
46	39.56	32.83	27.91
47	42.78	35.50	30.17
48	45.93	38.12	32.40
49	49.00	40.67	34.57
50	51.96	43.13	36.65
51	55.86	46.36	39.41
52	59.71	49.55	42.12
53	61.36	50.92	43.29
54	65.75	54.57	46.39
55	70.43	58.46	49.69

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.95	0.79	0.67
19	0.95	0.79	0.67
20	0.95	0.79	0.67
21	0.95	0.79	0.67
22	0.95	0.79	0.67
23	0.95	0.79	0.67
24	0.95	0.79	0.67
25	0.95	0.79	0.67
26	1.01	0.84	0.71
27	1.06	0.88	0.75
28	1.11	0.92	0.79
29	1.17	0.97	0.82
30	1.25	1.04	0.88
31	1.34	1.12	0.95
32	1.43	1.19	1.01
33	1.54	1.28	1.09
34	1.63	1.35	1.15
35	1.75	1.46	1.24
36	1.86	1.54	1.31
37	1.99	1.64	1.40
38	2.10	1.75	1.49
39	2.25	1.87	1.58
40	2.38	1.98	1.68
41	2.59	2.16	1.84
42	2.82	2.35	1.99
43	3.07	2.54	2.17
44	3.31	2.75	2.33
45	3.59	2.98	2.53
46	3.92	3.26	2.77
47	4.24	3.51	2.98
48	4.57	3.79	3.22
49	4.86	4.04	3.43
50	5.15	4.27	3.64
51	5.55	4.60	3.91
52	5.92	4.91	4.17
53	6.09	5.06	4.30
54	6.53	5.42	4.60
55	6.98	5.81	4.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.32	0.26	0.22
19	0.32	0.26	0.22
20	0.32	0.26	0.22
21	0.32	0.26	0.22
22	0.32	0.26	0.22
23	0.32	0.26	0.22
24	0.32	0.26	0.22
25	0.32	0.26	0.22
26	0.34	0.29	0.24
27	0.35	0.30	0.25
28	0.37	0.30	0.25
29	0.39	0.32	0.28
30	0.41	0.35	0.29
31	0.45	0.37	0.31
32	0.48	0.40	0.35
33	0.52	0.43	0.36
34	0.54	0.45	0.38
35	0.58	0.47	0.41
36	0.62	0.52	0.44
37	0.67	0.56	0.48
38	0.70	0.58	0.49
39	0.75	0.63	0.54
40	0.79	0.65	0.55
41	0.87	0.72	0.61
42	0.94	0.78	0.66
43	1.03	0.85	0.73
44	1.10	0.92	0.77
45	1.19	0.99	0.85
46	1.31	1.09	0.93
47	1.41	1.18	0.99
48	1.52	1.26	1.08
49	1.62	1.34	1.13
50	1.72	1.43	1.22
51	1.86	1.54	1.31
52	1.98	1.64	1.40
53	2.02	1.68	1.43
54	2.19	1.81	1.54
55	2.32	1.94	1.65

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.60	1.96
19	2.60	1.96
20	2.60	1.96
21	2.60	1.96
22	2.60	1.96
23	2.60	1.96
24	2.60	1.96
25	2.60	1.96
26	2.77	2.03
27	2.98	2.10
28	3.17	2.17
29	3.33	2.22
30	3.56	2.33
31	3.77	2.44
32	3.98	2.54
33	4.17	2.64
34	4.36	2.74
35	4.54	2.82
36	4.72	2.91
37	4.88	2.98
38	5.05	3.06
39	5.22	3.11
40	5.39	3.18
41	5.71	3.31
42	6.02	3.45
43	6.30	3.57
44	6.61	3.69
45	6.91	3.79
46	7.36	3.95
47	7.75	4.09
48	8.07	4.16
49	8.35	4.21
50	8.54	4.21
51	8.84	4.24
52	9.03	4.23
53	8.84	4.03
54	8.96	3.97
55	9.01	3.85

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.31	5.24	4.45
19	6.31	5.24	4.45
20	6.31	5.24	4.45
21	6.31	5.24	4.45
22	6.31	5.24	4.45
23	6.31	5.24	4.45
24	6.31	5.24	4.45
25	6.31	5.24	4.45
26	6.62	5.50	4.67
27	7.00	5.81	4.93
28	7.33	6.08	5.17
29	7.65	6.35	5.39
30	8.14	6.76	5.74
31	8.64	7.18	6.10
32	9.15	7.60	6.45
33	9.69	8.04	6.84
34	10.26	8.51	7.24
35	10.86	9.01	7.65
36	11.51	9.55	8.11
37	12.19	10.12	8.60
38	12.93	10.73	9.12
39	13.77	11.43	9.72
40	14.64	12.15	10.33
41	16.00	13.28	11.29
42	17.45	14.48	12.31
43	18.97	15.75	13.38
44	20.64	17.14	14.57
45	22.45	18.63	15.83
46	24.93	20.69	17.58
47	27.44	22.78	19.37
48	29.97	24.87	21.14
49	32.54	27.00	22.95
50	35.07	29.10	24.74
51	38.32	31.80	27.03
52	41.57	34.50	29.32
53	43.04	35.72	30.36
54	46.64	38.71	32.90
55	49.96	41.46	35.23

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.94	1.61	1.37
19	1.94	1.61	1.37
20	1.94	1.61	1.37
21	1.94	1.61	1.37
22	1.94	1.61	1.37
23	1.94	1.61	1.37
24	1.94	1.61	1.37
25	1.94	1.61	1.37
26	1.97	1.64	1.40
27	2.02	1.68	1.42
28	2.06	1.71	1.45
29	2.12	1.77	1.50
30	2.24	1.86	1.58
31	2.38	1.98	1.68
32	2.54	2.11	1.79
33	2.68	2.22	1.89
34	2.84	2.35	2.00
35	2.99	2.48	2.11
36	3.12	2.59	2.21
37	3.27	2.71	2.30
38	3.41	2.83	2.41
39	3.58	2.98	2.53
40	3.74	3.10	2.63
41	4.03	3.35	2.84
42	4.34	3.60	3.06
43	4.67	3.88	3.31
44	5.02	4.16	3.55
45	5.40	4.48	3.81
46	5.94	4.93	4.20
47	6.49	5.39	4.58
48	7.05	5.86	4.98
49	7.64	6.35	5.39
50	8.21	6.82	5.80
51	8.98	7.45	6.33
52	9.78	8.13	6.90
53	10.24	8.50	7.22
54	11.26	9.35	7.95
55	12.49	10.36	8.81

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	23.40	19.42	16.51
19	23.40	19.42	16.51
20	23.40	19.42	16.51
21	23.40	19.42	16.51
22	23.40	19.42	16.51
23	23.40	19.42	16.51
24	23.40	19.42	16.51
25	23.40	19.42	16.51
26	24.49	20.33	17.28
27	25.58	21.23	18.04
28	26.77	22.22	18.88
29	28.33	23.51	19.99
30	29.92	24.83	21.11
31	31.24	25.93	22.04
32	32.61	27.06	23.00
33	33.97	28.19	23.97
34	35.35	29.33	24.93
35	36.72	30.48	25.91
36	37.62	31.23	26.55
37	38.53	31.99	27.19
38	39.45	32.74	27.82
39	40.36	33.50	28.47
40	41.29	34.28	29.14
41	43.88	36.42	30.96
42	46.54	38.62	32.83
43	49.27	40.89	34.75
44	52.09	43.23	36.75
45	55.01	45.66	38.81
46	57.78	47.96	40.76
47	60.64	50.32	42.78
48	63.55	52.75	44.84
49	66.53	55.22	46.94
50	69.59	57.76	49.09
51	73.86	61.30	52.10
52	78.28	64.97	55.22
53	82.86	68.78	58.46
54	87.60	72.71	61.80
55	92.48	76.75	65.25

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.74	1.45	1.23
19	1.74	1.45	1.23
20	1.74	1.45	1.23
21	1.74	1.45	1.23
22	1.74	1.45	1.23
23	1.74	1.45	1.23
24	1.74	1.45	1.23
25	1.74	1.45	1.23
26	1.84	1.53	1.30
27	1.96	1.63	1.39
28	2.08	1.73	1.47
29	2.23	1.86	1.58
30	2.40	1.98	1.68
31	2.56	2.12	1.81
32	2.71	2.25	1.92
33	2.85	2.37	2.01
34	3.02	2.50	2.13
35	3.18	2.64	2.25
36	3.32	2.75	2.34
37	3.45	2.86	2.43
38	3.57	2.97	2.52
39	3.70	3.08	2.62
40	3.84	3.19	2.71
41	4.13	3.43	2.91
42	4.44	3.68	3.14
43	4.77	3.96	3.37
44	5.11	4.24	3.61
45	5.45	4.52	3.85
46	5.72	4.76	4.05
47	6.02	5.00	4.24
48	6.29	5.23	4.44
49	6.60	5.48	4.65
50	6.88	5.71	4.85
51	7.31	6.07	5.16
52	7.76	6.44	5.47
53	8.21	6.82	5.79
54	8.68	7.21	6.14
55	9.16	7.60	6.46

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.58	0.48	0.41
19	0.58	0.48	0.41
20	0.58	0.48	0.41
21	0.58	0.48	0.41
22	0.58	0.48	0.41
23	0.58	0.48	0.41
24	0.58	0.48	0.41
25	0.58	0.48	0.41
26	0.60	0.51	0.43
27	0.65	0.54	0.46
28	0.69	0.56	0.48
29	0.74	0.62	0.53
30	0.80	0.67	0.57
31	0.86	0.72	0.60
32	0.91	0.75	0.64
33	0.95	0.80	0.67
34	1.00	0.83	0.71
35	1.06	0.88	0.75
36	1.11	0.92	0.78
37	1.15	0.95	0.81
38	1.19	0.99	0.84
39	1.23	1.03	0.88
40	1.28	1.06	0.90
41	1.37	1.13	0.97
42	1.48	1.23	1.05
43	1.59	1.32	1.11
44	1.70	1.42	1.21
45	1.82	1.51	1.29
46	1.91	1.58	1.35
47	2.00	1.67	1.41
48	2.10	1.74	1.48
49	2.19	1.83	1.55
50	2.29	1.90	1.62
51	2.43	2.01	1.72
52	2.59	2.16	1.83
53	2.74	2.27	1.92
54	2.89	2.39	2.03
55	3.06	2.53	2.15

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	4.71	3.56
19	4.71	3.56
20	4.71	3.56
21	4.71	3.56
22	4.71	3.56
23	4.71	3.56
24	4.71	3.56
25	4.71	3.56
26	5.10	3.73
27	5.52	3.90
28	5.95	4.06
29	6.40	4.28
30	6.83	4.48
31	7.16	4.64
32	7.49	4.78
33	7.76	4.91
34	8.03	5.03
35	8.25	5.14
36	8.37	5.16
37	8.46	5.17
38	8.54	5.17
39	8.64	5.15
40	8.73	5.13
41	9.12	5.30
42	9.48	5.44
43	9.81	5.56
44	10.15	5.66
45	10.48	5.74
46	10.75	5.78
47	10.99	5.79
48	11.17	5.77
49	11.34	5.71
50	11.44	5.65
51	11.68	5.61
52	11.84	5.55
53	11.95	5.44
54	11.93	5.28
55	11.82	5.07

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	11.48	9.53	8.10
19	11.48	9.53	8.10
20	11.48	9.53	8.10
21	11.48	9.53	8.10
22	11.48	9.53	8.10
23	11.48	9.53	8.10
24	11.48	9.53	8.10
25	11.48	9.53	8.10
26	12.18	10.11	8.59
27	12.97	10.76	9.15
28	13.75	11.42	9.70
29	14.70	12.20	10.37
30	15.63	12.98	11.03
31	16.42	13.63	11.58
32	17.22	14.30	12.16
33	18.04	14.97	12.73
34	18.87	15.66	13.31
35	19.77	16.40	13.94
36	20.42	16.95	14.40
37	21.13	17.54	14.91
38	21.88	18.16	15.43
39	22.76	18.90	16.06
40	23.67	19.65	16.70
41	25.56	21.22	18.03
42	27.49	22.82	19.40
43	29.50	24.49	20.82
44	31.68	26.29	22.35
45	34.05	28.26	24.02
46	36.40	30.21	25.67
47	38.89	32.29	27.44
48	41.48	34.42	29.25
49	44.17	36.66	31.17
50	46.98	38.99	33.15
51	50.67	42.06	35.74
52	54.51	45.24	38.45
53	58.14	48.25	41.02
54	62.15	51.58	43.84
55	65.60	54.44	46.28

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.69	1.40	1.19
19	1.69	1.40	1.19
20	1.69	1.40	1.19
21	1.69	1.40	1.19
22	1.69	1.40	1.19
23	1.69	1.40	1.19
24	1.69	1.40	1.19
25	1.69	1.40	1.19
26	1.73	1.43	1.22
27	1.79	1.48	1.26
28	1.84	1.53	1.30
29	1.91	1.59	1.36
30	2.03	1.68	1.43
31	2.18	1.81	1.54
32	2.33	1.94	1.65
33	2.48	2.06	1.75
34	2.62	2.17	1.85
35	2.79	2.31	1.96
36	2.90	2.40	2.04
37	3.03	2.52	2.14
38	3.15	2.62	2.23
39	3.29	2.74	2.33
40	3.44	2.86	2.43
41	3.70	3.08	2.62
42	3.99	3.31	2.81
43	4.28	3.56	3.02
44	4.62	3.83	3.25
45	4.96	4.11	3.50
46	5.48	4.55	3.87
47	5.98	4.95	4.21
48	6.51	5.40	4.60
49	7.05	5.86	4.98
50	7.52	6.23	5.30
51	8.22	6.81	5.79
52	8.95	7.42	6.31
53	9.33	7.73	6.57
54	10.22	8.48	7.21
55	11.28	9.36	7.95

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.98	12.44	10.57
19	14.98	12.44	10.57
20	14.98	12.44	10.57
21	14.98	12.44	10.57
22	14.98	12.44	10.57
23	14.98	12.44	10.57
24	14.98	12.44	10.57
25	14.98	12.44	10.57
26	15.56	12.91	10.98
27	16.16	13.41	11.39
28	16.76	13.92	11.83
29	17.45	14.49	12.32
30	18.45	15.31	13.01
31	19.40	16.11	13.69
32	20.39	16.92	14.38
33	21.39	17.76	15.10
34	22.44	18.62	15.83
35	23.49	19.50	16.57
36	24.49	20.33	17.28
37	25.49	21.17	17.99
38	26.53	22.02	18.72
39	27.59	22.91	19.46
40	28.69	23.82	20.24
41	30.77	25.54	21.71
42	32.94	27.33	23.24
43	35.19	29.20	24.82
44	37.57	31.18	26.50
45	40.02	33.21	28.23
46	43.20	35.86	30.48
47	46.35	38.46	32.69
48	49.45	41.05	34.89
49	52.51	43.58	37.04
50	55.49	46.06	39.14
51	59.46	49.35	41.95
52	63.42	52.63	44.74
53	65.66	54.49	46.32
54	70.12	58.20	49.47
55	74.84	62.12	52.80

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.11	0.92	0.78
19	1.11	0.92	0.78
20	1.11	0.92	0.78
21	1.11	0.92	0.78
22	1.11	0.92	0.78
23	1.11	0.92	0.78
24	1.11	0.92	0.78
25	1.11	0.92	0.78
26	1.18	0.98	0.83
27	1.24	1.03	0.88
28	1.30	1.08	0.93
29	1.38	1.15	0.97
30	1.48	1.23	1.04
31	1.58	1.32	1.12
32	1.69	1.40	1.19
33	1.80	1.50	1.27
34	1.91	1.58	1.35
35	2.04	1.70	1.44
36	2.15	1.78	1.52
37	2.28	1.88	1.61
38	2.39	1.99	1.70
39	2.54	2.11	1.79
40	2.67	2.22	1.89
41	2.90	2.41	2.05
42	3.14	2.62	2.22
43	3.41	2.82	2.41
44	3.67	3.05	2.59
45	3.96	3.29	2.79
46	4.28	3.56	3.03
47	4.60	3.81	3.23
48	4.91	4.08	3.46
49	5.21	4.33	3.67
50	5.50	4.56	3.88
51	5.90	4.89	4.16
52	6.29	5.22	4.43
53	6.51	5.41	4.60
54	6.96	5.78	4.91
55	7.42	6.17	5.24

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.37	0.30	0.26
19	0.37	0.30	0.26
20	0.37	0.30	0.26
21	0.37	0.30	0.26
22	0.37	0.30	0.26
23	0.37	0.30	0.26
24	0.37	0.30	0.26
25	0.37	0.30	0.26
26	0.39	0.33	0.28
27	0.41	0.35	0.29
28	0.43	0.35	0.30
29	0.46	0.38	0.33
30	0.49	0.41	0.35
31	0.53	0.44	0.37
32	0.57	0.47	0.41
33	0.61	0.50	0.42
34	0.63	0.53	0.45
35	0.68	0.55	0.48
36	0.72	0.60	0.51
37	0.77	0.64	0.55
38	0.80	0.66	0.56
39	0.85	0.71	0.61
40	0.89	0.73	0.62
41	0.97	0.80	0.68
42	1.05	0.87	0.74
43	1.14	0.94	0.81
44	1.22	1.02	0.86
45	1.32	1.09	0.94
46	1.43	1.19	1.01
47	1.53	1.28	1.07
48	1.64	1.36	1.16
49	1.73	1.44	1.21
50	1.83	1.52	1.30
51	1.97	1.63	1.39
52	2.10	1.74	1.49
53	2.16	1.80	1.53
54	2.33	1.93	1.64
55	2.47	2.06	1.75

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.02	2.28
19	3.02	2.28
20	3.02	2.28
21	3.02	2.28
22	3.02	2.28
23	3.02	2.28
24	3.02	2.28
25	3.02	2.28
26	3.24	2.37
27	3.49	2.46
28	3.73	2.55
29	3.94	2.63
30	4.21	2.76
31	4.45	2.88
32	4.68	2.99
33	4.89	3.09
34	5.09	3.20
35	5.28	3.28
36	5.45	3.36
37	5.60	3.42
38	5.75	3.48
39	5.90	3.52
40	6.06	3.57
41	6.39	3.71
42	6.71	3.85
43	7.00	3.97
44	7.32	4.08
45	7.62	4.18
46	8.04	4.32
47	8.40	4.43
48	8.69	4.48
49	8.95	4.51
50	9.12	4.50
51	9.41	4.51
52	9.59	4.49
53	9.46	4.31
54	9.55	4.23
55	9.57	4.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.34	6.10	5.18
19	7.34	6.10	5.18
20	7.34	6.10	5.18
21	7.34	6.10	5.18
22	7.34	6.10	5.18
23	7.34	6.10	5.18
24	7.34	6.10	5.18
25	7.34	6.10	5.18
26	7.73	6.42	5.45
27	8.19	6.80	5.77
28	8.61	7.15	6.08
29	9.06	7.52	6.39
30	9.64	8.00	6.80
31	10.20	8.47	7.20
32	10.76	8.94	7.59
33	11.36	9.43	8.02
34	11.98	9.94	8.45
35	12.64	10.49	8.91
36	13.29	11.03	9.37
37	13.98	11.60	9.86
38	14.72	12.22	10.38
39	15.57	12.92	10.99
40	16.45	13.65	11.60
41	17.91	14.87	12.64
42	19.46	16.15	13.73
43	21.08	17.50	14.87
44	22.85	18.97	16.13
45	24.77	20.56	17.47
46	27.22	22.59	19.20
47	29.73	24.68	20.98
48	32.27	26.78	22.76
49	34.87	28.93	24.59
50	37.45	31.08	26.42
51	40.79	33.85	28.77
52	44.16	36.65	31.15
53	46.06	38.23	32.49
54	49.74	41.28	35.09
55	53.09	44.06	37.44

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.89	1.57	1.33
19	1.89	1.57	1.33
20	1.89	1.57	1.33
21	1.89	1.57	1.33
22	1.89	1.57	1.33
23	1.89	1.57	1.33
24	1.89	1.57	1.33
25	1.89	1.57	1.33
26	1.92	1.60	1.36
27	1.97	1.64	1.39
28	2.02	1.67	1.42
29	2.08	1.73	1.47
30	2.20	1.82	1.55
31	2.34	1.95	1.65
32	2.50	2.08	1.76
33	2.64	2.19	1.86
34	2.80	2.31	1.97
35	2.95	2.45	2.08
36	3.08	2.55	2.18
37	3.22	2.67	2.27
38	3.36	2.79	2.37
39	3.52	2.93	2.49
40	3.68	3.05	2.59
41	3.96	3.30	2.80
42	4.27	3.54	3.01
43	4.59	3.82	3.25
44	4.94	4.09	3.49
45	5.31	4.41	3.75
46	5.85	4.85	4.13
47	6.39	5.30	4.51
48	6.94	5.77	4.90
49	7.52	6.25	5.31
50	8.07	6.70	5.70
51	8.83	7.32	6.22
52	9.61	7.99	6.78
53	10.06	8.35	7.09
54	11.05	9.18	7.80
55	12.25	10.16	8.64

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	76.09	61.98	42.75
62	81.80	66.63	45.95
63	87.92	71.62	49.39
64	94.52	76.99	53.10

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	6.85	5.58	3.85
62	7.37	6.00	4.14
63	7.91	6.44	4.45
64	8.50	6.93	4.78

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	2.30	1.87	1.29
62	2.47	2.01	1.39
63	2.65	2.16	1.49
64	2.85	2.32	1.60

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	89.60	72.99	50.34
62	96.31	78.46	54.11
63	103.54	84.34	58.17
64	111.30	90.66	62.53

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	8.07	6.57	4.53
62	8.67	7.06	4.87
63	9.32	7.59	5.24
64	10.01	8.16	5.63

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	2.68	2.18	1.50
62	2.87	2.35	1.62
63	3.09	2.52	1.73
64	3.32	2.70	1.86

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	78.79	64.18	44.27
62	84.70	69.00	47.58
63	91.04	74.16	51.15
64	97.88	79.72	54.99

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	7.09	5.78	3.99
62	7.63	6.21	4.29
63	8.19	6.67	4.61
64	8.80	7.18	4.95

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	2.38	1.93	1.33
62	2.55	2.08	1.44
63	2.74	2.23	1.54
64	2.94	2.40	1.65

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	13.03	10.61	7.32	6.08
19	13.03	10.61	7.32	6.08
20	13.03	10.61	7.32	6.08
21	13.03	10.61	7.32	6.08
22	13.03	10.61	7.32	6.08
23	13.03	10.61	7.32	6.08
24	13.03	10.61	7.32	6.08
25	13.03	10.61	7.32	6.08
26	13.63	11.11	7.66	6.36
27	14.22	11.59	7.99	6.63
28	14.83	12.08	8.33	6.91
29	15.43	12.57	8.67	7.20
30	16.04	13.06	9.01	7.48
31	16.89	13.76	9.49	7.88
32	17.75	14.46	9.97	8.28
33	18.58	15.14	10.44	8.67
34	19.44	15.83	10.92	9.06
35	20.29	16.53	11.40	9.46
36	21.45	17.47	12.05	10.00
37	22.62	18.43	12.71	10.55
38	23.78	19.37	13.36	11.09
39	24.94	20.31	14.01	11.63
40	26.11	21.27	14.67	12.18
41	27.48	22.39	15.44	12.82
42	28.85	23.50	16.21	13.45
43	30.26	24.65	17.00	14.11
44	31.67	25.80	17.79	14.77
45	33.09	26.96	18.59	15.43
46	35.08	28.58	19.71	16.36
47	37.10	30.22	20.84	17.30
48	39.12	31.87	21.98	18.24
49	41.19	33.55	23.14	19.21
50	43.24	35.22	24.29	20.16
51	46.99	38.28	26.40	21.91
52	50.93	41.48	28.61	23.75
53	55.06	44.85	30.93	25.67
54	59.38	48.37	33.36	27.69
55	63.92	52.07	35.91	29.81
56	66.98	54.56	37.63	31.23
57	70.47	57.41	39.59	32.86
58	74.44	60.64	41.82	34.71
59	78.94	64.31	44.35	36.81
60	83.27	67.83	46.78	38.83
61	89.52	72.92	50.29	41.74
62	96.23	78.39	54.06	44.87
63	103.44	84.26	58.11	48.23
64	111.20	90.58	62.47	51.85

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.87	0.71	0.49	0.41
19	0.87	0.71	0.49	0.41
20	0.87	0.71	0.49	0.41
21	0.87	0.71	0.49	0.41
22	0.87	0.71	0.49	0.41
23	0.87	0.71	0.49	0.41
24	0.87	0.71	0.49	0.41
25	0.87	0.71	0.49	0.41
26	0.93	0.75	0.52	0.43
27	1.00	0.81	0.56	0.46
28	1.05	0.86	0.59	0.49
29	1.10	0.90	0.62	0.51
30	1.17	0.96	0.66	0.55
31	1.26	1.03	0.71	0.59
32	1.34	1.09	0.75	0.62
33	1.42	1.16	0.80	0.66
34	1.51	1.23	0.85	0.71
35	1.60	1.31	0.90	0.75
36	1.73	1.41	0.97	0.81
37	1.83	1.49	1.03	0.85
38	1.96	1.60	1.10	0.91
39	2.06	1.68	1.16	0.96
40	2.21	1.80	1.24	1.03
41	2.35	1.91	1.32	1.10
42	2.51	2.04	1.41	1.17
43	2.65	2.16	1.49	1.24
44	2.81	2.29	1.58	1.31
45	2.97	2.42	1.67	1.39
46	3.15	2.57	1.77	1.47
47	3.35	2.73	1.88	1.56
48	3.52	2.87	1.98	1.64
49	3.72	3.03	2.09	1.73
50	3.90	3.18	2.19	1.82
51	4.24	3.45	2.38	1.98
52	4.59	3.74	2.58	2.14
53	4.95	4.03	2.78	2.31
54	5.36	4.36	3.01	2.50
55	5.75	4.68	3.23	2.68
56	6.03	4.92	3.39	2.81
57	6.34	5.16	3.56	2.95
58	6.71	5.47	3.77	3.13
59	7.12	5.80	4.00	3.32
60	7.49	6.10	4.21	3.49
61	8.06	6.57	4.53	3.76
62	8.67	7.06	4.87	4.04
63	9.31	7.58	5.23	4.34
64	10.00	8.15	5.62	4.66

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.30	0.25	0.17	0.14
19	0.30	0.25	0.17	0.14
20	0.30	0.25	0.17	0.14
21	0.30	0.25	0.17	0.14
22	0.30	0.25	0.17	0.14
23	0.30	0.25	0.17	0.14
24	0.30	0.25	0.17	0.14
25	0.30	0.25	0.17	0.14
26	0.32	0.26	0.18	0.15
27	0.32	0.26	0.18	0.15
28	0.36	0.29	0.20	0.17
29	0.37	0.30	0.21	0.17
30	0.39	0.32	0.22	0.18
31	0.43	0.35	0.24	0.20
32	0.45	0.36	0.25	0.21
33	0.48	0.39	0.27	0.22
34	0.50	0.41	0.28	0.23
35	0.53	0.44	0.30	0.25
36	0.57	0.46	0.32	0.27
37	0.61	0.49	0.34	0.28
38	0.64	0.52	0.36	0.30
39	0.69	0.57	0.39	0.32
40	0.73	0.59	0.41	0.34
41	0.80	0.65	0.45	0.37
42	0.84	0.68	0.47	0.39
43	0.89	0.73	0.50	0.42
44	0.94	0.77	0.53	0.44
45	1.00	0.81	0.56	0.46
46	1.05	0.86	0.59	0.49
47	1.12	0.91	0.63	0.52
48	1.17	0.96	0.66	0.55
49	1.25	1.02	0.70	0.58
50	1.32	1.07	0.74	0.61
51	1.42	1.16	0.80	0.66
52	1.53	1.25	0.86	0.71
53	1.66	1.35	0.93	0.77
54	1.78	1.45	1.00	0.83
55	1.92	1.57	1.08	0.90
56	2.01	1.64	1.13	0.94
57	2.12	1.73	1.19	0.99
58	2.23	1.81	1.25	1.04
59	2.39	1.94	1.34	1.11
60	2.51	2.04	1.41	1.17
61	2.71	2.20	1.52	1.26
62	2.90	2.36	1.63	1.35
63	3.12	2.54	1.75	1.45
64	3.35	2.73	1.88	1.56

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	6.73	5.48	3.78	3.14
19	6.73	5.48	3.78	3.14
20	6.73	5.48	3.78	3.14
21	6.73	5.48	3.78	3.14
22	6.73	5.48	3.78	3.14
23	6.73	5.48	3.78	3.14
24	6.73	5.48	3.78	3.14
25	6.73	5.48	3.78	3.14
26	7.14	5.81	4.01	3.33
27	7.58	6.18	4.26	3.54
28	8.03	6.54	4.51	3.74
29	8.44	6.87	4.74	3.93
30	8.83	7.19	4.96	4.12
31	9.35	7.61	5.25	4.36
32	9.86	8.03	5.54	4.60
33	10.40	8.47	5.84	4.85
34	10.93	8.90	6.14	5.10
35	11.50	9.37	6.46	5.36
36	12.26	9.99	6.89	5.72
37	13.07	10.64	7.34	6.09
38	13.88	11.31	7.80	6.47
39	14.81	12.06	8.32	6.91
40	15.75	12.83	8.85	7.35
41	16.84	13.72	9.46	7.85
42	17.94	14.62	10.08	8.37
43	19.06	15.53	10.71	8.89
44	20.27	16.52	11.39	9.45
45	21.56	17.56	12.11	10.05
46	23.26	18.95	13.07	10.85
47	25.04	20.40	14.07	11.68
48	26.88	21.90	15.10	12.53
49	28.78	23.45	16.17	13.42
50	30.72	25.03	17.26	14.33
51	33.93	27.64	19.06	15.82
52	37.33	30.41	20.97	17.41
53	40.66	33.12	22.84	18.96
54	44.34	36.12	24.91	20.68
55	47.72	38.87	26.81	22.25
56	50.02	40.75	28.10	23.32
57	52.62	42.86	29.56	24.53
58	55.59	45.28	31.23	25.92
59	58.95	48.02	33.12	27.49
60	62.18	50.65	34.93	28.99

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.53	1.25	0.86	0.71
19	1.53	1.25	0.86	0.71
20	1.53	1.25	0.86	0.71
21	1.53	1.25	0.86	0.71
22	1.53	1.25	0.86	0.71
23	1.53	1.25	0.86	0.71
24	1.53	1.25	0.86	0.71
25	1.53	1.25	0.86	0.71
26	1.55	1.26	0.87	0.72
27	1.58	1.29	0.89	0.74
28	1.60	1.31	0.90	0.75
29	1.64	1.33	0.92	0.76
30	1.73	1.41	0.97	0.81
31	1.83	1.49	1.03	0.85
32	1.94	1.58	1.09	0.90
33	2.05	1.67	1.15	0.95
34	2.17	1.77	1.22	1.01
35	2.28	1.86	1.28	1.06
36	2.37	1.93	1.33	1.10
37	2.47	2.02	1.39	1.15
38	2.56	2.09	1.44	1.20
39	2.69	2.19	1.51	1.25
40	2.79	2.28	1.57	1.30
41	2.95	2.41	1.66	1.38
42	3.10	2.52	1.74	1.44
43	3.24	2.64	1.82	1.51
44	3.40	2.77	1.91	1.59
45	3.58	2.91	2.01	1.67
46	3.84	3.13	2.16	1.79
47	4.11	3.35	2.31	1.92
48	4.38	3.57	2.46	2.04
49	4.65	3.78	2.61	2.17
50	4.88	3.97	2.74	2.27
51	5.38	4.38	3.02	2.51
52	5.87	4.79	3.30	2.74
53	6.18	5.03	3.47	2.88
54	6.84	5.57	3.84	3.19
55	7.62	6.21	4.28	3.55
56	8.44	6.87	4.74	3.93
57	8.97	7.31	5.04	4.18
58	9.52	7.76	5.35	4.44
59	10.29	8.38	5.78	4.80
60	11.45	9.32	6.43	5.34

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	24.28	19.78	13.64	11.32
19	24.28	19.78	13.64	11.32
20	24.28	19.78	13.64	11.32
21	24.28	19.78	13.64	11.32
22	24.28	19.78	13.64	11.32
23	24.28	19.78	13.64	11.32
24	24.28	19.78	13.64	11.32
25	24.28	19.78	13.64	11.32
26	25.38	20.68	14.26	11.84
27	26.49	21.58	14.88	12.35
28	27.61	22.49	15.51	12.87
29	28.68	23.36	16.11	13.37
30	29.78	24.26	16.73	13.89
31	31.01	25.26	17.42	14.46
32	32.22	26.25	18.10	15.02
33	33.43	27.23	18.78	15.59
34	34.62	28.20	19.45	16.14
35	35.87	29.22	20.15	16.72
36	36.99	30.13	20.78	17.25
37	38.13	31.06	21.42	17.78
38	39.27	31.99	22.06	18.31
39	40.42	32.93	22.71	18.85
40	41.56	33.86	23.35	19.38
41	42.76	34.83	24.02	19.94
42	43.97	35.82	24.70	20.50
43	45.18	36.80	25.38	21.07
44	46.42	37.82	26.08	21.65
45	47.63	38.80	26.76	22.21
46	49.16	40.05	27.62	22.92
47	50.69	41.30	28.48	23.64
48	52.24	42.56	29.35	24.36
49	53.81	43.83	30.23	25.09
50	55.39	45.12	31.12	25.83
51	58.97	48.04	33.13	27.50
52	62.69	51.07	35.22	29.23
53	66.55	54.22	37.39	31.03
54	70.51	57.43	39.61	32.88
55	74.62	60.78	41.92	34.79
56	78.20	63.70	43.93	36.46
57	82.25	67.00	46.21	38.35
58	86.88	70.77	48.81	40.51
59	92.12	75.04	51.75	42.95
60	98.06	79.88	55.09	45.72
61	105.41	85.87	59.22	49.15
62	113.31	92.31	63.66	52.84
63	121.81	99.22	68.43	56.80
64	130.94	106.66	73.56	61.05

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.64	1.33	0.92	0.76
19	1.64	1.33	0.92	0.76
20	1.64	1.33	0.92	0.76
21	1.64	1.33	0.92	0.76
22	1.64	1.33	0.92	0.76
23	1.64	1.33	0.92	0.76
24	1.64	1.33	0.92	0.76
25	1.64	1.33	0.92	0.76
26	1.73	1.41	0.97	0.81
27	1.85	1.51	1.04	0.86
28	1.94	1.58	1.09	0.90
29	2.06	1.68	1.16	0.96
30	2.19	1.78	1.23	1.02
31	2.31	1.89	1.30	1.08
32	2.42	1.97	1.36	1.13
33	2.56	2.09	1.44	1.20
34	2.69	2.19	1.51	1.25
35	2.81	2.29	1.58	1.31
36	2.95	2.41	1.66	1.38
37	3.10	2.52	1.74	1.44
38	3.22	2.62	1.81	1.50
39	3.36	2.74	1.89	1.57
40	3.51	2.86	1.97	1.64
41	3.67	2.99	2.06	1.71
42	3.81	3.10	2.14	1.78
43	3.97	3.23	2.23	1.85
44	4.13	3.36	2.32	1.93
45	4.29	3.49	2.41	2.00
46	4.43	3.61	2.49	2.07
47	4.57	3.73	2.57	2.13
48	4.72	3.84	2.65	2.20
49	4.84	3.94	2.72	2.26
50	5.00	4.07	2.81	2.33
51	5.32	4.34	2.99	2.48
52	5.66	4.61	3.18	2.64
53	5.98	4.87	3.36	2.79
54	6.35	5.18	3.57	2.96
55	6.73	5.48	3.78	3.14
56	7.05	5.74	3.96	3.29
57	7.42	6.05	4.17	3.46
58	7.83	6.38	4.40	3.65
59	8.29	6.76	4.66	3.87
60	8.83	7.19	4.96	4.12
61	9.49	7.73	5.33	4.42
62	10.20	8.31	5.73	4.76
63	10.96	8.93	6.16	5.11
64	11.78	9.60	6.62	5.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.55	0.45	0.31	0.26
19	0.55	0.45	0.31	0.26
20	0.55	0.45	0.31	0.26
21	0.55	0.45	0.31	0.26
22	0.55	0.45	0.31	0.26
23	0.55	0.45	0.31	0.26
24	0.55	0.45	0.31	0.26
25	0.55	0.45	0.31	0.26
26	0.57	0.46	0.32	0.27
27	0.61	0.49	0.34	0.28
28	0.64	0.52	0.36	0.30
29	0.69	0.57	0.39	0.32
30	0.73	0.59	0.41	0.34
31	0.77	0.62	0.43	0.36
32	0.82	0.67	0.46	0.38
33	0.85	0.70	0.48	0.40
34	0.89	0.73	0.50	0.42
35	0.94	0.77	0.53	0.44
36	0.98	0.80	0.55	0.46
37	1.03	0.84	0.58	0.48
38	1.07	0.87	0.60	0.50
39	1.12	0.91	0.63	0.52
40	1.17	0.96	0.66	0.55
41	1.21	0.99	0.68	0.56
42	1.26	1.03	0.71	0.59
43	1.32	1.07	0.74	0.61
44	1.37	1.12	0.77	0.64
45	1.44	1.17	0.81	0.67
46	1.48	1.20	0.83	0.69
47	1.51	1.23	0.85	0.71
48	1.57	1.28	0.88	0.73
49	1.62	1.32	0.91	0.76
50	1.66	1.35	0.93	0.77
51	1.76	1.44	0.99	0.82
52	1.89	1.54	1.06	0.88
53	1.99	1.62	1.12	0.93
54	2.12	1.73	1.19	0.99
55	2.24	1.83	1.26	1.05
56	2.35	1.91	1.32	1.10
57	2.47	2.02	1.39	1.15
58	2.62	2.13	1.47	1.22
59	2.78	2.26	1.56	1.29
60	2.94	2.39	1.65	1.37
61	3.15	2.57	1.77	1.47
62	3.38	2.76	1.90	1.58
63	3.63	2.96	2.04	1.69
64	3.90	3.18	2.19	1.82

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	11.91	9.70	6.69	5.55
19	11.91	9.70	6.69	5.55
20	11.91	9.70	6.69	5.55
21	11.91	9.70	6.69	5.55
22	11.91	9.70	6.69	5.55
23	11.91	9.70	6.69	5.55
24	11.91	9.70	6.69	5.55
25	11.91	9.70	6.69	5.55
26	12.62	10.28	7.09	5.88
27	13.42	10.93	7.54	6.26
28	14.19	11.56	7.97	6.62
29	14.88	12.12	8.36	6.94
30	15.56	12.67	8.74	7.25
31	16.29	13.27	9.15	7.59
32	17.02	13.86	9.56	7.93
33	17.75	14.46	9.97	8.28
34	18.49	15.07	10.39	8.62
35	19.30	15.72	10.84	9.00
36	20.08	16.36	11.28	9.36
37	20.92	17.04	11.75	9.75
38	21.79	17.75	12.24	10.16
39	22.80	18.57	12.81	10.63
40	23.83	19.42	13.39	11.11
41	24.90	20.29	13.99	11.61
42	25.97	21.16	14.59	12.11
43	27.06	22.04	15.20	12.62
44	28.23	23.00	15.86	13.16
45	29.48	24.01	16.56	13.74
46	30.97	25.23	17.40	14.44
47	32.52	26.49	18.27	15.16
48	34.09	27.77	19.15	15.89
49	35.72	29.10	20.07	16.66
50	37.40	30.46	21.01	17.44
51	40.44	32.94	22.72	18.86
52	43.65	35.55	24.52	20.35
53	46.69	38.03	26.23	21.77
54	50.02	40.75	28.10	23.32
55	52.94	43.12	29.74	24.68
56	55.46	45.18	31.16	25.86
57	58.35	47.53	32.78	27.21
58	61.62	50.20	34.62	28.73
59	65.34	53.23	36.71	30.47
60	69.56	56.67	39.08	32.44

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.34	1.09	0.75	0.62
19	1.34	1.09	0.75	0.62
20	1.34	1.09	0.75	0.62
21	1.34	1.09	0.75	0.62
22	1.34	1.09	0.75	0.62
23	1.34	1.09	0.75	0.62
24	1.34	1.09	0.75	0.62
25	1.34	1.09	0.75	0.62
26	1.35	1.10	0.76	0.63
27	1.39	1.13	0.78	0.65
28	1.44	1.17	0.81	0.67
29	1.48	1.20	0.83	0.69
30	1.57	1.28	0.88	0.73
31	1.67	1.36	0.94	0.78
32	1.78	1.45	1.00	0.83
33	1.89	1.54	1.06	0.88
34	1.99	1.62	1.12	0.93
35	2.10	1.71	1.18	0.98
36	2.19	1.78	1.23	1.02
37	2.28	1.86	1.28	1.06
38	2.39	1.94	1.34	1.11
39	2.47	2.02	1.39	1.15
40	2.58	2.10	1.45	1.20
41	2.69	2.19	1.51	1.25
42	2.85	2.32	1.60	1.33
43	2.97	2.42	1.67	1.39
44	3.13	2.55	1.76	1.46
45	3.29	2.68	1.85	1.54
46	3.54	2.89	1.99	1.65
47	3.77	3.07	2.12	1.76
48	4.02	3.28	2.26	1.88
49	4.29	3.49	2.41	2.00
50	4.47	3.64	2.51	2.08
51	4.91	4.00	2.76	2.29
52	5.38	4.38	3.02	2.51
53	5.62	4.58	3.16	2.62
54	6.21	5.06	3.49	2.90
55	6.87	5.60	3.86	3.20
56	8.03	6.54	4.51	3.74
57	7.51	6.12	4.22	3.50
58	8.46	6.89	4.75	3.94
59	9.74	7.93	5.47	4.54
60	11.46	9.34	6.44	5.35

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	15.28	12.44	8.58	7.13
19	15.28	12.44	8.58	7.13
20	15.28	12.44	8.58	7.13
21	15.28	12.44	8.58	7.13
22	15.28	12.44	8.58	7.13
23	15.28	12.44	8.58	7.13
24	15.28	12.44	8.58	7.13
25	15.28	12.44	8.58	7.13
26	15.98	13.02	8.98	7.46
27	16.67	13.59	9.37	7.77
28	17.39	14.16	9.77	8.10
29	18.08	14.73	10.16	8.43
30	18.79	15.30	10.55	8.76
31	19.71	16.06	11.08	9.20
32	20.64	16.82	11.60	9.63
33	21.55	17.56	12.11	10.05
34	22.48	18.30	12.63	10.48
35	23.41	19.07	13.15	10.91
36	24.56	20.00	13.80	11.45
37	25.72	20.96	14.45	12.00
38	26.88	21.89	15.10	12.53
39	28.81	23.47	16.19	13.44
40	29.97	24.42	16.84	13.98
41	31.30	25.50	17.59	14.60
42	32.63	26.58	18.33	15.21
43	33.99	27.69	19.10	15.85
44	35.36	28.81	19.86	16.49
45	36.73	29.92	20.63	17.13
46	38.60	31.45	21.69	18.00
47	40.50	32.99	22.75	18.89
48	42.40	34.54	23.82	19.77
49	44.35	36.12	24.91	20.68
50	46.28	37.70	26.00	21.58
51	49.99	40.72	28.08	23.31
52	53.87	43.88	30.26	25.12
53	57.93	47.19	32.55	27.01
54	62.16	50.64	34.92	28.99
55	66.60	54.25	37.41	31.06
56	69.79	56.85	39.21	32.54
57	73.42	59.81	41.25	34.23
58	77.55	63.17	43.57	36.16
59	82.24	66.99	46.20	38.35
60	86.97	70.84	48.86	40.55
61	93.49	76.16	52.52	43.59
62	100.50	81.87	56.46	46.86
63	108.03	88.00	60.69	50.37
64	116.14	94.60	65.24	54.15

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.02	0.83	0.58	0.48
19	1.02	0.83	0.58	0.48
20	1.02	0.83	0.58	0.48
21	1.02	0.83	0.58	0.48
22	1.02	0.83	0.58	0.48
23	1.02	0.83	0.58	0.48
24	1.02	0.83	0.58	0.48
25	1.02	0.83	0.58	0.48
26	1.09	0.88	0.61	0.51
27	1.17	0.95	0.66	0.54
28	1.23	1.00	0.69	0.57
29	1.29	1.06	0.73	0.60
30	1.37	1.12	0.77	0.64
31	1.47	1.20	0.83	0.69
32	1.56	1.27	0.87	0.72
33	1.65	1.35	0.93	0.77
34	1.75	1.42	0.98	0.82
35	1.84	1.51	1.04	0.86
36	1.97	1.61	1.11	0.92
37	2.08	1.70	1.17	0.97
38	2.21	1.80	1.24	1.03
39	2.39	1.95	1.34	1.11
40	2.54	2.07	1.42	1.18
41	2.68	2.18	1.51	1.25
42	2.84	2.31	1.59	1.32
43	2.98	2.43	1.68	1.39
44	3.14	2.56	1.77	1.47
45	3.30	2.69	1.86	1.54
46	3.47	2.83	1.95	1.62
47	3.66	2.98	2.05	1.70
48	3.82	3.11	2.15	1.78
49	4.00	3.26	2.25	1.86
50	4.18	3.40	2.35	1.95
51	4.51	3.67	2.53	2.11
52	4.86	3.96	2.73	2.27
53	5.21	4.24	2.93	2.43
54	5.61	4.57	3.15	2.62
55	6.00	4.88	3.37	2.80
56	6.29	5.13	3.53	2.93
57	6.61	5.38	3.71	3.08
58	6.99	5.70	3.93	3.26
59	7.41	6.04	4.17	3.46
60	7.83	6.37	4.40	3.65
61	8.42	6.86	4.73	3.93
62	9.05	7.37	5.09	4.22
63	9.72	7.92	5.46	4.53
64	10.45	8.51	5.87	4.87

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	0.35	0.29	0.20	0.16
19	0.35	0.29	0.20	0.16
20	0.35	0.29	0.20	0.16
21	0.35	0.29	0.20	0.16
22	0.35	0.29	0.20	0.16
23	0.35	0.29	0.20	0.16
24	0.35	0.29	0.20	0.16
25	0.35	0.29	0.20	0.16
26	0.37	0.30	0.21	0.17
27	0.38	0.31	0.21	0.18
28	0.42	0.34	0.23	0.20
29	0.43	0.35	0.25	0.20
30	0.46	0.37	0.26	0.21
31	0.50	0.40	0.28	0.23
32	0.52	0.42	0.29	0.24
33	0.55	0.45	0.31	0.26
34	0.58	0.47	0.32	0.27
35	0.61	0.51	0.35	0.29
36	0.65	0.53	0.37	0.31
37	0.69	0.56	0.39	0.32
38	0.73	0.59	0.41	0.34
39	0.80	0.66	0.45	0.37
40	0.84	0.68	0.47	0.39
41	0.90	0.74	0.51	0.42
42	0.95	0.77	0.53	0.44
43	1.00	0.82	0.56	0.47
44	1.05	0.86	0.59	0.49
45	1.11	0.90	0.62	0.51
46	1.16	0.95	0.65	0.54
47	1.22	0.99	0.69	0.57
48	1.27	1.04	0.72	0.60
49	1.34	1.10	0.75	0.63
50	1.41	1.14	0.79	0.65
51	1.51	1.23	0.85	0.70
52	1.62	1.32	0.91	0.75
53	1.74	1.42	0.98	0.81
54	1.87	1.52	1.05	0.87
55	2.00	1.64	1.13	0.94
56	2.10	1.71	1.18	0.98
57	2.21	1.80	1.24	1.03
58	2.33	1.89	1.31	1.09
59	2.49	2.02	1.40	1.16
60	2.62	2.13	1.47	1.22
61	2.82	2.29	1.58	1.31
62	3.02	2.46	1.70	1.41
63	3.25	2.65	1.82	1.51
64	3.49	2.84	1.96	1.63

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	7.77	6.32	4.36	3.62
19	7.77	6.32	4.36	3.62
20	7.77	6.32	4.36	3.62
21	7.77	6.32	4.36	3.62
22	7.77	6.32	4.36	3.62
23	7.77	6.32	4.36	3.62
24	7.77	6.32	4.36	3.62
25	7.77	6.32	4.36	3.62
26	8.24	6.70	4.63	3.84
27	8.75	7.13	4.92	4.08
28	9.26	7.54	5.20	4.32
29	9.73	7.92	5.46	4.53
30	10.18	8.29	5.72	4.75
31	10.74	8.74	6.03	5.01
32	11.29	9.20	6.34	5.27
33	11.87	9.67	6.67	5.54
34	12.44	10.13	6.99	5.80
35	13.06	10.64	7.34	6.09
36	13.82	11.26	7.77	6.45
37	14.64	11.92	8.22	6.82
38	15.46	12.60	8.69	7.21
39	16.81	13.69	9.44	7.84
40	17.77	14.48	9.99	8.29
41	18.86	15.36	10.59	8.79
42	19.95	16.26	11.21	9.31
43	21.06	17.16	11.83	9.82
44	22.26	18.14	12.51	10.38
45	23.54	19.17	13.22	10.97
46	25.19	20.52	14.15	11.75
47	26.91	21.92	15.12	12.55
48	28.68	23.37	16.11	13.37
49	30.52	24.86	17.15	14.23
50	32.39	26.39	18.20	15.11
51	35.56	28.97	19.98	16.58
52	38.91	31.70	21.86	18.15
53	42.17	34.35	23.69	19.66
54	45.76	37.28	25.71	21.34
55	49.03	39.93	27.54	22.86
56	51.38	41.86	28.87	23.96
57	54.05	44.03	30.37	25.20
58	57.10	46.51	32.08	26.62
59	60.55	49.32	34.02	28.24
60	64.03	52.16	35.97	29.85

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.49	1.22	0.84	0.69
19	1.49	1.22	0.84	0.69
20	1.49	1.22	0.84	0.69
21	1.49	1.22	0.84	0.69
22	1.49	1.22	0.84	0.69
23	1.49	1.22	0.84	0.69
24	1.49	1.22	0.84	0.69
25	1.49	1.22	0.84	0.69
26	1.51	1.23	0.85	0.70
27	1.54	1.26	0.87	0.72
28	1.57	1.28	0.88	0.73
29	1.61	1.30	0.90	0.75
30	1.70	1.38	0.95	0.79
31	1.80	1.46	1.01	0.84
32	1.91	1.55	1.07	0.89
33	2.02	1.64	1.13	0.94
34	2.13	1.74	1.20	0.99
35	2.24	1.83	1.26	1.04
36	2.33	1.90	1.31	1.08
37	2.43	1.99	1.37	1.13
38	2.53	2.06	1.42	1.18
39	2.65	2.16	1.49	1.23
40	2.75	2.24	1.55	1.28
41	2.90	2.37	1.63	1.35
42	3.05	2.48	1.71	1.42
43	3.19	2.60	1.79	1.49
44	3.35	2.73	1.88	1.56
45	3.52	2.86	1.98	1.64
46	3.78	3.08	2.13	1.76
47	4.04	3.29	2.27	1.89
48	4.31	3.51	2.42	2.01
49	4.58	3.72	2.57	2.14
50	4.80	3.90	2.69	2.23
51	5.29	4.30	2.97	2.47
52	5.77	4.71	3.24	2.69
53	6.07	4.94	3.41	2.83
54	6.71	5.47	3.77	3.13
55	7.47	6.09	4.20	3.48
56	8.36	6.80	4.69	3.89
57	8.68	7.07	4.88	4.04
58	9.31	7.59	5.23	4.34
59	10.18	8.29	5.72	4.75
60	11.45	9.32	6.43	5.34

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	18.60	15.15	10.45	8.67	7.37
19	18.60	15.15	10.45	8.67	7.37
20	18.60	15.15	10.45	8.67	7.37
21	18.60	15.15	10.45	8.67	7.37
22	18.60	15.15	10.45	8.67	7.37
23	18.60	15.15	10.45	8.67	7.37
24	18.60	15.15	10.45	8.67	7.37
25	18.60	15.15	10.45	8.67	7.37
26	19.47	15.86	10.94	9.08	7.72
27	20.33	16.56	11.42	9.48	8.06
28	21.18	17.26	11.90	9.88	8.40
29	22.04	17.95	12.38	10.28	8.74
30	22.91	18.66	12.87	10.68	9.08
31	24.12	19.65	13.55	11.25	9.56
32	25.35	20.65	14.24	11.82	10.05
33	26.54	21.62	14.91	12.38	10.52
34	27.77	22.62	15.60	12.95	11.01
35	29.00	23.62	16.29	13.52	11.49
36	30.65	24.97	17.22	14.29	12.15
37	32.31	26.32	18.15	15.06	12.80
38	33.98	27.68	19.09	15.84	13.46
39	35.64	29.03	20.02	16.62	14.13
40	37.29	30.38	20.95	17.39	14.78
41	39.25	31.97	22.05	18.30	15.56
42	41.21	33.57	23.15	19.21	16.33
43	43.22	35.21	24.28	20.15	17.13
44	45.25	36.86	25.42	21.10	17.94
45	47.28	38.51	26.56	22.04	18.73
46	50.12	40.83	28.16	23.37	19.86
47	52.99	43.17	29.77	24.71	21.00
48	55.89	45.53	31.40	26.06	22.15
49	58.83	47.92	33.05	27.43	23.32
50	61.77	50.32	34.70	28.80	24.48
51	67.12	54.68	37.71	31.30	26.61
52	72.75	59.26	40.87	33.92	28.83
53	78.66	64.08	44.19	36.68	31.18
54	84.82	69.09	47.65	39.55	33.62
55	91.31	74.39	51.30	42.58	36.19
56	95.68	77.94	53.75	44.61	37.92
57	100.68	82.01	56.56	46.94	39.90
58	106.34	86.62	59.74	49.58	42.14
59	112.76	91.86	63.35	52.58	44.69
60	118.96	96.90	66.83	55.47	47.15

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.25	1.02	0.70	0.58	0.49
19	1.25	1.02	0.70	0.58	0.49
20	1.25	1.02	0.70	0.58	0.49
21	1.25	1.02	0.70	0.58	0.49
22	1.25	1.02	0.70	0.58	0.49
23	1.25	1.02	0.70	0.58	0.49
24	1.25	1.02	0.70	0.58	0.49
25	1.25	1.02	0.70	0.58	0.49
26	1.32	1.07	0.74	0.61	0.52
27	1.42	1.16	0.80	0.66	0.56
28	1.50	1.22	0.84	0.70	0.60
29	1.58	1.29	0.89	0.74	0.63
30	1.67	1.36	0.94	0.78	0.66
31	1.80	1.46	1.01	0.84	0.71
32	1.90	1.55	1.07	0.89	0.76
33	2.03	1.65	1.14	0.95	0.81
34	2.15	1.75	1.21	1.00	0.85
35	2.28	1.86	1.28	1.06	0.90
36	2.46	2.00	1.38	1.15	0.98
37	2.62	2.13	1.47	1.22	1.04
38	2.79	2.28	1.57	1.30	1.11
39	2.95	2.41	1.66	1.38	1.17
40	3.15	2.57	1.77	1.47	1.25
41	3.36	2.74	1.89	1.57	1.33
42	3.58	2.91	2.01	1.67	1.42
43	3.79	3.09	2.13	1.77	1.50
44	4.02	3.28	2.26	1.88	1.60
45	4.25	3.47	2.39	1.98	1.68
46	4.50	3.67	2.53	2.10	1.79
47	4.77	3.89	2.68	2.22	1.89
48	5.04	4.10	2.83	2.35	2.00
49	5.30	4.32	2.98	2.47	2.10
50	5.57	4.54	3.13	2.60	2.21
51	6.05	4.93	3.40	2.82	2.40
52	6.55	5.34	3.68	3.05	2.59
53	7.07	5.76	3.97	3.30	2.81
54	7.65	6.24	4.30	3.57	3.03
55	8.22	6.70	4.62	3.83	3.26
56	8.62	7.02	4.84	4.02	3.42
57	9.06	7.38	5.09	4.22	3.59
58	9.58	7.80	5.38	4.47	3.80
59	10.16	8.28	5.71	4.74	4.03
60	10.72	8.73	6.02	5.00	4.25

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.43	0.35	0.24	0.20	0.17
19	0.43	0.35	0.24	0.20	0.17
20	0.43	0.35	0.24	0.20	0.17
21	0.43	0.35	0.24	0.20	0.17
22	0.43	0.35	0.24	0.20	0.17
23	0.43	0.35	0.24	0.20	0.17
24	0.43	0.35	0.24	0.20	0.17
25	0.43	0.35	0.24	0.20	0.17
26	0.45	0.36	0.25	0.21	0.18
27	0.46	0.38	0.26	0.22	0.19
28	0.50	0.41	0.28	0.23	0.20
29	0.53	0.44	0.30	0.25	0.21
30	0.55	0.45	0.31	0.26	0.22
31	0.61	0.49	0.34	0.28	0.24
32	0.64	0.52	0.36	0.30	0.26
33	0.69	0.57	0.39	0.32	0.27
34	0.71	0.58	0.40	0.33	0.28
35	0.77	0.62	0.43	0.36	0.31
36	0.80	0.65	0.45	0.37	0.31
37	0.87	0.71	0.49	0.41	0.35
38	0.93	0.75	0.52	0.43	0.37
39	1.00	0.81	0.56	0.46	0.39
40	1.05	0.86	0.59	0.49	0.42
41	1.14	0.93	0.64	0.53	0.45
42	1.19	0.97	0.67	0.56	0.48
43	1.26	1.03	0.71	0.59	0.50
44	1.34	1.09	0.75	0.62	0.53
45	1.42	1.16	0.80	0.66	0.56
46	1.50	1.22	0.84	0.70	0.60
47	1.60	1.31	0.90	0.75	0.64
48	1.67	1.36	0.94	0.78	0.66
49	1.78	1.45	1.00	0.83	0.71
50	1.87	1.52	1.05	0.87	0.74
51	2.03	1.65	1.14	0.95	0.81
52	2.19	1.78	1.23	1.02	0.87
53	2.37	1.93	1.33	1.10	0.94
54	2.55	2.07	1.43	1.19	1.01
55	2.74	2.23	1.54	1.28	1.09
56	2.88	2.35	1.62	1.34	1.14
57	3.03	2.47	1.70	1.41	1.20
58	3.19	2.60	1.79	1.49	1.27
59	3.40	2.77	1.91	1.59	1.35
60	3.58	2.91	2.01	1.67	1.42

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	0.60	0.45
19	0.60	0.45
20	0.60	0.45
21	0.60	0.45
22	0.60	0.45
23	0.60	0.45
24	0.60	0.45
25	0.60	0.45
26	0.65	0.47
27	0.70	0.49
28	0.75	0.51
29	0.80	0.53
30	0.85	0.55
31	0.92	0.58
32	0.99	0.61
33	1.06	0.64
34	1.13	0.67
35	1.21	0.70
36	1.31	0.74
37	1.40	0.78
38	1.50	0.82
39	1.61	0.86
40	1.71	0.90
41	1.83	0.95
42	1.95	0.99
43	2.08	1.04
44	2.21	1.09
45	2.34	1.14
46	2.51	1.21
47	2.69	1.28
48	2.87	1.35
49	3.06	1.42
50	3.25	1.49
51	3.57	1.62
52	3.90	1.76
53	4.26	1.90
54	4.64	2.05
55	5.03	2.20
56	5.32	2.31
57	5.64	2.43
58	5.99	2.57
59	5.57	2.63
60	5.14	2.68

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	9.11	7.42	5.12	4.25	3.61
19	9.11	7.42	5.12	4.25	3.61
20	9.11	7.42	5.12	4.25	3.61
21	9.11	7.42	5.12	4.25	3.61
22	9.11	7.42	5.12	4.25	3.61
23	9.11	7.42	5.12	4.25	3.61
24	9.11	7.42	5.12	4.25	3.61
25	9.11	7.42	5.12	4.25	3.61
26	9.68	7.89	5.44	4.52	3.84
27	10.31	8.40	5.79	4.81	4.09
28	10.89	8.87	6.12	5.08	4.32
29	11.43	9.31	6.42	5.33	4.53
30	11.98	9.76	6.73	5.59	4.75
31	12.67	10.32	7.12	5.91	5.02
32	13.39	10.90	7.52	6.24	5.30
33	14.10	11.48	7.92	6.57	5.58
34	14.83	12.08	8.33	6.91	5.87
35	15.61	12.72	8.77	7.28	6.19
36	16.64	13.56	9.35	7.76	6.60
37	17.71	14.43	9.95	8.26	7.02
38	18.85	15.36	10.59	8.79	7.47
39	20.10	16.37	11.29	9.37	7.96
40	21.38	17.41	12.01	9.97	8.47
41	22.86	18.62	12.84	10.66	9.06
42	24.35	19.84	13.68	11.35	9.65
43	25.88	21.08	14.54	12.07	10.26
44	27.52	22.42	15.46	12.83	10.91
45	29.26	23.84	16.44	13.65	11.60
46	31.58	25.72	17.74	14.72	12.51
47	33.98	27.68	19.09	15.84	13.46
48	36.47	29.71	20.49	17.01	14.46
49	39.05	31.81	21.94	18.21	15.48
50	41.69	33.96	23.42	19.44	16.52
51	46.05	37.51	25.87	21.47	18.25
52	50.66	41.27	28.46	23.62	20.08
53	55.18	44.95	31.00	25.73	21.87
54	60.16	49.01	33.80	28.05	23.84
55	64.77	52.77	36.39	30.20	25.67
56	67.87	55.29	38.13	31.65	26.90
57	71.41	58.17	40.12	33.30	28.31
58	75.44	61.45	42.38	35.18	29.90
59	79.99	65.16	44.94	37.30	31.71
60	84.39	68.74	47.41	39.35	33.45

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.19	1.78	1.23	1.02	0.87
19	2.19	1.78	1.23	1.02	0.87
20	2.19	1.78	1.23	1.02	0.87
21	2.19	1.78	1.23	1.02	0.87
22	2.19	1.78	1.23	1.02	0.87
23	2.19	1.78	1.23	1.02	0.87
24	2.19	1.78	1.23	1.02	0.87
25	2.19	1.78	1.23	1.02	0.87
26	2.21	1.80	1.24	1.03	0.88
27	2.26	1.84	1.27	1.05	0.89
28	2.28	1.86	1.28	1.06	0.90
29	2.35	1.91	1.32	1.10	0.94
30	2.46	2.00	1.38	1.15	0.98
31	2.62	2.13	1.47	1.22	1.04
32	2.78	2.26	1.56	1.29	1.10
33	2.92	2.38	1.64	1.36	1.16
34	3.10	2.52	1.74	1.44	1.22
35	3.26	2.65	1.83	1.52	1.29
36	3.38	2.76	1.90	1.58	1.34
37	3.52	2.87	1.98	1.64	1.39
38	3.67	2.99	2.06	1.71	1.45
39	3.84	3.13	2.16	1.79	1.52
40	4.01	3.26	2.25	1.87	1.59
41	4.22	3.44	2.37	1.97	1.67
42	4.41	3.60	2.48	2.06	1.75
43	4.63	3.77	2.60	2.16	1.84
44	4.86	3.96	2.73	2.27	1.93
45	5.11	4.16	2.87	2.38	2.02
46	5.50	4.48	3.09	2.56	2.18
47	5.87	4.79	3.30	2.74	2.33
48	6.25	5.09	3.51	2.91	2.47
49	6.64	5.41	3.73	3.10	2.64
50	6.98	5.68	3.92	3.25	2.76
51	7.67	6.25	4.31	3.58	3.04
52	8.40	6.84	4.72	3.92	3.33
53	8.83	7.19	4.96	4.12	3.50
54	9.77	7.96	5.49	4.56	3.88
55	10.88	8.86	6.11	5.07	4.31
56	12.05	9.82	6.77	5.62	4.78
57	12.82	10.44	7.20	5.98	5.08
58	13.62	11.09	7.65	6.35	5.40
59	14.70	11.98	8.26	6.86	5.83
60	16.36	13.33	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	34.69	28.26	19.49	16.18	13.75
19	34.69	28.26	19.49	16.18	13.75
20	34.69	28.26	19.49	16.18	13.75
21	34.69	28.26	19.49	16.18	13.75
22	34.69	28.26	19.49	16.18	13.75
23	34.69	28.26	19.49	16.18	13.75
24	34.69	28.26	19.49	16.18	13.75
25	34.69	28.26	19.49	16.18	13.75
26	36.26	29.54	20.37	16.91	14.37
27	37.84	30.83	21.26	17.65	15.00
28	39.43	32.12	22.15	18.38	15.62
29	40.98	33.38	23.02	19.11	16.24
30	42.54	34.66	23.90	19.84	16.86
31	44.29	36.08	24.88	20.65	17.55
32	46.01	37.48	25.85	21.46	18.24
33	47.76	38.90	26.83	22.27	18.93
34	49.47	40.30	27.79	23.07	19.61
35	51.23	41.73	28.78	23.89	20.31
36	52.85	43.05	29.69	24.64	20.94
37	54.47	44.37	30.60	25.40	21.59
38	56.11	45.70	31.52	26.16	22.24
39	57.74	47.04	32.44	26.93	22.89
40	59.36	48.36	33.35	27.68	23.53
41	61.07	49.75	34.31	28.48	24.21
42	62.80	51.16	35.28	29.28	24.89
43	64.53	52.56	36.25	30.09	25.58
44	66.31	54.01	37.25	30.92	26.28
45	68.05	55.43	38.23	31.73	26.97
46	70.22	57.20	39.45	32.74	27.83
47	72.43	59.00	40.69	33.77	28.70
48	74.64	60.80	41.93	34.80	29.58
49	76.88	62.63	43.19	35.85	30.47
50	79.12	64.45	44.45	36.89	31.36
51	84.25	68.63	47.33	39.28	33.39
52	89.55	72.95	50.31	41.76	35.50
53	95.07	77.44	53.41	44.33	37.68
54	100.71	82.04	56.58	46.96	39.92
55	106.59	86.83	59.88	49.70	42.25
56	111.71	91.00	62.76	52.09	44.28
57	117.50	95.71	66.01	54.79	46.57
58	124.12	101.11	69.73	57.88	49.20
59	131.60	107.20	73.93	61.36	52.16
60	140.09	114.12	78.70	65.32	55.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.33	1.90	1.31	1.09	0.93
19	2.33	1.90	1.31	1.09	0.93
20	2.33	1.90	1.31	1.09	0.93
21	2.33	1.90	1.31	1.09	0.93
22	2.33	1.90	1.31	1.09	0.93
23	2.33	1.90	1.31	1.09	0.93
24	2.33	1.90	1.31	1.09	0.93
25	2.33	1.90	1.31	1.09	0.93
26	2.47	2.02	1.39	1.15	0.98
27	2.63	2.15	1.48	1.23	1.05
28	2.78	2.26	1.56	1.29	1.10
29	2.94	2.39	1.65	1.37	1.16
30	3.12	2.54	1.75	1.45	1.23
31	3.29	2.68	1.85	1.54	1.31
32	3.45	2.81	1.94	1.61	1.37
33	3.67	2.99	2.06	1.71	1.45
34	3.83	3.12	2.15	1.78	1.51
35	4.02	3.28	2.26	1.88	1.60
36	4.22	3.44	2.37	1.97	1.67
37	4.41	3.60	2.48	2.06	1.75
38	4.61	3.76	2.59	2.15	1.83
39	4.81	3.92	2.70	2.24	1.90
40	5.02	4.09	2.82	2.34	1.99
41	5.23	4.26	2.94	2.44	2.07
42	5.45	4.44	3.06	2.54	2.16
43	5.68	4.63	3.19	2.65	2.25
44	5.89	4.80	3.31	2.75	2.34
45	6.12	4.99	3.44	2.86	2.43
46	6.32	5.15	3.55	2.95	2.51
47	6.53	5.32	3.67	3.05	2.59
48	6.73	5.48	3.78	3.14	2.67
49	6.92	5.64	3.89	3.23	2.75
50	7.14	5.81	4.01	3.33	2.83
51	7.60	6.19	4.27	3.54	3.01
52	8.08	6.58	4.54	3.77	3.20
53	8.54	6.96	4.80	3.98	3.38
54	9.08	7.40	5.10	4.23	3.60
55	9.61	7.83	5.40	4.48	3.81
56	10.06	8.19	5.65	4.69	3.99
57	10.59	8.63	5.95	4.94	4.20
58	11.20	9.12	6.29	5.22	4.44
59	11.85	9.66	6.66	5.53	4.70
60	12.62	10.28	7.09	5.88	5.00

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.78	0.64	0.44	0.37	0.31
19	0.78	0.64	0.44	0.37	0.31
20	0.78	0.64	0.44	0.37	0.31
21	0.78	0.64	0.44	0.37	0.31
22	0.78	0.64	0.44	0.37	0.31
23	0.78	0.64	0.44	0.37	0.31
24	0.78	0.64	0.44	0.37	0.31
25	0.78	0.64	0.44	0.37	0.31
26	0.82	0.67	0.46	0.38	0.32
27	0.87	0.71	0.49	0.41	0.35
28	0.93	0.75	0.52	0.43	0.37
29	0.98	0.80	0.55	0.46	0.39
30	1.03	0.84	0.58	0.48	0.41
31	1.10	0.90	0.62	0.51	0.43
32	1.16	0.94	0.65	0.54	0.46
33	1.23	1.00	0.69	0.57	0.48
34	1.28	1.04	0.72	0.60	0.51
35	1.35	1.10	0.76	0.63	0.54
36	1.41	1.15	0.79	0.66	0.56
37	1.48	1.20	0.83	0.69	0.59
38	1.53	1.25	0.86	0.71	0.60
39	1.60	1.31	0.90	0.75	0.64
40	1.67	1.36	0.94	0.78	0.66
41	1.73	1.41	0.97	0.81	0.69
42	1.82	1.48	1.02	0.85	0.72
43	1.89	1.54	1.06	0.88	0.75
44	1.96	1.60	1.10	0.91	0.77
45	2.05	1.67	1.15	0.95	0.81
46	2.12	1.73	1.19	0.99	0.84
47	2.17	1.77	1.22	1.01	0.86
48	2.24	1.83	1.26	1.05	0.89
49	2.31	1.89	1.30	1.08	0.92
50	2.37	1.93	1.33	1.10	0.94
51	2.53	2.06	1.42	1.18	1.00
52	2.69	2.19	1.51	1.25	1.06
53	2.85	2.32	1.60	1.33	1.13
54	3.03	2.47	1.70	1.41	1.20
55	3.20	2.61	1.80	1.49	1.27
56	3.35	2.73	1.88	1.56	1.33
57	3.52	2.87	1.98	1.64	1.39
58	3.74	3.05	2.10	1.74	1.48
59	3.97	3.23	2.23	1.85	1.57
60	4.20	3.42	2.36	1.96	1.67

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	1.13	0.84
19	1.13	0.84
20	1.13	0.84
21	1.13	0.84
22	1.13	0.84
23	1.13	0.84
24	1.13	0.84
25	1.13	0.84
26	1.21	0.87
27	1.30	0.91
28	1.39	0.95
29	1.48	0.99
30	1.58	1.03
31	1.69	1.07
32	1.80	1.11
33	1.91	1.15
34	2.02	1.19
35	2.14	1.24
36	2.25	1.28
37	2.37	1.31
38	2.48	1.35
39	2.60	1.39
40	2.72	1.43
41	2.85	1.47
42	2.97	1.52
43	3.10	1.56
44	3.23	1.60
45	3.37	1.64
46	3.52	1.69
47	3.68	1.75
48	3.84	1.80
49	4.00	1.86
50	4.16	1.91
51	4.48	2.03
52	4.81	2.16
53	5.15	2.29
54	5.51	2.43
55	5.88	2.57
56	6.21	2.70
57	6.58	2.84
58	7.00	3.00
59	6.53	3.08
60	6.06	3.16

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	17.00	13.85	9.55	7.93	6.74
19	17.00	13.85	9.55	7.93	6.74
20	17.00	13.85	9.55	7.93	6.74
21	17.00	13.85	9.55	7.93	6.74
22	17.00	13.85	9.55	7.93	6.74
23	17.00	13.85	9.55	7.93	6.74
24	17.00	13.85	9.55	7.93	6.74
25	17.00	13.85	9.55	7.93	6.74
26	18.03	14.69	10.13	8.41	7.15
27	19.19	15.63	10.78	8.95	7.61
28	20.27	16.52	11.39	9.45	8.03
29	21.25	17.31	11.94	9.91	8.42
30	22.23	18.11	12.49	10.37	8.81
31	23.26	18.95	13.07	10.85	9.22
32	24.31	19.81	13.66	11.34	9.64
33	25.37	20.66	14.25	11.83	10.06
34	26.42	21.52	14.84	12.32	10.47
35	27.57	22.46	15.49	12.86	10.93
36	28.69	23.37	16.12	13.38	11.37
37	29.87	24.33	16.78	13.93	11.84
38	31.13	25.36	17.49	14.52	12.34
39	32.57	26.54	18.30	15.19	12.91
40	34.03	27.72	19.12	15.87	13.49
41	35.56	28.97	19.98	16.58	14.09
42	37.10	30.22	20.84	17.30	14.71
43	38.64	31.48	21.71	18.02	15.32
44	40.33	32.86	22.66	18.81	15.99
45	42.11	34.31	23.66	19.64	16.69
46	44.25	36.05	24.86	20.63	17.54
47	46.46	37.85	26.10	21.66	18.41
48	48.72	39.69	27.37	22.72	19.31
49	51.05	41.59	28.68	23.80	20.23
50	53.42	43.51	30.01	24.91	21.17
51	57.78	47.07	32.46	26.94	22.90
52	62.35	50.79	35.03	29.07	24.71
53	66.70	54.33	37.47	31.10	26.44
54	71.45	58.20	40.14	33.32	28.32
55	75.61	61.60	42.48	35.26	29.97
56	79.25	64.55	44.52	36.95	31.41
57	83.36	67.90	46.83	38.87	33.04
58	88.04	71.72	49.46	41.05	34.89
59	93.34	76.04	52.44	43.53	37.00
60	99.38	80.95	55.83	46.34	39.39

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.90	1.55	1.07	0.89	0.76
19	1.90	1.55	1.07	0.89	0.76
20	1.90	1.55	1.07	0.89	0.76
21	1.90	1.55	1.07	0.89	0.76
22	1.90	1.55	1.07	0.89	0.76
23	1.90	1.55	1.07	0.89	0.76
24	1.90	1.55	1.07	0.89	0.76
25	1.90	1.55	1.07	0.89	0.76
26	1.94	1.58	1.09	0.90	0.77
27	1.99	1.62	1.12	0.93	0.79
28	2.05	1.67	1.15	0.95	0.81
29	2.12	1.73	1.19	0.99	0.84
30	2.24	1.83	1.26	1.05	0.89
31	2.39	1.94	1.34	1.11	0.94
32	2.55	2.07	1.43	1.19	1.01
33	2.71	2.20	1.52	1.26	1.07
34	2.85	2.32	1.60	1.33	1.13
35	3.01	2.45	1.69	1.40	1.19
36	3.13	2.55	1.76	1.46	1.24
37	3.26	2.65	1.83	1.52	1.29
38	3.40	2.77	1.91	1.59	1.35
39	3.54	2.89	1.99	1.65	1.40
40	3.68	3.00	2.07	1.72	1.46
41	3.84	3.13	2.16	1.79	1.52
42	4.06	3.31	2.28	1.89	1.61
43	4.25	3.47	2.39	1.98	1.68
44	4.47	3.64	2.51	2.08	1.77
45	4.70	3.83	2.64	2.19	1.86
46	5.06	4.12	2.84	2.36	2.01
47	5.39	4.39	3.03	2.51	2.13
48	5.75	4.68	3.23	2.68	2.28
49	6.12	4.99	3.44	2.86	2.43
50	6.39	5.21	3.59	2.98	2.53
51	7.03	5.73	3.95	3.28	2.79
52	7.69	6.26	4.32	3.59	3.05
53	8.05	6.55	4.52	3.75	3.19
54	8.86	7.22	4.98	4.13	3.51
55	9.83	8.00	5.52	4.58	3.89
56	11.46	9.34	6.44	5.35	4.55
57	10.73	8.74	6.03	5.00	4.25
58	12.07	9.83	6.78	5.63	4.79
59	13.92	11.34	7.82	6.49	5.52
60	16.38	13.34	9.20	7.64	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	21.82	17.77	12.26	10.17	8.65
19	21.82	17.77	12.26	10.17	8.65
20	21.82	17.77	12.26	10.17	8.65
21	21.82	17.77	12.26	10.17	8.65
22	21.82	17.77	12.26	10.17	8.65
23	21.82	17.77	12.26	10.17	8.65
24	21.82	17.77	12.26	10.17	8.65
25	21.82	17.77	12.26	10.17	8.65
26	22.83	18.60	12.83	10.65	9.05
27	23.83	19.41	13.39	11.11	9.45
28	24.83	20.23	13.95	11.58	9.84
29	25.83	21.04	14.51	12.05	10.24
30	26.84	21.86	15.08	12.51	10.64
31	28.15	22.94	15.82	13.13	11.16
32	29.48	24.02	16.56	13.75	11.69
33	30.78	25.08	17.29	14.36	12.20
34	32.11	26.16	18.04	14.97	12.73
35	33.45	27.24	18.79	15.59	13.25
36	35.09	28.59	19.71	16.36	13.91
37	36.74	29.93	20.64	17.13	14.56
38	38.41	31.28	21.58	17.90	15.22
39	41.17	33.53	23.13	19.20	16.32
40	42.81	34.88	24.05	19.96	16.97
41	44.71	36.42	25.12	20.85	17.72
42	46.61	37.97	26.18	21.73	18.47
43	48.55	39.55	27.27	22.64	19.24
44	50.52	41.15	28.38	23.56	20.03
45	52.47	42.74	29.48	24.46	20.79
46	55.15	44.92	30.98	25.71	21.85
47	57.85	47.13	32.50	26.98	22.93
48	60.58	49.35	34.03	28.25	24.01
49	63.34	51.60	35.59	29.54	25.11
50	66.11	53.85	37.14	30.82	26.20
51	71.40	58.17	40.12	33.30	28.31
52	76.95	62.68	43.23	35.88	30.50
53	82.76	67.42	46.50	38.59	32.81
54	88.79	72.33	49.88	41.40	35.20
55	95.13	77.50	53.45	44.36	37.71
56	99.69	81.21	56.00	46.48	39.51
57	104.89	85.44	58.92	48.90	41.57
58	110.79	90.24	62.24	51.66	43.91
59	117.47	95.70	66.00	54.78	46.56
60	124.24	101.21	69.80	57.93	49.24

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.47	1.20	0.82	0.68	0.58
19	1.47	1.20	0.82	0.68	0.58
20	1.47	1.20	0.82	0.68	0.58
21	1.47	1.20	0.82	0.68	0.58
22	1.47	1.20	0.82	0.68	0.58
23	1.47	1.20	0.82	0.68	0.58
24	1.47	1.20	0.82	0.68	0.58
25	1.47	1.20	0.82	0.68	0.58
26	1.55	1.26	0.87	0.72	0.61
27	1.66	1.36	0.94	0.77	0.66
28	1.76	1.43	0.98	0.82	0.70
29	1.85	1.51	1.04	0.87	0.74
30	1.96	1.60	1.10	0.91	0.77
31	2.10	1.70	1.18	0.98	0.83
32	2.21	1.80	1.24	1.03	0.88
33	2.36	1.92	1.32	1.10	0.94
34	2.49	2.02	1.40	1.16	0.98
35	2.63	2.14	1.48	1.22	1.04
36	2.81	2.29	1.58	1.31	1.12
37	2.98	2.42	1.67	1.39	1.18
38	3.15	2.58	1.77	1.47	1.25
39	3.42	2.79	1.92	1.60	1.35
40	3.62	2.95	2.03	1.69	1.44
41	3.83	3.12	2.15	1.79	1.52
42	4.05	3.29	2.27	1.89	1.61
43	4.26	3.48	2.40	1.99	1.69
44	4.49	3.66	2.52	2.10	1.79
45	4.72	3.85	2.65	2.20	1.87
46	4.96	4.04	2.79	2.31	1.97
47	5.21	4.25	2.93	2.43	2.07
48	5.46	4.45	3.07	2.55	2.17
49	5.71	4.65	3.21	2.66	2.26
50	5.96	4.86	3.35	2.78	2.37
51	6.44	5.25	3.62	3.00	2.55
52	6.93	5.65	3.90	3.23	2.74
53	7.44	6.06	4.18	3.47	2.95
54	8.01	6.53	4.50	3.74	3.17
55	8.57	6.98	4.82	3.99	3.40
56	8.98	7.31	5.04	4.19	3.56
57	9.44	7.69	5.31	4.40	3.74
58	9.99	8.13	5.61	4.66	3.96
59	10.58	8.63	5.95	4.94	4.20
60	11.20	9.12	6.29	5.22	4.44

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	0.50	0.41	0.28	0.23	0.20
19	0.50	0.41	0.28	0.23	0.20
20	0.50	0.41	0.28	0.23	0.20
21	0.50	0.41	0.28	0.23	0.20
22	0.50	0.41	0.28	0.23	0.20
23	0.50	0.41	0.28	0.23	0.20
24	0.50	0.41	0.28	0.23	0.20
25	0.50	0.41	0.28	0.23	0.20
26	0.52	0.42	0.29	0.24	0.21
27	0.54	0.45	0.31	0.26	0.22
28	0.59	0.48	0.33	0.27	0.23
29	0.62	0.51	0.35	0.29	0.25
30	0.65	0.53	0.36	0.30	0.26
31	0.71	0.57	0.40	0.33	0.28
32	0.74	0.60	0.42	0.35	0.30
33	0.80	0.66	0.45	0.37	0.31
34	0.82	0.67	0.46	0.38	0.33
35	0.89	0.72	0.50	0.41	0.36
36	0.92	0.75	0.52	0.43	0.36
37	0.99	0.81	0.56	0.47	0.40
38	1.05	0.85	0.59	0.49	0.42
39	1.15	0.94	0.65	0.53	0.45
40	1.21	0.99	0.68	0.56	0.48
41	1.29	1.05	0.72	0.60	0.51
42	1.35	1.10	0.76	0.63	0.54
43	1.42	1.16	0.80	0.66	0.56
44	1.50	1.22	0.84	0.69	0.59
45	1.58	1.29	0.89	0.73	0.62
46	1.66	1.35	0.93	0.77	0.66
47	1.74	1.43	0.98	0.82	0.70
48	1.81	1.48	1.02	0.85	0.72
49	1.91	1.56	1.08	0.89	0.76
50	2.00	1.62	1.12	0.93	0.79
51	2.16	1.75	1.21	1.01	0.86
52	2.32	1.88	1.30	1.08	0.92
53	2.49	2.03	1.40	1.16	0.99
54	2.67	2.17	1.50	1.25	1.06
55	2.86	2.33	1.61	1.33	1.14
56	3.00	2.45	1.69	1.40	1.19
57	3.15	2.57	1.77	1.47	1.25
58	3.33	2.71	1.87	1.55	1.32
59	3.54	2.89	1.99	1.66	1.41
60	3.74	3.04	2.10	1.74	1.48

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	0.71	0.53
19	0.71	0.53
20	0.71	0.53
21	0.71	0.53
22	0.71	0.53
23	0.71	0.53
24	0.71	0.53
25	0.71	0.53
26	0.76	0.55
27	0.82	0.57
28	0.88	0.60
29	0.94	0.62
30	1.00	0.65
31	1.07	0.68
32	1.15	0.71
33	1.23	0.74
34	1.31	0.77
35	1.40	0.81
36	1.50	0.85
37	1.59	0.89
38	1.70	0.93
39	1.86	0.99
40	1.96	1.03
41	2.09	1.08
42	2.21	1.12
43	2.34	1.17
44	2.47	1.22
45	2.60	1.27
46	2.76	1.33
47	2.94	1.40
48	3.11	1.46
49	3.30	1.53
50	3.48	1.60
51	3.80	1.72
52	4.13	1.86
53	4.48	2.00
54	4.86	2.15
55	5.24	2.29
56	5.54	2.41
57	5.88	2.53
58	6.24	2.68
59	5.81	2.74
60	5.37	2.80

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	10.69	8.71	6.01	4.99	4.24
19	10.69	8.71	6.01	4.99	4.24
20	10.69	8.71	6.01	4.99	4.24
21	10.69	8.71	6.01	4.99	4.24
22	10.69	8.71	6.01	4.99	4.24
23	10.69	8.71	6.01	4.99	4.24
24	10.69	8.71	6.01	4.99	4.24
25	10.69	8.71	6.01	4.99	4.24
26	11.35	9.25	6.38	5.30	4.50
27	12.09	9.85	6.79	5.64	4.79
28	12.77	10.40	7.17	5.95	5.06
29	13.39	10.91	7.52	6.25	5.31
30	14.03	11.43	7.88	6.55	5.56
31	14.79	12.05	8.31	6.90	5.86
32	15.57	12.68	8.75	7.26	6.17
33	16.35	13.32	9.19	7.62	6.48
34	17.15	13.97	9.63	7.99	6.79
35	18.00	14.67	10.11	8.40	7.14
36	19.05	15.52	10.70	8.88	7.55
37	20.14	16.41	11.32	9.39	7.98
38	21.31	17.36	11.97	9.94	8.44
39	23.22	18.91	13.04	10.83	9.20
40	24.54	19.99	13.79	11.45	9.73
41	26.04	21.21	14.63	12.14	10.32
42	27.54	22.44	15.47	12.84	10.92
43	29.07	23.68	16.33	13.56	11.53
44	30.72	25.03	17.26	14.33	12.18
45	32.47	26.46	18.25	15.15	12.87
46	34.75	28.30	19.52	16.20	13.77
47	37.10	30.22	20.84	17.30	14.70
48	39.53	32.21	22.21	18.44	15.67
49	42.05	34.26	23.63	19.61	16.67
50	44.62	36.35	25.07	20.81	17.68
51	48.98	39.90	27.52	22.84	19.41
52	53.58	43.65	30.10	24.98	21.24
53	58.06	47.30	32.62	27.07	23.01
54	62.98	51.31	35.39	29.37	24.96
55	67.48	54.98	37.91	31.47	26.75
56	70.72	57.61	39.73	32.98	28.03
57	74.40	60.60	41.80	34.69	29.49
58	78.59	64.02	44.15	36.65	31.15
59	83.33	67.88	46.82	38.86	33.03
60	88.14	71.79	49.52	41.10	34.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.13	1.73	1.20	0.99	0.85
19	2.13	1.73	1.20	0.99	0.85
20	2.13	1.73	1.20	0.99	0.85
21	2.13	1.73	1.20	0.99	0.85
22	2.13	1.73	1.20	0.99	0.85
23	2.13	1.73	1.20	0.99	0.85
24	2.13	1.73	1.20	0.99	0.85
25	2.13	1.73	1.20	0.99	0.85
26	2.16	1.76	1.21	1.00	0.86
27	2.21	1.80	1.24	1.03	0.87
28	2.23	1.82	1.25	1.04	0.88
29	2.30	1.87	1.29	1.08	0.92
30	2.42	1.97	1.36	1.13	0.96
31	2.57	2.09	1.44	1.20	1.02
32	2.73	2.22	1.53	1.27	1.08
33	2.88	2.34	1.62	1.34	1.14
34	3.05	2.48	1.71	1.42	1.20
35	3.21	2.61	1.80	1.50	1.27
36	3.33	2.72	1.87	1.56	1.32
37	3.47	2.83	1.95	1.62	1.37
38	3.62	2.95	2.03	1.69	1.43
39	3.78	3.08	2.13	1.76	1.50
40	3.94	3.21	2.21	1.84	1.56
41	4.14	3.38	2.33	1.93	1.64
42	4.34	3.54	2.44	2.03	1.72
43	4.55	3.71	2.56	2.12	1.81
44	4.78	3.90	2.69	2.23	1.90
45	5.03	4.09	2.82	2.34	1.99
46	5.41	4.41	3.04	2.52	2.15
47	5.77	4.71	3.25	2.69	2.29
48	6.15	5.01	3.45	2.86	2.43
49	6.54	5.33	3.67	3.05	2.60
50	6.86	5.59	3.85	3.20	2.71
51	7.54	6.15	4.24	3.52	2.99
52	8.26	6.72	4.64	3.85	3.27
53	8.67	7.06	4.87	4.05	3.44
54	9.59	7.81	5.39	4.47	3.81
55	10.67	8.69	5.99	4.97	4.23
56	11.93	9.72	6.70	5.57	4.73
57	12.40	10.10	6.97	5.78	4.91
58	13.31	10.84	7.48	6.21	5.28
59	14.54	11.85	8.17	6.79	5.77
60	16.36	13.33	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.03	9.99	8.49
19	12.03	9.99	8.49
20	12.03	9.99	8.49
21	12.03	9.99	8.49
22	12.03	9.99	8.49
23	12.03	9.99	8.49
24	12.03	9.99	8.49
25	12.03	9.99	8.49
26	12.69	10.53	8.95
27	13.34	11.08	9.42
28	14.00	11.62	9.88
29	14.68	12.19	10.35
30	15.36	12.75	10.83
31	16.24	13.48	11.46
32	17.15	14.24	12.10
33	18.05	14.98	12.73
34	18.96	15.74	13.38
35	19.90	16.51	14.03
36	21.12	17.53	14.90
37	22.36	18.55	15.78
38	23.62	19.61	16.66
39	24.89	20.66	17.55
40	26.16	21.72	18.46
41	27.60	22.90	19.47
42	29.05	24.11	20.50
43	30.54	25.35	21.55
44	32.04	26.59	22.60
45	33.56	27.85	23.67
46	35.66	29.60	25.16
47	37.79	31.37	26.66
48	39.94	33.15	28.19
49	42.13	34.97	29.72
50	44.33	36.80	31.28
51	47.17	39.15	33.28
52	50.12	41.60	35.36
53	53.18	44.14	37.51
54	56.33	46.76	39.74
55	59.62	49.48	42.06

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.81	0.67	0.57
19	0.81	0.67	0.57
20	0.81	0.67	0.57
21	0.81	0.67	0.57
22	0.81	0.67	0.57
23	0.81	0.67	0.57
24	0.81	0.67	0.57
25	0.81	0.67	0.57
26	0.86	0.72	0.61
27	0.93	0.77	0.66
28	0.99	0.82	0.70
29	1.05	0.87	0.74
30	1.12	0.93	0.79
31	1.21	1.01	0.86
32	1.28	1.07	0.91
33	1.38	1.15	0.97
34	1.47	1.22	1.04
35	1.56	1.29	1.10
36	1.69	1.40	1.19
37	1.81	1.51	1.28
38	1.94	1.61	1.37
39	2.07	1.72	1.46
40	2.21	1.84	1.56
41	2.36	1.96	1.67
42	2.52	2.09	1.78
43	2.68	2.23	1.89
44	2.84	2.36	2.01
45	3.02	2.51	2.13
46	3.21	2.66	2.26
47	3.40	2.82	2.40
48	3.60	2.99	2.54
49	3.80	3.15	2.67
50	4.00	3.32	2.82
51	4.25	3.53	3.00
52	4.51	3.74	3.18
53	4.78	3.97	3.38
54	5.08	4.21	3.58
55	5.37	4.46	3.79

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.27	0.22	0.19
19	0.27	0.22	0.19
20	0.27	0.22	0.19
21	0.27	0.22	0.19
22	0.27	0.22	0.19
23	0.27	0.22	0.19
24	0.27	0.22	0.19
25	0.27	0.22	0.19
26	0.29	0.24	0.21
27	0.31	0.26	0.22
28	0.33	0.28	0.24
29	0.35	0.29	0.25
30	0.37	0.30	0.25
31	0.40	0.34	0.29
32	0.43	0.36	0.31
33	0.47	0.38	0.32
34	0.48	0.40	0.34
35	0.52	0.43	0.36
36	0.56	0.46	0.40
37	0.60	0.50	0.42
38	0.65	0.54	0.46
39	0.69	0.57	0.49
40	0.74	0.61	0.51
41	0.80	0.66	0.56
42	0.84	0.70	0.59
43	0.89	0.75	0.63
44	0.95	0.79	0.67
45	1.01	0.84	0.71
46	1.07	0.89	0.75
47	1.14	0.95	0.80
48	1.20	1.00	0.85
49	1.27	1.05	0.90
50	1.34	1.11	0.94
51	1.42	1.18	1.00
52	1.50	1.25	1.06
53	1.60	1.33	1.12
54	1.69	1.41	1.20
55	1.79	1.49	1.27

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	2.42	1.83
19	2.42	1.83
20	2.42	1.83
21	2.42	1.83
22	2.42	1.83
23	2.42	1.83
24	2.42	1.83
25	2.42	1.83
26	2.64	1.93
27	2.88	2.03
28	3.11	2.13
29	3.32	2.21
30	3.51	2.30
31	3.73	2.41
32	3.94	2.52
33	4.12	2.61
34	4.31	2.70
35	4.48	2.78
36	4.70	2.89
37	4.91	3.00
38	5.11	3.10
39	5.33	3.18
40	5.53	3.25
41	5.73	3.33
42	5.92	3.39
43	6.08	3.45
44	6.25	3.48
45	6.39	3.50
46	6.63	3.57
47	6.85	3.61
48	7.02	3.62
49	7.18	3.62
50	7.29	3.59
51	7.46	3.59
52	7.58	3.55
53	7.67	3.49
54	7.68	3.40
55	7.62	3.26

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	5.90	4.89	4.16
19	5.90	4.89	4.16
20	5.90	4.89	4.16
21	5.90	4.89	4.16
22	5.90	4.89	4.16
23	5.90	4.89	4.16
24	5.90	4.89	4.16
25	5.90	4.89	4.16
26	6.30	5.23	4.45
27	6.76	5.62	4.77
28	7.20	5.98	5.08
29	7.62	6.33	5.38
30	8.02	6.66	5.66
31	8.54	7.09	6.02
32	9.07	7.52	6.40
33	9.58	7.95	6.76
34	10.13	8.40	7.14
35	10.71	8.89	7.55
36	11.46	9.51	8.09
37	12.26	10.18	8.65
38	13.10	10.87	9.24
39	14.04	11.66	9.90
40	15.00	12.45	10.58
41	16.07	13.34	11.34
42	17.16	14.25	12.11
43	18.29	15.18	12.90
44	19.49	16.17	13.74
45	20.77	17.24	14.65
46	22.47	18.65	15.86
47	24.24	20.12	17.10
48	26.07	21.64	18.39
49	27.97	23.21	19.73
50	29.93	24.84	21.12
51	32.35	26.85	22.83
52	34.90	28.97	24.62
53	37.31	30.97	26.32
54	39.96	33.17	28.20
55	42.29	35.10	29.84

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.42	1.18	1.00
19	1.42	1.18	1.00
20	1.42	1.18	1.00
21	1.42	1.18	1.00
22	1.42	1.18	1.00
23	1.42	1.18	1.00
24	1.42	1.18	1.00
25	1.42	1.18	1.00
26	1.44	1.20	1.02
27	1.48	1.23	1.04
28	1.51	1.25	1.07
29	1.56	1.30	1.10
30	1.65	1.37	1.17
31	1.76	1.46	1.24
32	1.88	1.56	1.33
33	1.99	1.65	1.40
34	2.11	1.75	1.49
35	2.23	1.85	1.57
36	2.33	1.93	1.64
37	2.44	2.02	1.72
38	2.55	2.12	1.80
39	2.68	2.23	1.90
40	2.81	2.33	1.97
41	2.96	2.46	2.08
42	3.11	2.58	2.19
43	3.27	2.72	2.32
44	3.44	2.85	2.43
45	3.62	3.01	2.55
46	3.91	3.24	2.76
47	4.19	3.47	2.95
48	4.46	3.71	3.15
49	4.75	3.94	3.35
50	5.01	4.16	3.54
51	5.40	4.48	3.80
52	5.79	4.81	4.09
53	5.97	4.96	4.21
54	6.49	5.38	4.58
55	7.10	5.89	5.01

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	22.45	18.63	15.84
19	22.45	18.63	15.84
20	22.45	18.63	15.84
21	22.45	18.63	15.84
22	22.45	18.63	15.84
23	22.45	18.63	15.84
24	22.45	18.63	15.84
25	22.45	18.63	15.84
26	23.63	19.61	16.67
27	24.84	20.62	17.53
28	26.06	21.63	18.39
29	27.29	22.65	19.25
30	28.53	23.68	20.13
31	29.83	24.76	21.05
32	31.14	25.85	21.97
33	32.46	26.95	22.90
34	33.79	28.04	23.84
35	35.14	29.17	24.79
36	36.41	30.22	25.69
37	37.70	31.30	26.60
38	39.01	32.38	27.52
39	40.32	33.47	28.45
40	41.65	34.56	29.38
41	42.94	35.65	30.30
42	44.26	36.74	31.23
43	45.59	37.84	32.16
44	46.95	38.96	33.12
45	48.30	40.09	34.08
46	49.96	41.47	35.25
47	51.64	42.86	36.43
48	53.34	44.27	37.63
49	55.06	45.70	38.84
50	56.79	47.14	40.07
51	59.22	49.15	41.78
52	61.70	51.22	43.53
53	64.28	53.36	45.36
54	66.89	55.53	47.20
55	69.60	57.77	49.10

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.51	1.25	1.07
19	1.51	1.25	1.07
20	1.51	1.25	1.07
21	1.51	1.25	1.07
22	1.51	1.25	1.07
23	1.51	1.25	1.07
24	1.51	1.25	1.07
25	1.51	1.25	1.07
26	1.62	1.34	1.14
27	1.72	1.43	1.21
28	1.84	1.53	1.30
29	1.96	1.63	1.38
30	2.09	1.73	1.47
31	2.22	1.84	1.57
32	2.34	1.94	1.65
33	2.49	2.06	1.76
34	2.62	2.17	1.85
35	2.76	2.29	1.95
36	2.91	2.41	2.05
37	3.06	2.54	2.16
38	3.20	2.65	2.25
39	3.36	2.79	2.37
40	3.52	2.92	2.48
41	3.67	3.05	2.59
42	3.84	3.19	2.71
43	4.01	3.32	2.82
44	4.18	3.47	2.95
45	4.35	3.61	3.07
46	4.50	3.74	3.17
47	4.65	3.86	3.28
48	4.81	3.99	3.39
49	4.96	4.12	3.50
50	5.12	4.25	3.61
51	5.34	4.43	3.77
52	5.56	4.62	3.92
53	5.78	4.80	4.09
54	6.03	5.01	4.26
55	6.28	5.21	4.43

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.50	0.42	0.35
19	0.50	0.42	0.35
20	0.50	0.42	0.35
21	0.50	0.42	0.35
22	0.50	0.42	0.35
23	0.50	0.42	0.35
24	0.50	0.42	0.35
25	0.50	0.42	0.35
26	0.54	0.45	0.39
27	0.57	0.48	0.40
28	0.61	0.50	0.43
29	0.65	0.54	0.46
30	0.70	0.58	0.49
31	0.74	0.62	0.53
32	0.78	0.65	0.55
33	0.83	0.69	0.59
34	0.87	0.72	0.61
35	0.92	0.76	0.65
36	0.97	0.80	0.68
37	1.02	0.85	0.72
38	1.06	0.88	0.75
39	1.12	0.93	0.79
40	1.18	0.98	0.83
41	1.22	1.01	0.86
42	1.28	1.06	0.91
43	1.33	1.11	0.94
44	1.39	1.15	0.98
45	1.45	1.20	1.02
46	1.51	1.25	1.06
47	1.55	1.29	1.10
48	1.60	1.33	1.13
49	1.66	1.37	1.17
50	1.70	1.42	1.21
51	1.78	1.48	1.26
52	1.86	1.54	1.31
53	1.93	1.60	1.36
54	2.01	1.66	1.42
55	2.09	1.73	1.47

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	4.52	3.41
19	4.52	3.41
20	4.52	3.41
21	4.52	3.41
22	4.52	3.41
23	4.52	3.41
24	4.52	3.41
25	4.52	3.41
26	4.92	3.60
27	5.36	3.79
28	5.78	3.96
29	6.16	4.12
30	6.51	4.28
31	6.84	4.43
32	7.15	4.57
33	7.42	4.69
34	7.68	4.81
35	7.90	4.91
36	8.10	4.99
37	8.28	5.06
38	8.45	5.11
39	8.63	5.15
40	8.80	5.18
41	8.92	5.18
42	9.02	5.16
43	9.08	5.14
44	9.15	5.11
45	9.20	5.04
46	9.29	5.00
47	9.35	4.93
48	9.38	4.84
49	9.38	4.74
50	9.34	4.60
51	9.37	4.51
52	9.33	4.37
53	9.27	4.22
54	9.11	4.04
55	8.90	3.81

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	11.00	9.13	7.76
19	11.00	9.13	7.76
20	11.00	9.13	7.76
21	11.00	9.13	7.76
22	11.00	9.13	7.76
23	11.00	9.13	7.76
24	11.00	9.13	7.76
25	11.00	9.13	7.76
26	11.75	9.75	8.28
27	12.59	10.45	8.88
28	13.39	11.12	9.45
29	14.16	11.75	9.99
30	14.91	12.38	10.52
31	15.68	13.01	11.06
32	16.45	13.66	11.61
33	17.24	14.31	12.16
34	18.04	14.97	12.73
35	18.91	15.70	13.34
36	19.77	16.41	13.95
37	20.68	17.16	14.59
38	21.64	17.96	15.27
39	22.74	18.88	16.05
40	23.88	19.82	16.85
41	25.00	20.75	17.64
42	26.15	21.70	18.44
43	27.29	22.65	19.26
44	28.56	23.70	20.15
45	29.90	24.82	21.10
46	31.48	26.13	22.21
47	33.12	27.49	23.36
48	34.81	28.89	24.56
49	36.56	30.35	25.79
50	38.33	31.82	27.05
51	40.61	33.71	28.65
52	42.96	35.65	30.31
53	45.10	37.43	31.81
54	47.46	39.39	33.48
55	49.37	40.98	34.83

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.23	1.03	0.87
19	1.23	1.03	0.87
20	1.23	1.03	0.87
21	1.23	1.03	0.87
22	1.23	1.03	0.87
23	1.23	1.03	0.87
24	1.23	1.03	0.87
25	1.23	1.03	0.87
26	1.26	1.05	0.89
27	1.31	1.08	0.92
28	1.35	1.12	0.95
29	1.41	1.17	1.00
30	1.49	1.24	1.05
31	1.61	1.34	1.14
32	1.72	1.43	1.22
33	1.84	1.52	1.30
34	1.95	1.61	1.37
35	2.07	1.72	1.46
36	2.16	1.79	1.52
37	2.26	1.88	1.60
38	2.36	1.96	1.67
39	2.47	2.05	1.74
40	2.58	2.15	1.83
41	2.71	2.26	1.92
42	2.86	2.37	2.01
43	3.00	2.49	2.11
44	3.16	2.62	2.23
45	3.33	2.76	2.35
46	3.60	2.99	2.54
47	3.85	3.19	2.72
48	4.11	3.42	2.91
49	4.38	3.64	3.09
50	4.59	3.80	3.23
51	4.94	4.09	3.48
52	5.30	4.39	3.73
53	5.44	4.51	3.83
54	5.89	4.88	4.15
55	6.41	5.32	4.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.11	11.72	9.96
19	14.11	11.72	9.96
20	14.11	11.72	9.96
21	14.11	11.72	9.96
22	14.11	11.72	9.96
23	14.11	11.72	9.96
24	14.11	11.72	9.96
25	14.11	11.72	9.96
26	14.88	12.35	10.49
27	15.64	12.99	11.04
28	16.41	13.62	11.58
29	17.20	14.28	12.13
30	17.99	14.94	12.69
31	18.96	15.74	13.38
32	19.95	16.56	14.07
33	20.93	17.37	14.76
34	21.93	18.20	15.47
35	22.95	19.04	16.18
36	24.18	20.07	17.06
37	25.43	21.10	17.94
38	26.70	22.16	18.83
39	28.75	23.86	20.28
40	30.03	24.93	21.19
41	31.44	26.09	22.18
42	32.85	27.27	23.18
43	34.30	28.47	24.20
44	35.77	29.68	25.23
45	37.25	30.91	26.27
46	39.24	32.57	27.68
47	41.25	34.24	29.10
48	43.29	35.93	30.55
49	45.36	37.65	32.00
50	47.45	39.39	33.48
51	50.18	41.65	35.41
52	53.02	44.01	37.40
53	55.96	46.45	39.47
54	58.97	48.95	41.61
55	62.12	51.55	43.82

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.95	0.79	0.67
19	0.95	0.79	0.67
20	0.95	0.79	0.67
21	0.95	0.79	0.67
22	0.95	0.79	0.67
23	0.95	0.79	0.67
24	0.95	0.79	0.67
25	0.95	0.79	0.67
26	1.01	0.84	0.72
27	1.09	0.90	0.77
28	1.16	0.96	0.82
29	1.23	1.02	0.87
30	1.31	1.09	0.93
31	1.41	1.18	1.00
32	1.49	1.24	1.06
33	1.60	1.33	1.13
34	1.70	1.41	1.20
35	1.80	1.49	1.27
36	1.93	1.60	1.36
37	2.06	1.72	1.46
38	2.19	1.82	1.55
39	2.39	1.99	1.69
40	2.54	2.11	1.79
41	2.69	2.23	1.90
42	2.85	2.37	2.01
43	3.01	2.50	2.12
44	3.18	2.64	2.25
45	3.35	2.79	2.37
46	3.53	2.93	2.49
47	3.71	3.08	2.62
48	3.90	3.24	2.75
49	4.09	3.39	2.88
50	4.28	3.55	3.02
51	4.52	3.76	3.19
52	4.77	3.96	3.37
53	5.03	4.18	3.56
54	5.32	4.41	3.75
55	5.60	4.65	3.95

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.32	0.26	0.22
19	0.32	0.26	0.22
20	0.32	0.26	0.22
21	0.32	0.26	0.22
22	0.32	0.26	0.22
23	0.32	0.26	0.22
24	0.32	0.26	0.22
25	0.32	0.26	0.22
26	0.34	0.28	0.25
27	0.36	0.30	0.26
28	0.39	0.32	0.28
29	0.41	0.34	0.29
30	0.44	0.36	0.30
31	0.47	0.40	0.34
32	0.50	0.42	0.36
33	0.54	0.44	0.37
34	0.56	0.46	0.39
35	0.60	0.50	0.42
36	0.64	0.53	0.46
37	0.68	0.57	0.48
38	0.73	0.61	0.52
39	0.80	0.66	0.57
40	0.85	0.70	0.59
41	0.91	0.75	0.64
42	0.95	0.79	0.67
43	1.00	0.84	0.71
44	1.06	0.88	0.75
45	1.12	0.93	0.79
46	1.18	0.98	0.83
47	1.24	1.04	0.88
48	1.30	1.08	0.92
49	1.37	1.13	0.97
50	1.43	1.19	1.01
51	1.51	1.26	1.07
52	1.59	1.32	1.12
53	1.68	1.40	1.18
54	1.77	1.47	1.26
55	1.87	1.55	1.32

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	2.84	2.15
19	2.84	2.15
20	2.84	2.15
21	2.84	2.15
22	2.84	2.15
23	2.84	2.15
24	2.84	2.15
25	2.84	2.15
26	3.10	2.26
27	3.38	2.38
28	3.64	2.50
29	3.89	2.59
30	4.11	2.70
31	4.35	2.81
32	4.58	2.93
33	4.78	3.03
34	4.98	3.12
35	5.16	3.21
36	5.38	3.31
37	5.58	3.41
38	5.78	3.50
39	6.16	3.67
40	6.35	3.73
41	6.53	3.79
42	6.70	3.83
43	6.83	3.87
44	6.98	3.89
45	7.09	3.89
46	7.30	3.93
47	7.48	3.94
48	7.61	3.93
49	7.73	3.90
50	7.80	3.84
51	7.94	3.82
52	8.02	3.76
53	8.07	3.67
54	8.04	3.56
55	7.94	3.40

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.92	5.74	4.88
19	6.92	5.74	4.88
20	6.92	5.74	4.88
21	6.92	5.74	4.88
22	6.92	5.74	4.88
23	6.92	5.74	4.88
24	6.92	5.74	4.88
25	6.92	5.74	4.88
26	7.39	6.13	5.22
27	7.93	6.59	5.59
28	8.44	7.01	5.95
29	8.93	7.41	6.30
30	9.40	7.80	6.63
31	9.97	8.27	7.03
32	10.55	8.75	7.44
33	11.11	9.22	7.84
34	11.71	9.71	8.26
35	12.35	10.25	8.71
36	13.12	10.89	9.26
37	13.94	11.58	9.84
38	14.81	12.29	10.45
39	16.22	13.47	11.44
40	17.22	14.29	12.15
41	18.30	15.19	12.92
42	19.41	16.11	13.69
43	20.54	17.05	14.49
44	21.76	18.05	15.34
45	23.05	19.14	16.26
46	24.72	20.52	17.45
47	26.46	21.96	18.67
48	28.26	23.45	19.93
49	30.12	25.00	21.25
50	32.03	26.59	22.60
51	34.42	28.57	24.29
52	36.92	30.64	26.04
53	39.26	32.59	27.69
54	41.84	34.73	29.52
55	44.06	36.57	31.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.38	1.15	0.97
19	1.38	1.15	0.97
20	1.38	1.15	0.97
21	1.38	1.15	0.97
22	1.38	1.15	0.97
23	1.38	1.15	0.97
24	1.38	1.15	0.97
25	1.38	1.15	0.97
26	1.40	1.17	0.99
27	1.45	1.20	1.02
28	1.48	1.22	1.05
29	1.53	1.27	1.08
30	1.62	1.34	1.15
31	1.73	1.44	1.22
32	1.85	1.53	1.31
33	1.96	1.62	1.38
34	2.08	1.72	1.47
35	2.20	1.82	1.55
36	2.30	1.90	1.62
37	2.40	1.99	1.70
38	2.51	2.09	1.77
39	2.64	2.19	1.87
40	2.76	2.29	1.94
41	2.91	2.42	2.05
42	3.06	2.54	2.15
43	3.22	2.67	2.28
44	3.38	2.80	2.39
45	3.56	2.96	2.51
46	3.85	3.19	2.72
47	4.12	3.41	2.90
48	4.39	3.65	3.10
49	4.68	3.88	3.30
50	4.93	4.09	3.48
51	5.31	4.40	3.74
52	5.69	4.73	4.02
53	5.86	4.87	4.13
54	6.37	5.28	4.49
55	6.96	5.78	4.91

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.02	12.47	10.60
19	15.02	12.47	10.60
20	15.02	12.47	10.60
21	15.02	12.47	10.60
22	15.02	12.47	10.60
23	15.02	12.47	10.60
24	15.02	12.47	10.60
25	15.02	12.47	10.60
26	15.76	13.08	11.12
27	16.49	13.69	11.64
28	17.22	14.29	12.15
29	17.96	14.91	12.67
30	18.70	15.52	13.19
31	19.69	16.34	13.89
32	20.70	17.18	14.60
33	21.68	17.99	15.29
34	22.68	18.82	16.00
35	23.69	19.66	16.71
36	25.04	20.78	17.66
37	26.39	21.90	18.62
38	27.76	23.04	19.58
39	29.12	24.17	20.54
40	30.48	25.30	21.51
41	31.92	26.49	22.52
42	33.36	27.69	23.54
43	34.82	28.90	24.57
44	36.27	30.10	25.59
45	37.72	31.31	26.61
46	39.81	33.04	28.08
47	41.89	34.77	29.55
48	43.97	36.50	31.03
49	46.06	38.23	32.50
50	48.14	39.96	33.97
51	50.36	41.80	35.53
52	52.62	43.67	37.12
53	54.92	45.58	38.74
54	57.24	47.51	40.38
55	59.62	49.48	42.06
56	60.51	50.22	42.69
57	61.73	51.24	43.55
58	63.27	52.51	44.63
59	65.17	54.09	45.98
60	66.83	55.47	47.15

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.01	0.84	0.71
19	1.01	0.84	0.71
20	1.01	0.84	0.71
21	1.01	0.84	0.71
22	1.01	0.84	0.71
23	1.01	0.84	0.71
24	1.01	0.84	0.71
25	1.01	0.84	0.71
26	1.07	0.89	0.76
27	1.15	0.95	0.81
28	1.22	1.01	0.86
29	1.29	1.07	0.91
30	1.36	1.13	0.96
31	1.47	1.22	1.04
32	1.55	1.29	1.10
33	1.66	1.38	1.17
34	1.76	1.46	1.24
35	1.86	1.54	1.31
36	2.00	1.66	1.41
37	2.14	1.78	1.51
38	2.28	1.89	1.61
39	2.42	2.01	1.71
40	2.58	2.14	1.82
41	2.73	2.27	1.93
42	2.89	2.40	2.04
43	3.06	2.54	2.16
44	3.22	2.67	2.27
45	3.40	2.82	2.40
46	3.58	2.97	2.52
47	3.77	3.13	2.66
48	3.96	3.29	2.80
49	4.15	3.44	2.92
50	4.34	3.60	3.06
51	4.54	3.77	3.20
52	4.74	3.93	3.34
53	4.94	4.10	3.49
54	5.16	4.28	3.64
55	5.37	4.46	3.79
56	5.45	4.52	3.84
57	5.56	4.61	3.92
58	5.70	4.73	4.02
59	5.87	4.87	4.14
60	6.02	5.00	4.25

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.34	0.28	0.24
19	0.34	0.28	0.24
20	0.34	0.28	0.24
21	0.34	0.28	0.24
22	0.34	0.28	0.24
23	0.34	0.28	0.24
24	0.34	0.28	0.24
25	0.34	0.28	0.24
26	0.36	0.30	0.26
27	0.38	0.32	0.27
28	0.41	0.34	0.29
29	0.43	0.36	0.31
30	0.45	0.37	0.31
31	0.49	0.41	0.35
32	0.52	0.43	0.37
33	0.56	0.46	0.39
34	0.58	0.48	0.41
35	0.62	0.51	0.43
36	0.66	0.55	0.47
37	0.71	0.59	0.50
38	0.76	0.63	0.54
39	0.81	0.67	0.57
40	0.86	0.71	0.60
41	0.92	0.76	0.65
42	0.96	0.80	0.68
43	1.02	0.85	0.72
44	1.07	0.89	0.76
45	1.13	0.94	0.80
46	1.19	0.99	0.84
47	1.26	1.05	0.89
48	1.32	1.10	0.94
49	1.39	1.15	0.98
50	1.45	1.20	1.02
51	1.52	1.26	1.07
52	1.58	1.31	1.11
53	1.65	1.37	1.16
54	1.72	1.43	1.22
55	1.79	1.49	1.27
56	1.82	1.51	1.28
57	1.85	1.54	1.31
58	1.90	1.58	1.34
59	1.96	1.63	1.39
60	2.01	1.67	1.42

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.02	2.28
19	3.02	2.28
20	3.02	2.28
21	3.02	2.28
22	3.02	2.28
23	3.02	2.28
24	3.02	2.28
25	3.02	2.28
26	3.28	2.40
27	3.56	2.51
28	3.82	2.62
29	4.06	2.71
30	4.27	2.80
31	4.52	2.92
32	4.75	3.04
33	4.95	3.14
34	5.15	3.23
35	5.33	3.31
36	5.57	3.43
37	5.79	3.54
38	6.01	3.64
39	6.24	3.72
40	6.44	3.79
41	6.63	3.85
42	6.80	3.89
43	6.93	3.93
44	7.07	3.94
45	7.18	3.94
46	7.40	3.98
47	7.59	4.00
48	7.73	3.99
49	7.85	3.96
50	7.92	3.90
51	7.96	3.83
52	7.96	3.73
53	7.92	3.60
54	7.80	3.45
55	7.62	3.26
56	7.20	2.98
57	6.75	2.89
58	6.28	2.81
59	5.76	2.75
60	5.14	2.68

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.36	6.11	5.19
19	7.36	6.11	5.19
20	7.36	6.11	5.19
21	7.36	6.11	5.19
22	7.36	6.11	5.19
23	7.36	6.11	5.19
24	7.36	6.11	5.19
25	7.36	6.11	5.19
26	7.83	6.50	5.53
27	8.36	6.94	5.90
28	8.85	7.35	6.25
29	9.32	7.74	6.58
30	9.77	8.11	6.89
31	10.35	8.59	7.30
32	10.94	9.08	7.72
33	11.51	9.55	8.12
34	12.11	10.05	8.54
35	12.75	10.58	8.99
36	13.59	11.28	9.59
37	14.47	12.01	10.21
38	15.40	12.78	10.86
39	16.43	13.64	11.59
40	17.48	14.51	12.33
41	18.59	15.43	13.12
42	19.71	16.36	13.91
43	20.85	17.31	14.71
44	22.06	18.31	15.56
45	23.35	19.38	16.47
46	25.08	20.82	17.70
47	26.87	22.30	18.96
48	28.70	23.82	20.25
49	30.58	25.38	21.57
50	32.50	26.98	22.93
51	34.54	28.67	24.37
52	36.64	30.41	25.85
53	38.53	31.98	27.18
54	40.60	33.70	28.65
55	42.29	35.10	29.84
56	42.92	35.62	30.28
57	43.79	36.35	30.90
58	44.88	37.25	31.66
59	46.23	38.37	32.61
60	47.41	39.35	33.45

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.77	1.47	1.25
19	1.77	1.47	1.25
20	1.77	1.47	1.25
21	1.77	1.47	1.25
22	1.77	1.47	1.25
23	1.77	1.47	1.25
24	1.77	1.47	1.25
25	1.77	1.47	1.25
26	1.79	1.49	1.27
27	1.83	1.52	1.29
28	1.86	1.54	1.31
29	1.91	1.59	1.35
30	2.01	1.67	1.42
31	2.13	1.77	1.50
32	2.27	1.88	1.60
33	2.39	1.98	1.68
34	2.52	2.09	1.78
35	2.65	2.20	1.87
36	2.76	2.29	1.95
37	2.88	2.39	2.03
38	3.00	2.49	2.12
39	3.14	2.61	2.22
40	3.27	2.71	2.30
41	3.42	2.84	2.41
42	3.57	2.96	2.52
43	3.73	3.10	2.64
44	3.89	3.23	2.75
45	4.07	3.38	2.87
46	4.36	3.62	3.08
47	4.64	3.85	3.27
48	4.91	4.08	3.47
49	5.19	4.31	3.66
50	5.44	4.52	3.84
51	5.76	4.78	4.06
52	6.08	5.05	4.29
53	6.17	5.12	4.35
54	6.59	5.47	4.65
55	7.10	5.89	5.01
56	7.62	6.32	5.37
57	7.86	6.52	5.54
58	8.10	6.72	5.71
59	8.50	7.06	6.00
60	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	28.02	23.26	19.77
19	28.02	23.26	19.77
20	28.02	23.26	19.77
21	28.02	23.26	19.77
22	28.02	23.26	19.77
23	28.02	23.26	19.77
24	28.02	23.26	19.77
25	28.02	23.26	19.77
26	29.35	24.36	20.71
27	30.70	25.48	21.66
28	32.05	26.60	22.61
29	33.39	27.71	23.55
30	34.74	28.83	24.51
31	36.16	30.01	25.51
32	37.58	31.19	26.51
33	39.00	32.37	27.51
34	40.41	33.54	28.51
35	41.84	34.73	29.52
36	43.17	35.83	30.46
37	44.50	36.94	31.40
38	45.84	38.05	32.34
39	47.18	39.16	33.29
40	48.52	40.27	34.23
41	49.67	41.23	35.05
42	50.83	42.19	35.86
43	51.98	43.14	36.67
44	53.15	44.11	37.49
45	54.30	45.07	38.31
46	55.77	46.29	39.35
47	57.24	47.51	40.38
48	58.72	48.74	41.43
49	60.20	49.97	42.47
50	61.67	51.19	43.51
51	63.22	52.47	44.60
52	64.78	53.77	45.70
53	66.38	55.10	46.84
54	67.97	56.42	47.96
55	69.60	57.77	49.10
56	70.65	58.64	49.84
57	72.05	59.80	50.83
58	73.85	61.30	52.11
59	76.05	63.12	53.65
60	78.70	65.32	55.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.88	1.56	1.33
19	1.88	1.56	1.33
20	1.88	1.56	1.33
21	1.88	1.56	1.33
22	1.88	1.56	1.33
23	1.88	1.56	1.33
24	1.88	1.56	1.33
25	1.88	1.56	1.33
26	2.01	1.67	1.42
27	2.13	1.77	1.50
28	2.26	1.88	1.60
29	2.40	1.99	1.69
30	2.54	2.11	1.79
31	2.69	2.23	1.90
32	2.82	2.34	1.99
33	2.99	2.48	2.11
34	3.13	2.60	2.21
35	3.29	2.73	2.32
36	3.45	2.86	2.43
37	3.61	3.00	2.55
38	3.76	3.12	2.65
39	3.93	3.26	2.77
40	4.10	3.40	2.89
41	4.25	3.53	3.00
42	4.41	3.66	3.11
43	4.57	3.79	3.22
44	4.73	3.93	3.34
45	4.89	4.06	3.45
46	5.02	4.17	3.54
47	5.16	4.28	3.64
48	5.29	4.39	3.73
49	5.42	4.50	3.83
50	5.56	4.61	3.92
51	5.70	4.73	4.02
52	5.84	4.85	4.12
53	5.97	4.96	4.22
54	6.13	5.09	4.33
55	6.28	5.21	4.43
56	6.36	5.28	4.49
57	6.49	5.39	4.58
58	6.66	5.53	4.70
59	6.85	5.69	4.84
60	7.09	5.88	5.00

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.63	0.52	0.44
19	0.63	0.52	0.44
20	0.63	0.52	0.44
21	0.63	0.52	0.44
22	0.63	0.52	0.44
23	0.63	0.52	0.44
24	0.63	0.52	0.44
25	0.63	0.52	0.44
26	0.67	0.56	0.48
27	0.71	0.59	0.50
28	0.75	0.62	0.53
29	0.80	0.66	0.56
30	0.85	0.71	0.60
31	0.90	0.75	0.64
32	0.94	0.78	0.66
33	1.00	0.83	0.71
34	1.04	0.86	0.73
35	1.10	0.91	0.77
36	1.15	0.95	0.81
37	1.20	1.00	0.85
38	1.25	1.04	0.88
39	1.31	1.09	0.93
40	1.37	1.14	0.97
41	1.41	1.17	0.99
42	1.47	1.22	1.04
43	1.52	1.26	1.07
44	1.57	1.30	1.11
45	1.63	1.35	1.15
46	1.68	1.39	1.18
47	1.72	1.43	1.22
48	1.76	1.46	1.24
49	1.81	1.50	1.28
50	1.85	1.54	1.31
51	1.90	1.58	1.34
52	1.95	1.62	1.38
53	1.99	1.65	1.40
54	2.04	1.69	1.44
55	2.09	1.73	1.47
56	2.12	1.76	1.50
57	2.16	1.79	1.52
58	2.22	1.84	1.56
59	2.29	1.90	1.62
60	2.36	1.96	1.67

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	5.64	4.26
19	5.64	4.26
20	5.64	4.26
21	5.64	4.26
22	5.64	4.26
23	5.64	4.26
24	5.64	4.26
25	5.64	4.26
26	6.11	4.47
27	6.63	4.68
28	7.11	4.87
29	7.54	5.04
30	7.93	5.21
31	8.29	5.37
32	8.63	5.51
33	8.91	5.64
34	9.18	5.75
35	9.41	5.85
36	9.60	5.92
37	9.77	5.97
38	9.93	6.01
39	10.10	6.03
40	10.25	6.03
41	10.32	5.99
42	10.36	5.93
43	10.35	5.86
44	10.36	5.78
45	10.34	5.67
46	10.37	5.58
47	10.37	5.46
48	10.33	5.33
49	10.26	5.18
50	10.14	5.00
51	10.00	4.81
52	9.80	4.59
53	9.57	4.36
54	9.26	4.10
55	8.90	3.81
56	8.40	3.48
57	7.88	3.37
58	7.33	3.28
59	6.72	3.21
60	6.06	3.16

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	13.73	11.40	9.69
19	13.73	11.40	9.69
20	13.73	11.40	9.69
21	13.73	11.40	9.69
22	13.73	11.40	9.69
23	13.73	11.40	9.69
24	13.73	11.40	9.69
25	13.73	11.40	9.69
26	14.59	12.11	10.29
27	15.56	12.91	10.97
28	16.47	13.67	11.62
29	17.32	14.38	12.22
30	18.16	15.07	12.81
31	19.00	15.77	13.40
32	19.85	16.48	14.01
33	20.71	17.19	14.61
34	21.58	17.91	15.22
35	22.52	18.69	15.89
36	23.44	19.46	16.54
37	24.41	20.26	17.22
38	25.43	21.11	17.94
39	26.61	22.09	18.78
40	27.82	23.09	19.63
41	28.92	24.00	20.40
42	30.03	24.92	21.18
43	31.12	25.83	21.96
44	32.33	26.83	22.81
45	33.61	27.90	23.72
46	35.14	29.17	24.79
47	36.71	30.47	25.90
48	38.32	31.81	27.04
49	39.97	33.18	28.20
50	41.63	34.55	29.37
51	43.36	35.99	30.59
52	45.10	37.43	31.82
53	46.57	38.65	32.85
54	48.22	40.02	34.02
55	49.37	40.98	34.83
56	50.12	41.60	35.36
57	51.11	42.42	36.06
58	52.39	43.48	36.96
59	53.95	44.78	38.06
60	55.83	46.34	39.39

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.54	1.28	1.09
19	1.54	1.28	1.09
20	1.54	1.28	1.09
21	1.54	1.28	1.09
22	1.54	1.28	1.09
23	1.54	1.28	1.09
24	1.54	1.28	1.09
25	1.54	1.28	1.09
26	1.57	1.30	1.11
27	1.62	1.34	1.14
28	1.66	1.38	1.17
29	1.72	1.43	1.22
30	1.82	1.51	1.28
31	1.95	1.62	1.38
32	2.08	1.73	1.47
33	2.21	1.83	1.56
34	2.33	1.93	1.64
35	2.47	2.05	1.74
36	2.56	2.12	1.80
37	2.67	2.22	1.89
38	2.77	2.30	1.96
39	2.89	2.40	2.04
40	3.01	2.50	2.13
41	3.14	2.61	2.22
42	3.28	2.72	2.31
43	3.42	2.84	2.41
44	3.58	2.97	2.52
45	3.74	3.10	2.64
46	4.02	3.34	2.84
47	4.27	3.54	3.01
48	4.53	3.76	3.20
49	4.79	3.98	3.38
50	4.98	4.13	3.51
51	5.27	4.37	3.71
52	5.56	4.61	3.92
53	5.62	4.66	3.96
54	5.98	4.96	4.22
55	6.41	5.32	4.52
56	7.25	6.02	5.12
57	6.58	5.46	4.64
58	7.18	5.96	5.07
59	8.04	6.67	5.67
60	9.20	7.64	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	17.62	14.63	12.43
19	17.62	14.63	12.43
20	17.62	14.63	12.43
21	17.62	14.63	12.43
22	17.62	14.63	12.43
23	17.62	14.63	12.43
24	17.62	14.63	12.43
25	17.62	14.63	12.43
26	18.48	15.34	13.04
27	19.33	16.05	13.64
28	20.19	16.75	14.24
29	21.05	17.47	14.85
30	21.91	18.18	15.45
31	22.98	19.07	16.21
32	24.08	19.98	16.98
33	25.14	20.87	17.73
34	26.23	21.76	18.50
35	27.32	22.67	19.27
36	28.67	23.79	20.22
37	30.01	24.91	21.18
38	31.38	26.04	22.13
39	33.64	27.92	23.73
40	34.99	29.04	24.69
41	36.36	30.18	25.65
42	37.73	31.32	26.62
43	39.11	32.46	27.60
44	40.49	33.60	28.57
45	41.87	34.75	29.54
46	43.80	36.35	30.90
47	45.73	37.96	32.26
48	47.66	39.56	33.63
49	49.60	41.17	34.99
50	51.52	42.77	36.36
51	53.58	44.47	37.80
52	55.66	46.20	39.27
53	57.79	47.96	40.77
54	59.92	49.74	42.28
55	62.12	51.55	43.82
56	63.05	52.33	44.48
57	64.31	53.38	45.37
58	65.92	54.71	46.50
59	67.89	56.35	47.90
60	69.80	57.93	49.24

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.18	0.98	0.83
19	1.18	0.98	0.83
20	1.18	0.98	0.83
21	1.18	0.98	0.83
22	1.18	0.98	0.83
23	1.18	0.98	0.83
24	1.18	0.98	0.83
25	1.18	0.98	0.83
26	1.26	1.05	0.89
27	1.35	1.11	0.95
28	1.43	1.18	1.01
29	1.51	1.25	1.07
30	1.60	1.33	1.13
31	1.71	1.42	1.21
32	1.80	1.50	1.28
33	1.93	1.60	1.36
34	2.03	1.69	1.43
35	2.15	1.78	1.51
36	2.29	1.90	1.61
37	2.43	2.02	1.72
38	2.58	2.14	1.82
39	2.80	2.32	1.98
40	2.96	2.46	2.09
41	3.11	2.59	2.20
42	3.27	2.72	2.31
43	3.44	2.85	2.43
44	3.60	2.99	2.54
45	3.77	3.13	2.66
46	3.94	3.27	2.78
47	4.12	3.42	2.91
48	4.29	3.57	3.03
49	4.47	3.71	3.15
50	4.65	3.85	3.28
51	4.83	4.01	3.41
52	5.02	4.16	3.54
53	5.20	4.32	3.67
54	5.40	4.48	3.81
55	5.60	4.65	3.95
56	5.68	4.71	4.00
57	5.79	4.81	4.09
58	5.94	4.93	4.19
59	6.12	5.08	4.32
60	6.29	5.22	4.44

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.40	0.33	0.28
19	0.40	0.33	0.28
20	0.40	0.33	0.28
21	0.40	0.33	0.28
22	0.40	0.33	0.28
23	0.40	0.33	0.28
24	0.40	0.33	0.28
25	0.40	0.33	0.28
26	0.42	0.35	0.30
27	0.45	0.37	0.32
28	0.48	0.40	0.34
29	0.50	0.42	0.36
30	0.53	0.44	0.37
31	0.57	0.48	0.41
32	0.60	0.50	0.43
33	0.65	0.53	0.45
34	0.67	0.56	0.47
35	0.72	0.59	0.50
36	0.76	0.63	0.54
37	0.81	0.67	0.57
38	0.86	0.71	0.61
39	0.94	0.78	0.66
40	0.99	0.82	0.69
41	1.04	0.86	0.74
42	1.09	0.91	0.77
43	1.15	0.95	0.81
44	1.20	0.99	0.85
45	1.26	1.04	0.89
46	1.31	1.09	0.93
47	1.38	1.15	0.97
48	1.43	1.19	1.02
49	1.50	1.24	1.06
50	1.55	1.29	1.09
51	1.62	1.34	1.14
52	1.67	1.39	1.18
53	1.74	1.44	1.22
54	1.80	1.50	1.28
55	1.87	1.55	1.32
56	1.90	1.57	1.34
57	1.93	1.60	1.36
58	1.98	1.65	1.40
59	2.04	1.70	1.45
60	2.10	1.74	1.48

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.54	2.68
19	3.54	2.68
20	3.54	2.68
21	3.54	2.68
22	3.54	2.68
23	3.54	2.68
24	3.54	2.68
25	3.54	2.68
26	3.85	2.81
27	4.17	2.94
28	4.48	3.07
29	4.76	3.18
30	5.00	3.28
31	5.27	3.41
32	5.53	3.53
33	5.74	3.64
34	5.96	3.73
35	6.15	3.82
36	6.38	3.93
37	6.59	4.03
38	6.79	4.11
39	7.21	4.30
40	7.39	4.35
41	7.55	4.39
42	7.69	4.40
43	7.79	4.41
44	7.89	4.40
45	7.97	4.37
46	8.14	4.38
47	8.29	4.37
48	8.38	4.33
49	8.45	4.27
50	8.48	4.18
51	8.47	4.08
52	8.42	3.95
53	8.33	3.79
54	8.17	3.61
55	7.94	3.40
56	7.50	3.11
57	7.03	3.01
58	6.54	2.93
59	6.00	2.87
60	5.37	2.80

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.63	7.17	6.09
19	8.63	7.17	6.09
20	8.63	7.17	6.09
21	8.63	7.17	6.09
22	8.63	7.17	6.09
23	8.63	7.17	6.09
24	8.63	7.17	6.09
25	8.63	7.17	6.09
26	9.18	7.62	6.48
27	9.80	8.13	6.91
28	10.37	8.61	7.32
29	10.92	9.07	7.71
30	11.45	9.50	8.07
31	12.08	10.03	8.52
32	12.72	10.56	8.98
33	13.35	11.08	9.42
34	14.00	11.62	9.88
35	14.70	12.20	10.37
36	15.56	12.92	10.98
37	16.46	13.66	11.61
38	17.41	14.45	12.28
39	18.98	15.75	13.39
40	20.07	16.66	14.16
41	21.17	17.57	14.94
42	22.29	18.50	15.73
43	23.42	19.44	16.52
44	24.63	20.44	17.37
45	25.92	21.51	18.28
46	27.60	22.91	19.47
47	29.33	24.34	20.70
48	31.11	25.82	21.95
49	32.93	27.33	23.23
50	34.78	28.87	24.54
51	36.75	30.50	25.93
52	38.76	32.17	27.34
53	40.54	33.65	28.60
54	42.51	35.28	29.99
55	44.06	36.57	31.09
56	44.72	37.12	31.55
57	45.62	37.87	32.19
58	46.76	38.81	32.99
59	48.16	39.97	33.97
60	49.52	41.10	34.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.72	1.43	1.22
19	1.72	1.43	1.22
20	1.72	1.43	1.22
21	1.72	1.43	1.22
22	1.72	1.43	1.22
23	1.72	1.43	1.22
24	1.72	1.43	1.22
25	1.72	1.43	1.22
26	1.75	1.45	1.24
27	1.79	1.48	1.26
28	1.82	1.51	1.28
29	1.87	1.56	1.32
30	1.97	1.64	1.39
31	2.09	1.74	1.48
32	2.23	1.85	1.57
33	2.35	1.95	1.66
34	2.48	2.06	1.75
35	2.61	2.17	1.84
36	2.72	2.26	1.92
37	2.84	2.36	2.00
38	2.95	2.45	2.09
39	3.09	2.57	2.18
40	3.22	2.67	2.27
41	3.36	2.79	2.37
42	3.51	2.91	2.48
43	3.67	3.05	2.59
44	3.83	3.18	2.70
45	4.00	3.32	2.82
46	4.29	3.56	3.03
47	4.57	3.79	3.22
48	4.83	4.02	3.42
49	5.11	4.24	3.60
50	5.35	4.44	3.77
51	5.66	4.70	3.99
52	5.98	4.96	4.22
53	6.06	5.03	4.27
54	6.47	5.37	4.56
55	6.96	5.78	4.91
56	7.55	6.26	5.32
57	7.60	6.31	5.36
58	7.92	6.57	5.58
59	8.41	6.98	5.93
60	9.19	7.63	6.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.63	12.98	11.03
19	15.63	12.98	11.03
20	15.63	12.98	11.03
21	15.63	12.98	11.03
22	15.63	12.98	11.03
23	15.63	12.98	11.03
24	15.63	12.98	11.03
25	15.63	12.98	11.03
26	16.43	13.63	11.59
27	17.21	14.29	12.15
28	18.00	14.94	12.70
29	18.81	15.61	13.27
30	19.61	16.28	13.83
31	20.67	17.15	14.58
32	21.76	18.06	15.34
33	22.81	18.93	16.09
34	23.89	19.82	16.85
35	24.98	20.73	17.62
36	26.43	21.94	18.64
37	27.89	23.15	19.68
38	29.37	24.38	20.72
39	30.84	25.60	21.76
40	32.32	26.83	22.81
41	33.93	28.16	23.94
42	35.55	29.51	25.09
43	37.20	30.87	26.25
44	38.84	32.24	27.41
45	40.50	33.61	28.57
46	42.85	35.56	30.22
47	45.20	37.51	31.88
48	47.56	39.48	33.56
49	49.94	41.45	35.24
50	52.32	43.43	36.92
51	55.10	45.73	38.87
52	57.95	48.10	40.88
53	60.88	50.53	42.95
54	63.87	53.01	45.06
55	66.96	55.57	47.24
56	68.40	56.77	48.25
57	70.22	58.29	49.54
58	72.43	60.11	51.09
59	75.08	62.32	52.97
60	77.48	64.31	54.66

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.05	0.87	0.74
19	1.05	0.87	0.74
20	1.05	0.87	0.74
21	1.05	0.87	0.74
22	1.05	0.87	0.74
23	1.05	0.87	0.74
24	1.05	0.87	0.74
25	1.05	0.87	0.74
26	1.12	0.93	0.79
27	1.20	0.99	0.85
28	1.28	1.06	0.90
29	1.35	1.12	0.95
30	1.43	1.19	1.01
31	1.54	1.28	1.09
32	1.63	1.36	1.16
33	1.75	1.45	1.23
34	1.85	1.54	1.31
35	1.96	1.62	1.38
36	2.11	1.75	1.49
37	2.26	1.88	1.60
38	2.41	2.00	1.70
39	2.56	2.13	1.81
40	2.74	2.27	1.93
41	2.90	2.41	2.05
42	3.08	2.56	2.17
43	3.27	2.71	2.31
44	3.45	2.86	2.43
45	3.65	3.03	2.58
46	3.85	3.20	2.71
47	4.07	3.38	2.87
48	4.28	3.56	3.03
49	4.50	3.73	3.17
50	4.72	3.91	3.33
51	4.97	4.12	3.50
52	5.22	4.33	3.68
53	5.48	4.55	3.87
54	5.76	4.78	4.06
55	6.03	5.01	4.26
56	6.16	5.11	4.34
57	6.32	5.24	4.46
58	6.53	5.42	4.60
59	6.76	5.61	4.77
60	6.98	5.80	4.93

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.35	0.29	0.25
19	0.35	0.29	0.25
20	0.35	0.29	0.25
21	0.35	0.29	0.25
22	0.35	0.29	0.25
23	0.35	0.29	0.25
24	0.35	0.29	0.25
25	0.35	0.29	0.25
26	0.38	0.31	0.27
27	0.40	0.33	0.28
28	0.43	0.36	0.30
29	0.45	0.38	0.32
30	0.47	0.39	0.33
31	0.51	0.43	0.37
32	0.55	0.45	0.39
33	0.59	0.48	0.41
34	0.61	0.51	0.43
35	0.65	0.54	0.45
36	0.70	0.58	0.50
37	0.75	0.62	0.53
38	0.80	0.67	0.57
39	0.86	0.71	0.60
40	0.91	0.75	0.64
41	0.98	0.81	0.69
42	1.02	0.85	0.72
43	1.09	0.91	0.77
44	1.15	0.95	0.81
45	1.21	1.01	0.86
46	1.28	1.07	0.90
47	1.36	1.13	0.96
48	1.43	1.19	1.02
49	1.51	1.25	1.06
50	1.58	1.30	1.11
51	1.66	1.38	1.17
52	1.74	1.44	1.22
53	1.83	1.52	1.29
54	1.92	1.60	1.36
55	2.01	1.67	1.43
56	2.06	1.71	1.45
57	2.10	1.75	1.49
58	2.18	1.81	1.53
59	2.26	1.88	1.60
60	2.33	1.94	1.65

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.14	2.37
19	3.14	2.37
20	3.14	2.37
21	3.14	2.37
22	3.14	2.37
23	3.14	2.37
24	3.14	2.37
25	3.14	2.37
26	3.42	2.50
27	3.72	2.62
28	3.99	2.74
29	4.25	2.84
30	4.48	2.94
31	4.75	3.07
32	4.99	3.20
33	5.21	3.30
34	5.42	3.40
35	5.62	3.49
36	5.88	3.62
37	6.12	3.74
38	6.36	3.85
39	6.61	3.94
40	6.83	4.02
41	7.05	4.09
42	7.25	4.15
43	7.40	4.20
44	7.57	4.22
45	7.71	4.23
46	7.96	4.28
47	8.19	4.32
48	8.36	4.32
49	8.51	4.29
50	8.61	4.24
51	8.71	4.19
52	8.77	4.11
53	8.78	3.99
54	8.70	3.85
55	8.56	3.66
56	8.14	3.37
57	7.68	3.29
58	7.19	3.22
59	6.64	3.17
60	5.96	3.11

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.66	6.36	5.40
19	7.66	6.36	5.40
20	7.66	6.36	5.40
21	7.66	6.36	5.40
22	7.66	6.36	5.40
23	7.66	6.36	5.40
24	7.66	6.36	5.40
25	7.66	6.36	5.40
26	8.16	6.77	5.76
27	8.73	7.24	6.16
28	9.25	7.68	6.53
29	9.76	8.10	6.89
30	10.25	8.50	7.23
31	10.87	9.02	7.66
32	11.50	9.54	8.11
33	12.11	10.05	8.54
34	12.76	10.59	9.00
35	13.45	11.16	9.48
36	14.35	11.91	10.12
37	15.29	12.69	10.79
38	16.29	13.52	11.49
39	17.40	14.45	12.28
40	18.53	15.39	13.07
41	19.76	16.40	13.95
42	21.00	17.43	14.82
43	22.27	18.49	15.71
44	23.63	19.61	16.66
45	25.07	20.81	17.68
46	26.99	22.41	19.05
47	28.99	24.06	20.46
48	31.04	25.76	21.90
49	33.16	27.52	23.39
50	35.32	29.32	24.92
51	37.79	31.37	26.66
52	40.35	33.49	28.47
53	42.71	35.45	30.13
54	45.30	37.60	31.97
55	47.50	39.42	33.51
56	48.51	40.26	34.23
57	49.81	41.35	35.15
58	51.38	42.64	36.25
59	53.26	44.21	37.57
60	54.96	45.62	38.78

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.84	1.53	1.30
19	1.84	1.53	1.30
20	1.84	1.53	1.30
21	1.84	1.53	1.30
22	1.84	1.53	1.30
23	1.84	1.53	1.30
24	1.84	1.53	1.30
25	1.84	1.53	1.30
26	1.87	1.55	1.32
27	1.91	1.59	1.35
28	1.94	1.61	1.37
29	2.00	1.66	1.41
30	2.11	1.75	1.49
31	2.24	1.86	1.57
32	2.39	1.98	1.68
33	2.51	2.08	1.77
34	2.65	2.20	1.87
35	2.79	2.32	1.97
36	2.91	2.42	2.06
37	3.04	2.53	2.15
38	3.17	2.63	2.24
39	3.33	2.76	2.35
40	3.47	2.87	2.44
41	3.64	3.02	2.56
42	3.80	3.15	2.69
43	3.98	3.31	2.82
44	4.17	3.46	2.95
45	4.37	3.63	3.08
46	4.69	3.90	3.31
47	5.01	4.15	3.53
48	5.31	4.41	3.75
49	5.63	4.67	3.97
50	5.91	4.91	4.17
51	6.30	5.23	4.44
52	6.70	5.56	4.72
53	6.84	5.68	4.82
54	7.35	6.10	5.19
55	7.97	6.62	5.63
56	8.61	7.14	6.07
57	8.94	7.42	6.30
58	9.27	7.69	6.54
59	9.79	8.13	6.91
60	10.65	8.85	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	29.16	24.20	20.57
19	29.16	24.20	20.57
20	29.16	24.20	20.57
21	29.16	24.20	20.57
22	29.16	24.20	20.57
23	29.16	24.20	20.57
24	29.16	24.20	20.57
25	29.16	24.20	20.57
26	30.59	25.39	21.58
27	32.05	26.60	22.61
28	33.51	27.81	23.64
29	34.96	29.01	24.66
30	36.43	30.23	25.70
31	37.96	31.51	26.78
32	39.50	32.78	27.86
33	41.04	34.06	28.95
34	42.57	35.33	30.03
35	44.12	36.62	31.13
36	45.57	37.83	32.16
37	47.03	39.04	33.19
38	48.50	40.26	34.22
39	49.97	41.48	35.26
40	51.45	42.70	36.30
41	52.80	43.83	37.26
42	54.17	44.96	38.21
43	55.53	46.09	39.17
44	56.92	47.24	40.15
45	58.30	48.39	41.13
46	60.02	49.82	42.35
47	61.76	51.26	43.57
48	63.51	52.72	44.81
49	65.27	54.18	46.05
50	67.03	55.64	47.29
51	69.17	57.41	48.80
52	71.35	59.22	50.33
53	73.59	61.08	51.93
54	75.84	62.96	53.52
55	78.17	64.88	55.14
56	79.86	66.28	56.34
57	81.96	68.03	57.82
58	84.55	70.18	59.66
59	87.62	72.72	61.81
60	91.24	75.73	64.37

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.96	1.62	1.38
19	1.96	1.62	1.38
20	1.96	1.62	1.38
21	1.96	1.62	1.38
22	1.96	1.62	1.38
23	1.96	1.62	1.38
24	1.96	1.62	1.38
25	1.96	1.62	1.38
26	2.09	1.74	1.48
27	2.22	1.85	1.57
28	2.36	1.97	1.67
29	2.51	2.08	1.77
30	2.66	2.21	1.88
31	2.82	2.34	1.99
32	2.96	2.46	2.09
33	3.15	2.61	2.22
34	3.30	2.74	2.33
35	3.47	2.88	2.45
36	3.64	3.02	2.57
37	3.82	3.17	2.69
38	3.98	3.30	2.80
39	4.16	3.45	2.93
40	4.35	3.61	3.06
41	4.52	3.75	3.19
42	4.70	3.90	3.31
43	4.88	4.05	3.44
44	5.07	4.21	3.58
45	5.25	4.36	3.70
46	5.40	4.49	3.81
47	5.57	4.62	3.93
48	5.72	4.75	4.03
49	5.88	4.88	4.15
50	6.04	5.01	4.26
51	6.24	5.18	4.40
52	6.43	5.34	4.54
53	6.62	5.50	4.68
54	6.84	5.68	4.83
55	7.05	5.85	4.98
56	7.19	5.97	5.08
57	7.38	6.13	5.21
58	7.62	6.33	5.38
59	7.89	6.56	5.58
60	8.22	6.82	5.80

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.66	0.54	0.46
19	0.66	0.54	0.46
20	0.66	0.54	0.46
21	0.66	0.54	0.46
22	0.66	0.54	0.46
23	0.66	0.54	0.46
24	0.66	0.54	0.46
25	0.66	0.54	0.46
26	0.70	0.58	0.50
27	0.74	0.62	0.52
28	0.78	0.65	0.55
29	0.84	0.69	0.59
30	0.89	0.74	0.63
31	0.94	0.79	0.67
32	0.99	0.82	0.69
33	1.05	0.87	0.75
34	1.10	0.91	0.77
35	1.16	0.96	0.81
36	1.21	1.00	0.86
37	1.27	1.06	0.90
38	1.32	1.10	0.93
39	1.39	1.15	0.99
40	1.45	1.21	1.03
41	1.50	1.24	1.05
42	1.57	1.30	1.11
43	1.62	1.35	1.14
44	1.68	1.39	1.19
45	1.75	1.45	1.23
46	1.81	1.50	1.27
47	1.86	1.54	1.32
48	1.90	1.58	1.34
49	1.96	1.63	1.39
50	2.01	1.67	1.42
51	2.08	1.73	1.47
52	2.15	1.78	1.52
53	2.21	1.83	1.55
54	2.28	1.89	1.61
55	2.35	1.94	1.65
56	2.40	1.99	1.70
57	2.46	2.04	1.73
58	2.54	2.11	1.79
59	2.64	2.19	1.87
60	2.74	2.27	1.94

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	5.87	4.43
19	5.87	4.43
20	5.87	4.43
21	5.87	4.43
22	5.87	4.43
23	5.87	4.43
24	5.87	4.43
25	5.87	4.43
26	6.37	4.66
27	6.92	4.89
28	7.43	5.09
29	7.89	5.28
30	8.32	5.46
31	8.70	5.64
32	9.07	5.79
33	9.38	5.93
34	9.67	6.06
35	9.92	6.17
36	10.13	6.25
37	10.33	6.31
38	10.51	6.36
39	10.70	6.39
40	10.87	6.39
41	10.97	6.37
42	11.04	6.32
43	11.06	6.26
44	11.10	6.19
45	11.10	6.09
46	11.16	6.01
47	11.19	5.89
48	11.17	5.76
49	11.12	5.62
50	11.02	5.43
51	10.94	5.26
52	10.79	5.06
53	10.61	4.83
54	10.33	4.57
55	10.00	4.28
56	9.49	3.93
57	8.96	3.83
58	8.39	3.76
59	7.74	3.70
60	7.03	3.66

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.29	11.86	10.08
19	14.29	11.86	10.08
20	14.29	11.86	10.08
21	14.29	11.86	10.08
22	14.29	11.86	10.08
23	14.29	11.86	10.08
24	14.29	11.86	10.08
25	14.29	11.86	10.08
26	15.21	12.62	10.72
27	16.24	13.48	11.45
28	17.22	14.29	12.15
29	18.14	15.06	12.80
30	19.04	15.80	13.43
31	19.95	16.56	14.07
32	20.86	17.32	14.72
33	21.79	18.09	15.37
34	22.73	18.87	16.03
35	23.75	19.71	16.76
36	24.75	20.54	17.46
37	25.80	21.41	18.20
38	26.91	22.33	18.98
39	28.18	23.40	19.89
40	29.50	24.48	20.81
41	30.74	25.51	21.69
42	32.00	26.56	22.57
43	33.25	27.59	23.46
44	34.62	28.73	24.43
45	36.08	29.95	25.47
46	37.82	31.39	26.68
47	39.61	32.87	27.94
48	41.45	34.40	29.25
49	43.34	35.97	30.58
50	45.25	37.55	31.92
51	47.44	39.38	33.47
52	49.67	41.22	35.05
53	51.63	42.85	36.42
54	53.81	44.66	37.96
55	55.45	46.02	39.12
56	56.65	47.02	39.97
57	58.14	48.26	41.02
58	59.98	49.78	42.31
59	62.15	51.59	43.85
60	64.72	53.72	45.67

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.60	1.33	1.13
19	1.60	1.33	1.13
20	1.60	1.33	1.13
21	1.60	1.33	1.13
22	1.60	1.33	1.13
23	1.60	1.33	1.13
24	1.60	1.33	1.13
25	1.60	1.33	1.13
26	1.64	1.35	1.16
27	1.69	1.40	1.19
28	1.74	1.44	1.22
29	1.80	1.50	1.28
30	1.91	1.58	1.34
31	2.05	1.70	1.45
32	2.19	1.82	1.55
33	2.33	1.93	1.64
34	2.45	2.03	1.73
35	2.60	2.16	1.83
36	2.70	2.24	1.90
37	2.82	2.35	2.00
38	2.93	2.43	2.07
39	3.06	2.54	2.16
40	3.19	2.65	2.26
41	3.34	2.77	2.36
42	3.50	2.90	2.46
43	3.65	3.03	2.57
44	3.83	3.18	2.70
45	4.02	3.33	2.83
46	4.33	3.59	3.06
47	4.61	3.82	3.25
48	4.90	4.07	3.46
49	5.19	4.32	3.66
50	5.41	4.49	3.81
51	5.77	4.78	4.06
52	6.12	5.08	4.32
53	6.23	5.17	4.39
54	6.67	5.53	4.71
55	7.20	5.97	5.08
56	8.19	6.80	5.79
57	7.49	6.21	5.28
58	8.22	6.82	5.80
59	9.26	7.68	6.53
60	10.67	8.86	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	18.34	15.22	12.94
19	18.34	15.22	12.94
20	18.34	15.22	12.94
21	18.34	15.22	12.94
22	18.34	15.22	12.94
23	18.34	15.22	12.94
24	18.34	15.22	12.94
25	18.34	15.22	12.94
26	19.26	15.98	13.59
27	20.18	16.75	14.24
28	21.10	17.51	14.89
29	22.04	18.29	15.55
30	22.97	19.07	16.20
31	24.13	20.02	17.02
32	25.31	21.00	17.84
33	26.46	21.96	18.66
34	27.63	22.92	19.49
35	28.81	23.91	20.32
36	30.26	25.12	21.34
37	31.72	26.33	22.38
38	33.20	27.56	23.42
39	35.62	29.57	25.14
40	37.10	30.80	26.18
41	38.65	32.08	27.27
42	40.21	33.37	28.37
43	41.78	34.68	29.48
44	43.36	35.99	30.60
45	44.95	37.31	31.71
46	47.14	39.13	33.25
47	49.34	40.95	34.80
48	51.55	42.79	36.37
49	53.77	44.63	37.94
50	56.00	46.48	39.51
51	58.62	48.65	41.35
52	61.30	50.88	43.24
53	64.06	53.17	45.20
54	66.86	55.50	47.18
55	69.76	57.90	49.22
56	71.27	59.15	50.27
57	73.16	60.73	51.61
58	75.46	62.63	53.23
59	78.22	64.92	55.18
60	80.92	67.17	57.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.23	1.02	0.87
19	1.23	1.02	0.87
20	1.23	1.02	0.87
21	1.23	1.02	0.87
22	1.23	1.02	0.87
23	1.23	1.02	0.87
24	1.23	1.02	0.87
25	1.23	1.02	0.87
26	1.31	1.09	0.93
27	1.40	1.16	0.99
28	1.50	1.24	1.05
29	1.58	1.31	1.11
30	1.68	1.39	1.18
31	1.80	1.49	1.27
32	1.90	1.58	1.35
33	2.03	1.68	1.43
34	2.14	1.78	1.51
35	2.26	1.87	1.59
36	2.42	2.00	1.71
37	2.57	2.14	1.82
38	2.72	2.26	1.92
39	2.96	2.46	2.09
40	3.14	2.61	2.21
41	3.31	2.75	2.34
42	3.49	2.90	2.46
43	3.67	3.05	2.59
44	3.86	3.20	2.72
45	4.05	3.36	2.86
46	4.24	3.52	2.99
47	4.45	3.69	3.14
48	4.64	3.86	3.28
49	4.85	4.02	3.42
50	5.05	4.19	3.56
51	5.29	4.39	3.73
52	5.52	4.58	3.90
53	5.77	4.79	4.07
54	6.03	5.01	4.25
55	6.29	5.22	4.44
56	6.42	5.33	4.53
57	6.59	5.46	4.65
58	6.80	5.65	4.80
59	7.04	5.85	4.97
60	7.29	6.06	5.15

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.41	0.34	0.29
19	0.41	0.34	0.29
20	0.41	0.34	0.29
21	0.41	0.34	0.29
22	0.41	0.34	0.29
23	0.41	0.34	0.29
24	0.41	0.34	0.29
25	0.41	0.34	0.29
26	0.44	0.36	0.32
27	0.47	0.39	0.33
28	0.50	0.42	0.35
29	0.53	0.44	0.37
30	0.55	0.46	0.39
31	0.60	0.50	0.43
32	0.64	0.52	0.45
33	0.68	0.56	0.48
34	0.71	0.59	0.50
35	0.75	0.62	0.52
36	0.80	0.66	0.57
37	0.85	0.71	0.60
38	0.90	0.76	0.64
39	0.99	0.82	0.70
40	1.05	0.87	0.74
41	1.11	0.92	0.78
42	1.16	0.96	0.82
43	1.22	1.02	0.86
44	1.28	1.06	0.91
45	1.35	1.12	0.95
46	1.41	1.18	0.99
47	1.49	1.23	1.05
48	1.55	1.29	1.10
49	1.62	1.35	1.14
50	1.69	1.39	1.19
51	1.77	1.47	1.25
52	1.84	1.53	1.30
53	1.93	1.60	1.36
54	2.01	1.67	1.42
55	2.10	1.74	1.49
56	2.15	1.78	1.51
57	2.19	1.82	1.55
58	2.27	1.89	1.60
59	2.36	1.96	1.67
60	2.43	2.02	1.72

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.69	2.78
19	3.69	2.78
20	3.69	2.78
21	3.69	2.78
22	3.69	2.78
23	3.69	2.78
24	3.69	2.78
25	3.69	2.78
26	4.01	2.93
27	4.36	3.07
28	4.68	3.21
29	4.98	3.33
30	5.25	3.44
31	5.54	3.58
32	5.81	3.72
33	6.04	3.83
34	6.27	3.93
35	6.48	4.03
36	6.73	4.15
37	6.96	4.25
38	7.19	4.35
39	7.63	4.55
40	7.84	4.61
41	8.03	4.66
42	8.20	4.69
43	8.32	4.72
44	8.45	4.71
45	8.56	4.70
46	8.76	4.71
47	8.94	4.71
48	9.06	4.68
49	9.16	4.62
50	9.21	4.54
51	9.27	4.46
52	9.28	4.35
53	9.24	4.20
54	9.11	4.03
55	8.92	3.82
56	8.48	3.51
57	8.00	3.43
58	7.49	3.36
59	6.92	3.30
60	6.23	3.25

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.99	7.46	6.34
19	8.99	7.46	6.34
20	8.99	7.46	6.34
21	8.99	7.46	6.34
22	8.99	7.46	6.34
23	8.99	7.46	6.34
24	8.99	7.46	6.34
25	8.99	7.46	6.34
26	9.57	7.94	6.75
27	10.23	8.49	7.22
28	10.84	9.00	7.65
29	11.44	9.49	8.07
30	12.01	9.96	8.47
31	12.69	10.53	8.94
32	13.37	11.10	9.43
33	14.05	11.66	9.91
34	14.75	12.25	10.41
35	15.51	12.87	10.94
36	16.43	13.64	11.59
37	17.39	14.43	12.27
38	18.41	15.28	12.99
39	20.10	16.69	14.18
40	21.27	17.66	15.01
41	22.51	18.68	15.89
42	23.75	19.71	16.76
43	25.02	20.77	17.65
44	26.38	21.89	18.60
45	27.82	23.10	19.63
46	29.70	24.66	20.96
47	31.65	26.26	22.33
48	33.64	27.92	23.74
49	35.71	29.63	25.19
50	37.80	31.38	26.67
51	40.20	33.37	28.36
52	42.68	35.42	30.12
53	44.94	37.30	31.70
54	47.43	39.37	33.47
55	49.49	41.07	34.91
56	50.55	41.95	35.67
57	51.89	43.08	36.62
58	53.53	44.43	37.77
59	55.48	46.06	39.14
60	57.40	47.65	40.50

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.79	1.49	1.27
19	1.79	1.49	1.27
20	1.79	1.49	1.27
21	1.79	1.49	1.27
22	1.79	1.49	1.27
23	1.79	1.49	1.27
24	1.79	1.49	1.27
25	1.79	1.49	1.27
26	1.82	1.51	1.29
27	1.87	1.55	1.32
28	1.90	1.58	1.34
29	1.96	1.63	1.38
30	2.07	1.72	1.46
31	2.20	1.83	1.55
32	2.35	1.95	1.65
33	2.47	2.05	1.74
34	2.61	2.17	1.84
35	2.75	2.29	1.94
36	2.87	2.38	2.03
37	3.00	2.49	2.12
38	3.12	2.59	2.21
39	3.28	2.72	2.31
40	3.41	2.83	2.40
41	3.58	2.97	2.52
42	3.74	3.10	2.64
43	3.91	3.25	2.77
44	4.10	3.40	2.90
45	4.30	3.57	3.03
46	4.62	3.84	3.26
47	4.93	4.08	3.47
48	5.23	4.34	3.69
49	5.54	4.60	3.91
50	5.81	4.83	4.10
51	6.19	5.14	4.36
52	6.58	5.46	4.64
53	6.72	5.58	4.73
54	7.21	5.99	5.09
55	7.82	6.49	5.52
56	8.53	7.07	6.01
57	8.65	7.18	6.10
58	9.06	7.52	6.39
59	9.68	8.04	6.83
60	10.65	8.85	7.52

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	16.46	13.67	11.62
19	16.46	13.67	11.62
20	16.46	13.67	11.62
21	16.46	13.67	11.62
22	16.46	13.67	11.62
23	16.46	13.67	11.62
24	16.46	13.67	11.62
25	16.46	13.67	11.62
26	17.33	14.39	12.23
27	18.20	15.11	12.85
28	19.07	15.83	13.46
29	19.96	16.57	14.08
30	20.85	17.30	14.71
31	22.01	18.26	15.53
32	23.19	19.25	16.36
33	24.35	20.21	17.18
34	25.54	21.19	18.02
35	26.74	22.19	18.86
36	28.33	23.51	19.98
37	29.93	24.84	21.12
38	31.57	26.20	22.26
39	33.19	27.55	23.41
40	34.83	28.91	24.58
41	37.64	31.24	26.56
42	40.57	33.67	28.62
43	43.62	36.20	30.78
44	46.77	38.81	33.00
45	50.02	41.52	35.29
46	54.25	45.03	38.27
47	58.62	48.66	41.35
48	63.15	52.42	44.56
49	67.84	56.31	47.87
50	72.67	60.32	51.28
51	78.53	65.19	55.41
52	84.69	70.28	59.74
53	91.13	75.63	64.28
54	97.83	81.20	69.02
55	104.88	87.04	73.99

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.11	0.92	0.78
19	1.11	0.92	0.78
20	1.11	0.92	0.78
21	1.11	0.92	0.78
22	1.11	0.92	0.78
23	1.11	0.92	0.78
24	1.11	0.92	0.78
25	1.11	0.92	0.78
26	1.18	0.98	0.84
27	1.27	1.05	0.89
28	1.35	1.12	0.95
29	1.43	1.19	1.01
30	1.52	1.26	1.07
31	1.64	1.36	1.16
32	1.74	1.45	1.23
33	1.86	1.55	1.31
34	1.98	1.64	1.40
35	2.10	1.74	1.48
36	2.26	1.88	1.60
37	2.43	2.02	1.71
38	2.59	2.15	1.83
39	2.76	2.29	1.95
40	2.95	2.45	2.08
41	3.22	2.68	2.28
42	3.51	2.92	2.48
43	3.83	3.18	2.71
44	4.15	3.44	2.93
45	4.51	3.74	3.18
46	4.88	4.05	3.43
47	5.28	4.38	3.72
48	5.69	4.72	4.02
49	6.11	5.07	4.30
50	6.55	5.43	4.62
51	7.08	5.88	4.99
52	7.63	6.32	5.38
53	8.20	6.80	5.79
54	8.82	7.32	6.22
55	9.45	7.85	6.67

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.37	0.31	0.26
19	0.37	0.31	0.26
20	0.37	0.31	0.26
21	0.37	0.31	0.26
22	0.37	0.31	0.26
23	0.37	0.31	0.26
24	0.37	0.31	0.26
25	0.37	0.31	0.26
26	0.40	0.33	0.29
27	0.42	0.35	0.30
28	0.45	0.38	0.32
29	0.48	0.40	0.34
30	0.50	0.41	0.35
31	0.55	0.46	0.39
32	0.58	0.48	0.41
33	0.63	0.52	0.44
34	0.65	0.54	0.46
35	0.70	0.58	0.49
36	0.75	0.62	0.53
37	0.81	0.67	0.57
38	0.86	0.72	0.61
39	0.92	0.76	0.65
40	0.98	0.81	0.69
41	1.08	0.90	0.77
42	1.17	0.97	0.83
43	1.28	1.06	0.90
44	1.38	1.15	0.98
45	1.50	1.25	1.06
46	1.62	1.35	1.14
47	1.76	1.47	1.25
48	1.90	1.58	1.35
49	2.05	1.69	1.44
50	2.19	1.81	1.54
51	2.37	1.96	1.67
52	2.54	2.11	1.79
53	2.74	2.27	1.92
54	2.94	2.44	2.09
55	3.15	2.62	2.23

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.31	2.50
19	3.31	2.50
20	3.31	2.50
21	3.31	2.50
22	3.31	2.50
23	3.31	2.50
24	3.31	2.50
25	3.31	2.50
26	3.61	2.64
27	3.93	2.77
28	4.23	2.90
29	4.51	3.01
30	4.76	3.12
31	5.05	3.26
32	5.32	3.41
33	5.56	3.53
34	5.80	3.64
35	6.02	3.74
36	6.30	3.88
37	6.57	4.02
38	6.83	4.14
39	7.11	4.24
40	7.36	4.33
41	7.82	4.54
42	8.27	4.73
43	8.68	4.92
44	9.12	5.08
45	9.52	5.22
46	10.08	5.42
47	10.62	5.60
48	11.10	5.73
49	11.56	5.83
50	11.96	5.89
51	12.41	5.97
52	12.81	6.00
53	13.14	5.97
54	13.33	5.90
55	13.40	5.73

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.07	6.70	5.69
19	8.07	6.70	5.69
20	8.07	6.70	5.69
21	8.07	6.70	5.69
22	8.07	6.70	5.69
23	8.07	6.70	5.69
24	8.07	6.70	5.69
25	8.07	6.70	5.69
26	8.61	7.15	6.08
27	9.23	7.66	6.51
28	9.80	8.14	6.92
29	10.36	8.60	7.31
30	10.89	9.04	7.68
31	11.57	9.60	8.16
32	12.26	10.17	8.65
33	12.93	10.73	9.12
34	13.64	11.32	9.62
35	14.39	11.94	10.15
36	15.38	12.76	10.85
37	16.41	13.62	11.58
38	17.51	14.53	12.35
39	18.73	15.55	13.21
40	19.97	16.58	14.09
41	21.92	18.20	15.47
42	23.97	19.89	16.91
43	26.12	21.68	18.43
44	28.44	23.61	20.06
45	30.96	25.70	21.84
46	34.18	28.37	24.12
47	37.60	31.21	26.53
48	41.22	34.21	29.08
49	45.04	37.38	31.77
50	49.06	40.73	34.61
51	53.86	44.71	38.00
52	58.97	48.94	41.60
53	63.93	53.06	45.10
54	69.39	57.60	48.97
55	74.39	61.74	52.49

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.94	1.61	1.37
19	1.94	1.61	1.37
20	1.94	1.61	1.37
21	1.94	1.61	1.37
22	1.94	1.61	1.37
23	1.94	1.61	1.37
24	1.94	1.61	1.37
25	1.94	1.61	1.37
26	1.97	1.64	1.40
27	2.02	1.68	1.42
28	2.06	1.71	1.45
29	2.12	1.77	1.50
30	2.24	1.86	1.58
31	2.38	1.98	1.68
32	2.54	2.11	1.79
33	2.68	2.22	1.89
34	2.84	2.35	2.00
35	2.99	2.48	2.11
36	3.12	2.59	2.21
37	3.27	2.71	2.30
38	3.41	2.83	2.41
39	3.58	2.98	2.53
40	3.74	3.10	2.63
41	4.03	3.35	2.84
42	4.34	3.60	3.06
43	4.67	3.88	3.31
44	5.02	4.16	3.55
45	5.40	4.48	3.81
46	5.94	4.93	4.20
47	6.49	5.39	4.58
48	7.05	5.86	4.98
49	7.64	6.35	5.39
50	8.21	6.82	5.80
51	8.98	7.45	6.33
52	9.78	8.13	6.90
53	10.24	8.50	7.22
54	11.26	9.35	7.95
55	12.49	10.36	8.81

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	30.71	25.50	21.67
19	30.71	25.50	21.67
20	30.71	25.50	21.67
21	30.71	25.50	21.67
22	30.71	25.50	21.67
23	30.71	25.50	21.67
24	30.71	25.50	21.67
25	30.71	25.50	21.67
26	32.28	26.79	22.78
27	33.88	28.12	23.91
28	35.49	29.46	25.04
29	37.10	30.79	26.17
30	38.74	32.15	27.33
31	40.42	33.54	28.51
32	42.11	34.95	29.71
33	43.81	36.36	30.90
34	45.50	37.77	32.10
35	47.23	39.20	33.32
36	48.85	40.54	34.47
37	50.48	41.90	35.62
38	52.12	43.27	36.77
39	53.78	44.64	37.95
40	55.44	46.01	39.11
41	58.58	48.62	41.33
42	61.81	51.30	43.61
43	65.11	54.04	45.94
44	68.53	56.87	48.34
45	72.01	59.77	50.80
46	76.00	63.08	53.63
47	80.11	66.49	56.51
48	84.33	70.00	59.50
49	88.67	73.60	62.55
50	93.09	77.27	65.68
51	98.59	81.83	69.55
52	104.26	86.54	73.55
53	110.14	91.43	77.72
54	116.17	96.43	81.97
55	122.43	101.62	86.37

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.06	1.71	1.46
19	2.06	1.71	1.46
20	2.06	1.71	1.46
21	2.06	1.71	1.46
22	2.06	1.71	1.46
23	2.06	1.71	1.46
24	2.06	1.71	1.46
25	2.06	1.71	1.46
26	2.21	1.84	1.56
27	2.35	1.95	1.66
28	2.50	2.08	1.77
29	2.67	2.21	1.88
30	2.83	2.35	2.00
31	3.01	2.49	2.12
32	3.16	2.62	2.23
33	3.36	2.79	2.37
34	3.52	2.93	2.49
35	3.71	3.08	2.62
36	3.90	3.24	2.75
37	4.09	3.40	2.89
38	4.28	3.55	3.01
39	4.48	3.72	3.16
40	4.68	3.88	3.30
41	5.01	4.16	3.54
42	5.36	4.45	3.78
43	5.72	4.75	4.03
44	6.10	5.07	4.31
45	6.48	5.38	4.57
46	6.84	5.68	4.82
47	7.22	5.99	5.09
48	7.60	6.30	5.36
49	7.98	6.63	5.64
50	8.39	6.96	5.92
51	8.89	7.38	6.27
52	9.40	7.81	6.63
53	9.91	8.23	7.00
54	10.48	8.70	7.40
55	11.05	9.16	7.79

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.69	0.57	0.48
19	0.69	0.57	0.48
20	0.69	0.57	0.48
21	0.69	0.57	0.48
22	0.69	0.57	0.48
23	0.69	0.57	0.48
24	0.69	0.57	0.48
25	0.69	0.57	0.48
26	0.74	0.62	0.53
27	0.78	0.65	0.55
28	0.83	0.69	0.59
29	0.89	0.73	0.62
30	0.95	0.79	0.67
31	1.01	0.84	0.72
32	1.05	0.87	0.74
33	1.12	0.93	0.80
34	1.17	0.97	0.82
35	1.24	1.03	0.87
36	1.30	1.07	0.92
37	1.36	1.13	0.96
38	1.42	1.18	1.00
39	1.49	1.24	1.06
40	1.57	1.30	1.11
41	1.66	1.38	1.17
42	1.79	1.48	1.26
43	1.90	1.58	1.34
44	2.02	1.68	1.43
45	2.16	1.79	1.52
46	2.29	1.89	1.61
47	2.41	2.00	1.71
48	2.53	2.10	1.78
49	2.67	2.21	1.89
50	2.79	2.32	1.98
51	2.96	2.46	2.09
52	3.14	2.61	2.22
53	3.30	2.74	2.32
54	3.49	2.89	2.46
55	3.68	3.04	2.59

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	6.18	4.67
19	6.18	4.67
20	6.18	4.67
21	6.18	4.67
22	6.18	4.67
23	6.18	4.67
24	6.18	4.67
25	6.18	4.67
26	6.72	4.92
27	7.32	5.17
28	7.87	5.39
29	8.38	5.60
30	8.84	5.81
31	9.27	6.00
32	9.67	6.17
33	10.01	6.34
34	10.34	6.47
35	10.62	6.60
36	10.86	6.70
37	11.08	6.77
38	11.29	6.83
39	11.51	6.87
40	11.71	6.89
41	12.17	7.06
42	12.60	7.21
43	12.97	7.34
44	13.36	7.45
45	13.71	7.52
46	14.13	7.60
47	14.51	7.64
48	14.84	7.65
49	15.11	7.63
50	15.31	7.55
51	15.59	7.50
52	15.77	7.39
53	15.88	7.23
54	15.83	7.01
55	15.66	6.70

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.05	12.50	10.62
19	15.05	12.50	10.62
20	15.05	12.50	10.62
21	15.05	12.50	10.62
22	15.05	12.50	10.62
23	15.05	12.50	10.62
24	15.05	12.50	10.62
25	15.05	12.50	10.62
26	16.05	13.32	11.32
27	17.17	14.25	12.11
28	18.24	15.14	12.87
29	19.25	15.98	13.58
30	20.25	16.80	14.28
31	21.24	17.63	14.98
32	22.24	18.47	15.70
33	23.26	19.31	16.41
34	24.30	20.17	17.14
35	25.42	21.10	17.94
36	26.52	22.02	18.72
37	27.69	22.98	19.53
38	28.92	24.00	20.40
39	30.33	25.18	21.41
40	31.79	26.38	22.43
41	34.11	28.30	24.06
42	36.52	30.30	25.75
43	38.98	32.36	27.51
44	41.69	34.59	29.41
45	44.57	37.00	31.45
46	47.89	39.75	33.78
47	51.37	42.64	36.25
48	55.03	45.68	38.83
49	58.87	48.87	41.53
50	62.84	52.16	44.34
51	67.62	56.13	47.70
52	72.58	60.24	51.21
53	77.27	64.13	54.51
54	82.42	68.40	58.15
55	86.85	72.09	61.27

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.69	1.40	1.19
19	1.69	1.40	1.19
20	1.69	1.40	1.19
21	1.69	1.40	1.19
22	1.69	1.40	1.19
23	1.69	1.40	1.19
24	1.69	1.40	1.19
25	1.69	1.40	1.19
26	1.73	1.43	1.22
27	1.79	1.48	1.26
28	1.84	1.53	1.30
29	1.91	1.59	1.36
30	2.03	1.68	1.43
31	2.18	1.81	1.54
32	2.33	1.94	1.65
33	2.48	2.06	1.75
34	2.62	2.17	1.85
35	2.79	2.31	1.96
36	2.90	2.40	2.04
37	3.03	2.52	2.14
38	3.15	2.62	2.23
39	3.29	2.74	2.33
40	3.44	2.86	2.43
41	3.70	3.08	2.62
42	3.99	3.31	2.81
43	4.28	3.56	3.02
44	4.62	3.83	3.25
45	4.96	4.11	3.50
46	5.48	4.55	3.87
47	5.98	4.95	4.21
48	6.51	5.40	4.60
49	7.05	5.86	4.98
50	7.52	6.23	5.30
51	8.22	6.81	5.79
52	8.95	7.42	6.31
53	9.33	7.73	6.57
54	10.22	8.48	7.21
55	11.28	9.36	7.95

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Disability Income: Form U4502GR
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	19.31	16.04	13.63
19	19.31	16.04	13.63
20	19.31	16.04	13.63
21	19.31	16.04	13.63
22	19.31	16.04	13.63
23	19.31	16.04	13.63
24	19.31	16.04	13.63
25	19.31	16.04	13.63
26	20.32	16.87	14.34
27	21.34	17.71	15.06
28	22.35	18.56	15.78
29	23.39	19.41	16.50
30	24.43	20.27	17.23
31	25.69	21.32	18.13
32	26.97	22.39	19.03
33	28.24	23.44	19.92
34	29.53	24.51	20.84
35	30.84	25.59	21.75
36	32.43	26.92	22.88
37	34.04	28.25	24.02
38	35.68	29.61	25.16
39	38.34	31.82	27.05
40	39.98	33.19	28.21
41	42.88	35.59	30.25
42	45.88	38.08	32.37
43	48.99	40.66	34.57
44	52.21	43.33	36.84
45	55.52	46.08	39.17
46	59.69	49.54	42.11
47	63.99	53.12	45.14
48	68.45	56.82	48.30
49	73.05	60.63	51.54
50	77.78	64.56	54.88
51	83.55	69.35	58.95
52	89.58	74.35	63.19
53	95.88	79.58	67.64
54	102.42	85.01	72.26
55	109.27	90.69	77.09

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.30	1.08	0.92
19	1.30	1.08	0.92
20	1.30	1.08	0.92
21	1.30	1.08	0.92
22	1.30	1.08	0.92
23	1.30	1.08	0.92
24	1.30	1.08	0.92
25	1.30	1.08	0.92
26	1.39	1.15	0.98
27	1.49	1.23	1.04
28	1.58	1.31	1.11
29	1.68	1.39	1.18
30	1.78	1.48	1.26
31	1.91	1.59	1.35
32	2.02	1.68	1.43
33	2.16	1.80	1.52
34	2.29	1.90	1.62
35	2.42	2.01	1.71
36	2.59	2.15	1.83
37	2.76	2.30	1.95
38	2.93	2.43	2.07
39	3.19	2.65	2.25
40	3.38	2.81	2.39
41	3.67	3.05	2.60
42	3.97	3.30	2.81
43	4.30	3.57	3.04
44	4.64	3.85	3.28
45	5.00	4.15	3.53
46	5.37	4.46	3.78
47	5.77	4.78	4.06
48	6.17	5.12	4.36
49	6.58	5.46	4.64
50	7.01	5.81	4.95
51	7.53	6.26	5.31
52	8.07	6.69	5.69
53	8.63	7.16	6.09
54	9.24	7.67	6.52
55	9.85	8.18	6.95

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	0.43	0.36	0.30
19	0.43	0.36	0.30
20	0.43	0.36	0.30
21	0.43	0.36	0.30
22	0.43	0.36	0.30
23	0.43	0.36	0.30
24	0.43	0.36	0.30
25	0.43	0.36	0.30
26	0.47	0.39	0.34
27	0.49	0.41	0.35
28	0.53	0.44	0.37
29	0.56	0.47	0.40
30	0.59	0.49	0.41
31	0.64	0.54	0.46
32	0.67	0.56	0.48
33	0.73	0.60	0.51
34	0.75	0.63	0.53
35	0.81	0.67	0.57
36	0.86	0.71	0.61
37	0.92	0.76	0.65
38	0.97	0.81	0.69
39	1.06	0.88	0.75
40	1.13	0.93	0.80
41	1.23	1.02	0.87
42	1.33	1.10	0.94
43	1.44	1.19	1.01
44	1.54	1.28	1.09
45	1.67	1.39	1.18
46	1.79	1.49	1.26
47	1.92	1.60	1.37
48	2.06	1.71	1.46
49	2.21	1.82	1.55
50	2.34	1.94	1.65
51	2.52	2.09	1.78
52	2.69	2.24	1.90
53	2.88	2.39	2.02
54	3.08	2.55	2.18
55	3.28	2.73	2.32

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.88	2.93
19	3.88	2.93
20	3.88	2.93
21	3.88	2.93
22	3.88	2.93
23	3.88	2.93
24	3.88	2.93
25	3.88	2.93
26	4.23	3.10
27	4.61	3.25
28	4.96	3.40
29	5.28	3.53
30	5.58	3.66
31	5.89	3.81
32	6.19	3.96
33	6.45	4.09
34	6.71	4.21
35	6.94	4.31
36	7.21	4.44
37	7.47	4.57
38	7.72	4.68
39	8.21	4.90
40	8.45	4.97
41	8.91	5.17
42	9.35	5.35
43	9.75	5.53
44	10.18	5.67
45	10.57	5.80
46	11.09	5.97
47	11.59	6.11
48	12.04	6.21
49	12.45	6.28
50	12.80	6.31
51	13.21	6.35
52	13.55	6.35
53	13.83	6.29
54	13.96	6.18
55	13.97	5.97

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	9.47	7.86	6.68
19	9.47	7.86	6.68
20	9.47	7.86	6.68
21	9.47	7.86	6.68
22	9.47	7.86	6.68
23	9.47	7.86	6.68
24	9.47	7.86	6.68
25	9.47	7.86	6.68
26	10.10	8.38	7.13
27	10.82	8.98	7.63
28	11.49	9.54	8.11
29	12.14	10.08	8.56
30	12.76	10.59	9.00
31	13.50	11.21	9.52
32	14.26	11.83	10.06
33	15.00	12.45	10.58
34	15.77	13.09	11.12
35	16.60	13.77	11.71
36	17.61	14.61	12.42
37	18.67	15.49	13.17
38	19.79	16.42	13.96
39	21.63	17.96	15.26
40	22.93	19.03	16.18
41	24.97	20.73	17.62
42	27.11	22.49	19.12
43	29.34	24.35	20.70
44	31.75	26.36	22.40
45	34.36	28.53	24.24
46	37.61	31.22	26.54
47	41.04	34.07	28.96
48	44.67	37.08	31.52
49	48.50	40.25	34.21
50	52.51	43.59	37.04
51	57.30	47.57	40.43
52	62.37	51.77	44.00
53	67.27	55.83	47.45
54	72.65	60.30	51.27
55	77.51	64.33	54.69

UNION CENTRAL LIFE INS. CO.
Guaranteed Renewable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.89	1.57	1.33
19	1.89	1.57	1.33
20	1.89	1.57	1.33
21	1.89	1.57	1.33
22	1.89	1.57	1.33
23	1.89	1.57	1.33
24	1.89	1.57	1.33
25	1.89	1.57	1.33
26	1.92	1.60	1.36
27	1.97	1.64	1.39
28	2.02	1.67	1.42
29	2.08	1.73	1.47
30	2.20	1.82	1.55
31	2.34	1.95	1.65
32	2.50	2.08	1.76
33	2.64	2.19	1.86
34	2.80	2.31	1.97
35	2.95	2.45	2.08
36	3.08	2.55	2.18
37	3.22	2.67	2.27
38	3.36	2.79	2.37
39	3.52	2.93	2.49
40	3.68	3.05	2.59
41	3.96	3.30	2.80
42	4.27	3.54	3.01
43	4.59	3.82	3.25
44	4.94	4.09	3.49
45	5.31	4.41	3.75
46	5.85	4.85	4.13
47	6.39	5.30	4.51
48	6.94	5.77	4.90
49	7.52	6.25	5.31
50	8.07	6.70	5.70
51	8.83	7.32	6.22
52	9.61	7.99	6.78
53	10.06	8.35	7.09
54	11.05	9.18	7.80
55	12.25	10.16	8.64

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	53.68	43.73	30.16
62	57.71	47.01	32.42
63	62.03	50.53	34.85
64	66.69	54.33	37.47

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	11.82	9.62	6.64
62	12.69	10.34	7.13
63	13.65	11.12	7.67
64	14.68	11.96	8.25

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	7.88	6.42	4.43
62	8.46	6.89	4.75
63	9.1	7.4	5.11
64	9.79	7.97	5.5

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	63.12	51.42	35.46
62	67.86	55.28	38.12
63	72.94	59.42	40.98
64	78.42	63.88	44.06

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	13.89	11.31	7.8
62	14.93	12.16	8.39
63	16.06	13.07	9.02
64	17.25	14.05	9.69

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	9.26	7.54	5.2
62	9.95	8.11	5.59
63	10.69	8.71	6.01
64	11.5	9.37	6.46

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	55.57	45.27	31.22
62	59.74	48.66	33.56
63	64.21	52.31	36.08
64	69.04	56.24	38.79

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	12.23	9.96	6.87
62	13.14	10.7	7.38
63	14.13	11.51	7.94
64	15.19	12.38	8.54

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	8.16	6.64	4.58
62	8.76	7.13	4.92
63	9.42	7.66	5.29
64	10.13	8.25	5.69

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	11.09	9.03	6.23	5.17
19	11.09	9.03	6.23	5.17
20	11.09	9.03	6.23	5.17
21	11.09	9.03	6.23	5.17
22	11.09	9.03	6.23	5.17
23	11.09	9.03	6.23	5.17
24	11.09	9.03	6.23	5.17
25	11.09	9.03	6.23	5.17
26	11.41	9.29	6.41	5.32
27	11.71	9.54	6.58	5.46
28	12.03	9.80	6.76	5.61
29	12.34	10.05	6.93	5.75
30	12.96	10.56	7.28	6.04
31	13.62	11.09	7.65	6.35
32	14.31	11.66	8.04	6.67
33	15.01	12.22	8.43	7.00
34	15.72	12.80	8.83	7.33
35	16.47	13.41	9.25	7.68
36	17.21	14.02	9.67	8.03
37	18.00	14.66	10.11	8.39
38	18.78	15.30	10.55	8.76
39	19.60	15.96	11.01	9.14
40	20.42	16.63	11.47	9.52
41	21.38	17.41	12.01	9.97
42	22.36	18.21	12.56	10.42
43	23.35	19.02	13.12	10.89
44	24.39	19.87	13.70	11.37
45	25.44	20.72	14.29	11.86
46	27.13	22.10	15.24	12.65
47	28.69	23.37	16.12	13.38
48	30.17	24.58	16.95	14.07
49	31.52	25.68	17.71	14.70
50	32.75	26.68	18.40	15.27
51	35.05	28.55	19.69	16.34
52	37.27	30.36	20.94	17.38
53	38.09	31.03	21.40	17.76
54	40.58	33.06	22.80	18.92
55	43.20	35.19	24.27	20.14
56	45.50	37.06	25.56	21.21
57	47.86	38.99	26.89	22.32
58	50.30	40.98	28.26	23.46
59	53.86	43.88	30.26	25.12
60	58.74	47.85	33.00	27.39
61	63.15	51.45	35.48	29.45
62	67.89	55.30	38.14	31.66
63	72.98	59.45	41.00	34.03
64	78.46	63.92	44.08	36.59

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.78	1.45	1.00	0.83
19	1.78	1.45	1.00	0.83
20	1.78	1.45	1.00	0.83
21	1.78	1.45	1.00	0.83
22	1.78	1.45	1.00	0.83
23	1.78	1.45	1.00	0.83
24	1.78	1.45	1.00	0.83
25	1.78	1.45	1.00	0.83
26	1.85	1.51	1.04	0.86
27	1.94	1.58	1.09	0.90
28	2.03	1.65	1.14	0.95
29	2.12	1.73	1.19	0.99
30	2.26	1.84	1.27	1.05
31	2.42	1.97	1.36	1.13
32	2.60	2.12	1.46	1.21
33	2.76	2.25	1.55	1.29
34	2.94	2.39	1.65	1.37
35	3.13	2.55	1.76	1.46
36	3.33	2.71	1.87	1.55
37	3.52	2.87	1.98	1.64
38	3.74	3.05	2.10	1.74
39	3.95	3.22	2.22	1.84
40	4.18	3.41	2.35	1.95
41	4.45	3.63	2.50	2.08
42	4.72	3.84	2.65	2.20
43	5.00	4.07	2.81	2.33
44	5.29	4.31	2.97	2.47
45	5.59	4.55	3.14	2.61
46	5.96	4.86	3.35	2.78
47	6.32	5.15	3.55	2.95
48	6.64	5.41	3.73	3.10
49	6.94	5.66	3.90	3.24
50	7.21	5.87	4.05	3.36
51	7.71	6.28	4.33	3.59
52	8.21	6.68	4.61	3.83
53	8.38	6.83	4.71	3.91
54	8.94	7.28	5.02	4.17
55	9.51	7.74	5.34	4.43
56	10.00	8.15	5.62	4.66
57	10.54	8.58	5.92	4.91
58	11.07	9.02	6.22	5.16
59	11.85	9.66	6.66	5.53
60	12.92	10.53	7.26	6.03
61	13.90	11.32	7.81	6.48
62	14.93	12.17	8.39	6.96
63	16.06	13.08	9.02	7.49
64	17.27	14.07	9.70	8.05

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.19	0.97	0.67	0.56
19	1.19	0.97	0.67	0.56
20	1.19	0.97	0.67	0.56
21	1.19	0.97	0.67	0.56
22	1.19	0.97	0.67	0.56
23	1.19	0.97	0.67	0.56
24	1.19	0.97	0.67	0.56
25	1.19	0.97	0.67	0.56
26	1.23	1.00	0.69	0.57
27	1.30	1.06	0.73	0.61
28	1.35	1.10	0.76	0.63
29	1.41	1.15	0.79	0.66
30	1.51	1.23	0.85	0.71
31	1.62	1.32	0.91	0.76
32	1.73	1.41	0.97	0.81
33	1.83	1.49	1.03	0.85
34	1.96	1.60	1.10	0.91
35	2.08	1.70	1.17	0.97
36	2.23	1.81	1.25	1.04
37	2.35	1.91	1.32	1.10
38	2.49	2.03	1.40	1.16
39	2.63	2.15	1.48	1.23
40	2.79	2.28	1.57	1.30
41	2.97	2.42	1.67	1.39
42	3.15	2.57	1.77	1.47
43	3.33	2.71	1.87	1.55
44	3.52	2.87	1.98	1.64
45	3.72	3.03	2.09	1.73
46	3.97	3.23	2.23	1.85
47	4.22	3.44	2.37	1.97
48	4.43	3.61	2.49	2.07
49	4.63	3.77	2.60	2.16
50	4.81	3.92	2.70	2.24
51	5.14	4.19	2.89	2.40
52	5.46	4.45	3.07	2.55
53	5.59	4.55	3.14	2.61
54	5.96	4.86	3.35	2.78
55	6.34	5.16	3.56	2.95
56	6.68	5.44	3.75	3.11
57	7.03	5.73	3.95	3.28
58	7.39	6.02	4.15	3.44
59	7.90	6.44	4.44	3.69
60	8.62	7.02	4.84	4.02
61	9.27	7.55	5.21	4.32
62	9.95	8.11	5.59	4.64
63	10.70	8.71	6.01	4.99
64	11.52	9.38	6.47	5.37

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	5.71	4.65	3.21	2.66
19	5.71	4.65	3.21	2.66
20	5.71	4.65	3.21	2.66
21	5.71	4.65	3.21	2.66
22	5.71	4.65	3.21	2.66
23	5.71	4.65	3.21	2.66
24	5.71	4.65	3.21	2.66
25	5.71	4.65	3.21	2.66
26	5.96	4.86	3.35	2.78
27	6.25	5.09	3.51	2.91
28	6.51	5.31	3.66	3.04
29	6.73	5.48	3.78	3.14
30	7.12	5.80	4.00	3.32
31	7.53	6.13	4.23	3.51
32	7.96	6.48	4.47	3.71
33	8.38	6.83	4.71	3.91
34	8.83	7.19	4.96	4.12
35	9.33	7.60	5.24	4.35
36	9.84	8.02	5.53	4.59
37	10.40	8.47	5.84	4.85
38	10.96	8.93	6.16	5.11
39	11.64	9.48	6.54	5.43
40	12.32	10.03	6.92	5.74
41	13.10	10.67	7.36	6.11
42	13.90	11.32	7.81	6.48
43	14.72	11.99	8.27	6.86
44	15.61	12.72	8.77	7.28
45	16.57	13.50	9.31	7.73
46	18.00	14.66	10.11	8.39
47	19.37	15.78	10.88	9.03
48	20.72	16.88	11.64	9.66
49	22.04	17.95	12.38	10.28
50	23.26	18.95	13.07	10.85
51	25.31	20.62	14.22	11.80
52	27.32	22.26	15.35	12.74
53	28.12	22.91	15.80	13.11
54	30.31	24.69	17.03	14.13
55	32.25	26.27	18.12	15.04
56	33.98	27.68	19.09	15.84
57	35.74	29.12	20.08	16.67
58	37.56	30.60	21.10	17.51
59	40.23	32.77	22.60	18.76
60	43.86	35.73	24.64	20.45

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.82	1.48	1.02	0.85
19	1.82	1.48	1.02	0.85
20	1.82	1.48	1.02	0.85
21	1.82	1.48	1.02	0.85
22	1.82	1.48	1.02	0.85
23	1.82	1.48	1.02	0.85
24	1.82	1.48	1.02	0.85
25	1.82	1.48	1.02	0.85
26	1.82	1.48	1.02	0.85
27	1.85	1.51	1.04	0.86
28	1.89	1.54	1.06	0.88
29	1.94	1.58	1.09	0.90
30	2.03	1.65	1.14	0.95
31	2.15	1.75	1.21	1.00
32	2.28	1.86	1.28	1.06
33	2.40	1.96	1.35	1.12
34	2.53	2.06	1.42	1.18
35	2.69	2.19	1.51	1.25
36	2.78	2.26	1.56	1.29
37	2.90	2.36	1.63	1.35
38	3.01	2.45	1.69	1.40
39	3.15	2.57	1.77	1.47
40	3.29	2.68	1.85	1.54
41	3.47	2.83	1.95	1.62
42	3.63	2.96	2.04	1.69
43	3.81	3.10	2.14	1.78
44	4.01	3.26	2.25	1.87
45	4.20	3.42	2.36	1.96
46	4.52	3.68	2.54	2.11
47	4.84	3.94	2.72	2.26
48	5.14	4.19	2.89	2.40
49	5.46	4.45	3.07	2.55
50	5.75	4.68	3.23	2.68
51	6.25	5.09	3.51	2.91
52	6.80	5.54	3.82	3.17
53	7.07	5.76	3.97	3.30
54	7.71	6.28	4.33	3.59
55	8.49	6.92	4.77	3.96
56	9.33	7.60	5.24	4.35
57	9.83	8.00	5.52	4.58
58	10.32	8.41	5.80	4.81
59	11.07	9.02	6.22	5.16
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	19.92	16.23	11.19	9.29
19	19.92	16.23	11.19	9.29
20	19.92	16.23	11.19	9.29
21	19.92	16.23	11.19	9.29
22	19.92	16.23	11.19	9.29
23	19.92	16.23	11.19	9.29
24	19.92	16.23	11.19	9.29
25	19.92	16.23	11.19	9.29
26	20.70	16.86	11.63	9.65
27	21.48	17.50	12.07	10.02
28	22.32	18.18	12.54	10.41
29	23.44	19.10	13.17	10.93
30	24.58	20.02	13.81	11.46
31	25.60	20.85	14.38	11.94
32	26.61	21.68	14.95	12.41
33	27.61	22.49	15.51	12.87
34	28.60	23.30	16.07	13.34
35	29.60	24.11	16.63	13.80
36	30.22	24.62	16.98	14.09
37	30.83	25.11	17.32	14.38
38	31.43	25.61	17.66	14.66
39	32.04	26.10	18.00	14.94
40	32.65	26.59	18.34	15.22
41	33.73	27.48	18.95	15.73
42	34.82	28.36	19.56	16.23
43	35.90	29.25	20.17	16.74
44	37.01	30.15	20.79	17.26
45	38.11	31.04	21.41	17.77
46	39.14	31.89	21.99	18.25
47	40.19	32.74	22.58	18.74
48	41.24	33.60	23.17	19.23
49	42.31	34.47	23.77	19.73
50	43.38	35.34	24.37	20.23
51	45.80	37.31	25.73	21.36
52	48.29	39.34	27.13	22.52
53	50.85	41.43	28.57	23.71
54	53.45	43.54	30.03	24.92
55	56.11	45.70	31.52	26.16
56	58.38	47.56	32.80	27.22
57	61.13	49.79	34.34	28.50
58	63.94	52.08	35.92	29.81
59	66.48	54.16	37.35	31.00
60	69.08	56.27	38.81	32.21
61	74.26	60.49	41.72	34.63
62	79.83	65.03	44.85	37.23
63	85.81	69.90	48.21	40.01
64	92.26	75.15	51.83	43.02

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	3.19	2.60	1.79	1.49
19	3.19	2.60	1.79	1.49
20	3.19	2.60	1.79	1.49
21	3.19	2.60	1.79	1.49
22	3.19	2.60	1.79	1.49
23	3.19	2.60	1.79	1.49
24	3.19	2.60	1.79	1.49
25	3.19	2.60	1.79	1.49
26	3.38	2.76	1.90	1.58
27	3.56	2.90	2.00	1.66
28	3.77	3.07	2.12	1.76
29	4.04	3.29	2.27	1.88
30	4.31	3.51	2.42	2.01
31	4.56	3.71	2.56	2.12
32	4.82	3.93	2.71	2.25
33	5.07	4.13	2.85	2.37
34	5.36	4.36	3.01	2.50
35	5.62	4.58	3.16	2.62
36	5.84	4.76	3.28	2.72
37	6.03	4.92	3.39	2.81
38	6.25	5.09	3.51	2.91
39	6.48	5.28	3.64	3.02
40	6.69	5.45	3.76	3.12
41	7.01	5.71	3.94	3.27
42	7.35	5.99	4.13	3.43
43	7.69	6.26	4.32	3.59
44	8.03	6.54	4.51	3.74
45	8.38	6.83	4.71	3.91
46	8.62	7.02	4.84	4.02
47	8.85	7.21	4.97	4.13
48	9.08	7.40	5.10	4.23
49	9.31	7.58	5.23	4.34
50	9.54	7.77	5.36	4.45
51	10.07	8.21	5.66	4.70
52	10.63	8.66	5.97	4.96
53	11.20	9.12	6.29	5.22
54	11.77	9.58	6.61	5.49
55	12.34	10.05	6.93	5.75
56	12.85	10.47	7.22	5.99
57	13.44	10.95	7.55	6.27
58	14.06	11.46	7.90	6.56
59	14.63	11.92	8.22	6.82
60	15.20	12.38	8.54	7.09
61	16.34	13.31	9.18	7.62
62	17.57	14.31	9.87	8.19
63	18.89	15.38	10.61	8.81
64	20.29	16.53	11.40	9.46

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	2.12	1.73	1.19	0.99
19	2.12	1.73	1.19	0.99
20	2.12	1.73	1.19	0.99
21	2.12	1.73	1.19	0.99
22	2.12	1.73	1.19	0.99
23	2.12	1.73	1.19	0.99
24	2.12	1.73	1.19	0.99
25	2.12	1.73	1.19	0.99
26	2.26	1.84	1.27	1.05
27	2.37	1.93	1.33	1.10
28	2.51	2.04	1.41	1.17
29	2.69	2.19	1.51	1.25
30	2.87	2.33	1.61	1.34
31	3.04	2.48	1.71	1.42
32	3.22	2.62	1.81	1.50
33	3.38	2.76	1.90	1.58
34	3.58	2.91	2.01	1.67
35	3.76	3.06	2.11	1.75
36	3.90	3.18	2.19	1.82
37	4.02	3.28	2.26	1.88
38	4.17	3.39	2.34	1.94
39	4.33	3.52	2.43	2.02
40	4.47	3.64	2.51	2.08
41	4.68	3.81	2.63	2.18
42	4.90	3.99	2.75	2.28
43	5.13	4.18	2.88	2.39
44	5.36	4.36	3.01	2.50
45	5.59	4.55	3.14	2.61
46	5.75	4.68	3.23	2.68
47	5.89	4.80	3.31	2.75
48	6.05	4.93	3.40	2.82
49	6.21	5.06	3.49	2.90
50	6.35	5.18	3.57	2.96
51	6.71	5.47	3.77	3.13
52	7.08	5.77	3.98	3.30
53	7.46	6.08	4.19	3.48
54	7.85	6.39	4.41	3.66
55	8.22	6.70	4.62	3.83
56	8.56	6.97	4.81	3.99
57	8.95	7.29	5.03	4.17
58	9.38	7.64	5.27	4.37
59	9.75	7.95	5.48	4.55
60	10.13	8.25	5.69	4.72
61	10.89	8.87	6.12	5.08
62	11.71	9.54	6.58	5.46
63	12.58	10.25	7.07	5.87
64	13.53	11.02	7.60	6.31

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	10.27	8.37	5.77	4.79
19	10.27	8.37	5.77	4.79
20	10.27	8.37	5.77	4.79
21	10.27	8.37	5.77	4.79
22	10.27	8.37	5.77	4.79
23	10.27	8.37	5.77	4.79
24	10.27	8.37	5.77	4.79
25	10.27	8.37	5.77	4.79
26	10.84	8.83	6.09	5.05
27	11.46	9.34	6.44	5.35
28	12.09	9.85	6.79	5.64
29	12.80	10.43	7.19	5.97
30	13.53	11.02	7.60	6.31
31	14.15	11.53	7.95	6.60
32	14.79	12.05	8.31	6.90
33	15.43	12.57	8.67	7.20
34	16.07	13.09	9.03	7.49
35	16.77	13.66	9.42	7.82
36	17.27	14.07	9.70	8.05
37	17.80	14.50	10.00	8.30
38	18.35	14.95	10.31	8.56
39	19.03	15.50	10.69	8.87
40	19.70	16.05	11.07	9.19
41	20.68	16.85	11.62	9.64
42	21.64	17.63	12.16	10.09
43	22.62	18.43	12.71	10.55
44	23.69	19.30	13.31	11.05
45	24.83	20.23	13.95	11.58
46	25.95	21.14	14.58	12.10
47	27.13	22.10	15.24	12.65
48	28.34	23.08	15.92	13.21
49	29.57	24.08	16.61	13.79
50	30.83	25.11	17.32	14.38
51	33.07	26.94	18.58	15.42
52	35.39	28.83	19.88	16.50
53	37.56	30.60	21.10	17.51
54	39.91	32.51	22.42	18.61
55	41.90	34.13	23.54	19.54
56	43.59	35.51	24.49	20.33
57	45.64	37.18	25.64	21.28
58	47.74	38.89	26.82	22.26
59	49.64	40.44	27.89	23.15
60	51.58	42.02	28.98	24.05

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.57	1.28	0.88	0.73
19	1.57	1.28	0.88	0.73
20	1.57	1.28	0.88	0.73
21	1.57	1.28	0.88	0.73
22	1.57	1.28	0.88	0.73
23	1.57	1.28	0.88	0.73
24	1.57	1.28	0.88	0.73
25	1.57	1.28	0.88	0.73
26	1.58	1.29	0.89	0.74
27	1.62	1.32	0.91	0.76
28	1.67	1.36	0.94	0.78
29	1.73	1.41	0.97	0.81
30	1.82	1.48	1.02	0.85
31	1.94	1.58	1.09	0.90
32	2.06	1.68	1.16	0.96
33	2.19	1.78	1.23	1.02
34	2.31	1.89	1.30	1.08
35	2.47	2.02	1.39	1.15
36	2.55	2.07	1.43	1.19
37	2.65	2.16	1.49	1.24
38	2.74	2.23	1.54	1.28
39	2.87	2.33	1.61	1.34
40	2.99	2.44	1.68	1.39
41	3.15	2.57	1.77	1.47
42	3.29	2.68	1.85	1.54
43	3.45	2.81	1.94	1.61
44	3.63	2.96	2.04	1.69
45	3.83	3.12	2.15	1.78
46	4.11	3.35	2.31	1.92
47	4.41	3.60	2.48	2.06
48	4.68	3.81	2.63	2.18
49	4.98	4.06	2.80	2.32
50	5.20	4.23	2.92	2.42
51	5.64	4.60	3.17	2.63
52	6.14	5.00	3.45	2.86
53	6.35	5.18	3.57	2.96
54	6.91	5.63	3.88	3.22
55	7.58	6.18	4.26	3.54
56	8.78	7.15	4.93	4.09
57	8.13	6.63	4.57	3.79
58	9.06	7.38	5.09	4.22
59	10.36	8.44	5.82	4.83
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	12.86	10.47	7.22	5.99
19	12.86	10.47	7.22	5.99
20	12.86	10.47	7.22	5.99
21	12.86	10.47	7.22	5.99
22	12.86	10.47	7.22	5.99
23	12.86	10.47	7.22	5.99
24	12.86	10.47	7.22	5.99
25	12.86	10.47	7.22	5.99
26	13.27	10.80	7.45	6.19
27	13.66	11.13	7.68	6.37
28	14.09	11.48	7.92	6.57
29	14.56	11.86	8.18	6.79
30	15.28	12.45	8.59	7.12
31	16.02	13.04	9.00	7.47
32	16.77	13.66	9.42	7.82
33	17.53	14.27	9.85	8.17
34	18.30	14.90	10.28	8.53
35	19.10	15.55	10.73	8.90
36	19.81	16.14	11.13	9.24
37	20.57	16.75	11.55	9.59
38	21.31	17.36	11.97	9.94
39	22.09	17.99	12.41	10.30
40	22.87	18.62	12.84	10.66
41	23.85	19.42	13.40	11.12
42	24.85	20.24	13.96	11.58
43	25.86	21.07	14.53	12.06
44	26.91	21.93	15.12	12.55
45	27.97	22.78	15.71	13.04
46	29.53	24.06	16.59	13.77
47	30.99	25.24	17.41	14.45
48	32.38	26.38	18.19	15.10
49	33.68	27.44	18.92	15.71
50	34.88	28.41	19.59	16.26
51	37.20	30.30	20.90	17.34
52	39.47	32.16	22.18	18.41
53	40.64	33.11	22.83	18.95
54	43.15	35.16	24.25	20.12
55	45.78	37.29	25.72	21.34
56	48.08	39.16	27.01	22.41
57	50.51	41.15	28.38	23.56
58	53.03	43.20	29.79	24.73
59	56.38	45.94	31.68	26.30
60	60.81	49.53	34.16	28.35
61	65.37	53.26	36.73	30.49
62	70.28	57.25	39.48	32.77
63	75.55	61.54	42.44	35.23
64	81.22	66.17	45.63	37.88

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	2.06	1.68	1.16	0.96
19	2.06	1.68	1.16	0.96
20	2.06	1.68	1.16	0.96
21	2.06	1.68	1.16	0.96
22	2.06	1.68	1.16	0.96
23	2.06	1.68	1.16	0.96
24	2.06	1.68	1.16	0.96
25	2.06	1.68	1.16	0.96
26	2.16	1.76	1.21	1.00
27	2.26	1.84	1.27	1.05
28	2.38	1.93	1.34	1.11
29	2.50	2.04	1.41	1.17
30	2.67	2.17	1.50	1.24
31	2.85	2.32	1.60	1.33
32	3.04	2.48	1.71	1.42
33	3.22	2.63	1.81	1.51
34	3.42	2.78	1.92	1.60
35	3.63	2.96	2.04	1.69
36	3.83	3.12	2.15	1.78
37	4.02	3.28	2.26	1.87
38	4.24	3.46	2.38	1.97
39	4.46	3.63	2.50	2.08
40	4.68	3.82	2.63	2.18
41	4.96	4.05	2.79	2.32
42	5.25	4.27	2.95	2.45
43	5.54	4.51	3.11	2.58
44	5.84	4.76	3.28	2.72
45	6.15	5.01	3.45	2.87
46	6.49	5.29	3.65	3.03
47	6.83	5.56	3.83	3.19
48	7.13	5.81	4.00	3.33
49	7.41	6.04	4.17	3.46
50	7.68	6.25	4.31	3.58
51	8.18	6.67	4.60	3.81
52	8.69	7.08	4.88	4.06
53	8.94	7.29	5.03	4.17
54	9.51	7.74	5.34	4.43
55	10.08	8.20	5.66	4.69
56	10.57	8.61	5.94	4.93
57	11.12	9.05	6.25	5.18
58	11.67	9.51	6.56	5.44
59	12.41	10.11	6.97	5.79
60	13.38	10.90	7.52	6.24
61	14.39	11.72	8.08	6.71
62	15.46	12.60	8.69	7.21
63	16.63	13.54	9.34	7.75
64	17.87	14.56	10.04	8.33

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.38	1.12	0.77	0.65
19	1.38	1.12	0.77	0.65
20	1.38	1.12	0.77	0.65
21	1.38	1.12	0.77	0.65
22	1.38	1.12	0.77	0.65
23	1.38	1.12	0.77	0.65
24	1.38	1.12	0.77	0.65
25	1.38	1.12	0.77	0.65
26	1.44	1.17	0.81	0.67
27	1.51	1.23	0.85	0.71
28	1.58	1.29	0.89	0.74
29	1.67	1.36	0.93	0.78
30	1.78	1.45	1.00	0.84
31	1.90	1.55	1.07	0.89
32	2.03	1.65	1.14	0.95
33	2.14	1.74	1.20	1.00
34	2.28	1.86	1.28	1.06
35	2.42	1.97	1.36	1.13
36	2.56	2.08	1.44	1.20
37	2.68	2.18	1.51	1.26
38	2.83	2.30	1.59	1.32
39	2.97	2.42	1.67	1.39
40	3.13	2.55	1.76	1.46
41	3.31	2.70	1.86	1.55
42	3.50	2.85	1.97	1.63
43	3.69	3.00	2.07	1.72
44	3.89	3.17	2.19	1.81
45	4.09	3.33	2.30	1.91
46	4.33	3.52	2.43	2.02
47	4.55	3.71	2.56	2.13
48	4.75	3.87	2.67	2.22
49	4.95	4.03	2.78	2.31
50	5.12	4.17	2.87	2.38
51	5.45	4.45	3.07	2.55
52	5.78	4.71	3.25	2.70
53	5.96	4.86	3.35	2.78
54	6.34	5.17	3.56	2.96
55	6.72	5.47	3.77	3.13
56	7.06	5.75	3.96	3.29
57	7.41	6.04	4.17	3.46
58	7.79	6.34	4.37	3.63
59	8.27	6.74	4.65	3.86
60	8.92	7.27	5.01	4.16
61	9.59	7.81	5.39	4.47
62	10.30	8.40	5.79	4.80
63	11.08	9.02	6.22	5.17
64	11.92	9.71	6.70	5.56

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	6.62	5.39	3.72	3.09
19	6.62	5.39	3.72	3.09
20	6.62	5.39	3.72	3.09
21	6.62	5.39	3.72	3.09
22	6.62	5.39	3.72	3.09
23	6.62	5.39	3.72	3.09
24	6.62	5.39	3.72	3.09
25	6.62	5.39	3.72	3.09
26	6.94	5.65	3.90	3.23
27	7.29	5.94	4.10	3.40
28	7.63	6.22	4.29	3.56
29	7.94	6.47	4.46	3.71
30	8.40	6.84	4.72	3.92
31	8.85	7.21	4.97	4.13
32	9.33	7.59	5.24	4.35
33	9.79	7.98	5.50	4.57
34	10.28	8.37	5.77	4.79
35	10.82	8.81	6.08	5.04
36	11.33	9.23	6.36	5.28
37	11.88	9.68	6.67	5.54
38	12.44	10.13	6.99	5.80
39	13.12	10.68	7.37	6.12
40	13.80	11.23	7.75	6.43
41	14.62	11.91	8.21	6.82
42	15.45	12.58	8.68	7.20
43	16.30	13.28	9.16	7.60
44	17.23	14.04	9.68	8.03
45	18.22	14.85	10.24	8.50
46	19.59	15.96	11.00	9.13
47	20.92	17.04	11.75	9.75
48	22.24	18.12	12.50	10.37
49	23.55	19.18	13.23	10.98
50	24.77	20.18	13.92	11.56
51	26.86	21.88	15.09	12.52
52	28.93	23.57	16.26	13.49
53	30.01	24.45	16.86	13.99
54	32.23	26.25	18.11	15.03
55	34.18	27.84	19.20	15.94
56	35.90	29.25	20.17	16.74
57	37.72	30.73	21.19	17.59
58	39.60	32.26	22.24	18.46
59	42.11	34.30	23.66	19.64
60	45.40	36.99	25.51	21.17

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6A Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.77	1.44	0.99	0.83
19	1.77	1.44	0.99	0.83
20	1.77	1.44	0.99	0.83
21	1.77	1.44	0.99	0.83
22	1.77	1.44	0.99	0.83
23	1.77	1.44	0.99	0.83
24	1.77	1.44	0.99	0.83
25	1.77	1.44	0.99	0.83
26	1.77	1.44	0.99	0.83
27	1.80	1.47	1.01	0.84
28	1.85	1.50	1.04	0.86
29	1.90	1.55	1.07	0.88
30	1.99	1.62	1.12	0.93
31	2.11	1.72	1.19	0.98
32	2.24	1.82	1.26	1.04
33	2.36	1.92	1.33	1.10
34	2.49	2.03	1.40	1.16
35	2.65	2.16	1.49	1.23
36	2.73	2.22	1.53	1.27
37	2.85	2.32	1.60	1.33
38	2.96	2.41	1.66	1.38
39	3.09	2.52	1.74	1.44
40	3.23	2.63	1.82	1.51
41	3.41	2.78	1.91	1.59
42	3.56	2.90	2.00	1.66
43	3.74	3.04	2.10	1.75
44	3.93	3.20	2.21	1.83
45	4.13	3.36	2.32	1.92
46	4.44	3.61	2.49	2.07
47	4.75	3.87	2.67	2.22
48	5.05	4.11	2.84	2.36
49	5.36	4.37	3.02	2.50
50	5.64	4.59	3.17	2.63
51	6.13	4.99	3.44	2.85
52	6.67	5.43	3.75	3.11
53	6.93	5.64	3.89	3.23
54	7.55	6.15	4.24	3.52
55	8.31	6.77	4.67	3.88
56	9.22	7.51	5.18	4.30
57	9.49	7.73	5.33	4.42
58	10.07	8.20	5.66	4.69
59	10.93	8.90	6.14	5.09
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	15.84	12.91	8.90	7.39	6.28
19	15.84	12.91	8.90	7.39	6.28
20	15.84	12.91	8.90	7.39	6.28
21	15.84	12.91	8.90	7.39	6.28
22	15.84	12.91	8.90	7.39	6.28
23	15.84	12.91	8.90	7.39	6.28
24	15.84	12.91	8.90	7.39	6.28
25	15.84	12.91	8.90	7.39	6.28
26	16.29	13.27	9.15	7.59	6.45
27	16.73	13.63	9.40	7.80	6.63
28	17.18	13.99	9.65	8.01	6.81
29	17.62	14.36	9.90	8.22	6.99
30	18.51	15.08	10.40	8.63	7.34
31	19.46	15.85	10.93	9.07	7.71
32	20.43	16.65	11.48	9.53	8.10
33	21.43	17.46	12.04	9.99	8.49
34	22.46	18.30	12.62	10.47	8.90
35	23.51	19.15	13.21	10.96	9.32
36	24.60	20.04	13.82	11.47	9.75
37	25.70	20.94	14.44	11.99	10.19
38	26.82	21.85	15.07	12.51	10.63
39	28.00	22.81	15.73	13.06	11.10
40	29.17	23.77	16.39	13.60	11.56
41	30.54	24.88	17.16	14.24	12.10
42	31.93	26.01	17.94	14.89	12.66
43	33.36	27.17	18.74	15.55	13.22
44	34.83	28.38	19.57	16.24	13.80
45	36.33	29.59	20.41	16.94	14.40
46	38.75	31.57	21.77	18.07	15.36
47	40.99	33.39	23.03	19.11	16.24
48	43.09	35.10	24.21	20.09	17.08
49	45.03	36.69	25.30	21.00	17.85
50	46.80	38.12	26.29	21.82	18.55
51	50.07	40.79	28.13	23.35	19.85
52	53.24	43.37	29.91	24.83	21.11
53	54.41	44.33	30.57	25.37	21.56
54	57.97	47.23	32.57	27.03	22.98
55	61.71	50.27	34.67	28.78	24.46
56	64.99	52.94	36.51	30.30	25.76
57	68.39	55.71	38.42	31.89	27.11
58	71.86	58.54	40.37	33.51	28.48
59	76.95	62.68	43.23	35.88	30.50
60	83.91	68.35	47.14	39.13	33.26

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.53	2.06	1.42	1.18	1.00
19	2.53	2.06	1.42	1.18	1.00
20	2.53	2.06	1.42	1.18	1.00
21	2.53	2.06	1.42	1.18	1.00
22	2.53	2.06	1.42	1.18	1.00
23	2.53	2.06	1.42	1.18	1.00
24	2.53	2.06	1.42	1.18	1.00
25	2.53	2.06	1.42	1.18	1.00
26	2.65	2.16	1.49	1.24	1.05
27	2.78	2.26	1.56	1.29	1.10
28	2.90	2.36	1.63	1.35	1.15
29	3.03	2.47	1.70	1.41	1.20
30	3.24	2.64	1.82	1.51	1.28
31	3.47	2.83	1.95	1.62	1.38
32	3.70	3.02	2.08	1.73	1.47
33	3.95	3.22	2.22	1.84	1.56
34	4.20	3.42	2.36	1.96	1.67
35	4.47	3.64	2.51	2.08	1.77
36	4.75	3.87	2.67	2.22	1.89
37	5.04	4.10	2.83	2.35	2.00
38	5.34	4.35	3.00	2.49	2.12
39	5.66	4.61	3.18	2.64	2.24
40	5.98	4.87	3.36	2.79	2.37
41	6.35	5.18	3.57	2.96	2.52
42	6.75	5.50	3.79	3.15	2.68
43	7.14	5.81	4.01	3.33	2.83
44	7.57	6.16	4.25	3.53	3.00
45	7.99	6.51	4.49	3.73	3.17
46	8.53	6.95	4.79	3.98	3.38
47	9.02	7.35	5.07	4.21	3.58
48	9.49	7.73	5.33	4.42	3.76
49	9.91	8.08	5.57	4.62	3.93
50	10.29	8.38	5.78	4.80	4.08
51	11.02	8.98	6.19	5.14	4.37
52	11.71	9.54	6.58	5.46	4.64
53	11.98	9.76	6.73	5.59	4.75
54	12.76	10.40	7.17	5.95	5.06
55	13.58	11.06	7.63	6.33	5.38
56	14.29	11.64	8.03	6.66	5.66
57	15.04	12.25	8.45	7.01	5.96
58	15.81	12.88	8.88	7.37	6.26
59	16.93	13.79	9.51	7.89	6.71
60	18.46	15.04	10.37	8.61	7.32

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.69	1.38	0.95	0.79	0.67
19	1.69	1.38	0.95	0.79	0.67
20	1.69	1.38	0.95	0.79	0.67
21	1.69	1.38	0.95	0.79	0.67
22	1.69	1.38	0.95	0.79	0.67
23	1.69	1.38	0.95	0.79	0.67
24	1.69	1.38	0.95	0.79	0.67
25	1.69	1.38	0.95	0.79	0.67
26	1.76	1.44	0.99	0.82	0.70
27	1.85	1.51	1.04	0.86	0.73
28	1.94	1.58	1.09	0.90	0.77
29	2.01	1.64	1.13	0.94	0.80
30	2.15	1.75	1.21	1.00	0.85
31	2.31	1.89	1.30	1.08	0.92
32	2.47	2.02	1.39	1.15	0.98
33	2.63	2.15	1.48	1.23	1.05
34	2.79	2.28	1.57	1.30	1.11
35	2.97	2.42	1.67	1.39	1.18
36	3.17	2.58	1.78	1.48	1.26
37	3.36	2.74	1.89	1.57	1.33
38	3.56	2.90	2.00	1.66	1.41
39	3.77	3.07	2.12	1.76	1.50
40	3.99	3.25	2.24	1.86	1.58
41	4.24	3.45	2.38	1.98	1.68
42	4.50	3.67	2.53	2.10	1.79
43	4.75	3.87	2.67	2.22	1.89
44	5.04	4.10	2.83	2.35	2.00
45	5.32	4.34	2.99	2.48	2.11
46	5.68	4.63	3.19	2.65	2.25
47	6.02	4.90	3.38	2.81	2.39
48	6.32	5.15	3.55	2.95	2.51
49	6.60	5.38	3.71	3.08	2.62
50	6.85	5.58	3.85	3.20	2.72
51	7.35	5.99	4.13	3.43	2.92
52	7.81	6.37	4.39	3.64	3.09
53	7.99	6.51	4.49	3.73	3.17
54	8.51	6.93	4.78	3.97	3.37
55	9.06	7.38	5.09	4.22	3.59
56	9.52	7.76	5.35	4.44	3.77
57	10.02	8.16	5.63	4.67	3.97
58	10.54	8.58	5.92	4.91	4.17
59	11.29	9.19	6.34	5.26	4.47
60	12.30	10.02	6.91	5.74	4.88

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	0.51	0.38
19	0.51	0.38
20	0.51	0.38
21	0.51	0.38
22	0.51	0.38
23	0.51	0.38
24	0.51	0.38
25	0.51	0.38
26	0.54	0.39
27	0.57	0.40
28	0.61	0.41
29	0.64	0.43
30	0.69	0.45
31	0.74	0.47
32	0.80	0.49
33	0.86	0.52
34	0.92	0.54
35	0.98	0.57
36	1.05	0.59
37	1.12	0.62
38	1.19	0.65
39	1.26	0.68
40	1.34	0.70
41	1.42	0.74
42	1.51	0.77
43	1.60	0.81
44	1.70	0.84
45	1.80	0.88
46	1.94	0.94
47	2.08	0.99
48	2.21	1.04
49	2.34	1.09
50	2.46	1.13
51	2.66	1.21
52	2.86	1.28
53	2.95	1.31
54	3.17	1.40
55	3.40	1.49
56	3.61	1.57
57	3.83	1.65
58	4.05	1.73
59	3.94	1.86
60	3.82	1.99

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	8.17	6.66	4.59	3.81	3.24
19	8.17	6.66	4.59	3.81	3.24
20	8.17	6.66	4.59	3.81	3.24
21	8.17	6.66	4.59	3.81	3.24
22	8.17	6.66	4.59	3.81	3.24
23	8.17	6.66	4.59	3.81	3.24
24	8.17	6.66	4.59	3.81	3.24
25	8.17	6.66	4.59	3.81	3.24
26	8.53	6.95	4.79	3.98	3.38
27	8.94	7.28	5.02	4.17	3.54
28	9.29	7.57	5.22	4.33	3.68
29	9.63	7.84	5.41	4.49	3.82
30	10.18	8.29	5.72	4.75	4.04
31	10.75	8.76	6.04	5.01	4.26
32	11.36	9.25	6.38	5.30	4.51
33	11.98	9.76	6.73	5.59	4.75
34	12.62	10.28	7.09	5.88	5.00
35	13.31	10.85	7.48	6.21	5.28
36	14.06	11.46	7.90	6.56	5.58
37	14.85	12.09	8.34	6.92	5.88
38	15.66	12.76	8.80	7.30	6.21
39	16.63	13.54	9.34	7.75	6.59
40	17.60	14.34	9.89	8.21	6.98
41	18.73	15.25	10.52	8.73	7.42
42	19.86	16.18	11.16	9.26	7.87
43	21.02	17.12	11.81	9.80	8.33
44	22.30	18.17	12.53	10.40	8.84
45	23.67	19.29	13.30	11.04	9.38
46	25.70	20.94	14.44	11.99	10.19
47	27.68	22.55	15.55	12.91	10.97
48	29.60	24.11	16.63	13.80	11.73
49	31.47	25.64	17.68	14.67	12.47
50	33.25	27.09	18.68	15.50	13.18
51	36.15	29.45	20.31	16.86	14.33
52	39.02	31.78	21.92	18.19	15.46
53	40.17	32.73	22.57	18.73	15.92
54	43.29	35.26	24.32	20.19	17.16
55	46.08	37.54	25.89	21.49	18.27
56	48.52	39.53	27.26	22.63	19.24
57	51.07	41.60	28.69	23.81	20.24
58	53.65	43.70	30.14	25.02	21.27
59	57.46	46.81	32.28	26.79	22.77
60	62.66	51.04	35.20	29.22	24.84

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.58	2.10	1.45	1.20	1.02
19	2.58	2.10	1.45	1.20	1.02
20	2.58	2.10	1.45	1.20	1.02
21	2.58	2.10	1.45	1.20	1.02
22	2.58	2.10	1.45	1.20	1.02
23	2.58	2.10	1.45	1.20	1.02
24	2.58	2.10	1.45	1.20	1.02
25	2.58	2.10	1.45	1.20	1.02
26	2.60	2.12	1.46	1.21	1.03
27	2.65	2.16	1.49	1.24	1.05
28	2.69	2.19	1.51	1.25	1.06
29	2.76	2.25	1.55	1.29	1.10
30	2.90	2.36	1.63	1.35	1.15
31	3.08	2.51	1.73	1.44	1.22
32	3.26	2.65	1.83	1.52	1.29
33	3.44	2.80	1.93	1.60	1.36
34	3.61	2.94	2.03	1.68	1.43
35	3.83	3.12	2.15	1.78	1.51
36	3.97	3.23	2.23	1.85	1.57
37	4.15	3.38	2.33	1.93	1.64
38	4.31	3.51	2.42	2.01	1.71
39	4.50	3.67	2.53	2.10	1.79
40	4.70	3.83	2.64	2.19	1.86
41	4.95	4.03	2.78	2.31	1.96
42	5.20	4.23	2.92	2.42	2.06
43	5.45	4.44	3.06	2.54	2.16
44	5.71	4.65	3.21	2.66	2.26
45	6.00	4.89	3.37	2.80	2.38
46	6.46	5.26	3.63	3.01	2.56
47	6.91	5.63	3.88	3.22	2.74
48	7.35	5.99	4.13	3.43	2.92
49	7.80	6.35	4.38	3.64	3.09
50	8.21	6.68	4.61	3.83	3.26
51	8.94	7.28	5.02	4.17	3.54
52	9.70	7.90	5.45	4.52	3.84
53	10.09	8.22	5.67	4.71	4.00
54	11.02	8.98	6.19	5.14	4.37
55	12.14	9.89	6.82	5.66	4.81
56	13.33	10.86	7.49	6.22	5.29
57	14.04	11.44	7.89	6.55	5.57
58	14.76	12.02	8.29	6.88	5.85
59	15.81	12.88	8.88	7.37	6.26
60	17.21	14.02	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	28.46	23.19	15.99	13.27	11.28
19	28.46	23.19	15.99	13.27	11.28
20	28.46	23.19	15.99	13.27	11.28
21	28.46	23.19	15.99	13.27	11.28
22	28.46	23.19	15.99	13.27	11.28
23	28.46	23.19	15.99	13.27	11.28
24	28.46	23.19	15.99	13.27	11.28
25	28.46	23.19	15.99	13.27	11.28
26	29.57	24.08	16.61	13.79	11.72
27	30.69	25.00	17.24	14.31	12.16
28	31.88	25.97	17.91	14.87	12.64
29	33.50	27.29	18.82	15.62	13.28
30	35.12	28.61	19.73	16.38	13.92
31	36.56	29.78	20.54	17.05	14.49
32	38.00	30.96	21.35	17.72	15.06
33	39.43	32.12	22.15	18.38	15.62
34	40.87	33.29	22.96	19.06	16.20
35	42.29	34.45	23.76	19.72	16.76
36	43.17	35.16	24.25	20.13	17.11
37	44.04	35.87	24.74	20.53	17.45
38	44.91	36.58	25.23	20.94	17.80
39	45.76	37.28	25.71	21.34	18.14
40	46.64	37.99	26.20	21.75	18.49
41	48.18	39.25	27.07	22.47	19.10
42	49.73	40.51	27.94	23.19	19.71
43	51.30	41.79	28.82	23.92	20.33
44	52.87	43.07	29.70	24.65	20.95
45	54.45	44.36	30.59	25.39	21.58
46	55.93	45.56	31.42	26.08	22.17
47	57.42	46.78	32.26	26.78	22.76
48	58.92	48.00	33.10	27.47	23.35
49	60.43	49.23	33.95	28.18	23.95
50	61.96	50.47	34.81	28.89	24.56
51	65.43	53.30	36.76	30.51	25.93
52	68.99	56.20	38.76	32.17	27.34
53	72.64	59.17	40.81	33.87	28.79
54	76.36	62.21	42.90	35.61	30.27
55	80.15	65.29	45.03	37.37	31.76
56	83.39	67.93	46.85	38.89	33.06
57	87.33	71.14	49.06	40.72	34.61
58	91.35	74.41	51.32	42.60	36.21
59	94.98	77.37	53.36	44.29	37.65
60	98.68	80.39	55.44	46.02	39.12

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	4.56	3.71	2.56	2.12	1.80
19	4.56	3.71	2.56	2.12	1.80
20	4.56	3.71	2.56	2.12	1.80
21	4.56	3.71	2.56	2.12	1.80
22	4.56	3.71	2.56	2.12	1.80
23	4.56	3.71	2.56	2.12	1.80
24	4.56	3.71	2.56	2.12	1.80
25	4.56	3.71	2.56	2.12	1.80
26	4.82	3.93	2.71	2.25	1.91
27	5.09	4.15	2.86	2.37	2.01
28	5.39	4.39	3.03	2.51	2.13
29	5.77	4.70	3.24	2.69	2.29
30	6.14	5.00	3.45	2.86	2.43
31	6.51	5.31	3.66	3.04	2.58
32	6.87	5.60	3.86	3.20	2.72
33	7.26	5.92	4.08	3.39	2.88
34	7.64	6.22	4.29	3.56	3.03
35	8.03	6.54	4.51	3.74	3.18
36	8.33	6.79	4.68	3.88	3.30
37	8.63	7.03	4.85	4.03	3.43
38	8.94	7.28	5.02	4.17	3.54
39	9.24	7.53	5.19	4.31	3.66
40	9.56	7.79	5.37	4.46	3.79
41	10.02	8.16	5.63	4.67	3.97
42	10.50	8.56	5.90	4.90	4.17
43	10.98	8.95	6.17	5.12	4.35
44	11.46	9.34	6.44	5.35	4.55
45	11.98	9.76	6.73	5.59	4.75
46	12.30	10.02	6.91	5.74	4.88
47	12.64	10.30	7.10	5.89	5.01
48	12.96	10.56	7.28	6.04	5.13
49	13.30	10.83	7.47	6.20	5.27
50	13.63	11.11	7.66	6.36	5.41
51	14.40	11.73	8.09	6.71	5.70
52	15.18	12.37	8.53	7.08	6.02
53	15.98	13.02	8.98	7.45	6.33
54	16.80	13.69	9.44	7.84	6.66
55	17.64	14.37	9.91	8.23	7.00
56	18.35	14.95	10.31	8.56	7.28
57	19.21	15.65	10.79	8.96	7.62
58	20.10	16.37	11.29	9.37	7.96
59	20.90	17.02	11.74	9.74	8.28
60	21.72	17.69	12.20	10.13	8.61

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	3.04	2.48	1.71	1.42	1.21
19	3.04	2.48	1.71	1.42	1.21
20	3.04	2.48	1.71	1.42	1.21
21	3.04	2.48	1.71	1.42	1.21
22	3.04	2.48	1.71	1.42	1.21
23	3.04	2.48	1.71	1.42	1.21
24	3.04	2.48	1.71	1.42	1.21
25	3.04	2.48	1.71	1.42	1.21
26	3.22	2.62	1.81	1.50	1.28
27	3.40	2.77	1.91	1.59	1.35
28	3.60	2.93	2.02	1.68	1.43
29	3.84	3.13	2.16	1.79	1.52
30	4.09	3.34	2.30	1.91	1.62
31	4.34	3.54	2.44	2.03	1.73
32	4.57	3.73	2.57	2.13	1.81
33	4.84	3.94	2.72	2.26	1.92
34	5.09	4.15	2.86	2.37	2.01
35	5.36	4.36	3.01	2.50	2.13
36	5.55	4.52	3.12	2.59	2.20
37	5.75	4.68	3.23	2.68	2.28
38	5.96	4.86	3.35	2.78	2.36
39	6.16	5.02	3.46	2.87	2.44
40	6.37	5.19	3.58	2.97	2.52
41	6.68	5.44	3.75	3.11	2.64
42	7.00	5.70	3.93	3.26	2.77
43	7.32	5.96	4.11	3.41	2.90
44	7.64	6.22	4.29	3.56	3.03
45	7.99	6.51	4.49	3.73	3.17
46	8.21	6.68	4.61	3.83	3.26
47	8.42	6.86	4.73	3.93	3.34
48	8.63	7.03	4.85	4.03	3.43
49	8.86	7.22	4.98	4.13	3.51
50	9.10	7.41	5.11	4.24	3.60
51	9.59	7.82	5.39	4.47	3.80
52	10.13	8.25	5.69	4.72	4.01
53	10.66	8.69	5.99	4.97	4.22
54	11.20	9.12	6.29	5.22	4.44
55	11.77	9.58	6.61	5.49	4.67
56	12.23	9.96	6.87	5.70	4.85
57	12.80	10.43	7.19	5.97	5.07
58	13.40	10.92	7.53	6.25	5.31
59	13.94	11.35	7.83	6.50	5.53
60	14.47	11.79	8.13	6.75	5.74

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	0.92	0.69
19	0.92	0.69
20	0.92	0.69
21	0.92	0.69
22	0.92	0.69
23	0.92	0.69
24	0.92	0.69
25	0.92	0.69
26	0.99	0.71
27	1.05	0.74
28	1.12	0.77
29	1.21	0.81
30	1.30	0.85
31	1.39	0.88
32	1.48	0.92
33	1.58	0.95
34	1.67	0.99
35	1.77	1.02
36	1.84	1.04
37	1.91	1.06
38	1.99	1.08
39	2.06	1.10
40	2.14	1.13
41	2.25	1.16
42	2.35	1.20
43	2.47	1.24
44	2.58	1.28
45	2.69	1.31
46	2.80	1.35
47	2.92	1.39
48	3.03	1.42
49	3.14	1.46
50	3.26	1.50
51	3.48	1.58
52	3.70	1.66
53	3.94	1.75
54	4.18	1.84
55	4.42	1.93
56	4.63	2.01
57	4.89	2.11
58	5.15	2.20
59	4.82	2.27
60	4.49	2.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	14.69	11.96	8.25	6.85	5.82
19	14.69	11.96	8.25	6.85	5.82
20	14.69	11.96	8.25	6.85	5.82
21	14.69	11.96	8.25	6.85	5.82
22	14.69	11.96	8.25	6.85	5.82
23	14.69	11.96	8.25	6.85	5.82
24	14.69	11.96	8.25	6.85	5.82
25	14.69	11.96	8.25	6.85	5.82
26	15.47	12.60	8.69	7.21	6.13
27	16.38	13.34	9.20	7.64	6.49
28	17.25	14.05	9.69	8.04	6.83
29	18.30	14.91	10.28	8.53	7.25
30	19.31	15.73	10.85	9.01	7.66
31	20.22	16.47	11.36	9.43	8.02
32	21.13	17.21	11.87	9.85	8.37
33	22.04	17.95	12.38	10.28	8.74
34	22.98	18.72	12.91	10.72	9.11
35	23.96	19.52	13.46	11.17	9.49
36	24.67	20.10	13.86	11.50	9.78
37	25.42	20.71	14.28	11.85	10.07
38	26.22	21.36	14.73	12.23	10.40
39	27.18	22.14	15.27	12.67	10.77
40	28.14	22.92	15.81	13.12	11.15
41	29.53	24.06	16.59	13.77	11.70
42	30.92	25.19	17.37	14.42	12.26
43	32.34	26.35	18.17	15.08	12.82
44	33.86	27.58	19.02	15.79	13.42
45	35.48	28.90	19.93	16.54	14.06
46	37.10	30.22	20.84	17.30	14.71
47	38.77	31.58	21.78	18.08	15.37
48	40.48	32.97	22.74	18.87	16.04
49	42.24	34.41	23.73	19.70	16.75
50	44.02	35.86	24.73	20.53	17.45
51	47.24	38.48	26.54	22.03	18.73
52	50.57	41.19	28.41	23.58	20.04
53	53.65	43.70	30.14	25.02	21.27
54	57.01	46.44	32.03	26.58	22.59
55	59.84	48.75	33.62	27.90	23.72
56	62.26	50.72	34.98	29.03	24.68
57	65.20	53.11	36.63	30.40	25.84
58	68.21	55.56	38.32	31.81	27.04
59	70.92	57.77	39.84	33.07	28.11
60	73.69	60.03	41.40	34.36	29.21

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.23	1.81	1.25	1.04	0.88
19	2.23	1.81	1.25	1.04	0.88
20	2.23	1.81	1.25	1.04	0.88
21	2.23	1.81	1.25	1.04	0.88
22	2.23	1.81	1.25	1.04	0.88
23	2.23	1.81	1.25	1.04	0.88
24	2.23	1.81	1.25	1.04	0.88
25	2.23	1.81	1.25	1.04	0.88
26	2.26	1.84	1.27	1.05	0.89
27	2.31	1.89	1.30	1.08	0.92
28	2.37	1.93	1.33	1.10	0.94
29	2.46	2.00	1.38	1.15	0.98
30	2.60	2.12	1.46	1.21	1.03
31	2.78	2.26	1.56	1.29	1.10
32	2.95	2.41	1.66	1.38	1.17
33	3.13	2.55	1.76	1.46	1.24
34	3.31	2.70	1.86	1.54	1.31
35	3.52	2.87	1.98	1.64	1.39
36	3.63	2.96	2.04	1.69	1.44
37	3.79	3.09	2.13	1.77	1.50
38	3.93	3.20	2.21	1.83	1.56
39	4.09	3.34	2.30	1.91	1.62
40	4.27	3.48	2.40	1.99	1.69
41	4.49	3.65	2.52	2.09	1.78
42	4.72	3.84	2.65	2.20	1.87
43	4.95	4.03	2.78	2.31	1.96
44	5.18	4.22	2.91	2.42	2.06
45	5.45	4.44	3.06	2.54	2.16
46	5.87	4.79	3.30	2.74	2.33
47	6.28	5.12	3.53	2.93	2.49
48	6.69	5.45	3.76	3.12	2.65
49	7.12	5.80	4.00	3.32	2.82
50	7.42	6.05	4.17	3.46	2.94
51	8.08	6.58	4.54	3.77	3.20
52	8.76	7.13	4.92	4.08	3.47
53	9.08	7.40	5.10	4.23	3.60
54	9.88	8.05	5.55	4.61	3.92
55	10.84	8.83	6.09	5.05	4.29
56	12.55	10.22	7.05	5.85	4.97
57	11.62	9.47	6.53	5.42	4.61
58	12.94	10.54	7.27	6.03	5.13
59	14.77	12.04	8.30	6.89	5.86
60	17.23	14.04	9.68	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	18.36	14.97	10.32	8.57	7.28
19	18.36	14.97	10.32	8.57	7.28
20	18.36	14.97	10.32	8.57	7.28
21	18.36	14.97	10.32	8.57	7.28
22	18.36	14.97	10.32	8.57	7.28
23	18.36	14.97	10.32	8.57	7.28
24	18.36	14.97	10.32	8.57	7.28
25	18.36	14.97	10.32	8.57	7.28
26	18.95	15.43	10.64	8.83	7.50
27	19.52	15.90	10.97	9.10	7.74
28	20.12	16.39	11.30	9.38	7.98
29	20.80	16.95	11.68	9.70	8.25
30	21.83	17.79	12.27	10.18	8.66
31	22.88	18.64	12.85	10.67	9.07
32	23.94	19.51	13.45	11.17	9.49
33	25.03	20.39	14.06	11.67	9.92
34	26.14	21.30	14.69	12.19	10.36
35	27.27	22.21	15.32	12.71	10.81
36	28.31	23.06	15.91	13.20	11.22
37	29.37	23.93	16.50	13.70	11.64
38	30.44	24.80	17.10	14.20	12.06
39	31.55	25.70	17.73	14.72	12.51
40	32.66	26.61	18.35	15.23	12.95
41	34.07	27.75	19.14	15.89	13.50
42	35.49	28.91	19.94	16.55	14.07
43	36.95	30.09	20.76	17.22	14.64
44	38.44	31.32	21.60	17.92	15.23
45	39.95	32.54	22.45	18.63	15.84
46	42.19	34.37	23.70	19.67	16.72
47	44.28	36.07	24.88	20.64	17.54
48	46.26	37.68	25.99	21.57	18.33
49	48.11	39.20	27.03	22.44	19.07
50	49.83	40.59	27.99	23.23	19.75
51	53.14	43.29	29.86	24.78	21.07
52	56.39	45.94	31.68	26.30	22.36
53	58.06	47.30	32.62	27.07	23.01
54	61.65	50.23	34.64	28.75	24.44
55	65.40	53.27	36.74	30.50	25.92
56	68.67	55.94	38.58	32.02	27.22
57	72.18	58.80	40.55	33.66	28.61
58	75.76	61.71	42.56	35.33	30.03
59	80.56	65.62	45.26	37.56	31.93
60	86.86	70.76	48.80	40.51	34.43

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.94	2.39	1.65	1.37	1.16
19	2.94	2.39	1.65	1.37	1.16
20	2.94	2.39	1.65	1.37	1.16
21	2.94	2.39	1.65	1.37	1.16
22	2.94	2.39	1.65	1.37	1.16
23	2.94	2.39	1.65	1.37	1.16
24	2.94	2.39	1.65	1.37	1.16
25	2.94	2.39	1.65	1.37	1.16
26	3.08	2.51	1.73	1.44	1.22
27	3.24	2.64	1.82	1.51	1.28
28	3.40	2.77	1.91	1.58	1.35
29	3.58	2.92	2.01	1.67	1.42
30	3.82	3.11	2.15	1.78	1.51
31	4.08	3.33	2.29	1.90	1.62
32	4.33	3.54	2.44	2.02	1.72
33	4.61	3.76	2.59	2.15	1.82
34	4.89	3.98	2.75	2.28	1.94
35	5.18	4.22	2.91	2.41	2.05
36	5.47	4.45	3.07	2.55	2.17
37	5.76	4.69	3.23	2.69	2.29
38	6.06	4.94	3.40	2.83	2.40
39	6.38	5.19	3.58	2.97	2.52
40	6.70	5.45	3.76	3.12	2.65
41	7.08	5.78	3.98	3.30	2.81
42	7.50	6.11	4.21	3.50	2.98
43	7.91	6.44	4.44	3.69	3.13
44	8.35	6.80	4.69	3.89	3.31
45	8.79	7.16	4.94	4.10	3.49
46	9.28	7.56	5.21	4.33	3.68
47	9.74	7.94	5.48	4.55	3.87
48	10.18	8.30	5.72	4.74	4.03
49	10.59	8.63	5.95	4.94	4.20
50	10.96	8.93	6.16	5.11	4.35
51	11.70	9.53	6.57	5.45	4.64
52	12.40	10.11	6.97	5.78	4.92
53	12.78	10.41	7.18	5.96	5.07
54	13.57	11.06	7.62	6.33	5.38
55	14.39	11.72	8.09	6.71	5.70
56	15.10	12.30	8.49	7.04	5.98
57	15.87	12.93	8.92	7.40	6.29
58	16.67	13.58	9.36	7.77	6.60
59	17.72	14.44	9.96	8.26	7.02
60	19.11	15.57	10.74	8.91	7.58

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.96	1.60	1.10	0.92	0.78
19	1.96	1.60	1.10	0.92	0.78
20	1.96	1.60	1.10	0.92	0.78
21	1.96	1.60	1.10	0.92	0.78
22	1.96	1.60	1.10	0.92	0.78
23	1.96	1.60	1.10	0.92	0.78
24	1.96	1.60	1.10	0.92	0.78
25	1.96	1.60	1.10	0.92	0.78
26	2.05	1.68	1.15	0.96	0.82
27	2.16	1.76	1.21	1.01	0.85
28	2.27	1.85	1.28	1.06	0.90
29	2.38	1.94	1.34	1.11	0.94
30	2.54	2.07	1.43	1.18	1.00
31	2.72	2.22	1.53	1.27	1.08
32	2.89	2.36	1.63	1.35	1.15
33	3.07	2.51	1.73	1.44	1.22
34	3.25	2.65	1.83	1.51	1.29
35	3.45	2.81	1.94	1.61	1.37
36	3.65	2.97	2.05	1.70	1.45
37	3.84	3.13	2.16	1.79	1.52
38	4.04	3.29	2.27	1.88	1.60
39	4.25	3.46	2.39	1.98	1.69
40	4.47	3.64	2.51	2.08	1.77
41	4.73	3.85	2.65	2.21	1.87
42	5.00	4.08	2.81	2.33	1.99
43	5.26	4.29	2.96	2.46	2.09
44	5.56	4.52	3.12	2.59	2.21
45	5.85	4.77	3.29	2.73	2.32
46	6.19	5.04	3.47	2.89	2.45
47	6.50	5.29	3.65	3.03	2.58
48	6.78	5.53	3.81	3.17	2.69
49	7.05	5.75	3.96	3.29	2.80
50	7.30	5.95	4.10	3.41	2.90
51	7.80	6.36	4.38	3.64	3.10
52	8.27	6.75	4.65	3.86	3.27
53	8.52	6.95	4.79	3.98	3.38
54	9.05	7.37	5.08	4.22	3.58
55	9.60	7.82	5.39	4.47	3.81
56	10.06	8.20	5.65	4.69	3.99
57	10.58	8.61	5.94	4.93	4.19
58	11.11	9.05	6.24	5.18	4.40
59	11.82	9.62	6.64	5.51	4.68
60	12.73	10.37	7.15	5.94	5.05

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	0.59	0.44
19	0.59	0.44
20	0.59	0.44
21	0.59	0.44
22	0.59	0.44
23	0.59	0.44
24	0.59	0.44
25	0.59	0.44
26	0.63	0.45
27	0.67	0.47
28	0.71	0.48
29	0.75	0.51
30	0.81	0.53
31	0.87	0.55
32	0.94	0.58
33	1.00	0.61
34	1.07	0.63
35	1.14	0.66
36	1.21	0.68
37	1.28	0.71
38	1.35	0.74
39	1.42	0.76
40	1.50	0.79
41	1.59	0.82
42	1.68	0.86
43	1.77	0.90
44	1.88	0.93
45	1.98	0.97
46	2.11	1.02
47	2.25	1.07
48	2.37	1.12
49	2.50	1.16
50	2.62	1.20
51	2.82	1.28
52	3.03	1.36
53	3.15	1.40
54	3.37	1.49
55	3.60	1.58
56	3.81	1.66
57	4.04	1.74
58	4.27	1.82
59	4.11	1.94
60	3.95	2.06

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	9.47	7.72	5.32	4.42	3.76
19	9.47	7.72	5.32	4.42	3.76
20	9.47	7.72	5.32	4.42	3.76
21	9.47	7.72	5.32	4.42	3.76
22	9.47	7.72	5.32	4.42	3.76
23	9.47	7.72	5.32	4.42	3.76
24	9.47	7.72	5.32	4.42	3.76
25	9.47	7.72	5.32	4.42	3.76
26	9.92	8.08	5.57	4.63	3.93
27	10.43	8.49	5.86	4.86	4.13
28	10.88	8.87	6.11	5.07	4.31
29	11.36	9.25	6.38	5.30	4.51
30	12.01	9.78	6.75	5.60	4.76
31	12.64	10.30	7.10	5.89	5.01
32	13.31	10.84	7.48	6.21	5.28
33	13.99	11.40	7.86	6.53	5.55
34	14.69	11.97	8.25	6.85	5.82
35	15.44	12.58	8.68	7.20	6.12
36	16.18	13.19	9.09	7.55	6.42
37	16.96	13.81	9.53	7.91	6.72
38	17.77	14.48	9.99	8.29	7.05
39	18.74	15.26	10.53	8.73	7.43
40	19.71	16.06	11.07	9.19	7.81
41	20.89	17.01	11.73	9.74	8.28
42	22.07	17.98	12.40	10.29	8.75
43	23.28	18.97	13.08	10.86	9.23
44	24.61	20.05	13.83	11.48	9.76
45	26.03	21.21	14.63	12.14	10.32
46	27.98	22.80	15.72	13.05	11.09
47	29.90	24.36	16.80	13.94	11.85
48	31.78	25.88	17.85	14.81	12.59
49	33.62	27.39	18.89	15.68	13.33
50	35.40	28.84	19.89	16.51	14.03
51	38.37	31.26	21.56	17.89	15.21
52	41.33	33.66	23.22	19.27	16.38
53	42.87	34.92	24.08	19.99	16.99
54	46.03	37.50	25.86	21.47	18.25
55	48.83	39.78	27.44	22.77	19.36
56	51.27	41.77	28.80	23.91	20.33
57	53.90	43.90	30.28	25.13	21.36
58	56.56	46.07	31.78	26.38	22.42
59	60.15	49.00	33.79	28.05	23.84
60	64.87	52.84	36.44	30.25	25.71

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6A Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.51	2.04	1.41	1.17	0.99
19	2.51	2.04	1.41	1.17	0.99
20	2.51	2.04	1.41	1.17	0.99
21	2.51	2.04	1.41	1.17	0.99
22	2.51	2.04	1.41	1.17	0.99
23	2.51	2.04	1.41	1.17	0.99
24	2.51	2.04	1.41	1.17	0.99
25	2.51	2.04	1.41	1.17	0.99
26	2.53	2.06	1.42	1.18	1.00
27	2.58	2.11	1.45	1.21	1.02
28	2.63	2.14	1.47	1.22	1.04
29	2.70	2.20	1.52	1.26	1.08
30	2.84	2.31	1.60	1.32	1.13
31	3.02	2.46	1.70	1.41	1.20
32	3.20	2.60	1.80	1.49	1.27
33	3.38	2.75	1.90	1.57	1.34
34	3.55	2.89	2.00	1.65	1.41
35	3.77	3.07	2.12	1.75	1.49
36	3.90	3.18	2.19	1.82	1.54
37	4.08	3.32	2.29	1.90	1.61
38	4.23	3.45	2.38	1.97	1.68
39	4.42	3.60	2.48	2.06	1.76
40	4.61	3.76	2.59	2.15	1.83
41	4.86	3.95	2.73	2.27	1.92
42	5.10	4.15	2.87	2.38	2.02
43	5.35	4.36	3.00	2.49	2.12
44	5.60	4.56	3.15	2.61	2.22
45	5.89	4.80	3.31	2.75	2.34
46	6.34	5.17	3.56	2.96	2.51
47	6.78	5.53	3.81	3.16	2.69
48	7.22	5.88	4.06	3.37	2.87
49	7.66	6.24	4.30	3.58	3.04
50	8.05	6.55	4.52	3.76	3.20
51	8.77	7.14	4.92	4.09	3.47
52	9.51	7.75	5.34	4.43	3.77
53	9.89	8.06	5.56	4.61	3.92
54	10.79	8.79	6.06	5.03	4.28
55	11.88	9.68	6.67	5.54	4.71
56	13.17	10.73	7.40	6.15	5.23
57	13.56	11.05	7.62	6.32	5.38
58	14.40	11.72	8.09	6.71	5.71
59	15.60	12.71	8.76	7.27	6.18
60	17.21	14.02	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.25	8.51	7.23
19	10.25	8.51	7.23
20	10.25	8.51	7.23
21	10.25	8.51	7.23
22	10.25	8.51	7.23
23	10.25	8.51	7.23
24	10.25	8.51	7.23
25	10.25	8.51	7.23
26	10.62	8.82	7.50
27	10.99	9.12	7.75
28	11.36	9.43	8.02
29	11.74	9.74	8.28
30	12.41	10.30	8.76
31	13.11	10.88	9.25
32	13.83	11.48	9.75
33	14.58	12.09	10.28
34	15.34	12.73	10.83
35	16.13	13.39	11.38
36	16.95	14.07	11.96
37	17.79	14.77	12.56
38	18.65	15.48	13.16
39	19.55	16.23	13.79
40	20.47	16.99	14.45
41	21.48	17.83	15.16
42	22.51	18.69	15.88
43	23.57	19.56	16.63
44	24.67	20.48	17.40
45	25.79	21.40	18.19
46	27.56	22.88	19.45
47	29.23	24.26	20.62
48	30.79	25.56	21.73
49	32.25	26.77	22.76
50	33.59	27.88	23.70
51	35.19	29.21	24.82
52	36.68	30.44	25.88
53	36.79	30.53	25.95
54	38.50	31.96	27.16
55	40.30	33.45	28.43

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.64	1.36	1.16
19	1.64	1.36	1.16
20	1.64	1.36	1.16
21	1.64	1.36	1.16
22	1.64	1.36	1.16
23	1.64	1.36	1.16
24	1.64	1.36	1.16
25	1.64	1.36	1.16
26	1.73	1.43	1.22
27	1.82	1.51	1.29
28	1.92	1.59	1.36
29	2.02	1.68	1.42
30	2.17	1.80	1.53
31	2.33	1.94	1.65
32	2.50	2.08	1.77
33	2.68	2.22	1.89
34	2.87	2.38	2.02
35	3.07	2.54	2.17
36	3.27	2.72	2.31
37	3.49	2.90	2.47
38	3.71	3.08	2.62
39	3.95	3.27	2.79
40	4.20	3.48	2.96
41	4.47	3.71	3.16
42	4.75	3.94	3.34
43	5.04	4.18	3.55
44	5.35	4.44	3.78
45	5.68	4.71	4.01
46	6.06	5.03	4.28
47	6.43	5.34	4.54
48	6.78	5.62	4.78
49	7.10	5.89	5.00
50	7.39	6.13	5.21
51	7.75	6.43	5.46
52	8.07	6.70	5.70
53	8.10	6.72	5.71
54	8.47	7.04	5.98
55	8.87	7.36	6.26

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.10	0.91	0.78
19	1.10	0.91	0.78
20	1.10	0.91	0.78
21	1.10	0.91	0.78
22	1.10	0.91	0.78
23	1.10	0.91	0.78
24	1.10	0.91	0.78
25	1.10	0.91	0.78
26	1.15	0.96	0.81
27	1.21	1.01	0.86
28	1.28	1.06	0.90
29	1.35	1.12	0.95
30	1.45	1.20	1.02
31	1.56	1.30	1.10
32	1.67	1.38	1.18
33	1.79	1.48	1.26
34	1.91	1.59	1.35
35	2.04	1.70	1.44
36	2.18	1.81	1.54
37	2.33	1.93	1.64
38	2.48	2.06	1.75
39	2.63	2.19	1.86
40	2.80	2.33	1.97
41	2.98	2.47	2.10
42	3.16	2.62	2.23
43	3.36	2.79	2.37
44	3.57	2.96	2.52
45	3.78	3.14	2.67
46	4.04	3.35	2.85
47	4.28	3.55	3.02
48	4.51	3.75	3.19
49	4.73	3.92	3.34
50	4.93	4.09	3.47
51	5.16	4.28	3.63
52	5.38	4.47	3.80
53	5.39	4.47	3.81
54	5.65	4.68	3.99
55	5.91	4.91	4.17

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.17	1.64
19	2.17	1.64
20	2.17	1.64
21	2.17	1.64
22	2.17	1.64
23	2.17	1.64
24	2.17	1.64
25	2.17	1.64
26	2.33	1.71
27	2.50	1.76
28	2.65	1.81
29	2.79	1.86
30	2.98	1.95
31	3.17	2.05
32	3.34	2.14
33	3.50	2.22
34	3.67	2.30
35	3.82	2.38
36	3.97	2.45
37	4.11	2.52
38	4.25	2.57
39	4.41	2.63
40	4.55	2.68
41	4.69	2.72
42	4.83	2.77
43	4.94	2.80
44	5.06	2.82
45	5.17	2.84
46	5.39	2.90
47	5.57	2.94
48	5.70	2.94
49	5.78	2.92
50	5.82	2.86
51	5.85	2.82
52	5.84	2.73
53	5.58	2.54
54	5.52	2.44
55	5.42	2.32

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	5.29	4.39	3.73
19	5.29	4.39	3.73
20	5.29	4.39	3.73
21	5.29	4.39	3.73
22	5.29	4.39	3.73
23	5.29	4.39	3.73
24	5.29	4.39	3.73
25	5.29	4.39	3.73
26	5.56	4.61	3.92
27	5.87	4.87	4.14
28	6.15	5.10	4.33
29	6.41	5.32	4.52
30	6.83	5.67	4.82
31	7.25	6.02	5.12
32	7.69	6.38	5.43
33	8.15	6.77	5.75
34	8.62	7.16	6.09
35	9.14	7.58	6.45
36	9.69	8.05	6.84
37	10.27	8.52	7.24
38	10.89	9.04	7.68
39	11.61	9.64	8.20
40	12.35	10.25	8.71
41	13.17	10.93	9.29
42	13.99	11.62	9.88
43	14.86	12.33	10.48
44	15.79	13.11	11.14
45	16.80	13.95	11.86
46	18.28	15.18	12.90
47	19.73	16.37	13.92
48	21.16	17.56	14.92
49	22.54	18.70	15.90
50	23.87	19.81	16.83
51	25.41	21.09	17.93
52	26.88	22.31	18.96
53	27.16	22.54	19.16
54	28.75	23.86	20.27
55	30.09	24.97	21.22

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.67	1.39	1.18
19	1.67	1.39	1.18
20	1.67	1.39	1.18
21	1.67	1.39	1.18
22	1.67	1.39	1.18
23	1.67	1.39	1.18
24	1.67	1.39	1.18
25	1.67	1.39	1.18
26	1.70	1.41	1.20
27	1.74	1.44	1.22
28	1.78	1.48	1.26
29	1.84	1.53	1.30
30	1.95	1.62	1.37
31	2.07	1.72	1.46
32	2.21	1.84	1.57
33	2.34	1.94	1.65
34	2.47	2.06	1.75
35	2.62	2.18	1.85
36	2.74	2.28	1.94
37	2.87	2.38	2.02
38	3.00	2.49	2.12
39	3.15	2.62	2.22
40	3.30	2.75	2.33
41	3.48	2.89	2.46
42	3.66	3.04	2.59
43	3.85	3.19	2.71
44	4.05	3.36	2.85
45	4.26	3.54	3.01
46	4.60	3.82	3.24
47	4.93	4.09	3.47
48	5.25	4.36	3.71
49	5.58	4.63	3.93
50	5.89	4.89	4.15
51	6.28	5.21	4.43
52	6.68	5.54	4.71
53	6.82	5.66	4.80
54	7.32	6.08	5.17
55	7.93	6.58	5.59

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	18.42	15.28	12.99
19	18.42	15.28	12.99
20	18.42	15.28	12.99
21	18.42	15.28	12.99
22	18.42	15.28	12.99
23	18.42	15.28	12.99
24	18.42	15.28	12.99
25	18.42	15.28	12.99
26	19.28	16.00	13.60
27	20.14	16.72	14.21
28	21.07	17.49	14.87
29	22.30	18.51	15.73
30	23.56	19.55	16.62
31	24.63	20.44	17.37
32	25.71	21.34	18.14
33	26.80	22.25	18.91
34	27.91	23.17	19.69
35	29.02	24.09	20.47
36	29.74	24.69	20.99
37	30.48	25.30	21.50
38	31.22	25.91	22.02
39	31.96	26.53	22.54
40	32.72	27.16	23.08
41	33.88	28.12	23.91
42	35.06	29.10	24.74
43	36.24	30.08	25.58
44	37.44	31.08	26.41
45	38.65	32.08	27.27
46	39.79	33.03	28.08
47	40.95	33.98	28.88
48	42.10	34.94	29.70
49	43.28	35.93	30.54
50	44.47	36.91	31.37
51	45.99	38.17	32.45
52	47.54	39.46	33.55
53	49.11	40.77	34.66
54	50.71	42.09	35.77
55	52.34	43.44	36.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.95	2.44	2.07
19	2.95	2.44	2.07
20	2.95	2.44	2.07
21	2.95	2.44	2.07
22	2.95	2.44	2.07
23	2.95	2.44	2.07
24	2.95	2.44	2.07
25	2.95	2.44	2.07
26	3.14	2.61	2.21
27	3.34	2.78	2.36
28	3.56	2.96	2.51
29	3.83	3.18	2.71
30	4.12	3.42	2.91
31	4.38	3.64	3.09
32	4.66	3.86	3.28
33	4.93	4.09	3.47
34	5.22	4.33	3.68
35	5.51	4.57	3.88
36	5.74	4.77	4.05
37	5.97	4.96	4.21
38	6.21	5.16	4.38
39	6.45	5.36	4.56
40	6.70	5.56	4.73
41	7.05	5.84	4.97
42	7.39	6.14	5.22
43	7.75	6.44	5.47
44	8.13	6.75	5.73
45	8.50	7.05	6.00
46	8.75	7.27	6.17
47	9.01	7.48	6.36
48	9.27	7.69	6.54
49	9.52	7.90	6.71
50	9.78	8.11	6.90
51	10.12	8.39	7.14
52	10.46	8.68	7.37
53	10.81	8.97	7.62
54	11.16	9.26	7.87
55	11.51	9.55	8.12

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.96	1.63	1.39
19	1.96	1.63	1.39
20	1.96	1.63	1.39
21	1.96	1.63	1.39
22	1.96	1.63	1.39
23	1.96	1.63	1.39
24	1.96	1.63	1.39
25	1.96	1.63	1.39
26	2.09	1.74	1.48
27	2.23	1.84	1.57
28	2.37	1.97	1.68
29	2.56	2.12	1.81
30	2.75	2.28	1.94
31	2.92	2.43	2.06
32	3.11	2.58	2.19
33	3.29	2.73	2.32
34	3.48	2.88	2.45
35	3.67	3.05	2.60
36	3.83	3.18	2.70
37	3.98	3.30	2.81
38	4.14	3.44	2.92
39	4.30	3.56	3.03
40	4.47	3.71	3.15
41	4.69	3.90	3.31
42	4.93	4.09	3.48
43	5.17	4.29	3.65
44	5.41	4.50	3.82
45	5.67	4.71	4.00
46	5.83	4.84	4.11
47	6.01	4.99	4.24
48	6.18	5.12	4.35
49	6.35	5.27	4.48
50	6.52	5.41	4.60
51	6.74	5.60	4.76
52	6.97	5.79	4.92
53	7.20	5.98	5.08
54	7.44	6.17	5.25
55	7.67	6.37	5.41

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	3.90	2.95
19	3.90	2.95
20	3.90	2.95
21	3.90	2.95
22	3.90	2.95
23	3.90	2.95
24	3.90	2.95
25	3.90	2.95
26	4.23	3.09
27	4.58	3.23
28	4.92	3.37
29	5.30	3.55
30	5.66	3.72
31	5.95	3.84
32	6.22	3.97
33	6.44	4.08
34	6.67	4.18
35	6.87	4.27
36	6.97	4.29
37	7.05	4.30
38	7.12	4.31
39	7.20	4.30
40	7.28	4.28
41	7.41	4.30
42	7.52	4.31
43	7.60	4.31
44	7.68	4.28
45	7.75	4.24
46	7.79	4.19
47	7.80	4.11
48	7.79	4.02
49	7.76	3.91
50	7.70	3.79
51	7.65	3.68
52	7.57	3.54
53	7.45	3.39
54	7.27	3.22
55	7.04	3.02

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	9.50	7.88	6.70
19	9.50	7.88	6.70
20	9.50	7.88	6.70
21	9.50	7.88	6.70
22	9.50	7.88	6.70
23	9.50	7.88	6.70
24	9.50	7.88	6.70
25	9.50	7.88	6.70
26	10.09	8.37	7.12
27	10.75	8.92	7.58
28	11.40	9.47	8.04
29	12.18	10.11	8.59
30	12.96	10.76	9.15
31	13.62	11.30	9.61
32	14.30	11.88	10.09
33	14.98	12.44	10.57
34	15.69	13.02	11.06
35	16.44	13.64	11.59
36	17.00	14.10	11.99
37	17.60	14.61	12.41
38	18.24	15.14	12.87
39	18.98	15.75	13.39
40	19.75	16.39	13.94
41	20.77	17.24	14.65
42	21.80	18.09	15.37
43	22.84	18.95	16.11
44	23.97	19.90	16.92
45	25.18	20.91	17.77
46	26.39	21.90	18.62
47	27.64	22.94	19.50
48	28.92	24.01	20.41
49	30.25	25.11	21.34
50	31.59	26.23	22.29
51	33.21	27.56	23.43
52	34.84	28.92	24.58
53	36.26	30.10	25.58
54	37.87	31.43	26.72
55	39.08	32.44	27.57

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.43	1.19	1.02
19	1.43	1.19	1.02
20	1.43	1.19	1.02
21	1.43	1.19	1.02
22	1.43	1.19	1.02
23	1.43	1.19	1.02
24	1.43	1.19	1.02
25	1.43	1.19	1.02
26	1.47	1.22	1.04
27	1.52	1.26	1.08
28	1.57	1.30	1.11
29	1.63	1.36	1.15
30	1.74	1.45	1.23
31	1.87	1.55	1.32
32	2.01	1.67	1.42
33	2.14	1.77	1.51
34	2.27	1.88	1.60
35	2.41	2.00	1.70
36	2.51	2.08	1.77
37	2.63	2.18	1.85
38	2.74	2.27	1.93
39	2.87	2.38	2.03
40	3.00	2.50	2.12
41	3.16	2.62	2.23
42	3.32	2.75	2.34
43	3.49	2.89	2.46
44	3.67	3.05	2.59
45	3.87	3.21	2.73
46	4.18	3.48	2.96
47	4.48	3.73	3.17
48	4.79	3.97	3.37
49	5.09	4.23	3.59
50	5.33	4.43	3.77
51	5.68	4.71	4.01
52	6.03	5.00	4.25
53	6.14	5.09	4.33
54	6.56	5.45	4.64
55	7.08	5.88	5.00

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	11.88	9.86	8.38
19	11.88	9.86	8.38
20	11.88	9.86	8.38
21	11.88	9.86	8.38
22	11.88	9.86	8.38
23	11.88	9.86	8.38
24	11.88	9.86	8.38
25	11.88	9.86	8.38
26	12.35	10.26	8.72
27	12.82	10.64	9.04
28	13.30	11.04	9.39
29	13.85	11.49	9.77
30	14.64	12.15	10.33
31	15.41	12.79	10.87
32	16.21	13.45	11.43
33	17.02	14.12	12.01
34	17.85	14.82	12.60
35	18.71	15.53	13.20
36	19.51	16.19	13.77
37	20.33	16.88	14.35
38	21.16	17.57	14.93
39	22.03	18.29	15.54
40	22.92	19.02	16.18
41	23.96	19.89	16.91
42	25.02	20.77	17.65
43	26.10	21.66	18.42
44	27.22	22.60	19.20
45	28.36	23.54	20.01
46	30.01	24.91	21.18
47	31.57	26.20	22.27
48	33.05	27.44	23.32
49	34.46	28.60	24.32
50	35.77	29.69	25.23
51	37.35	31.00	26.35
52	38.85	32.24	27.41
53	39.25	32.58	27.69
54	40.94	33.99	28.88
55	42.71	35.45	30.13

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.90	1.58	1.34
19	1.90	1.58	1.34
20	1.90	1.58	1.34
21	1.90	1.58	1.34
22	1.90	1.58	1.34
23	1.90	1.58	1.34
24	1.90	1.58	1.34
25	1.90	1.58	1.34
26	2.01	1.67	1.42
27	2.12	1.76	1.50
28	2.25	1.86	1.59
29	2.38	1.98	1.68
30	2.56	2.12	1.81
31	2.74	2.28	1.94
32	2.93	2.44	2.07
33	3.13	2.59	2.21
34	3.34	2.77	2.35
35	3.56	2.95	2.51
36	3.76	3.13	2.66
37	3.99	3.31	2.82
38	4.21	3.50	2.97
39	4.45	3.69	3.14
40	4.70	3.90	3.31
41	4.99	4.14	3.52
42	5.28	4.38	3.72
43	5.58	4.63	3.93
44	5.91	4.90	4.17
45	6.24	5.18	4.41
46	6.60	5.48	4.66
47	6.95	5.77	4.90
48	7.28	6.03	5.13
49	7.58	6.29	5.34
50	7.87	6.53	5.55
51	8.22	6.82	5.80
52	8.55	7.10	6.03
53	8.64	7.17	6.09
54	9.01	7.48	6.36
55	9.40	7.80	6.63

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.27	1.05	0.90
19	1.27	1.05	0.90
20	1.27	1.05	0.90
21	1.27	1.05	0.90
22	1.27	1.05	0.90
23	1.27	1.05	0.90
24	1.27	1.05	0.90
25	1.27	1.05	0.90
26	1.34	1.12	0.94
27	1.41	1.18	1.00
28	1.50	1.24	1.06
29	1.59	1.32	1.12
30	1.71	1.42	1.20
31	1.83	1.53	1.29
32	1.96	1.62	1.38
33	2.09	1.73	1.47
34	2.22	1.85	1.57
35	2.37	1.97	1.67
36	2.51	2.08	1.77
37	2.66	2.20	1.87
38	2.81	2.34	1.98
39	2.96	2.46	2.09
40	3.13	2.61	2.21
41	3.32	2.76	2.34
42	3.51	2.91	2.48
43	3.72	3.09	2.63
44	3.94	3.27	2.78
45	4.16	3.45	2.94
46	4.40	3.65	3.10
47	4.63	3.84	3.26
48	4.84	4.02	3.42
49	5.05	4.19	3.57
50	5.25	4.35	3.70
51	5.48	4.54	3.86
52	5.70	4.73	4.02
53	5.75	4.77	4.06
54	6.01	4.98	4.24
55	6.26	5.20	4.42

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	2.52	1.90
19	2.52	1.90
20	2.52	1.90
21	2.52	1.90
22	2.52	1.90
23	2.52	1.90
24	2.52	1.90
25	2.52	1.90
26	2.71	1.99
27	2.92	2.05
28	3.10	2.12
29	3.29	2.20
30	3.52	2.30
31	3.73	2.41
32	3.92	2.51
33	4.09	2.59
34	4.27	2.68
35	4.43	2.76
36	4.57	2.82
37	4.70	2.88
38	4.82	2.92
39	4.97	2.96
40	5.10	3.00
41	5.23	3.04
42	5.37	3.08
43	5.47	3.10
44	5.58	3.11
45	5.69	3.12
46	5.87	3.16
47	6.02	3.17
48	6.12	3.16
49	6.18	3.12
50	6.20	3.05
51	6.21	2.99
52	6.19	2.89
53	5.95	2.71
54	5.87	2.60
55	5.74	2.46

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.13	5.09	4.32
19	6.13	5.09	4.32
20	6.13	5.09	4.32
21	6.13	5.09	4.32
22	6.13	5.09	4.32
23	6.13	5.09	4.32
24	6.13	5.09	4.32
25	6.13	5.09	4.32
26	6.47	5.36	4.56
27	6.85	5.68	4.83
28	7.20	5.97	5.07
29	7.56	6.28	5.33
30	8.06	6.69	5.69
31	8.52	7.08	6.02
32	9.01	7.48	6.36
33	9.52	7.90	6.71
34	10.03	8.33	7.08
35	10.60	8.79	7.48
36	11.15	9.26	7.87
37	11.74	9.74	8.27
38	12.36	10.26	8.72
39	13.08	10.86	9.24
40	13.83	11.48	9.76
41	14.69	12.19	10.36
42	15.55	12.91	10.98
43	16.46	13.65	11.61
44	17.43	14.47	12.30
45	18.48	15.34	13.04
46	19.90	16.52	14.04
47	21.31	17.68	15.04
48	22.71	18.85	16.02
49	24.08	19.98	16.99
50	25.41	21.09	17.92
51	26.97	22.38	19.03
52	28.47	23.63	20.08
53	28.98	24.05	20.44
54	30.57	25.37	21.56
55	31.89	26.46	22.49

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.62	1.35	1.15
19	1.62	1.35	1.15
20	1.62	1.35	1.15
21	1.62	1.35	1.15
22	1.62	1.35	1.15
23	1.62	1.35	1.15
24	1.62	1.35	1.15
25	1.62	1.35	1.15
26	1.65	1.37	1.17
27	1.70	1.40	1.19
28	1.74	1.44	1.23
29	1.80	1.50	1.27
30	1.91	1.59	1.34
31	2.03	1.69	1.43
32	2.17	1.81	1.54
33	2.30	1.91	1.62
34	2.43	2.02	1.72
35	2.58	2.14	1.82
36	2.69	2.24	1.91
37	2.82	2.34	1.99
38	2.95	2.45	2.08
39	3.09	2.57	2.18
40	3.24	2.70	2.29
41	3.42	2.84	2.41
42	3.59	2.98	2.54
43	3.78	3.13	2.66
44	3.97	3.30	2.80
45	4.18	3.47	2.95
46	4.52	3.75	3.18
47	4.84	4.02	3.41
48	5.16	4.28	3.64
49	5.48	4.55	3.86
50	5.78	4.80	4.07
51	6.16	5.11	4.35
52	6.55	5.43	4.62
53	6.68	5.55	4.71
54	7.17	5.95	5.06
55	7.76	6.44	5.47

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.80	10.62	9.03
19	12.80	10.62	9.03
20	12.80	10.62	9.03
21	12.80	10.62	9.03
22	12.80	10.62	9.03
23	12.80	10.62	9.03
24	12.80	10.62	9.03
25	12.80	10.62	9.03
26	13.19	10.95	9.31
27	13.58	11.27	9.58
28	13.97	11.60	9.86
29	14.36	11.92	10.13
30	15.11	12.54	10.66
31	15.89	13.19	11.21
32	16.69	13.85	11.77
33	17.51	14.53	12.35
34	18.35	15.23	12.95
35	19.21	15.94	13.55
36	20.10	16.68	14.18
37	21.00	17.43	14.82
38	21.92	18.19	15.46
39	22.88	18.99	16.14
40	23.85	19.80	16.83
41	24.84	20.62	17.53
42	25.85	21.46	18.24
43	26.87	22.30	18.96
44	27.93	23.18	19.70
45	28.99	24.06	20.45
46	30.77	25.54	21.71
47	32.40	26.89	22.86
48	33.90	28.14	23.92
49	35.26	29.27	24.88
50	36.48	30.28	25.74
51	37.57	31.18	26.50
52	38.51	31.96	27.17
53	37.99	31.53	26.80
54	39.12	32.47	27.60
55	40.30	33.45	28.43
56	41.10	34.11	28.99
57	41.93	34.80	29.58
58	42.76	35.49	30.17
59	44.47	36.91	31.37
60	47.14	39.13	33.26

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.05	1.70	1.45
19	2.05	1.70	1.45
20	2.05	1.70	1.45
21	2.05	1.70	1.45
22	2.05	1.70	1.45
23	2.05	1.70	1.45
24	2.05	1.70	1.45
25	2.05	1.70	1.45
26	2.15	1.78	1.51
27	2.25	1.87	1.59
28	2.36	1.96	1.67
29	2.47	2.05	1.74
30	2.64	2.19	1.86
31	2.83	2.35	2.00
32	3.02	2.51	2.13
33	3.22	2.67	2.27
34	3.43	2.85	2.42
35	3.65	3.03	2.58
36	3.88	3.22	2.74
37	4.12	3.42	2.91
38	4.36	3.62	3.08
39	4.62	3.83	3.26
40	4.89	4.06	3.45
41	5.17	4.29	3.65
42	5.45	4.52	3.84
43	5.75	4.77	4.05
44	6.06	5.03	4.28
45	6.38	5.30	4.51
46	6.77	5.62	4.78
47	7.13	5.92	5.03
48	7.46	6.19	5.26
49	7.76	6.44	5.47
50	8.03	6.66	5.66
51	8.27	6.86	5.83
52	8.47	7.03	5.98
53	8.36	6.94	5.90
54	8.61	7.15	6.08
55	8.87	7.36	6.26
56	9.04	7.50	6.38
57	9.22	7.65	6.50
58	9.41	7.81	6.64
59	9.78	8.12	6.90
60	10.37	8.61	7.32

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.37	1.14	0.97
19	1.37	1.14	0.97
20	1.37	1.14	0.97
21	1.37	1.14	0.97
22	1.37	1.14	0.97
23	1.37	1.14	0.97
24	1.37	1.14	0.97
25	1.37	1.14	0.97
26	1.43	1.19	1.01
27	1.50	1.25	1.06
28	1.57	1.30	1.11
29	1.65	1.37	1.16
30	1.76	1.46	1.24
31	1.89	1.57	1.33
32	2.01	1.67	1.42
33	2.15	1.78	1.51
34	2.29	1.90	1.62
35	2.43	2.02	1.72
36	2.59	2.15	1.83
37	2.75	2.28	1.94
38	2.91	2.42	2.06
39	3.08	2.56	2.18
40	3.26	2.71	2.30
41	3.45	2.86	2.43
42	3.63	3.01	2.56
43	3.83	3.18	2.70
44	4.04	3.35	2.85
45	4.25	3.53	3.00
46	4.51	3.74	3.18
47	4.75	3.94	3.35
48	4.97	4.13	3.51
49	5.17	4.29	3.65
50	5.35	4.44	3.77
51	5.51	4.57	3.88
52	5.65	4.69	3.99
53	5.57	4.62	3.93
54	5.74	4.76	4.05
55	5.91	4.91	4.17
56	6.03	5.00	4.25
57	6.15	5.10	4.34
58	6.27	5.20	4.42
59	6.52	5.41	4.60
60	6.91	5.74	4.88

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.71	2.05
19	2.71	2.05
20	2.71	2.05
21	2.71	2.05
22	2.71	2.05
23	2.71	2.05
24	2.71	2.05
25	2.71	2.05
26	2.89	2.12
27	3.09	2.18
28	3.26	2.23
29	3.41	2.28
30	3.63	2.38
31	3.84	2.48
32	4.03	2.58
33	4.21	2.67
34	4.39	2.75
35	4.55	2.83
36	4.71	2.90
37	4.85	2.97
38	5.00	3.02
39	5.16	3.08
40	5.30	3.12
41	5.43	3.15
42	5.55	3.18
43	5.63	3.19
44	5.73	3.19
45	5.81	3.19
46	6.02	3.24
47	6.18	3.26
48	6.28	3.24
49	6.32	3.19
50	6.32	3.11
51	6.25	3.01
52	6.13	2.87
53	5.76	2.62
54	5.61	2.48
55	5.42	2.32
56	5.15	2.13
57	4.83	2.07
58	4.47	2.00
59	4.14	1.98
60	3.82	1.99

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.60	5.48	4.66
19	6.60	5.48	4.66
20	6.60	5.48	4.66
21	6.60	5.48	4.66
22	6.60	5.48	4.66
23	6.60	5.48	4.66
24	6.60	5.48	4.66
25	6.60	5.48	4.66
26	6.90	5.73	4.87
27	7.25	6.02	5.12
28	7.56	6.27	5.33
29	7.84	6.51	5.53
30	8.31	6.90	5.87
31	8.79	7.30	6.21
32	9.28	7.70	6.55
33	9.79	8.13	6.91
34	10.31	8.56	7.28
35	10.88	9.03	7.68
36	11.49	9.54	8.11
37	12.12	10.06	8.55
38	12.80	10.62	9.03
39	13.59	11.28	9.59
40	14.39	11.94	10.15
41	15.23	12.64	10.74
42	16.07	13.34	11.34
43	16.94	14.06	11.95
44	17.88	14.84	12.61
45	18.89	15.68	13.33
46	20.41	16.94	14.40
47	21.87	18.15	15.43
48	23.29	19.33	16.43
49	24.64	20.45	17.38
50	25.92	21.51	18.28
51	27.13	22.52	19.14
52	28.22	23.42	19.91
53	28.05	23.28	19.79
54	29.21	24.24	20.60
55	30.09	24.97	21.22
56	30.69	25.47	21.65
57	31.31	25.99	22.09
58	31.93	26.50	22.53
59	33.21	27.56	23.43
60	35.20	29.22	24.84

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.08	1.73	1.47
19	2.08	1.73	1.47
20	2.08	1.73	1.47
21	2.08	1.73	1.47
22	2.08	1.73	1.47
23	2.08	1.73	1.47
24	2.08	1.73	1.47
25	2.08	1.73	1.47
26	2.11	1.75	1.49
27	2.15	1.78	1.51
28	2.19	1.82	1.55
29	2.25	1.87	1.59
30	2.37	1.97	1.67
31	2.51	2.08	1.77
32	2.67	2.22	1.89
33	2.81	2.33	1.98
34	2.96	2.46	2.09
35	3.12	2.59	2.20
36	3.25	2.70	2.30
37	3.39	2.81	2.39
38	3.53	2.93	2.49
39	3.69	3.06	2.60
40	3.85	3.20	2.72
41	4.02	3.34	2.84
42	4.20	3.49	2.97
43	4.39	3.64	3.09
44	4.58	3.80	3.23
45	4.79	3.98	3.38
46	5.13	4.26	3.62
47	5.46	4.53	3.85
48	5.78	4.80	4.08
49	6.10	5.06	4.30
50	6.40	5.31	4.51
51	6.70	5.56	4.73
52	7.01	5.82	4.95
53	7.04	5.84	4.96
54	7.44	6.18	5.25
55	7.93	6.58	5.59
56	8.43	7.00	5.95
57	8.61	7.15	6.08
58	8.78	7.29	6.20
59	9.13	7.58	6.44
60	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	22.99	19.08	16.22
19	22.99	19.08	16.22
20	22.99	19.08	16.22
21	22.99	19.08	16.22
22	22.99	19.08	16.22
23	22.99	19.08	16.22
24	22.99	19.08	16.22
25	22.99	19.08	16.22
26	23.94	19.87	16.89
27	24.89	20.66	17.56
28	25.91	21.51	18.28
29	27.29	22.65	19.25
30	28.68	23.80	20.23
31	29.85	24.78	21.06
32	31.03	25.75	21.89
33	32.20	26.73	22.72
34	33.38	27.71	23.55
35	34.55	28.68	24.38
36	35.26	29.27	24.88
37	35.98	29.86	25.38
38	36.69	30.45	25.88
39	37.40	31.04	26.38
40	38.12	31.64	26.89
41	39.19	32.53	27.65
42	40.26	33.42	28.41
43	41.32	34.30	29.16
44	42.38	35.18	29.90
45	43.45	36.06	30.65
46	44.42	36.87	31.34
47	45.39	37.67	32.02
48	46.35	38.47	32.70
49	47.32	39.28	33.39
50	48.29	40.08	34.07
51	49.10	40.75	34.64
52	49.91	41.43	35.22
53	50.72	42.10	35.79
54	51.53	42.77	36.35
55	52.34	43.44	36.92
56	52.74	43.77	37.20
57	53.55	44.45	37.78
58	54.35	45.11	38.34
59	54.89	45.56	38.73
60	55.44	46.02	39.12

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.68	3.05	2.59
19	3.68	3.05	2.59
20	3.68	3.05	2.59
21	3.68	3.05	2.59
22	3.68	3.05	2.59
23	3.68	3.05	2.59
24	3.68	3.05	2.59
25	3.68	3.05	2.59
26	3.90	3.24	2.75
27	4.13	3.43	2.92
28	4.38	3.64	3.09
29	4.69	3.89	3.31
30	5.02	4.17	3.54
31	5.31	4.41	3.75
32	5.62	4.66	3.96
33	5.92	4.91	4.17
34	6.24	5.18	4.40
35	6.56	5.44	4.62
36	6.81	5.65	4.80
37	7.05	5.85	4.97
38	7.30	6.06	5.15
39	7.55	6.27	5.33
40	7.81	6.48	5.51
41	8.15	6.76	5.75
42	8.49	7.05	5.99
43	8.84	7.34	6.24
44	9.20	7.64	6.49
45	9.56	7.93	6.74
46	9.77	8.11	6.89
47	9.99	8.29	7.05
48	10.20	8.47	7.20
49	10.41	8.64	7.34
50	10.62	8.81	7.49
51	10.80	8.96	7.62
52	10.98	9.11	7.74
53	11.16	9.26	7.87
54	11.34	9.41	8.00
55	11.51	9.55	8.12
56	11.60	9.63	8.19
57	11.78	9.78	8.31
58	11.96	9.93	8.44
59	12.08	10.03	8.53
60	12.20	10.13	8.61

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.45	2.03	1.73
19	2.45	2.03	1.73
20	2.45	2.03	1.73
21	2.45	2.03	1.73
22	2.45	2.03	1.73
23	2.45	2.03	1.73
24	2.45	2.03	1.73
25	2.45	2.03	1.73
26	2.60	2.16	1.84
27	2.75	2.28	1.94
28	2.92	2.42	2.06
29	3.13	2.60	2.21
30	3.35	2.78	2.36
31	3.54	2.94	2.50
32	3.75	3.11	2.64
33	3.95	3.28	2.79
34	4.16	3.45	2.93
35	4.37	3.63	3.09
36	4.54	3.77	3.20
37	4.70	3.90	3.32
38	4.87	4.04	3.43
39	5.03	4.17	3.54
40	5.21	4.32	3.67
41	5.43	4.51	3.83
42	5.66	4.70	4.00
43	5.89	4.89	4.16
44	6.13	5.09	4.33
45	6.37	5.29	4.50
46	6.51	5.40	4.59
47	6.66	5.53	4.70
48	6.80	5.64	4.79
49	6.94	5.76	4.90
50	7.08	5.88	5.00
51	7.20	5.98	5.08
52	7.32	6.08	5.17
53	7.44	6.18	5.25
54	7.56	6.27	5.33
55	7.67	6.37	5.41
56	7.73	6.42	5.46
57	7.85	6.52	5.54
58	7.97	6.62	5.63
59	8.05	6.68	5.68
60	8.13	6.75	5.74

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	4.87	3.68
19	4.87	3.68
20	4.87	3.68
21	4.87	3.68
22	4.87	3.68
23	4.87	3.68
24	4.87	3.68
25	4.87	3.68
26	5.25	3.84
27	5.66	3.99
28	6.05	4.14
29	6.49	4.34
30	6.89	4.53
31	7.21	4.66
32	7.50	4.79
33	7.74	4.90
34	7.98	5.00
35	8.18	5.09
36	8.26	5.09
37	8.32	5.08
38	8.37	5.06
39	8.43	5.03
40	8.48	4.99
41	8.57	4.97
42	8.64	4.95
43	8.66	4.91
44	8.69	4.85
45	8.71	4.77
46	8.70	4.68
47	8.65	4.56
48	8.58	4.43
49	8.49	4.28
50	8.36	4.12
51	8.17	3.93
52	7.95	3.72
53	7.69	3.50
54	7.39	3.27
55	7.04	3.02
56	6.60	2.74
57	6.17	2.64
58	5.68	2.54
59	5.11	2.44
60	4.49	2.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	11.86	9.84	8.36
19	11.86	9.84	8.36
20	11.86	9.84	8.36
21	11.86	9.84	8.36
22	11.86	9.84	8.36
23	11.86	9.84	8.36
24	11.86	9.84	8.36
25	11.86	9.84	8.36
26	12.53	10.40	8.84
27	13.28	11.02	9.37
28	14.02	11.64	9.89
29	14.90	12.37	10.51
30	15.78	13.10	11.14
31	16.51	13.70	11.65
32	17.26	14.33	12.18
33	18.00	14.94	12.70
34	18.76	15.57	13.23
35	19.57	16.24	13.80
36	20.15	16.72	14.21
37	20.77	17.24	14.65
38	21.43	17.79	15.12
39	22.21	18.43	15.67
40	23.01	19.10	16.24
41	24.02	19.94	16.95
42	25.03	20.77	17.65
43	26.04	21.61	18.37
44	27.14	22.53	19.15
45	28.31	23.50	19.98
46	29.46	24.45	20.78
47	30.64	25.43	21.62
48	31.84	26.43	22.47
49	33.07	27.45	23.33
50	34.31	28.48	24.21
51	35.45	29.42	25.01
52	36.58	30.36	25.81
53	37.45	31.08	26.42
54	38.48	31.94	27.15
55	39.08	32.44	27.57
56	39.38	32.69	27.79
57	39.99	33.19	28.21
58	40.58	33.68	28.63
59	40.99	34.02	28.92
60	41.40	34.36	29.21

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.79	1.49	1.27
19	1.79	1.49	1.27
20	1.79	1.49	1.27
21	1.79	1.49	1.27
22	1.79	1.49	1.27
23	1.79	1.49	1.27
24	1.79	1.49	1.27
25	1.79	1.49	1.27
26	1.83	1.52	1.29
27	1.88	1.56	1.33
28	1.93	1.60	1.36
29	2.00	1.66	1.41
30	2.12	1.76	1.50
31	2.27	1.88	1.60
32	2.42	2.01	1.71
33	2.57	2.13	1.81
34	2.71	2.25	1.91
35	2.87	2.38	2.02
36	2.98	2.47	2.10
37	3.10	2.57	2.18
38	3.22	2.67	2.27
39	3.36	2.79	2.37
40	3.50	2.91	2.47
41	3.65	3.03	2.58
42	3.81	3.16	2.69
43	3.98	3.30	2.81
44	4.16	3.45	2.93
45	4.35	3.61	3.07
46	4.67	3.88	3.30
47	4.97	4.13	3.51
48	5.27	4.37	3.71
49	5.57	4.62	3.93
50	5.79	4.81	4.09
51	6.06	5.03	4.28
52	6.33	5.25	4.46
53	6.34	5.26	4.47
54	6.67	5.54	4.71
55	7.08	5.88	5.00
56	7.93	6.58	5.59
57	7.13	5.92	5.03
58	7.70	6.39	5.43
59	8.54	7.09	6.03
60	9.68	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.84	12.31	10.47
19	14.84	12.31	10.47
20	14.84	12.31	10.47
21	14.84	12.31	10.47
22	14.84	12.31	10.47
23	14.84	12.31	10.47
24	14.84	12.31	10.47
25	14.84	12.31	10.47
26	15.34	12.73	10.83
27	15.84	13.15	11.18
28	16.36	13.58	11.54
29	16.95	14.07	11.95
30	17.82	14.79	12.57
31	18.68	15.51	13.18
32	19.56	16.23	13.79
33	20.45	16.97	14.42
34	21.36	17.73	15.07
35	22.28	18.49	15.72
36	23.13	19.20	16.32
37	24.00	19.92	16.93
38	24.87	20.64	17.54
39	25.78	21.40	18.19
40	26.70	22.17	18.84
41	27.71	23.00	19.55
42	28.73	23.85	20.27
43	29.76	24.70	21.00
44	30.82	25.58	21.74
45	31.88	26.46	22.49
46	33.50	27.81	23.64
47	35.00	29.05	24.69
48	36.39	30.21	25.68
49	37.67	31.27	26.58
50	38.84	32.24	27.41
51	39.88	33.09	28.13
52	40.79	33.85	28.78
53	40.54	33.64	28.60
54	41.60	34.53	29.35
55	42.71	35.45	30.13
56	43.43	36.04	30.63
57	44.25	36.73	31.22
58	45.08	37.41	31.80
59	46.55	38.64	32.84
60	48.80	40.51	34.43

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.38	1.97	1.68
19	2.38	1.97	1.68
20	2.38	1.97	1.68
21	2.38	1.97	1.68
22	2.38	1.97	1.68
23	2.38	1.97	1.68
24	2.38	1.97	1.68
25	2.38	1.97	1.68
26	2.50	2.07	1.76
27	2.63	2.18	1.86
28	2.76	2.30	1.95
29	2.91	2.42	2.05
30	3.12	2.59	2.20
31	3.33	2.76	2.35
32	3.54	2.94	2.50
33	3.76	3.12	2.65
34	3.99	3.32	2.82
35	4.23	3.51	2.99
36	4.47	3.71	3.15
37	4.71	3.91	3.32
38	4.95	4.11	3.49
39	5.21	4.32	3.67
40	5.47	4.54	3.86
41	5.77	4.78	4.07
42	6.06	5.03	4.27
43	6.37	5.28	4.49
44	6.69	5.55	4.72
45	7.02	5.83	4.96
46	7.37	6.12	5.20
47	7.70	6.39	5.43
48	8.01	6.65	5.65
49	8.29	6.88	5.84
50	8.55	7.09	6.03
51	8.78	7.28	6.19
52	8.97	7.45	6.33
53	8.92	7.40	6.29
54	9.16	7.60	6.46
55	9.40	7.80	6.63
56	9.55	7.93	6.74
57	9.73	8.08	6.86
58	9.92	8.23	7.00
59	10.24	8.50	7.23
60	10.74	8.91	7.58

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.59	1.32	1.12
19	1.59	1.32	1.12
20	1.59	1.32	1.12
21	1.59	1.32	1.12
22	1.59	1.32	1.12
23	1.59	1.32	1.12
24	1.59	1.32	1.12
25	1.59	1.32	1.12
26	1.66	1.38	1.18
27	1.75	1.46	1.24
28	1.84	1.52	1.30
29	1.95	1.62	1.37
30	2.08	1.72	1.46
31	2.22	1.84	1.56
32	2.36	1.96	1.66
33	2.51	2.08	1.77
34	2.66	2.21	1.88
35	2.82	2.34	1.99
36	2.98	2.47	2.10
37	3.14	2.60	2.22
38	3.30	2.74	2.33
39	3.47	2.88	2.45
40	3.65	3.03	2.57
41	3.85	3.19	2.71
42	4.04	3.35	2.85
43	4.24	3.52	2.99
44	4.46	3.70	3.15
45	4.67	3.88	3.30
46	4.91	4.07	3.46
47	5.13	4.26	3.62
48	5.34	4.43	3.77
49	5.52	4.58	3.90
50	5.70	4.73	4.02
51	5.85	4.85	4.12
52	5.98	4.97	4.23
53	5.94	4.93	4.19
54	6.10	5.06	4.31
55	6.26	5.20	4.42
56	6.37	5.28	4.49
57	6.49	5.38	4.58
58	6.61	5.48	4.66
59	6.83	5.66	4.82
60	7.15	5.94	5.05

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.14	2.38
19	3.14	2.38
20	3.14	2.38
21	3.14	2.38
22	3.14	2.38
23	3.14	2.38
24	3.14	2.38
25	3.14	2.38
26	3.36	2.46
27	3.60	2.54
28	3.82	2.61
29	4.03	2.69
30	4.28	2.81
31	4.51	2.92
32	4.72	3.02
33	4.92	3.12
34	5.11	3.20
35	5.28	3.28
36	5.42	3.34
37	5.54	3.39
38	5.67	3.43
39	5.81	3.47
40	5.94	3.49
41	6.06	3.51
42	6.17	3.53
43	6.24	3.53
44	6.32	3.52
45	6.39	3.51
46	6.56	3.53
47	6.67	3.52
48	6.74	3.48
49	6.75	3.41
50	6.73	3.31
51	6.63	3.19
52	6.49	3.04
53	6.15	2.80
54	5.97	2.64
55	5.74	2.46
56	5.44	2.25
57	5.10	2.18
58	4.71	2.11
59	4.33	2.07
60	3.95	2.06

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.65	6.35	5.40
19	7.65	6.35	5.40
20	7.65	6.35	5.40
21	7.65	6.35	5.40
22	7.65	6.35	5.40
23	7.65	6.35	5.40
24	7.65	6.35	5.40
25	7.65	6.35	5.40
26	8.03	6.66	5.66
27	8.46	7.02	5.97
28	8.85	7.34	6.24
29	9.25	7.68	6.53
30	9.80	8.14	6.92
31	10.33	8.58	7.30
32	10.88	9.03	7.68
33	11.43	9.49	8.07
34	12.00	9.96	8.47
35	12.62	10.47	8.90
36	13.22	10.98	9.33
37	13.85	11.50	9.77
38	14.53	12.05	10.25
39	15.31	12.71	10.81
40	16.11	13.37	11.37
41	16.99	14.10	11.98
42	17.86	14.83	12.60
43	18.76	15.57	13.23
44	19.73	16.38	13.92
45	20.77	17.24	14.66
46	22.22	18.44	15.68
47	23.62	19.61	16.67
48	25.00	20.75	17.64
49	26.33	21.85	18.57
50	27.60	22.90	19.47
51	28.79	23.90	20.31
52	29.89	24.81	21.09
53	29.93	24.84	21.12
54	31.06	25.78	21.91
55	31.89	26.46	22.49
56	32.43	26.91	22.88
57	33.05	27.43	23.31
58	33.66	27.94	23.75
59	34.77	28.85	24.53
60	36.44	30.25	25.71

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.02	1.68	1.43
19	2.02	1.68	1.43
20	2.02	1.68	1.43
21	2.02	1.68	1.43
22	2.02	1.68	1.43
23	2.02	1.68	1.43
24	2.02	1.68	1.43
25	2.02	1.68	1.43
26	2.05	1.70	1.45
27	2.10	1.74	1.47
28	2.14	1.78	1.51
29	2.20	1.83	1.55
30	2.32	1.93	1.64
31	2.46	2.04	1.74
32	2.62	2.18	1.85
33	2.76	2.29	1.95
34	2.91	2.42	2.05
35	3.07	2.55	2.16
36	3.20	2.65	2.26
37	3.33	2.76	2.35
38	3.47	2.88	2.45
39	3.62	3.01	2.55
40	3.78	3.14	2.67
41	3.95	3.28	2.79
42	4.12	3.42	2.91
43	4.31	3.57	3.03
44	4.50	3.73	3.17
45	4.70	3.91	3.32
46	5.04	4.18	3.56
47	5.36	4.45	3.78
48	5.68	4.71	4.01
49	5.99	4.97	4.23
50	6.28	5.21	4.43
51	6.57	5.45	4.64
52	6.87	5.71	4.85
53	6.90	5.72	4.86
54	7.29	6.05	5.14
55	7.76	6.44	5.47
56	8.33	6.92	5.88
57	8.31	6.90	5.87
58	8.56	7.11	6.05
59	9.01	7.48	6.36
60	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	13.32	11.05	9.40
19	13.32	11.05	9.40
20	13.32	11.05	9.40
21	13.32	11.05	9.40
22	13.32	11.05	9.40
23	13.32	11.05	9.40
24	13.32	11.05	9.40
25	13.32	11.05	9.40
26	13.75	11.41	9.70
27	14.18	11.76	10.00
28	14.60	12.13	10.31
29	15.04	12.48	10.61
30	15.85	13.15	11.18
31	16.68	13.85	11.77
32	17.54	14.56	12.37
33	18.42	15.29	12.99
34	19.33	16.04	13.64
35	20.26	16.81	14.29
36	21.22	17.61	14.97
37	22.19	18.42	15.66
38	23.19	19.25	16.36
39	24.23	20.11	17.10
40	25.29	20.99	17.85
41	26.41	21.92	18.63
42	27.55	22.87	19.44
43	28.71	23.82	20.26
44	29.91	24.82	21.10
45	31.12	25.83	21.96
46	33.12	27.49	23.37
47	34.96	29.01	24.66
48	36.67	30.44	25.87
49	38.23	31.74	26.98
50	39.65	32.91	27.98
51	41.11	34.11	28.99
52	42.41	35.20	29.92
53	42.12	34.95	29.71
54	43.65	36.23	30.80
55	45.26	37.57	31.93
56	46.46	38.56	32.77
57	47.70	39.59	33.65
58	48.95	40.63	34.54
59	51.23	42.52	36.14
60	54.65	45.36	38.56

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.13	1.77	1.51
19	2.13	1.77	1.51
20	2.13	1.77	1.51
21	2.13	1.77	1.51
22	2.13	1.77	1.51
23	2.13	1.77	1.51
24	2.13	1.77	1.51
25	2.13	1.77	1.51
26	2.24	1.86	1.57
27	2.35	1.95	1.66
28	2.47	2.05	1.75
29	2.59	2.15	1.82
30	2.77	2.30	1.95
31	2.97	2.47	2.10
32	3.17	2.64	2.24
33	3.39	2.81	2.39
34	3.61	3.00	2.55
35	3.85	3.20	2.72
36	4.10	3.40	2.89
37	4.35	3.61	3.08
38	4.61	3.83	3.26
39	4.89	4.06	3.45
40	5.19	4.31	3.66
41	5.50	4.56	3.88
42	5.81	4.82	4.09
43	6.14	5.10	4.33
44	6.49	5.39	4.58
45	6.85	5.69	4.84
46	7.29	6.05	5.14
47	7.69	6.39	5.43
48	8.07	6.69	5.69
49	8.41	6.98	5.93
50	8.73	7.24	6.15
51	9.05	7.51	6.38
52	9.33	7.74	6.59
53	9.27	7.69	6.54
54	9.61	7.98	6.78
55	9.96	8.27	7.03
56	10.22	8.48	7.21
57	10.49	8.70	7.39
58	10.77	8.94	7.60
59	11.27	9.35	7.95
60	12.02	9.98	8.49

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.43	1.19	1.01
19	1.43	1.19	1.01
20	1.43	1.19	1.01
21	1.43	1.19	1.01
22	1.43	1.19	1.01
23	1.43	1.19	1.01
24	1.43	1.19	1.01
25	1.43	1.19	1.01
26	1.49	1.24	1.05
27	1.57	1.30	1.11
28	1.64	1.36	1.16
29	1.73	1.43	1.21
30	1.85	1.53	1.30
31	1.98	1.65	1.40
32	2.11	1.76	1.49
33	2.26	1.87	1.59
34	2.41	2.00	1.71
35	2.56	2.13	1.81
36	2.73	2.27	1.93
37	2.91	2.41	2.05
38	3.08	2.56	2.18
39	3.26	2.71	2.31
40	3.46	2.87	2.44
41	3.67	3.04	2.58
42	3.87	3.21	2.73
43	4.09	3.40	2.88
44	4.33	3.59	3.05
45	4.56	3.79	3.22
46	4.85	4.03	3.42
47	5.12	4.25	3.61
48	5.38	4.47	3.80
49	5.61	4.65	3.96
50	5.81	4.83	4.10
51	6.03	5.00	4.25
52	6.22	5.17	4.39
53	6.17	5.12	4.36
54	6.40	5.31	4.52
55	6.64	5.51	4.68
56	6.82	5.65	4.80
57	7.00	5.80	4.94
58	7.18	5.95	5.06
59	7.51	6.23	5.30
60	8.01	6.65	5.66

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.82	2.13
19	2.82	2.13
20	2.82	2.13
21	2.82	2.13
22	2.82	2.13
23	2.82	2.13
24	2.82	2.13
25	2.82	2.13
26	3.01	2.21
27	3.23	2.28
28	3.41	2.33
29	3.57	2.39
30	3.81	2.50
31	4.03	2.60
32	4.24	2.71
33	4.43	2.81
34	4.62	2.90
35	4.80	2.98
36	4.97	3.06
37	5.13	3.14
38	5.29	3.20
39	5.47	3.26
40	5.62	3.31
41	5.77	3.35
42	5.91	3.39
43	6.01	3.41
44	6.14	3.42
45	6.24	3.42
46	6.48	3.49
47	6.67	3.52
48	6.79	3.50
49	6.85	3.46
50	6.87	3.38
51	6.84	3.29
52	6.75	3.16
53	6.39	2.90
54	6.26	2.77
55	6.09	2.61
56	5.82	2.41
57	5.49	2.35
58	5.12	2.29
59	4.77	2.28
60	4.43	2.31

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.87	5.70	4.85
19	6.87	5.70	4.85
20	6.87	5.70	4.85
21	6.87	5.70	4.85
22	6.87	5.70	4.85
23	6.87	5.70	4.85
24	6.87	5.70	4.85
25	6.87	5.70	4.85
26	7.19	5.97	5.08
27	7.57	6.28	5.34
28	7.90	6.55	5.57
29	8.21	6.82	5.79
30	8.71	7.24	6.16
31	9.23	7.66	6.52
32	9.75	8.09	6.88
33	10.30	8.55	7.27
34	10.86	9.02	7.67
35	11.47	9.52	8.10
36	12.13	10.07	8.56
37	12.81	10.63	9.04
38	13.54	11.24	9.55
39	14.39	11.95	10.16
40	15.26	12.66	10.76
41	16.19	13.44	11.42
42	17.13	14.22	12.08
43	18.10	15.02	12.77
44	19.15	15.89	13.50
45	20.28	16.83	14.31
46	21.97	18.23	15.50
47	23.60	19.58	16.65
48	25.19	20.91	17.77
49	26.72	22.17	18.84
50	28.17	23.38	19.87
51	29.68	24.64	20.94
52	31.08	25.79	21.93
53	31.10	25.81	21.94
54	32.59	27.05	22.99
55	33.79	28.04	23.83
56	34.69	28.79	24.47
57	35.62	29.57	25.13
58	36.55	30.34	25.79
59	38.26	31.75	26.99
60	40.81	33.88	28.80

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.16	1.80	1.53
19	2.16	1.80	1.53
20	2.16	1.80	1.53
21	2.16	1.80	1.53
22	2.16	1.80	1.53
23	2.16	1.80	1.53
24	2.16	1.80	1.53
25	2.16	1.80	1.53
26	2.20	1.82	1.55
27	2.24	1.86	1.58
28	2.29	1.90	1.62
29	2.36	1.96	1.66
30	2.49	2.07	1.75
31	2.64	2.18	1.86
32	2.81	2.33	1.99
33	2.96	2.45	2.08
34	3.12	2.59	2.20
35	3.29	2.73	2.32
36	3.43	2.85	2.43
37	3.58	2.97	2.53
38	3.73	3.10	2.63
39	3.91	3.24	2.75
40	4.08	3.39	2.88
41	4.27	3.55	3.02
42	4.48	3.72	3.16
43	4.69	3.89	3.30
44	4.91	4.07	3.46
45	5.14	4.27	3.63
46	5.52	4.58	3.90
47	5.89	4.89	4.15
48	6.25	5.19	4.41
49	6.61	5.49	4.66
50	6.96	5.77	4.90
51	7.33	6.08	5.18
52	7.72	6.41	5.45
53	7.80	6.47	5.50
54	8.30	6.90	5.86
55	8.91	7.39	6.28
56	9.53	7.91	6.73
57	9.79	8.13	6.92
58	10.05	8.35	7.10
59	10.52	8.73	7.42
60	11.21	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	23.92	19.85	16.88
19	23.92	19.85	16.88
20	23.92	19.85	16.88
21	23.92	19.85	16.88
22	23.92	19.85	16.88
23	23.92	19.85	16.88
24	23.92	19.85	16.88
25	23.92	19.85	16.88
26	24.95	20.71	17.60
27	25.98	21.57	18.33
28	27.09	22.49	19.11
29	28.57	23.72	20.16
30	30.08	24.96	21.22
31	31.34	26.02	22.11
32	32.61	27.06	23.01
33	33.88	28.13	23.91
34	35.16	29.19	24.81
35	36.43	30.24	25.71
36	37.22	30.90	26.27
37	38.03	31.56	26.82
38	38.82	32.22	27.38
39	39.61	32.88	27.94
40	40.42	33.55	28.51
41	41.66	34.58	29.39
42	42.90	35.61	30.28
43	44.14	36.64	31.15
44	45.39	37.68	32.02
45	46.65	38.71	32.91
46	47.81	39.68	33.73
47	48.97	40.64	34.55
48	50.13	41.61	35.37
49	51.31	42.59	36.20
50	52.49	43.56	37.03
51	53.72	44.59	37.90
52	54.97	45.63	38.79
53	56.23	46.67	39.68
54	57.50	47.73	40.56
55	58.78	48.79	41.46
56	59.61	49.48	42.05
57	60.92	50.57	42.98
58	62.22	51.64	43.89
59	63.24	52.49	44.62
60	64.27	53.35	45.35

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.83	3.17	2.70
19	3.83	3.17	2.70
20	3.83	3.17	2.70
21	3.83	3.17	2.70
22	3.83	3.17	2.70
23	3.83	3.17	2.70
24	3.83	3.17	2.70
25	3.83	3.17	2.70
26	4.06	3.38	2.87
27	4.31	3.58	3.05
28	4.58	3.81	3.23
29	4.91	4.07	3.47
30	5.26	4.37	3.71
31	5.57	4.63	3.94
32	5.91	4.90	4.16
33	6.23	5.17	4.39
34	6.57	5.46	4.63
35	6.92	5.74	4.87
36	7.19	5.96	5.07
37	7.45	6.18	5.25
38	7.72	6.41	5.45
39	8.00	6.64	5.65
40	8.28	6.87	5.84
41	8.66	7.19	6.11
42	9.05	7.51	6.38
43	9.44	7.84	6.67
44	9.85	8.18	6.95
45	10.26	8.51	7.24
46	10.52	8.73	7.42
47	10.78	8.94	7.61
48	11.03	9.16	7.79
49	11.29	9.37	7.96
50	11.54	9.58	8.14
51	11.82	9.80	8.34
52	12.09	10.03	8.52
53	12.37	10.27	8.72
54	12.65	10.50	8.93
55	12.93	10.73	9.12
56	13.11	10.89	9.26
57	13.40	11.13	9.45
58	13.69	11.37	9.66
59	13.92	11.56	9.83
60	14.14	11.74	9.98

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.55	2.11	1.80
19	2.55	2.11	1.80
20	2.55	2.11	1.80
21	2.55	2.11	1.80
22	2.55	2.11	1.80
23	2.55	2.11	1.80
24	2.55	2.11	1.80
25	2.55	2.11	1.80
26	2.71	2.25	1.92
27	2.87	2.38	2.03
28	3.05	2.53	2.15
29	3.28	2.72	2.31
30	3.51	2.92	2.47
31	3.72	3.09	2.62
32	3.94	3.27	2.77
33	4.16	3.45	2.94
34	4.38	3.63	3.09
35	4.61	3.83	3.26
36	4.79	3.98	3.38
37	4.97	4.12	3.51
38	5.15	4.27	3.63
39	5.33	4.42	3.75
40	5.52	4.58	3.89
41	5.77	4.79	4.07
42	6.03	5.01	4.26
43	6.29	5.22	4.44
44	6.56	5.45	4.64
45	6.84	5.68	4.83
46	7.01	5.81	4.94
47	7.19	5.97	5.07
48	7.35	6.10	5.18
49	7.52	6.25	5.31
50	7.70	6.39	5.43
51	7.88	6.54	5.56
52	8.06	6.70	5.69
53	8.25	6.85	5.82
54	8.44	7.00	5.95
55	8.61	7.15	6.08
56	8.74	7.26	6.17
57	8.93	7.42	6.30
58	9.12	7.58	6.45
59	9.27	7.70	6.54
60	9.43	7.83	6.65

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	5.07	3.83
19	5.07	3.83
20	5.07	3.83
21	5.07	3.83
22	5.07	3.83
23	5.07	3.83
24	5.07	3.83
25	5.07	3.83
26	5.47	4.00
27	5.91	4.16
28	6.32	4.33
29	6.80	4.54
30	7.23	4.75
31	7.57	4.89
32	7.88	5.03
33	8.14	5.16
34	8.41	5.27
35	8.63	5.37
36	8.72	5.37
37	8.79	5.37
38	8.86	5.35
39	8.93	5.33
40	8.99	5.29
41	9.11	5.28
42	9.21	5.27
43	9.25	5.25
44	9.31	5.19
45	9.35	5.12
46	9.36	5.04
47	9.33	4.92
48	9.28	4.79
49	9.21	4.64
50	9.09	4.48
51	8.94	4.30
52	8.76	4.10
53	8.53	3.88
54	8.25	3.65
55	7.91	3.39
56	7.46	3.10
57	7.02	3.00
58	6.50	2.91
59	5.89	2.81
60	5.21	2.71

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.34	10.24	8.70
19	12.34	10.24	8.70
20	12.34	10.24	8.70
21	12.34	10.24	8.70
22	12.34	10.24	8.70
23	12.34	10.24	8.70
24	12.34	10.24	8.70
25	12.34	10.24	8.70
26	13.06	10.84	9.21
27	13.86	11.50	9.78
28	14.66	12.17	10.34
29	15.60	12.95	11.00
30	16.55	13.74	11.68
31	17.33	14.38	12.23
32	18.14	15.06	12.80
33	18.94	15.72	13.36
34	19.76	16.40	13.94
35	20.64	17.13	14.55
36	21.27	17.65	15.00
37	21.95	18.22	15.48
38	22.67	18.82	16.00
39	23.52	19.52	16.60
40	24.40	20.25	17.22
41	25.53	21.20	18.02
42	26.67	22.13	18.81
43	27.82	23.09	19.62
44	29.07	24.13	20.51
45	30.39	25.23	21.45
46	31.71	26.31	22.36
47	33.06	27.44	23.33
48	34.44	28.59	24.30
49	35.86	29.76	25.29
50	37.29	30.95	26.31
51	38.79	32.19	27.36
52	40.29	33.44	28.43
53	41.52	34.46	29.29
54	42.94	35.64	30.30
55	43.89	36.43	30.96
56	44.51	36.95	31.41
57	45.49	37.76	32.09
58	46.46	38.56	32.78
59	47.22	39.19	33.32
60	48.00	39.83	33.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.86	1.55	1.32
19	1.86	1.55	1.32
20	1.86	1.55	1.32
21	1.86	1.55	1.32
22	1.86	1.55	1.32
23	1.86	1.55	1.32
24	1.86	1.55	1.32
25	1.86	1.55	1.32
26	1.91	1.58	1.34
27	1.96	1.63	1.39
28	2.02	1.67	1.42
29	2.09	1.74	1.48
30	2.22	1.85	1.57
31	2.38	1.97	1.68
32	2.54	2.11	1.80
33	2.70	2.24	1.90
34	2.85	2.37	2.01
35	3.03	2.51	2.13
36	3.15	2.61	2.22
37	3.28	2.72	2.30
38	3.41	2.82	2.40
39	3.56	2.96	2.51
40	3.71	3.09	2.62
41	3.88	3.22	2.74
42	4.06	3.37	2.87
43	4.25	3.53	3.00
44	4.46	3.69	3.14
45	4.67	3.88	3.30
46	5.03	4.18	3.55
47	5.36	4.46	3.79
48	5.70	4.73	4.01
49	6.04	5.01	4.26
50	6.29	5.23	4.45
51	6.63	5.50	4.68
52	6.97	5.78	4.91
53	7.03	5.83	4.96
54	7.44	6.18	5.26
55	7.95	6.60	5.62
56	8.96	7.44	6.32
57	8.11	6.73	5.72
58	8.82	7.32	6.22
59	9.84	8.17	6.95
60	11.22	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.44	12.81	10.90
19	15.44	12.81	10.90
20	15.44	12.81	10.90
21	15.44	12.81	10.90
22	15.44	12.81	10.90
23	15.44	12.81	10.90
24	15.44	12.81	10.90
25	15.44	12.81	10.90
26	15.99	13.27	11.28
27	16.54	13.72	11.67
28	17.10	14.20	12.07
29	17.75	14.73	12.52
30	18.70	15.51	13.19
31	19.61	16.28	13.84
32	20.55	17.06	14.50
33	21.51	17.86	15.17
34	22.50	18.67	15.87
35	23.49	19.50	16.57
36	24.42	20.27	17.23
37	25.36	21.05	17.89
38	26.32	21.84	18.56
39	27.31	22.66	19.27
40	28.32	23.50	19.98
41	29.46	24.45	20.78
42	30.62	25.42	21.61
43	31.80	26.38	22.44
44	33.01	27.39	23.28
45	34.23	28.41	24.15
46	36.06	29.93	25.44
47	37.76	31.34	26.64
48	39.36	32.67	27.77
49	40.85	33.91	28.82
50	42.22	35.04	29.79
51	43.63	36.21	30.77
52	44.92	37.29	31.69
53	44.94	37.29	31.70
54	46.42	38.53	32.75
55	47.96	39.81	33.84
56	49.09	40.74	34.63
57	50.34	41.79	35.52
58	51.60	42.83	36.41
59	53.63	44.51	37.84
60	56.57	46.96	39.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.47	2.05	1.75
19	2.47	2.05	1.75
20	2.47	2.05	1.75
21	2.47	2.05	1.75
22	2.47	2.05	1.75
23	2.47	2.05	1.75
24	2.47	2.05	1.75
25	2.47	2.05	1.75
26	2.60	2.16	1.83
27	2.74	2.28	1.94
28	2.89	2.40	2.05
29	3.05	2.53	2.15
30	3.27	2.71	2.30
31	3.49	2.90	2.47
32	3.72	3.09	2.62
33	3.96	3.28	2.79
34	4.20	3.49	2.97
35	4.46	3.71	3.15
36	4.72	3.91	3.33
37	4.97	4.12	3.51
38	5.23	4.35	3.70
39	5.51	4.58	3.89
40	5.81	4.82	4.10
41	6.13	5.09	4.33
42	6.46	5.36	4.55
43	6.80	5.65	4.80
44	7.16	5.95	5.05
45	7.53	6.25	5.32
46	7.94	6.59	5.60
47	8.31	6.90	5.87
48	8.66	7.18	6.11
49	8.99	7.46	6.34
50	9.29	7.71	6.55
51	9.60	7.97	6.77
52	9.88	8.20	6.98
53	9.89	8.21	6.98
54	10.22	8.48	7.21
55	10.55	8.76	7.45
56	10.80	8.96	7.62
57	11.07	9.19	7.80
58	11.35	9.43	8.01
59	11.80	9.79	8.33
60	12.44	10.33	8.79

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.65	1.37	1.17
19	1.65	1.37	1.17
20	1.65	1.37	1.17
21	1.65	1.37	1.17
22	1.65	1.37	1.17
23	1.65	1.37	1.17
24	1.65	1.37	1.17
25	1.65	1.37	1.17
26	1.73	1.44	1.22
27	1.83	1.52	1.29
28	1.92	1.59	1.36
29	2.04	1.69	1.43
30	2.18	1.81	1.53
31	2.33	1.94	1.64
32	2.48	2.06	1.75
33	2.64	2.19	1.86
34	2.80	2.33	1.99
35	2.97	2.47	2.10
36	3.14	2.61	2.22
37	3.32	2.75	2.34
38	3.49	2.90	2.47
39	3.67	3.05	2.60
40	3.87	3.21	2.73
41	4.09	3.39	2.88
42	4.30	3.57	3.04
43	4.53	3.76	3.19
44	4.78	3.96	3.37
45	5.02	4.17	3.54
46	5.28	4.39	3.72
47	5.53	4.59	3.90
48	5.77	4.80	4.08
49	5.99	4.97	4.23
50	6.19	5.14	4.37
51	6.40	5.31	4.51
52	6.59	5.48	4.65
53	6.59	5.47	4.65
54	6.81	5.65	4.81
55	7.03	5.84	4.96
56	7.20	5.97	5.07
57	7.39	6.12	5.21
58	7.57	6.28	5.34
59	7.86	6.52	5.55
60	8.29	6.89	5.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.27	2.47
19	3.27	2.47
20	3.27	2.47
21	3.27	2.47
22	3.27	2.47
23	3.27	2.47
24	3.27	2.47
25	3.27	2.47
26	3.50	2.57
27	3.77	2.66
28	3.99	2.73
29	4.22	2.82
30	4.49	2.95
31	4.74	3.06
32	4.97	3.17
33	5.17	3.28
34	5.38	3.37
35	5.57	3.46
36	5.72	3.52
37	5.86	3.59
38	6.00	3.63
39	6.16	3.67
40	6.29	3.71
41	6.44	3.74
42	6.57	3.77
43	6.66	3.78
44	6.77	3.77
45	6.86	3.76
46	7.06	3.80
47	7.20	3.80
48	7.29	3.76
49	7.32	3.70
50	7.31	3.60
51	7.26	3.49
52	7.15	3.35
53	6.82	3.10
54	6.66	2.95
55	6.45	2.77
56	6.15	2.55
57	5.80	2.48
58	5.40	2.41
59	4.99	2.39
60	4.59	2.39

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.96	6.61	5.62
19	7.96	6.61	5.62
20	7.96	6.61	5.62
21	7.96	6.61	5.62
22	7.96	6.61	5.62
23	7.96	6.61	5.62
24	7.96	6.61	5.62
25	7.96	6.61	5.62
26	8.36	6.94	5.91
27	8.83	7.32	6.23
28	9.25	7.67	6.52
29	9.69	8.05	6.83
30	10.28	8.54	7.26
31	10.85	9.00	7.66
32	11.43	9.48	8.06
33	12.03	9.98	8.49
34	12.64	10.50	8.92
35	13.30	11.04	9.39
36	13.96	11.59	9.85
37	14.64	12.15	10.33
38	15.37	12.76	10.84
39	16.22	13.46	11.45
40	17.09	14.18	12.05
41	18.06	14.99	12.74
42	19.04	15.80	13.43
43	20.04	16.63	14.14
44	21.13	17.54	14.90
45	22.30	18.51	15.74
46	23.92	19.85	16.87
47	25.49	21.15	17.99
48	27.04	22.45	19.08
49	28.55	23.69	20.13
50	29.99	24.89	21.16
51	31.50	26.15	22.22
52	32.92	27.32	23.23
53	33.18	27.54	23.41
54	34.66	28.77	24.45
55	35.81	29.72	25.26
56	36.65	30.42	25.86
57	37.59	31.21	26.52
58	38.53	31.98	27.19
59	40.05	33.24	28.26
60	42.25	35.07	29.81

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.10	1.75	1.49
19	2.10	1.75	1.49
20	2.10	1.75	1.49
21	2.10	1.75	1.49
22	2.10	1.75	1.49
23	2.10	1.75	1.49
24	2.10	1.75	1.49
25	2.10	1.75	1.49
26	2.14	1.77	1.51
27	2.18	1.81	1.54
28	2.24	1.85	1.58
29	2.31	1.92	1.62
30	2.44	2.03	1.71
31	2.59	2.14	1.82
32	2.76	2.29	1.95
33	2.91	2.41	2.04
34	3.07	2.55	2.16
35	3.24	2.69	2.28
36	3.37	2.80	2.39
37	3.52	2.92	2.48
38	3.67	3.04	2.58
39	3.84	3.18	2.70
40	4.01	3.33	2.83
41	4.19	3.48	2.96
42	4.40	3.65	3.10
43	4.60	3.82	3.24
44	4.82	3.99	3.40
45	5.05	4.19	3.56
46	5.42	4.50	3.83
47	5.78	4.80	4.08
48	6.14	5.10	4.33
49	6.50	5.39	4.58
50	6.83	5.66	4.81
51	7.19	5.96	5.08
52	7.57	6.28	5.34
53	7.65	6.34	5.39
54	8.13	6.76	5.74
55	8.72	7.23	6.15
56	9.42	7.82	6.65
57	9.45	7.85	6.68
58	9.80	8.14	6.92
59	10.38	8.62	7.33
60	11.21	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	14.03	11.64	9.90
19	14.03	11.64	9.90
20	14.03	11.64	9.90
21	14.03	11.64	9.90
22	14.03	11.64	9.90
23	14.03	11.64	9.90
24	14.03	11.64	9.90
25	14.03	11.64	9.90
26	14.51	12.04	10.24
27	14.99	12.44	10.57
28	15.47	12.85	10.92
29	15.96	13.25	11.26
30	16.85	13.98	11.89
31	17.76	14.74	12.53
32	18.70	15.52	13.19
33	19.67	16.32	13.87
34	20.66	17.15	14.58
35	21.68	17.99	15.30
36	22.74	18.87	16.05
37	23.82	19.77	16.81
38	24.92	20.68	17.58
39	26.08	21.65	18.40
40	27.25	22.62	19.23
41	29.29	24.32	20.67
42	31.43	26.10	22.18
43	33.66	27.94	23.75
44	36.01	29.89	25.40
45	38.44	31.91	27.12
46	41.93	34.81	29.59
47	45.34	37.63	31.99
48	48.69	40.41	34.35
49	51.93	43.11	36.64
50	55.07	45.71	38.86
51	58.59	48.62	41.33
52	61.98	51.44	43.73
53	63.04	52.32	44.47
54	66.86	55.50	47.17
55	70.89	58.84	50.01

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.25	1.86	1.59
19	2.25	1.86	1.59
20	2.25	1.86	1.59
21	2.25	1.86	1.59
22	2.25	1.86	1.59
23	2.25	1.86	1.59
24	2.25	1.86	1.59
25	2.25	1.86	1.59
26	2.36	1.96	1.66
27	2.48	2.06	1.75
28	2.61	2.17	1.85
29	2.74	2.28	1.93
30	2.94	2.44	2.07
31	3.16	2.63	2.24
32	3.38	2.81	2.39
33	3.62	3.00	2.55
34	3.86	3.21	2.73
35	4.12	3.42	2.91
36	4.39	3.64	3.10
37	4.67	3.88	3.30
38	4.96	4.12	3.50
39	5.27	4.37	3.72
40	5.59	4.64	3.94
41	6.10	5.06	4.30
42	6.63	5.50	4.67
43	7.20	5.98	5.07
44	7.81	6.49	5.52
45	8.46	7.03	5.98
46	9.23	7.66	6.51
47	9.98	8.28	7.04
48	10.71	8.89	7.55
49	11.43	9.49	8.06
50	12.12	10.05	8.54
51	12.90	10.70	9.09
52	13.63	11.31	9.62
53	13.87	11.52	9.79
54	14.72	12.22	10.39
55	15.60	12.95	11.01

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.50	1.25	1.06
19	1.50	1.25	1.06
20	1.50	1.25	1.06
21	1.50	1.25	1.06
22	1.50	1.25	1.06
23	1.50	1.25	1.06
24	1.50	1.25	1.06
25	1.50	1.25	1.06
26	1.57	1.31	1.11
27	1.66	1.38	1.17
28	1.74	1.44	1.23
29	1.83	1.52	1.29
30	1.96	1.63	1.38
31	2.11	1.75	1.49
32	2.25	1.87	1.59
33	2.42	2.00	1.70
34	2.58	2.14	1.82
35	2.74	2.28	1.94
36	2.93	2.43	2.07
37	3.12	2.59	2.20
38	3.31	2.75	2.34
39	3.51	2.92	2.48
40	3.72	3.10	2.63
41	4.07	3.37	2.87
42	4.41	3.66	3.11
43	4.80	3.98	3.38
44	5.21	4.32	3.67
45	5.64	4.68	3.98
46	6.15	5.10	4.33
47	6.65	5.51	4.69
48	7.14	5.93	5.04
49	7.61	6.32	5.38
50	8.08	6.70	5.69
51	8.59	7.13	6.05
52	9.09	7.55	6.42
53	9.24	7.67	6.52
54	9.81	8.14	6.92
55	10.40	8.64	7.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

Age	6% Compound	3% Simple
18	2.97	2.25
19	2.97	2.25
20	2.97	2.25
21	2.97	2.25
22	2.97	2.25
23	2.97	2.25
24	2.97	2.25
25	2.97	2.25
26	3.18	2.33
27	3.41	2.41
28	3.61	2.47
29	3.79	2.53
30	4.05	2.65
31	4.29	2.77
32	4.52	2.89
33	4.73	3.00
34	4.94	3.10
35	5.14	3.19
36	5.33	3.28
37	5.50	3.37
38	5.69	3.43
39	5.88	3.51
40	6.06	3.56
41	6.40	3.71
42	6.75	3.87
43	7.05	4.00
44	7.39	4.11
45	7.70	4.23
46	8.20	4.42
47	8.65	4.56
48	9.02	4.65
49	9.31	4.70
50	9.54	4.69
51	9.75	4.69
52	9.87	4.62
53	9.56	4.35
54	9.59	4.24
55	9.53	4.08

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.23	6.01	5.11
19	7.23	6.01	5.11
20	7.23	6.01	5.11
21	7.23	6.01	5.11
22	7.23	6.01	5.11
23	7.23	6.01	5.11
24	7.23	6.01	5.11
25	7.23	6.01	5.11
26	7.59	6.30	5.36
27	8.00	6.64	5.65
28	8.37	6.94	5.90
29	8.71	7.23	6.15
30	9.27	7.69	6.55
31	9.83	8.16	6.94
32	10.40	8.63	7.34
33	11.00	9.13	7.76
34	11.61	9.64	8.20
35	12.28	10.19	8.67
36	13.00	10.80	9.18
37	13.75	11.41	9.70
38	14.55	12.08	10.27
39	15.49	12.86	10.93
40	16.44	13.64	11.60
41	17.96	14.91	12.67
42	19.54	16.22	13.79
43	21.22	17.61	14.97
44	23.05	19.13	16.26
45	25.05	20.79	17.68
46	27.81	23.09	19.62
47	30.61	25.40	21.59
48	33.45	27.76	23.60
49	36.29	30.12	25.60
50	39.13	32.47	27.59
51	42.31	35.12	29.85
52	45.42	37.69	32.04
53	46.54	38.63	32.84
54	49.93	41.43	35.21
55	52.93	43.92	37.33

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.28	1.90	1.61
19	2.28	1.90	1.61
20	2.28	1.90	1.61
21	2.28	1.90	1.61
22	2.28	1.90	1.61
23	2.28	1.90	1.61
24	2.28	1.90	1.61
25	2.28	1.90	1.61
26	2.32	1.92	1.64
27	2.37	1.96	1.67
28	2.43	2.02	1.72
29	2.50	2.08	1.77
30	2.64	2.20	1.86
31	2.81	2.32	1.98
32	2.99	2.49	2.12
33	3.16	2.62	2.22
34	3.33	2.77	2.35
35	3.52	2.92	2.48
36	3.68	3.06	2.60
37	3.85	3.19	2.71
38	4.01	3.33	2.83
39	4.21	3.49	2.96
40	4.40	3.66	3.11
41	4.74	3.94	3.35
42	5.11	4.24	3.61
43	5.50	4.56	3.87
44	5.91	4.90	4.16
45	6.35	5.28	4.48
46	6.99	5.81	4.93
47	7.64	6.34	5.39
48	8.30	6.89	5.86
49	8.98	7.45	6.33
50	9.66	8.02	6.81
51	10.45	8.67	7.38
52	11.28	9.37	7.97
53	11.68	9.69	8.23
54	12.72	10.56	8.97
55	13.95	11.57	9.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	25.20	20.91	17.78
19	25.20	20.91	17.78
20	25.20	20.91	17.78
21	25.20	20.91	17.78
22	25.20	20.91	17.78
23	25.20	20.91	17.78
24	25.20	20.91	17.78
25	25.20	20.91	17.78
26	26.33	21.85	18.58
27	27.47	22.80	19.38
28	28.69	23.82	20.24
29	30.33	25.17	21.39
30	31.98	26.54	22.56
31	33.37	27.70	23.54
32	34.77	28.85	24.53
33	36.17	30.03	25.52
34	37.59	31.20	26.52
35	39.00	32.37	27.52
36	39.90	33.12	28.15
37	40.81	33.87	28.79
38	41.72	34.62	29.43
39	42.63	35.38	30.07
40	43.56	36.15	30.72
41	46.22	38.36	32.61
42	48.96	40.64	34.55
43	51.76	42.97	36.53
44	54.64	45.36	38.55
45	57.62	47.82	40.64
46	60.53	50.25	42.71
47	63.52	52.72	44.81
48	66.57	55.25	46.96
49	69.70	57.85	49.18
50	72.90	60.50	51.43
51	76.57	63.55	54.02
52	80.32	66.68	56.68
53	84.16	69.86	59.39
54	88.07	73.10	62.13
55	92.07	76.42	64.95

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	4.03	3.34	2.84
19	4.03	3.34	2.84
20	4.03	3.34	2.84
21	4.03	3.34	2.84
22	4.03	3.34	2.84
23	4.03	3.34	2.84
24	4.03	3.34	2.84
25	4.03	3.34	2.84
26	4.29	3.56	3.02
27	4.56	3.79	3.22
28	4.85	4.03	3.42
29	5.21	4.32	3.68
30	5.60	4.65	3.95
31	5.94	4.93	4.19
32	6.30	5.22	4.44
33	6.65	5.52	4.68
34	7.03	5.83	4.95
35	7.40	6.14	5.22
36	7.71	6.39	5.43
37	8.00	6.64	5.64
38	8.30	6.89	5.86
39	8.61	7.15	6.08
40	8.92	7.40	6.30
41	9.61	7.97	6.78
42	10.32	8.57	7.28
43	11.07	9.19	7.82
44	11.86	9.85	8.37
45	12.68	10.52	8.94
46	13.31	11.05	9.39
47	13.98	11.60	9.87
48	14.65	12.16	10.34
49	15.33	12.73	10.81
50	16.03	13.30	11.31
51	16.84	13.97	11.88
52	17.67	14.66	12.46
53	18.52	15.36	13.06
54	19.38	16.08	13.67
55	20.25	16.80	14.28

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.69	2.23	1.90
19	2.69	2.23	1.90
20	2.69	2.23	1.90
21	2.69	2.23	1.90
22	2.69	2.23	1.90
23	2.69	2.23	1.90
24	2.69	2.23	1.90
25	2.69	2.23	1.90
26	2.86	2.38	2.02
27	3.04	2.52	2.14
28	3.23	2.68	2.28
29	3.48	2.89	2.46
30	3.74	3.10	2.63
31	3.96	3.29	2.79
32	4.20	3.48	2.96
33	4.44	3.68	3.13
34	4.68	3.88	3.30
35	4.93	4.10	3.49
36	5.14	4.27	3.62
37	5.33	4.42	3.77
38	5.54	4.59	3.90
39	5.73	4.75	4.04
40	5.95	4.94	4.19
41	6.40	5.32	4.52
42	6.88	5.72	4.86
43	7.38	6.13	5.21
44	7.90	6.56	5.58
45	8.45	7.01	5.97
46	8.87	7.36	6.26
47	9.32	7.74	6.58
48	9.77	8.10	6.88
49	10.22	8.48	7.22
50	10.69	8.88	7.55
51	11.23	9.33	7.92
52	11.78	9.78	8.32
53	12.35	10.25	8.71
54	12.92	10.72	9.11
55	13.49	11.21	9.52

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

Age	6% Compound	3% Simple
18	5.34	4.03
19	5.34	4.03
20	5.34	4.03
21	5.34	4.03
22	5.34	4.03
23	5.34	4.03
24	5.34	4.03
25	5.34	4.03
26	5.77	4.22
27	6.25	4.40
28	6.70	4.58
29	7.21	4.82
30	7.68	5.05
31	8.06	5.21
32	8.40	5.37
33	8.69	5.50
34	8.99	5.63
35	9.23	5.75
36	9.35	5.76
37	9.44	5.76
38	9.52	5.75
39	9.61	5.73
40	9.69	5.70
41	10.11	5.86
42	10.51	6.02
43	10.85	6.15
44	11.20	6.25
45	11.55	6.33
46	11.86	6.38
47	12.11	6.38
48	12.32	6.36
49	12.50	6.30
50	12.62	6.22
51	12.74	6.13
52	12.79	5.99
53	12.76	5.81
54	12.63	5.59
55	12.38	5.31

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	13.00	10.79	9.16
19	13.00	10.79	9.16
20	13.00	10.79	9.16
21	13.00	10.79	9.16
22	13.00	10.79	9.16
23	13.00	10.79	9.16
24	13.00	10.79	9.16
25	13.00	10.79	9.16
26	13.78	11.44	9.72
27	14.66	12.16	10.34
28	15.53	12.89	10.95
29	16.56	13.75	11.68
30	17.59	14.61	12.42
31	18.45	15.31	13.02
32	19.34	16.06	13.65
33	20.22	16.78	14.27
34	21.12	17.53	14.90
35	22.09	18.33	15.58
36	22.80	18.92	16.08
37	23.56	19.56	16.62
38	24.37	20.23	17.19
39	25.32	21.01	17.86
40	26.29	21.82	18.56
41	28.33	23.52	19.99
42	30.44	25.26	21.46
43	32.62	27.07	23.01
44	34.99	29.05	24.69
45	37.54	31.16	26.50
46	40.15	33.32	28.32
47	42.88	35.59	30.26
48	45.73	37.96	32.27
49	48.71	40.43	34.36
50	51.79	42.99	36.55
51	55.28	45.88	39.00
52	58.87	48.86	41.54
53	62.14	51.57	43.84
54	65.77	54.59	46.40
55	68.75	57.07	48.50

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.96	1.63	1.39
19	1.96	1.63	1.39
20	1.96	1.63	1.39
21	1.96	1.63	1.39
22	1.96	1.63	1.39
23	1.96	1.63	1.39
24	1.96	1.63	1.39
25	1.96	1.63	1.39
26	2.01	1.67	1.42
27	2.07	1.72	1.47
28	2.14	1.77	1.51
29	2.22	1.84	1.57
30	2.36	1.96	1.67
31	2.54	2.10	1.79
32	2.71	2.25	1.92
33	2.89	2.39	2.03
34	3.05	2.53	2.15
35	3.24	2.69	2.28
36	3.37	2.79	2.38
37	3.52	2.92	2.47
38	3.66	3.04	2.58
39	3.83	3.18	2.70
40	4.00	3.32	2.82
41	4.30	3.57	3.04
42	4.63	3.84	3.27
43	4.99	4.13	3.52
44	5.36	4.45	3.78
45	5.77	4.79	4.07
46	6.36	5.29	4.50
47	6.96	5.78	4.91
48	7.57	6.28	5.33
49	8.20	6.80	5.79
50	8.74	7.26	6.17
51	9.45	7.84	6.67
52	10.19	8.45	7.18
53	10.52	8.73	7.42
54	11.40	9.47	8.05
55	12.45	10.34	8.80

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	16.26	13.49	11.48
19	16.26	13.49	11.48
20	16.26	13.49	11.48
21	16.26	13.49	11.48
22	16.26	13.49	11.48
23	16.26	13.49	11.48
24	16.26	13.49	11.48
25	16.26	13.49	11.48
26	16.87	14.00	11.91
27	17.49	14.51	12.33
28	18.11	15.04	12.78
29	18.83	15.63	13.29
30	19.88	16.49	14.02
31	20.88	17.33	14.73
32	21.91	18.19	15.46
33	22.97	19.06	16.20
34	24.05	19.96	16.97
35	25.14	20.87	17.74
36	26.17	21.72	18.47
37	27.22	22.59	19.21
38	28.28	23.47	19.95
39	29.39	24.40	20.73
40	30.51	25.33	21.53
41	32.68	27.13	23.06
42	34.94	29.01	24.65
43	37.28	30.95	26.31
44	39.74	32.98	28.03
45	42.28	35.09	29.82
46	45.65	37.90	32.21
47	48.98	40.65	34.55
48	52.27	43.38	36.87
49	55.48	46.06	39.15
50	58.64	48.67	41.37
51	62.19	51.61	43.87
52	65.65	54.49	46.32
53	67.26	55.83	47.45
54	71.10	59.02	50.16
55	75.13	62.36	53.00

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.61	2.16	1.84
19	2.61	2.16	1.84
20	2.61	2.16	1.84
21	2.61	2.16	1.84
22	2.61	2.16	1.84
23	2.61	2.16	1.84
24	2.61	2.16	1.84
25	2.61	2.16	1.84
26	2.75	2.28	1.93
27	2.90	2.41	2.04
28	3.06	2.54	2.16
29	3.23	2.69	2.28
30	3.47	2.88	2.45
31	3.72	3.09	2.63
32	3.96	3.29	2.80
33	4.23	3.50	2.98
34	4.49	3.73	3.17
35	4.78	3.96	3.37
36	5.05	4.19	3.57
37	5.34	4.43	3.77
38	5.63	4.67	3.97
39	5.94	4.93	4.19
40	6.26	5.19	4.41
41	6.80	5.64	4.80
42	7.37	6.11	5.19
43	7.97	6.62	5.62
44	8.62	7.16	6.09
45	9.30	7.73	6.57
46	10.05	8.34	7.09
47	10.78	8.94	7.61
48	11.50	9.54	8.11
49	12.21	10.14	8.61
50	12.90	10.70	9.09
51	13.69	11.35	9.65
52	14.44	11.98	10.19
53	14.80	12.29	10.44
54	15.65	12.99	11.05
55	16.53	13.72	11.66

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.74	1.45	1.23
19	1.74	1.45	1.23
20	1.74	1.45	1.23
21	1.74	1.45	1.23
22	1.74	1.45	1.23
23	1.74	1.45	1.23
24	1.74	1.45	1.23
25	1.74	1.45	1.23
26	1.83	1.52	1.29
27	1.94	1.61	1.36
28	2.04	1.69	1.44
29	2.16	1.79	1.52
30	2.32	1.92	1.63
31	2.48	2.06	1.75
32	2.64	2.19	1.86
33	2.82	2.34	1.99
34	3.00	2.49	2.12
35	3.18	2.64	2.25
36	3.37	2.80	2.38
37	3.56	2.96	2.51
38	3.76	3.12	2.65
39	3.95	3.29	2.79
40	4.17	3.47	2.94
41	4.54	3.76	3.20
42	4.90	4.07	3.46
43	5.32	4.41	3.75
44	5.75	4.77	4.05
45	6.20	5.15	4.38
46	6.69	5.55	4.72
47	7.18	5.96	5.07
48	7.67	6.36	5.41
49	8.13	6.75	5.75
50	8.60	7.14	6.06
51	9.12	7.57	6.42
52	9.63	8.00	6.80
53	9.86	8.19	6.96
54	10.43	8.66	7.36
55	11.02	9.15	7.78

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.44	2.61
19	3.44	2.61
20	3.44	2.61
21	3.44	2.61
22	3.44	2.61
23	3.44	2.61
24	3.44	2.61
25	3.44	2.61
26	3.70	2.71
27	3.98	2.81
28	4.23	2.89
29	4.47	2.99
30	4.78	3.13
31	5.04	3.26
32	5.30	3.39
33	5.52	3.50
34	5.75	3.61
35	5.96	3.70
36	6.13	3.78
37	6.29	3.85
38	6.46	3.89
39	6.63	3.95
40	6.79	3.99
41	7.14	4.14
42	7.50	4.30
43	7.81	4.43
44	8.15	4.54
45	8.47	4.65
46	8.93	4.81
47	9.34	4.92
48	9.68	4.99
49	9.95	5.02
50	10.16	5.00
51	10.35	4.98
52	10.45	4.89
53	10.20	4.64
54	10.20	4.51
55	10.10	4.33

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.38	6.97	5.92
19	8.38	6.97	5.92
20	8.38	6.97	5.92
21	8.38	6.97	5.92
22	8.38	6.97	5.92
23	8.38	6.97	5.92
24	8.38	6.97	5.92
25	8.38	6.97	5.92
26	8.83	7.33	6.23
27	9.33	7.74	6.59
28	9.80	8.13	6.91
29	10.28	8.53	7.26
30	10.93	9.07	7.72
31	11.55	9.59	8.16
32	12.19	10.12	8.60
33	12.84	10.66	9.06
34	13.51	11.22	9.54
35	14.24	11.82	10.05
36	14.96	12.42	10.56
37	15.71	13.04	11.08
38	16.51	13.71	11.65
39	17.46	14.49	12.32
40	18.41	15.28	12.99
41	20.03	16.63	14.13
42	21.72	18.03	15.32
43	23.50	19.50	16.58
44	25.44	21.11	17.95
45	27.55	22.86	19.44
46	30.28	25.14	21.36
47	33.06	27.44	23.32
48	35.91	29.80	25.33
49	38.77	32.18	27.35
50	41.66	34.57	29.38
51	44.90	37.27	31.68
52	48.11	39.92	33.94
53	49.66	41.22	35.04
54	53.10	44.06	37.45
55	56.09	46.55	39.56

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.22	1.85	1.57
19	2.22	1.85	1.57
20	2.22	1.85	1.57
21	2.22	1.85	1.57
22	2.22	1.85	1.57
23	2.22	1.85	1.57
24	2.22	1.85	1.57
25	2.22	1.85	1.57
26	2.26	1.87	1.60
27	2.31	1.91	1.63
28	2.37	1.97	1.68
29	2.44	2.03	1.73
30	2.58	2.15	1.82
31	2.76	2.28	1.94
32	2.93	2.44	2.08
33	3.11	2.57	2.18
34	3.27	2.72	2.31
35	3.46	2.87	2.44
36	3.62	3.01	2.56
37	3.78	3.14	2.66
38	3.94	3.27	2.78
39	4.13	3.43	2.91
40	4.32	3.59	3.05
41	4.65	3.87	3.29
42	5.01	4.16	3.54
43	5.40	4.47	3.80
44	5.80	4.81	4.08
45	6.23	5.18	4.40
46	6.86	5.71	4.84
47	7.50	6.23	5.29
48	8.15	6.77	5.75
49	8.82	7.32	6.22
50	9.48	7.87	6.68
51	10.25	8.50	7.24
52	11.06	9.19	7.81
53	11.45	9.50	8.07
54	12.46	10.34	8.79
55	13.65	11.32	9.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	9.94	8.25	7.01	13.72	11.39	9.68
19	9.94	8.25	7.01	13.72	11.39	9.68
20	9.94	8.25	7.01	13.72	11.39	9.68
21	9.94	8.25	7.01	13.72	11.39	9.68
22	9.94	8.25	7.01	13.72	11.39	9.68
23	9.94	8.25	7.01	13.72	11.39	9.68
24	9.94	8.25	7.01	13.72	11.39	9.68
25	9.94	8.25	7.01	13.72	11.39	9.68
26	10.17	8.44	7.17	14.61	12.13	10.31
27	10.37	8.61	7.32	15.62	12.96	11.02
28	10.56	8.76	7.45	16.55	13.74	11.68
29	10.56	8.76	7.45	17.37	14.42	12.26
30	11.33	9.40	7.99	18.56	15.40	13.09
31	12.21	10.13	8.61	19.70	16.35	13.90
32	13.18	10.94	9.30	20.78	17.25	14.66
33	14.21	11.79	10.02	21.81	18.10	15.39
34	15.19	12.61	10.72	22.73	18.87	16.04
35	16.25	13.49	11.47	23.63	19.61	16.67
36	17.33	14.38	12.22	24.57	20.39	17.33
37	18.40	15.27	12.98	25.53	21.19	18.01
38	19.46	16.15	13.73	26.53	22.02	18.72
39	20.65	17.14	14.57	27.60	22.91	19.47
40	21.62	17.94	15.25	28.59	23.73	20.17
41	22.47	18.65	15.85	29.53	24.51	20.83
42	23.17	19.23	16.35	30.42	25.25	21.46
43	23.69	19.66	16.71	31.27	25.95	22.06
44	24.13	20.03	17.03	32.20	26.73	22.72
45	24.42	20.27	17.23	33.17	27.53	23.40

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	17.85	14.82	12.60	24.64	20.45	17.38
19	17.85	14.82	12.60	24.64	20.45	17.38
20	17.85	14.82	12.60	24.64	20.45	17.38
21	17.85	14.82	12.60	24.64	20.45	17.38
22	17.85	14.82	12.60	24.64	20.45	17.38
23	17.85	14.82	12.60	24.64	20.45	17.38
24	17.85	14.82	12.60	24.64	20.45	17.38
25	17.85	14.82	12.60	24.64	20.45	17.38
26	18.46	15.32	13.02	26.52	22.01	18.71
27	19.01	15.78	13.41	28.63	23.76	20.20
28	19.59	16.26	13.82	30.69	25.47	21.65
29	20.07	16.66	14.16	33.02	27.41	23.30
30	21.51	17.85	15.17	35.22	29.23	24.85
31	22.94	19.04	16.18	37.00	30.71	26.10
32	24.51	20.34	17.29	38.64	32.07	27.26
33	26.12	21.68	18.43	40.11	33.29	28.30
34	27.64	22.94	19.50	41.34	34.31	29.16
35	29.22	24.25	20.61	42.50	35.28	29.99
36	30.40	25.23	21.45	43.10	35.77	30.40
37	31.53	26.17	22.24	43.75	36.31	30.86
38	32.57	27.03	22.98	44.40	36.85	31.32
39	33.75	28.01	23.81	45.11	37.44	31.82
40	34.56	28.68	24.38	45.69	37.92	32.23
41	35.45	29.42	25.01	46.59	38.67	32.87
42	36.08	29.95	25.46	47.38	39.33	33.43
43	36.43	30.24	25.70	48.08	39.91	33.92
44	36.62	30.39	25.83	48.86	40.55	34.47
45	36.60	30.38	25.82	49.72	41.27	35.08

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6A Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	11.52	9.56	8.13	15.90	13.20	11.22
19	11.52	9.56	8.13	15.90	13.20	11.22
20	11.52	9.56	8.13	15.90	13.20	11.22
21	11.52	9.56	8.13	15.90	13.20	11.22
22	11.52	9.56	8.13	15.90	13.20	11.22
23	11.52	9.56	8.13	15.90	13.20	11.22
24	11.52	9.56	8.13	15.90	13.20	11.22
25	11.52	9.56	8.13	15.90	13.20	11.22
26	11.83	9.82	8.34	16.99	14.11	11.99
27	12.10	10.04	8.54	18.22	15.12	12.86
28	12.37	10.26	8.72	19.38	16.09	13.67
29	12.46	10.34	8.79	20.50	17.02	14.47
30	13.37	11.09	9.43	21.89	18.17	15.44
31	14.36	11.91	10.12	23.16	19.22	16.34
32	15.45	12.82	10.90	24.35	20.21	17.18
33	16.59	13.77	11.70	25.47	21.14	17.97
34	17.68	14.68	12.48	26.45	21.96	18.66
35	18.84	15.64	13.30	27.40	22.74	19.33
36	19.94	16.55	14.07	28.28	23.47	19.94
37	21.03	17.45	14.83	29.17	24.21	20.58
38	22.08	18.33	15.58	30.10	24.99	21.24
39	23.27	19.31	16.42	31.10	25.82	21.94
40	24.21	20.09	17.08	32.01	26.57	22.58
41	25.07	20.80	17.68	32.94	27.34	23.24
42	25.75	21.37	18.17	33.81	28.07	23.85
43	26.24	21.78	18.51	34.63	28.74	24.43
44	26.63	22.10	18.79	35.53	29.49	25.07
45	26.86	22.29	18.95	36.48	30.28	25.74

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	10.34	8.58	7.29	14.28	11.85	10.07
19	10.34	8.58	7.29	14.28	11.85	10.07
20	10.34	8.58	7.29	14.28	11.85	10.07
21	10.34	8.58	7.29	14.28	11.85	10.07
22	10.34	8.58	7.29	14.28	11.85	10.07
23	10.34	8.58	7.29	14.28	11.85	10.07
24	10.34	8.58	7.29	14.28	11.85	10.07
25	10.34	8.58	7.29	14.28	11.85	10.07
26	10.60	8.80	7.47	15.23	12.64	10.75
27	10.82	8.99	7.64	16.30	13.53	11.50
28	11.04	9.16	7.79	17.30	14.36	12.21
29	11.06	9.17	7.80	18.19	15.10	12.84
30	11.88	9.86	8.38	19.46	16.15	13.73
31	12.82	10.64	9.04	20.68	17.17	14.59
32	13.85	11.50	9.77	21.84	18.13	15.41
33	14.95	12.41	10.54	22.95	19.04	16.19
34	16.00	13.28	11.29	23.94	19.88	16.90
35	17.14	14.23	12.10	24.92	20.68	17.58
36	18.30	15.18	12.90	25.94	21.53	18.30
37	19.45	16.14	13.72	26.98	22.39	19.03
38	20.59	17.09	14.53	28.07	23.30	19.81
39	21.87	18.15	15.43	29.23	24.27	20.62
40	22.92	19.02	16.17	30.32	25.16	21.39
41	23.89	19.83	16.85	31.39	26.05	22.14
42	24.69	20.49	17.42	32.42	26.91	22.87
43	25.31	21.00	17.85	33.41	27.72	23.57
44	25.84	21.45	18.24	34.48	28.63	24.33
45	26.22	21.76	18.50	35.61	29.56	25.12

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	18.57	15.42	13.11	25.64	21.28	18.09
19	18.57	15.42	13.11	25.64	21.28	18.09
20	18.57	15.42	13.11	25.64	21.28	18.09
21	18.57	15.42	13.11	25.64	21.28	18.09
22	18.57	15.42	13.11	25.64	21.28	18.09
23	18.57	15.42	13.11	25.64	21.28	18.09
24	18.57	15.42	13.11	25.64	21.28	18.09
25	18.57	15.42	13.11	25.64	21.28	18.09
26	19.24	15.97	13.57	27.64	22.94	19.50
27	19.84	16.47	14.00	29.88	24.80	21.09
28	20.48	17.00	14.45	32.08	26.63	22.63
29	21.01	17.44	14.83	34.57	28.70	24.40
30	22.56	18.72	15.91	36.94	30.65	26.06
31	24.08	19.99	16.99	38.84	32.24	27.40
32	25.76	21.38	18.17	40.61	33.71	28.65
33	27.48	22.81	19.39	42.20	35.03	29.78
34	29.11	24.16	20.54	43.55	36.14	30.72
35	30.81	25.57	21.73	44.82	37.20	31.63
36	32.09	26.64	22.64	45.50	37.76	32.09
37	33.32	27.66	23.50	46.24	38.37	32.61
38	34.46	28.60	24.31	46.98	38.99	33.14
39	35.75	29.67	25.22	47.78	39.66	33.70
40	36.65	30.41	25.85	48.45	40.21	34.18
41	37.68	31.27	26.59	49.53	41.11	34.94
42	38.45	31.92	27.13	50.49	41.91	35.62
43	38.92	32.31	27.46	51.36	42.64	36.24
44	39.22	32.55	27.66	52.33	43.43	36.92
45	39.29	32.62	27.72	53.38	44.31	37.66

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6A Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	11.99	9.95	8.45	16.55	13.74	11.67
19	11.99	9.95	8.45	16.55	13.74	11.67
20	11.99	9.95	8.45	16.55	13.74	11.67
21	11.99	9.95	8.45	16.55	13.74	11.67
22	11.99	9.95	8.45	16.55	13.74	11.67
23	11.99	9.95	8.45	16.55	13.74	11.67
24	11.99	9.95	8.45	16.55	13.74	11.67
25	11.99	9.95	8.45	16.55	13.74	11.67
26	12.33	10.23	8.69	17.71	14.70	12.50
27	12.62	10.49	8.91	19.02	15.78	13.42
28	12.93	10.73	9.12	20.26	16.81	14.29
29	13.05	10.82	9.21	21.47	17.82	15.15
30	14.02	11.63	9.89	22.96	19.05	16.20
31	15.07	12.51	10.63	24.31	20.18	17.15
32	16.23	13.48	11.45	25.59	21.25	18.06
33	17.46	14.49	12.31	26.80	22.24	18.91
34	18.62	15.46	13.14	27.86	23.13	19.66
35	19.87	16.50	14.03	28.90	23.98	20.39
36	21.06	17.47	14.85	29.85	24.78	21.06
37	22.22	18.44	15.68	30.83	25.59	21.75
38	23.36	19.39	16.49	31.85	26.44	22.48
39	24.65	20.45	17.39	32.94	27.35	23.24
40	25.67	21.30	18.11	33.95	28.17	23.95
41	26.65	22.12	18.80	35.02	29.06	24.70
42	27.44	22.78	19.36	36.03	29.91	25.42
43	28.03	23.26	19.77	37.00	30.70	26.10
44	28.52	23.67	20.12	38.05	31.59	26.85
45	28.83	23.93	20.34	39.16	32.51	27.63

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	10.90	9.04	7.68	15.04	12.48	10.61
19	10.90	9.04	7.68	15.04	12.48	10.61
20	10.90	9.04	7.68	15.04	12.48	10.61
21	10.90	9.04	7.68	15.04	12.48	10.61
22	10.90	9.04	7.68	15.04	12.48	10.61
23	10.90	9.04	7.68	15.04	12.48	10.61
24	10.90	9.04	7.68	15.04	12.48	10.61
25	10.90	9.04	7.68	15.04	12.48	10.61
26	11.19	9.28	7.89	16.07	13.34	11.34
27	11.44	9.50	8.08	17.24	14.30	12.16
28	11.69	9.70	8.25	18.33	15.22	12.93
29	11.73	9.73	8.28	19.30	16.02	13.62
30	12.63	10.48	8.91	20.69	17.17	14.60
31	13.65	11.32	9.62	22.02	18.28	15.54
32	14.77	12.26	10.42	23.28	19.33	16.43
33	15.96	13.24	11.26	24.50	20.33	17.29
34	17.10	14.20	12.07	25.60	21.25	18.06
35	18.34	15.23	12.95	26.67	22.14	18.82
36	19.61	16.27	13.83	27.80	23.07	19.61
37	20.87	17.32	14.72	28.96	24.04	20.43
38	22.13	18.36	15.61	30.17	25.04	21.29
39	23.54	19.54	16.61	31.46	26.11	22.19
40	24.70	20.50	17.42	32.67	27.11	23.05
41	26.50	21.99	18.69	34.82	28.90	24.56
42	28.17	23.38	19.88	36.99	30.70	26.10
43	29.68	24.63	20.93	39.17	32.51	27.63
44	31.11	25.83	21.96	41.52	34.47	29.29
45	32.38	26.88	22.85	43.99	36.51	31.03

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	19.57	16.24	13.81	27.01	22.42	19.05
19	19.57	16.24	13.81	27.01	22.42	19.05
20	19.57	16.24	13.81	27.01	22.42	19.05
21	19.57	16.24	13.81	27.01	22.42	19.05
22	19.57	16.24	13.81	27.01	22.42	19.05
23	19.57	16.24	13.81	27.01	22.42	19.05
24	19.57	16.24	13.81	27.01	22.42	19.05
25	19.57	16.24	13.81	27.01	22.42	19.05
26	20.30	16.85	14.32	29.17	24.21	20.58
27	20.98	17.42	14.80	31.60	26.22	22.29
28	21.69	18.01	15.30	33.99	28.21	23.98
29	22.30	18.51	15.73	36.69	30.46	25.89
30	23.98	19.90	16.91	39.27	32.59	27.71
31	25.64	21.28	18.09	41.36	34.33	29.17
32	27.46	22.79	19.37	43.30	35.94	30.55
33	29.34	24.35	20.70	45.06	37.39	31.79
34	31.12	25.83	21.96	46.55	38.63	32.84
35	32.98	27.37	23.26	47.97	39.82	33.85
36	34.40	28.55	24.27	48.77	40.48	34.40
37	35.77	29.69	25.23	49.63	41.19	35.01
38	37.03	30.74	26.13	50.49	41.90	35.61
39	38.47	31.93	27.14	51.42	42.68	36.27
40	39.49	32.77	27.86	52.21	43.33	36.83
41	41.81	34.70	29.49	54.94	45.60	38.76
42	43.87	36.42	30.96	57.61	47.83	40.65
43	45.64	37.88	32.19	60.23	49.99	42.49
44	47.22	39.18	33.30	63.00	52.28	44.45
45	48.53	40.29	34.24	65.93	54.73	46.52

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6A Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	12.63	10.48	8.91	17.43	14.47	12.30
19	12.63	10.48	8.91	17.43	14.47	12.30
20	12.63	10.48	8.91	17.43	14.47	12.30
21	12.63	10.48	8.91	17.43	14.47	12.30
22	12.63	10.48	8.91	17.43	14.47	12.30
23	12.63	10.48	8.91	17.43	14.47	12.30
24	12.63	10.48	8.91	17.43	14.47	12.30
25	12.63	10.48	8.91	17.43	14.47	12.30
26	13.01	10.79	9.18	18.69	15.51	13.19
27	13.35	11.08	9.42	20.11	16.68	14.19
28	13.69	11.36	9.66	21.46	17.82	15.14
29	13.84	11.49	9.77	22.78	18.91	16.07
30	14.90	12.36	10.51	24.41	20.25	17.22
31	16.05	13.31	11.31	25.89	21.49	18.27
32	17.31	14.37	12.21	27.28	22.65	19.25
33	18.64	15.46	13.15	28.61	23.74	20.19
34	19.90	16.53	14.05	29.79	24.73	21.02
35	21.27	17.66	15.01	30.93	25.68	21.83
36	22.57	18.73	15.92	31.99	26.55	22.57
37	23.85	19.79	16.82	33.09	27.47	23.35
38	25.11	20.84	17.71	34.23	28.41	24.15
39	26.53	22.02	18.72	35.45	29.42	25.01
40	27.66	22.95	19.51	36.58	30.35	25.81
41	29.56	24.53	20.85	38.84	32.24	27.40
42	31.31	25.99	22.10	41.11	34.13	29.01
43	32.87	27.28	23.18	43.38	36.01	30.60
44	34.33	28.50	24.23	45.82	38.03	32.32
45	35.61	29.56	25.13	48.38	40.15	34.13

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	72.88	59.37	40.94
62	78.34	63.82	44.01
63	84.21	68.60	47.31
64	90.53	73.74	50.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	14.43	11.76	8.11
62	15.51	12.63	8.71
63	16.68	13.58	9.37
64	17.93	14.60	10.07

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Male Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	9.62	7.84	5.41
62	10.34	8.42	5.81
63	11.12	9.06	6.25
64	11.95	9.74	6.72

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	85.83	69.92	48.22
62	92.26	75.16	51.83
63	99.18	80.79	55.72
64	106.62	86.85	59.90

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	16.99	13.84	9.55
62	18.26	14.88	10.26
63	19.64	16.00	11.03
64	21.11	17.20	11.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Female Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	11.33	9.23	6.37
62	12.18	9.92	6.84
63	13.09	10.66	7.35
64	14.07	11.47	7.91

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	76.12	62.01	42.76
62	81.82	66.66	45.97
63	87.95	71.65	49.41
64	94.55	77.02	53.12

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	15.07	12.28	8.47
62	16.20	13.19	9.10
63	17.42	14.19	9.79
64	18.73	15.25	10.52

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *12 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	30 Days	60 Days	90 Days
61	10.05	8.19	5.65
62	10.80	8.80	6.07
63	11.61	9.46	6.53
64	12.48	10.17	7.02

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	14.29	11.64	8.03	6.66
19	14.29	11.64	8.03	6.66
20	14.29	11.64	8.03	6.66
21	14.29	11.64	8.03	6.66
22	14.29	11.64	8.03	6.66
23	14.29	11.64	8.03	6.66
24	14.29	11.64	8.03	6.66
25	14.29	11.64	8.03	6.66
26	14.93	12.17	8.39	6.96
27	15.58	12.69	8.75	7.26
28	16.22	13.21	9.11	7.56
29	16.84	13.72	9.46	7.85
30	17.48	14.24	9.82	8.15
31	18.39	14.98	10.33	8.57
32	19.30	15.72	10.84	9.00
33	20.20	16.46	11.35	9.42
34	21.09	17.18	11.85	9.84
35	22.00	17.92	12.36	10.26
36	23.23	18.92	13.05	10.83
37	24.44	19.91	13.73	11.40
38	25.69	20.92	14.43	11.98
39	26.90	21.91	15.11	12.54
40	28.12	22.91	15.80	13.11
41	29.55	24.07	16.60	13.78
42	31.01	25.26	17.42	14.46
43	32.47	26.45	18.24	15.14
44	33.94	27.65	19.07	15.83
45	35.42	28.86	19.90	16.52
46	37.56	30.60	21.10	17.51
47	39.71	32.35	22.31	18.52
48	41.88	34.12	23.53	19.53
49	44.09	35.92	24.77	20.56
50	46.30	37.71	26.01	21.59
51	49.77	40.54	27.96	23.21
52	53.38	43.49	29.99	24.89
53	57.12	46.53	32.09	26.63
54	60.98	49.68	34.26	28.44
55	64.99	52.94	36.51	30.30
56	67.43	54.93	37.88	31.44
57	70.24	57.22	39.46	32.75
58	73.46	59.84	41.27	34.25
59	77.15	62.84	43.34	35.97
60	79.76	64.97	44.81	37.19
61	85.74	69.85	48.17	39.98
62	92.17	75.08	51.78	42.98
63	99.07	80.71	55.66	46.20
64	106.50	86.75	59.83	49.66

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	2.06	1.68	1.16	0.96
19	2.06	1.68	1.16	0.96
20	2.06	1.68	1.16	0.96
21	2.06	1.68	1.16	0.96
22	2.06	1.68	1.16	0.96
23	2.06	1.68	1.16	0.96
24	2.06	1.68	1.16	0.96
25	2.06	1.68	1.16	0.96
26	2.19	1.78	1.23	1.02
27	2.33	1.90	1.31	1.09
28	2.47	2.02	1.39	1.15
29	2.60	2.12	1.46	1.21
30	2.76	2.25	1.55	1.29
31	2.94	2.39	1.65	1.37
32	3.15	2.57	1.77	1.47
33	3.35	2.73	1.88	1.56
34	3.54	2.89	1.99	1.65
35	3.76	3.06	2.11	1.75
36	4.04	3.29	2.27	1.88
37	4.31	3.51	2.42	2.01
38	4.59	3.74	2.58	2.14
39	4.90	3.99	2.75	2.28
40	5.20	4.23	2.92	2.42
41	5.54	4.51	3.11	2.58
42	5.89	4.80	3.31	2.75
43	6.25	5.09	3.51	2.91
44	6.62	5.39	3.72	3.09
45	7.01	5.71	3.94	3.27
46	7.44	6.06	4.18	3.47
47	7.87	6.41	4.42	3.67
48	8.29	6.76	4.66	3.87
49	8.72	7.11	4.90	4.07
50	9.17	7.47	5.15	4.27
51	9.86	8.03	5.54	4.60
52	10.57	8.61	5.94	4.93
53	11.30	9.21	6.35	5.27
54	12.07	9.83	6.78	5.63
55	12.87	10.48	7.23	6.00
56	13.35	10.88	7.50	6.23
57	13.90	11.32	7.81	6.48
58	14.54	11.85	8.17	6.78
59	15.27	12.44	8.58	7.12
60	15.79	12.86	8.87	7.36
61	16.98	13.83	9.54	7.92
62	18.25	14.86	10.25	8.51
63	19.62	15.98	11.02	9.15
64	21.09	17.18	11.85	9.84

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.37	1.12	0.77	0.64
19	1.37	1.12	0.77	0.64
20	1.37	1.12	0.77	0.64
21	1.37	1.12	0.77	0.64
22	1.37	1.12	0.77	0.64
23	1.37	1.12	0.77	0.64
24	1.37	1.12	0.77	0.64
25	1.37	1.12	0.77	0.64
26	1.46	1.19	0.82	0.68
27	1.55	1.26	0.87	0.72
28	1.66	1.35	0.93	0.77
29	1.73	1.41	0.97	0.81
30	1.83	1.49	1.03	0.85
31	1.96	1.60	1.10	0.91
32	2.10	1.71	1.18	0.98
33	2.23	1.81	1.25	1.04
34	2.37	1.93	1.33	1.10
35	2.51	2.04	1.41	1.17
36	2.69	2.19	1.51	1.25
37	2.87	2.33	1.61	1.34
38	3.06	2.49	1.72	1.43
39	3.26	2.65	1.83	1.52
40	3.47	2.83	1.95	1.62
41	3.68	3.00	2.07	1.72
42	3.93	3.20	2.21	1.83
43	4.17	3.39	2.34	1.94
44	4.41	3.60	2.48	2.06
45	4.68	3.81	2.63	2.18
46	4.97	4.05	2.79	2.32
47	5.25	4.28	2.95	2.45
48	5.54	4.51	3.11	2.58
49	5.82	4.74	3.27	2.71
50	6.11	4.97	3.43	2.85
51	6.57	5.35	3.69	3.06
52	7.05	5.74	3.96	3.29
53	7.53	6.13	4.23	3.51
54	8.05	6.55	4.52	3.75
55	8.58	6.99	4.82	4.00
56	8.90	7.25	5.00	4.15
57	9.27	7.55	5.21	4.32
58	9.70	7.90	5.45	4.52
59	10.18	8.29	5.72	4.75
60	10.52	8.57	5.91	4.91
61	11.32	9.22	6.36	5.28
62	12.16	9.90	6.83	5.67
63	13.08	10.66	7.35	6.10
64	14.06	11.46	7.90	6.56

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	7.37	6.00	4.14	3.44
19	7.37	6.00	4.14	3.44
20	7.37	6.00	4.14	3.44
21	7.37	6.00	4.14	3.44
22	7.37	6.00	4.14	3.44
23	7.37	6.00	4.14	3.44
24	7.37	6.00	4.14	3.44
25	7.37	6.00	4.14	3.44
26	7.81	6.37	4.39	3.64
27	8.31	6.77	4.67	3.88
28	8.78	7.15	4.93	4.09
29	9.20	7.50	5.17	4.29
30	9.61	7.83	5.40	4.48
31	10.16	8.28	5.71	4.74
32	10.73	8.74	6.03	5.00
33	11.29	9.19	6.34	5.26
34	11.85	9.66	6.66	5.53
35	12.46	10.15	7.00	5.81
36	13.28	10.82	7.46	6.19
37	14.12	11.50	7.93	6.58
38	15.01	12.22	8.43	7.00
39	15.97	13.01	8.97	7.45
40	16.98	13.83	9.54	7.92
41	18.10	14.75	10.17	8.44
42	19.28	15.70	10.83	8.99
43	20.47	16.68	11.50	9.55
44	21.73	17.70	12.21	10.13
45	23.09	18.81	12.97	10.77
46	24.90	20.29	13.99	11.61
47	26.81	21.84	15.06	12.50
48	28.76	23.43	16.16	13.41
49	30.81	25.10	17.31	14.37
50	32.89	26.80	18.48	15.34
51	35.94	29.28	20.19	16.76
52	39.12	31.87	21.98	18.24
53	42.19	34.37	23.70	19.67
54	45.53	37.09	25.58	21.23
55	48.52	39.53	27.26	22.63
56	50.36	41.02	28.29	23.48
57	52.46	42.73	29.47	24.46
58	54.86	44.69	30.82	25.58
59	57.60	46.92	32.36	26.86
60	59.56	48.52	33.46	27.77

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Male Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.82	1.48	1.02	0.85
19	1.82	1.48	1.02	0.85
20	1.82	1.48	1.02	0.85
21	1.82	1.48	1.02	0.85
22	1.82	1.48	1.02	0.85
23	1.82	1.48	1.02	0.85
24	1.82	1.48	1.02	0.85
25	1.82	1.48	1.02	0.85
26	1.82	1.48	1.02	0.85
27	1.85	1.51	1.04	0.86
28	1.89	1.54	1.06	0.88
29	1.94	1.58	1.09	0.90
30	2.03	1.65	1.14	0.95
31	2.15	1.75	1.21	1.00
32	2.28	1.86	1.28	1.06
33	2.40	1.96	1.35	1.12
34	2.53	2.06	1.42	1.18
35	2.69	2.19	1.51	1.25
36	2.78	2.26	1.56	1.29
37	2.90	2.36	1.63	1.35
38	3.01	2.45	1.69	1.40
39	3.15	2.57	1.77	1.47
40	3.29	2.68	1.85	1.54
41	3.47	2.83	1.95	1.62
42	3.63	2.96	2.04	1.69
43	3.81	3.10	2.14	1.78
44	4.01	3.26	2.25	1.87
45	4.20	3.42	2.36	1.96
46	4.52	3.68	2.54	2.11
47	4.84	3.94	2.72	2.26
48	5.14	4.19	2.89	2.40
49	5.46	4.45	3.07	2.55
50	5.75	4.68	3.23	2.68
51	6.25	5.09	3.51	2.91
52	6.80	5.54	3.82	3.17
53	7.07	5.76	3.97	3.30
54	7.71	6.28	4.33	3.59
55	8.49	6.92	4.77	3.96
56	9.33	7.60	5.24	4.35
57	9.83	8.00	5.52	4.58
58	10.32	8.41	5.80	4.81
59	11.07	9.02	6.22	5.16
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	26.34	21.46	14.80	12.28
19	26.34	21.46	14.80	12.28
20	26.34	21.46	14.80	12.28
21	26.34	21.46	14.80	12.28
22	26.34	21.46	14.80	12.28
23	26.34	21.46	14.80	12.28
24	26.34	21.46	14.80	12.28
25	26.34	21.46	14.80	12.28
26	27.50	22.40	15.45	12.82
27	28.66	23.35	16.10	13.36
28	29.82	24.29	16.75	13.90
29	30.97	25.23	17.40	14.44
30	32.11	26.16	18.04	14.97
31	33.38	27.19	18.75	15.56
32	34.62	28.20	19.45	16.14
33	35.90	29.25	20.17	16.74
34	37.15	30.26	20.87	17.32
35	38.41	31.29	21.58	17.91
36	39.57	32.23	22.23	18.45
37	40.74	33.19	22.89	19.00
38	41.92	34.15	23.55	19.55
39	43.08	35.09	24.20	20.09
40	44.25	36.05	24.86	20.63
41	45.46	37.03	25.54	21.20
42	46.69	38.03	26.23	21.77
43	47.92	39.03	26.92	22.34
44	49.16	40.05	27.62	22.92
45	50.41	41.06	28.32	23.51
46	52.03	42.38	29.23	24.26
47	53.65	43.70	30.14	25.02
48	55.29	45.04	31.06	25.78
49	56.92	46.37	31.98	26.54
50	58.60	47.73	32.92	27.32
51	61.75	50.30	34.69	28.79
52	64.97	52.93	36.50	30.30
53	68.26	55.61	38.35	31.83
54	71.61	58.33	40.23	33.39
55	75.03	61.12	42.15	34.98
56	77.86	63.42	43.74	36.30
57	81.10	66.06	45.56	37.81
58	84.82	69.09	47.65	39.55
59	89.07	72.56	50.04	41.53
60	93.93	76.52	52.77	43.80
61	100.98	82.26	56.73	47.09
62	108.54	88.42	60.98	50.61
63	116.68	95.05	65.55	54.41
64	125.44	102.18	70.47	58.49

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	3.79	3.09	2.13	1.77
19	3.79	3.09	2.13	1.77
20	3.79	3.09	2.13	1.77
21	3.79	3.09	2.13	1.77
22	3.79	3.09	2.13	1.77
23	3.79	3.09	2.13	1.77
24	3.79	3.09	2.13	1.77
25	3.79	3.09	2.13	1.77
26	4.04	3.29	2.27	1.88
27	4.29	3.49	2.41	2.00
28	4.54	3.70	2.55	2.12
29	4.79	3.90	2.69	2.23
30	5.06	4.12	2.84	2.36
31	5.34	4.35	3.00	2.49
32	5.64	4.60	3.17	2.63
33	5.95	4.84	3.34	2.77
34	6.25	5.09	3.51	2.91
35	6.57	5.35	3.69	3.06
36	6.87	5.60	3.86	3.20
37	7.19	5.86	4.04	3.35
38	7.51	6.12	4.22	3.50
39	7.83	6.38	4.40	3.65
40	8.17	6.66	4.59	3.81
41	8.51	6.93	4.78	3.97
42	8.86	7.22	4.98	4.13
43	9.22	7.51	5.18	4.30
44	9.59	7.82	5.39	4.47
45	9.99	8.13	5.61	4.66
46	10.31	8.40	5.79	4.81
47	10.63	8.66	5.97	4.96
48	10.95	8.92	6.15	5.10
49	11.27	9.18	6.33	5.25
50	11.61	9.45	6.52	5.41
51	12.23	9.96	6.87	5.70
52	12.87	10.48	7.23	6.00
53	13.51	11.01	7.59	6.30
54	14.19	11.56	7.97	6.62
55	14.86	12.11	8.35	6.93
56	15.41	12.56	8.66	7.19
57	16.06	13.08	9.02	7.49
58	16.79	13.67	9.43	7.83
59	17.64	14.37	9.91	8.23
60	18.60	15.15	10.45	8.67
61	19.99	16.28	11.23	9.32
62	21.48	17.50	12.07	10.02
63	23.10	18.82	12.98	10.77
64	24.83	20.23	13.95	11.58

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	2.53	2.06	1.42	1.18
19	2.53	2.06	1.42	1.18
20	2.53	2.06	1.42	1.18
21	2.53	2.06	1.42	1.18
22	2.53	2.06	1.42	1.18
23	2.53	2.06	1.42	1.18
24	2.53	2.06	1.42	1.18
25	2.53	2.06	1.42	1.18
26	2.69	2.19	1.51	1.25
27	2.87	2.33	1.61	1.34
28	3.03	2.47	1.70	1.41
29	3.19	2.60	1.79	1.49
30	3.36	2.74	1.89	1.57
31	3.56	2.90	2.00	1.66
32	3.76	3.06	2.11	1.75
33	3.97	3.23	2.23	1.85
34	4.17	3.39	2.34	1.94
35	4.38	3.57	2.46	2.04
36	4.57	3.73	2.57	2.13
37	4.79	3.90	2.69	2.23
38	5.00	4.07	2.81	2.33
39	5.22	4.25	2.93	2.43
40	5.45	4.44	3.06	2.54
41	5.68	4.63	3.19	2.65
42	5.91	4.81	3.32	2.76
43	6.14	5.00	3.45	2.86
44	6.39	5.21	3.59	2.98
45	6.66	5.42	3.74	3.10
46	6.87	5.60	3.86	3.20
47	7.08	5.77	3.98	3.30
48	7.30	5.95	4.10	3.40
49	7.51	6.12	4.22	3.50
50	7.74	6.31	4.35	3.61
51	8.15	6.64	4.58	3.80
52	8.58	6.99	4.82	4.00
53	9.01	7.34	5.06	4.20
54	9.45	7.70	5.31	4.41
55	9.91	8.08	5.57	4.62
56	10.27	8.37	5.77	4.79
57	10.70	8.71	6.01	4.99
58	11.20	9.12	6.29	5.22
59	11.77	9.58	6.61	5.49
60	12.41	10.11	6.97	5.79
61	13.33	10.86	7.49	6.22
62	14.33	11.67	8.05	6.68
63	15.40	12.54	8.65	7.18
64	16.55	13.49	9.30	7.72

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	13.60	11.08	7.64	6.34
19	13.60	11.08	7.64	6.34
20	13.60	11.08	7.64	6.34
21	13.60	11.08	7.64	6.34
22	13.60	11.08	7.64	6.34
23	13.60	11.08	7.64	6.34
24	13.60	11.08	7.64	6.34
25	13.60	11.08	7.64	6.34
26	14.38	11.72	8.08	6.71
27	15.29	12.46	8.59	7.13
28	16.13	13.14	9.06	7.52
29	16.91	13.78	9.50	7.89
30	17.66	14.38	9.92	8.23
31	18.46	15.04	10.37	8.61
32	19.26	15.69	10.82	8.98
33	20.06	16.34	11.27	9.35
34	20.88	17.01	11.73	9.74
35	21.75	17.72	12.22	10.14
36	22.61	18.42	12.70	10.54
37	23.51	19.15	13.21	10.96
38	24.48	19.94	13.75	11.41
39	25.58	20.84	14.37	11.93
40	26.70	21.75	15.00	12.45
41	27.86	22.69	15.65	12.99
42	29.03	23.65	16.31	13.54
43	30.21	24.61	16.97	14.09
44	31.47	25.64	17.68	14.67
45	32.84	26.75	18.45	15.31
46	34.51	28.12	19.39	16.09
47	36.22	29.51	20.35	16.89
48	37.99	30.94	21.34	17.71
49	39.78	32.41	22.35	18.55
50	41.63	33.92	23.39	19.41
51	44.59	36.32	25.05	20.79
52	47.62	38.79	26.75	22.20
53	50.41	41.06	28.32	23.51
54	53.47	43.56	30.04	24.93
55	56.02	45.63	31.47	26.12
56	58.13	47.36	32.66	27.11
57	60.56	49.33	34.02	28.24
58	63.33	51.59	35.58	29.53
59	66.52	54.19	37.37	31.02
60	70.13	57.13	39.40	32.70

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Female Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.57	1.28	0.88	0.73
19	1.57	1.28	0.88	0.73
20	1.57	1.28	0.88	0.73
21	1.57	1.28	0.88	0.73
22	1.57	1.28	0.88	0.73
23	1.57	1.28	0.88	0.73
24	1.57	1.28	0.88	0.73
25	1.57	1.28	0.88	0.73
26	1.58	1.29	0.89	0.74
27	1.62	1.32	0.91	0.76
28	1.67	1.36	0.94	0.78
29	1.73	1.41	0.97	0.81
30	1.82	1.48	1.02	0.85
31	1.94	1.58	1.09	0.90
32	2.06	1.68	1.16	0.96
33	2.19	1.78	1.23	1.02
34	2.31	1.89	1.30	1.08
35	2.47	2.02	1.39	1.15
36	2.55	2.07	1.43	1.19
37	2.65	2.16	1.49	1.24
38	2.74	2.23	1.54	1.28
39	2.87	2.33	1.61	1.34
40	2.99	2.44	1.68	1.39
41	3.15	2.57	1.77	1.47
42	3.29	2.68	1.85	1.54
43	3.45	2.81	1.94	1.61
44	3.63	2.96	2.04	1.69
45	3.83	3.12	2.15	1.78
46	4.11	3.35	2.31	1.92
47	4.41	3.60	2.48	2.06
48	4.68	3.81	2.63	2.18
49	4.98	4.06	2.80	2.32
50	5.20	4.23	2.92	2.42
51	5.64	4.60	3.17	2.63
52	6.14	5.00	3.45	2.86
53	6.35	5.18	3.57	2.96
54	6.91	5.63	3.88	3.22
55	7.58	6.18	4.26	3.54
56	8.78	7.15	4.93	4.09
57	8.13	6.63	4.57	3.79
58	9.06	7.38	5.09	4.22
59	10.36	8.44	5.82	4.83
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	16.70	13.60	9.38	7.78
19	16.70	13.60	9.38	7.78
20	16.70	13.60	9.38	7.78
21	16.70	13.60	9.38	7.78
22	16.70	13.60	9.38	7.78
23	16.70	13.60	9.38	7.78
24	16.70	13.60	9.38	7.78
25	16.70	13.60	9.38	7.78
26	17.44	14.22	9.80	8.13
27	18.20	14.82	10.22	8.48
28	18.94	15.43	10.64	8.83
29	19.67	16.02	11.05	9.17
30	20.41	16.62	11.46	9.51
31	21.39	17.42	12.01	9.97
32	22.36	18.22	12.56	10.43
33	23.34	19.02	13.11	10.88
34	24.30	19.80	13.65	11.34
35	25.28	20.59	14.20	11.79
36	26.50	21.58	14.89	12.35
37	27.70	22.57	15.56	12.92
38	28.94	23.57	16.25	13.49
39	30.95	25.21	17.38	14.43
40	32.15	26.20	18.07	14.99
41	33.53	27.31	18.84	15.64
42	34.93	28.45	19.62	16.29
43	36.33	29.60	20.41	16.94
44	37.75	30.75	21.21	17.60
45	39.17	31.91	22.01	18.27
46	41.18	33.55	23.13	19.20
47	43.20	35.19	24.27	20.15
48	45.23	36.85	25.41	21.09
49	47.30	38.53	26.57	22.06
50	49.38	40.22	27.74	23.02
51	52.77	42.98	29.64	24.61
52	56.28	45.85	31.62	26.24
53	59.91	48.80	33.66	27.93
54	63.64	51.84	35.75	29.68
55	67.50	54.99	37.92	31.47
56	70.04	57.05	39.35	32.66
57	72.96	59.43	40.99	34.02
58	76.30	62.15	42.87	35.58
59	80.13	65.27	45.02	37.36
60	83.30	67.86	46.80	38.84
61	89.55	72.95	50.31	41.76
62	96.26	78.42	54.08	44.89
63	103.47	84.30	58.13	48.25
64	111.24	90.61	62.49	51.87

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	2.41	1.96	1.35	1.12
19	2.41	1.96	1.35	1.12
20	2.41	1.96	1.35	1.12
21	2.41	1.96	1.35	1.12
22	2.41	1.96	1.35	1.12
23	2.41	1.96	1.35	1.12
24	2.41	1.96	1.35	1.12
25	2.41	1.96	1.35	1.12
26	2.56	2.08	1.44	1.19
27	2.72	2.22	1.53	1.27
28	2.88	2.36	1.62	1.34
29	3.04	2.48	1.71	1.41
30	3.22	2.62	1.81	1.50
31	3.42	2.78	1.92	1.59
32	3.65	2.98	2.05	1.70
33	3.87	3.15	2.17	1.80
34	4.08	3.33	2.29	1.90
35	4.32	3.52	2.43	2.01
36	4.61	3.75	2.59	2.14
37	4.89	3.98	2.74	2.28
38	5.17	4.22	2.91	2.41
39	5.63	4.59	3.16	2.62
40	5.94	4.84	3.34	2.77
41	6.28	5.12	3.53	2.93
42	6.63	5.41	3.73	3.10
43	6.99	5.70	3.93	3.26
44	7.36	6.00	4.14	3.44
45	7.76	6.32	4.36	3.62
46	8.16	6.65	4.58	3.81
47	8.56	6.97	4.81	3.99
48	8.96	7.30	5.03	4.18
49	9.36	7.63	5.26	4.37
50	9.78	7.97	5.49	4.56
51	10.45	8.51	5.87	4.88
52	11.15	9.08	6.26	5.20
53	11.85	9.66	6.66	5.53
54	12.60	10.26	7.08	5.88
55	13.37	10.89	7.51	6.23
56	13.87	11.30	7.79	6.47
57	14.44	11.76	8.11	6.73
58	15.10	12.31	8.49	7.04
59	15.86	12.92	8.91	7.40
60	16.49	13.43	9.27	7.69
61	17.73	14.44	9.96	8.27
62	19.06	15.52	10.71	8.89
63	20.49	16.69	11.51	9.56
64	22.03	17.94	12.38	10.28

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.60	1.31	0.90	0.75
19	1.60	1.31	0.90	0.75
20	1.60	1.31	0.90	0.75
21	1.60	1.31	0.90	0.75
22	1.60	1.31	0.90	0.75
23	1.60	1.31	0.90	0.75
24	1.60	1.31	0.90	0.75
25	1.60	1.31	0.90	0.75
26	1.71	1.39	0.96	0.79
27	1.81	1.47	1.02	0.84
28	1.93	1.57	1.08	0.90
29	2.02	1.65	1.13	0.95
30	2.14	1.74	1.20	0.99
31	2.28	1.86	1.28	1.06
32	2.43	1.98	1.37	1.13
33	2.58	2.09	1.45	1.20
34	2.73	2.22	1.53	1.27
35	2.88	2.35	1.62	1.34
36	3.07	2.50	1.72	1.43
37	3.25	2.64	1.83	1.52
38	3.45	2.81	1.94	1.61
39	3.75	3.05	2.11	1.75
40	3.97	3.23	2.23	1.85
41	4.18	3.41	2.35	1.95
42	4.43	3.60	2.49	2.06
43	4.66	3.79	2.62	2.17
44	4.91	4.00	2.76	2.29
45	5.18	4.21	2.91	2.41
46	5.45	4.44	3.06	2.54
47	5.71	4.65	3.21	2.66
48	5.98	4.87	3.36	2.79
49	6.24	5.09	3.51	2.91
50	6.52	5.31	3.66	3.04
51	6.97	5.67	3.91	3.25
52	7.43	6.05	4.18	3.47
53	7.90	6.43	4.44	3.68
54	8.40	6.84	4.72	3.92
55	8.91	7.26	5.01	4.16
56	9.24	7.53	5.19	4.31
57	9.63	7.84	5.41	4.49
58	10.08	8.21	5.66	4.70
59	10.58	8.61	5.94	4.94
60	10.99	8.96	6.18	5.13
61	11.82	9.63	6.64	5.52
62	12.70	10.34	7.14	5.92
63	13.66	11.13	7.68	6.37
64	14.68	11.97	8.25	6.85

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	8.62	7.02	4.84	4.02
19	8.62	7.02	4.84	4.02
20	8.62	7.02	4.84	4.02
21	8.62	7.02	4.84	4.02
22	8.62	7.02	4.84	4.02
23	8.62	7.02	4.84	4.02
24	8.62	7.02	4.84	4.02
25	8.62	7.02	4.84	4.02
26	9.12	7.44	5.13	4.25
27	9.71	7.91	5.45	4.53
28	10.25	8.35	5.76	4.78
29	10.74	8.76	6.04	5.01
30	11.22	9.14	6.30	5.23
31	11.82	9.63	6.64	5.51
32	12.44	10.13	6.99	5.80
33	13.04	10.62	7.33	6.08
34	13.66	11.13	7.67	6.37
35	14.32	11.66	8.04	6.68
36	15.15	12.34	8.51	7.06
37	16.00	13.03	8.99	7.46
38	16.90	13.76	9.49	7.88
39	18.37	14.97	10.32	8.57
40	19.41	15.81	10.91	9.05
41	20.54	16.74	11.54	9.58
42	21.72	17.69	12.20	10.13
43	22.91	18.66	12.87	10.69
44	24.17	19.69	13.58	11.27
45	25.53	20.80	14.34	11.91
46	27.30	22.25	15.34	12.73
47	29.16	23.76	16.38	13.60
48	31.07	25.31	17.46	14.49
49	33.05	26.93	18.57	15.42
50	35.08	28.58	19.71	16.36
51	38.10	31.04	21.41	17.77
52	41.25	33.60	23.17	19.23
53	44.25	36.04	24.86	20.63
54	47.52	38.71	26.70	22.16
55	50.40	41.06	28.31	23.50
56	52.30	42.61	29.38	24.39
57	54.49	44.38	30.61	25.41
58	56.98	46.42	32.01	26.57
59	59.83	48.74	33.61	27.90
60	62.20	50.67	34.95	29.00

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *24 Months* 6M Unisex Nonsmoker

	Elimination Period			
Age	30 Days	60 Days	90 Days	180 Days
18	1.77	1.44	0.99	0.83
19	1.77	1.44	0.99	0.83
20	1.77	1.44	0.99	0.83
21	1.77	1.44	0.99	0.83
22	1.77	1.44	0.99	0.83
23	1.77	1.44	0.99	0.83
24	1.77	1.44	0.99	0.83
25	1.77	1.44	0.99	0.83
26	1.77	1.44	0.99	0.83
27	1.80	1.47	1.01	0.84
28	1.85	1.50	1.04	0.86
29	1.90	1.55	1.07	0.88
30	1.99	1.62	1.12	0.93
31	2.11	1.72	1.19	0.98
32	2.24	1.82	1.26	1.04
33	2.36	1.92	1.33	1.10
34	2.49	2.03	1.40	1.16
35	2.65	2.16	1.49	1.23
36	2.73	2.22	1.53	1.27
37	2.85	2.32	1.60	1.33
38	2.96	2.41	1.66	1.38
39	3.09	2.52	1.74	1.44
40	3.23	2.63	1.82	1.51
41	3.41	2.78	1.91	1.59
42	3.56	2.90	2.00	1.66
43	3.74	3.04	2.10	1.75
44	3.93	3.20	2.21	1.83
45	4.13	3.36	2.32	1.92
46	4.44	3.61	2.49	2.07
47	4.75	3.87	2.67	2.22
48	5.05	4.11	2.84	2.36
49	5.36	4.37	3.02	2.50
50	5.64	4.59	3.17	2.63
51	6.13	4.99	3.44	2.85
52	6.67	5.43	3.75	3.11
53	6.93	5.64	3.89	3.23
54	7.55	6.15	4.24	3.52
55	8.31	6.77	4.67	3.88
56	9.22	7.51	5.18	4.30
57	9.49	7.73	5.33	4.42
58	10.07	8.20	5.66	4.69
59	10.93	8.90	6.14	5.09
60	12.05	9.82	6.77	5.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	20.42	16.63	11.47	9.52	8.09
19	20.42	16.63	11.47	9.52	8.09
20	20.42	16.63	11.47	9.52	8.09
21	20.42	16.63	11.47	9.52	8.09
22	20.42	16.63	11.47	9.52	8.09
23	20.42	16.63	11.47	9.52	8.09
24	20.42	16.63	11.47	9.52	8.09
25	20.42	16.63	11.47	9.52	8.09
26	21.34	17.39	11.99	9.95	8.46
27	22.25	18.13	12.50	10.38	8.82
28	23.16	18.86	13.01	10.80	9.18
29	24.07	19.60	13.52	11.22	9.54
30	24.97	20.34	14.03	11.64	9.89
31	26.27	21.40	14.76	12.25	10.41
32	27.57	22.46	15.49	12.86	10.93
33	28.85	23.50	16.21	13.45	11.43
34	30.14	24.55	16.93	14.05	11.94
35	31.42	25.59	17.65	14.65	12.45
36	33.18	27.03	18.64	15.47	13.15
37	34.92	28.45	19.62	16.28	13.84
38	36.69	29.88	20.61	17.11	14.54
39	38.43	31.31	21.59	17.92	15.23
40	40.17	32.73	22.57	18.73	15.92
41	42.22	34.39	23.72	19.69	16.74
42	44.29	36.08	24.88	20.65	17.55
43	46.39	37.79	26.06	21.63	18.39
44	48.49	39.50	27.24	22.61	19.22
45	50.61	41.22	28.43	23.60	20.06
46	53.65	43.70	30.14	25.02	21.27
47	56.73	46.21	31.87	26.45	22.48
48	59.83	48.73	33.61	27.90	23.72
49	62.98	51.30	35.38	29.37	24.96
50	66.13	53.87	37.15	30.83	26.21
51	71.09	57.91	39.94	33.15	28.18
52	76.26	62.12	42.84	35.56	30.23
53	81.60	66.47	45.84	38.05	32.34
54	87.11	70.96	48.94	40.62	34.53
55	92.83	75.62	52.15	43.28	36.79
56	96.32	78.46	54.11	44.91	38.17
57	100.34	81.74	56.37	46.79	39.77
58	104.93	85.48	58.95	48.93	41.59
59	110.20	89.77	61.91	51.39	43.68
60	113.94	92.81	64.01	53.13	45.16

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.94	2.39	1.65	1.37	1.16
19	2.94	2.39	1.65	1.37	1.16
20	2.94	2.39	1.65	1.37	1.16
21	2.94	2.39	1.65	1.37	1.16
22	2.94	2.39	1.65	1.37	1.16
23	2.94	2.39	1.65	1.37	1.16
24	2.94	2.39	1.65	1.37	1.16
25	2.94	2.39	1.65	1.37	1.16
26	3.13	2.55	1.76	1.46	1.24
27	3.33	2.71	1.87	1.55	1.32
28	3.52	2.87	1.98	1.64	1.39
29	3.72	3.03	2.09	1.73	1.47
30	3.93	3.20	2.21	1.83	1.56
31	4.20	3.42	2.36	1.96	1.67
32	4.49	3.65	2.52	2.09	1.78
33	4.77	3.89	2.68	2.22	1.89
34	5.07	4.13	2.85	2.37	2.01
35	5.38	4.38	3.02	2.51	2.13
36	5.77	4.70	3.24	2.69	2.29
37	6.16	5.02	3.46	2.87	2.44
38	6.57	5.35	3.69	3.06	2.60
39	7.00	5.70	3.93	3.26	2.77
40	7.40	6.03	4.16	3.45	2.93
41	7.90	6.44	4.44	3.69	3.14
42	8.40	6.84	4.72	3.92	3.33
43	8.94	7.28	5.02	4.17	3.54
44	9.47	7.71	5.32	4.42	3.76
45	10.02	8.16	5.63	4.67	3.97
46	10.63	8.66	5.97	4.96	4.22
47	11.23	9.15	6.31	5.24	4.45
48	11.84	9.64	6.65	5.52	4.69
49	12.48	10.16	7.01	5.82	4.95
50	13.10	10.67	7.36	6.11	5.19
51	14.08	11.47	7.91	6.57	5.58
52	15.09	12.30	8.48	7.04	5.98
53	16.16	13.17	9.08	7.54	6.41
54	17.25	14.05	9.69	8.04	6.83
55	18.39	14.98	10.33	8.57	7.28
56	19.06	15.53	10.71	8.89	7.56
57	19.86	16.18	11.16	9.26	7.87
58	20.77	16.92	11.67	9.69	8.24
59	21.82	17.78	12.26	10.18	8.65
60	22.55	18.37	12.67	10.52	8.94

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	1.96	1.60	1.10	0.91	0.77
19	1.96	1.60	1.10	0.91	0.77
20	1.96	1.60	1.10	0.91	0.77
21	1.96	1.60	1.10	0.91	0.77
22	1.96	1.60	1.10	0.91	0.77
23	1.96	1.60	1.10	0.91	0.77
24	1.96	1.60	1.10	0.91	0.77
25	1.96	1.60	1.10	0.91	0.77
26	2.08	1.70	1.17	0.97	0.82
27	2.23	1.81	1.25	1.04	0.88
28	2.35	1.91	1.32	1.10	0.94
29	2.47	2.02	1.39	1.15	0.98
30	2.62	2.13	1.47	1.22	1.04
31	2.79	2.28	1.57	1.30	1.11
32	2.99	2.44	1.68	1.39	1.18
33	3.19	2.60	1.79	1.49	1.27
34	3.38	2.76	1.90	1.58	1.34
35	3.58	2.91	2.01	1.67	1.42
36	3.84	3.13	2.16	1.79	1.52
37	4.11	3.35	2.31	1.92	1.63
38	4.38	3.57	2.46	2.04	1.73
39	4.66	3.80	2.62	2.17	1.84
40	4.93	4.02	2.77	2.30	1.96
41	5.27	4.29	2.96	2.46	2.09
42	5.61	4.57	3.15	2.61	2.22
43	5.96	4.86	3.35	2.78	2.36
44	6.32	5.15	3.55	2.95	2.51
45	6.68	5.44	3.75	3.11	2.64
46	7.08	5.77	3.98	3.30	2.81
47	7.49	6.10	4.21	3.49	2.97
48	7.89	6.42	4.43	3.68	3.13
49	8.31	6.77	4.67	3.88	3.30
50	8.74	7.12	4.91	4.08	3.47
51	9.38	7.64	5.27	4.37	3.71
52	10.06	8.19	5.65	4.69	3.99
53	10.77	8.77	6.05	5.02	4.27
54	11.50	9.37	6.46	5.36	4.56
55	12.26	9.99	6.89	5.72	4.86
56	12.71	10.35	7.14	5.93	5.04
57	13.24	10.79	7.44	6.18	5.25
58	13.85	11.28	7.78	6.46	5.49
59	14.54	11.85	8.17	6.78	5.76
60	15.04	12.25	8.45	7.01	5.96

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	0.66	0.49
19	0.66	0.49
20	0.66	0.49
21	0.66	0.49
22	0.66	0.49
23	0.66	0.49
24	0.66	0.49
25	0.66	0.49
26	0.71	0.51
27	0.76	0.54
28	0.82	0.56
29	0.87	0.58
30	0.93	0.60
31	1.00	0.63
32	1.08	0.67
33	1.15	0.70
34	1.23	0.73
35	1.31	0.76
36	1.41	0.80
37	1.52	0.84
38	1.62	0.89
39	1.73	0.93
40	1.84	0.97
41	1.97	1.02
42	2.10	1.07
43	2.23	1.12
44	2.37	1.17
45	2.50	1.22
46	2.69	1.29
47	2.88	1.37
48	3.07	1.44
49	3.27	1.52
50	3.48	1.60
51	3.78	1.72
52	4.09	1.84
53	4.42	1.97
54	4.76	2.10
55	5.12	2.24
56	5.35	2.32
57	5.62	2.42
58	5.92	2.53
59	5.55	2.62
60	5.18	2.70

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	10.54	8.58	5.92	4.91	4.17
19	10.54	8.58	5.92	4.91	4.17
20	10.54	8.58	5.92	4.91	4.17
21	10.54	8.58	5.92	4.91	4.17
22	10.54	8.58	5.92	4.91	4.17
23	10.54	8.58	5.92	4.91	4.17
24	10.54	8.58	5.92	4.91	4.17
25	10.54	8.58	5.92	4.91	4.17
26	11.16	9.09	6.27	5.20	4.42
27	11.87	9.67	6.67	5.54	4.71
28	12.53	10.21	7.04	5.84	4.96
29	13.14	10.70	7.38	6.13	5.21
30	13.74	11.19	7.72	6.41	5.45
31	14.52	11.83	8.16	6.77	5.75
32	15.33	12.48	8.61	7.15	6.08
33	16.13	13.14	9.06	7.52	6.39
34	16.95	13.80	9.52	7.90	6.72
35	17.80	14.50	10.00	8.30	7.06
36	18.96	15.44	10.65	8.84	7.51
37	20.17	16.43	11.33	9.40	7.99
38	21.43	17.46	12.04	9.99	8.49
39	22.82	18.59	12.82	10.64	9.04
40	24.24	19.75	13.62	11.30	9.61
41	25.88	21.08	14.54	12.07	10.26
42	27.54	22.43	15.47	12.84	10.91
43	29.25	23.82	16.43	13.64	11.59
44	31.04	25.29	17.44	14.48	12.31
45	32.97	26.85	18.52	15.37	13.06
46	35.58	28.99	19.99	16.59	14.10
47	38.31	31.20	21.52	17.86	15.18
48	41.10	33.48	23.09	19.16	16.29
49	44.02	35.86	24.73	20.53	17.45
50	46.99	38.28	26.40	21.91	18.62
51	51.34	41.82	28.84	23.94	20.35
52	55.89	45.53	31.40	26.06	22.15
53	60.25	49.08	33.85	28.10	23.89
54	65.04	52.98	36.54	30.33	25.78
55	69.31	56.46	38.94	32.32	27.47
56	71.91	58.58	40.40	33.53	28.50
57	74.92	61.03	42.09	34.93	29.69
58	78.36	63.83	44.02	36.54	31.06
59	82.29	67.03	46.23	38.37	32.61
60	85.08	69.31	47.80	39.67	33.72

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Male Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.58	2.10	1.45	1.20	1.02
19	2.58	2.10	1.45	1.20	1.02
20	2.58	2.10	1.45	1.20	1.02
21	2.58	2.10	1.45	1.20	1.02
22	2.58	2.10	1.45	1.20	1.02
23	2.58	2.10	1.45	1.20	1.02
24	2.58	2.10	1.45	1.20	1.02
25	2.58	2.10	1.45	1.20	1.02
26	2.60	2.12	1.46	1.21	1.03
27	2.65	2.16	1.49	1.24	1.05
28	2.69	2.19	1.51	1.25	1.06
29	2.76	2.25	1.55	1.29	1.10
30	2.90	2.36	1.63	1.35	1.15
31	3.08	2.51	1.73	1.44	1.22
32	3.26	2.65	1.83	1.52	1.29
33	3.44	2.80	1.93	1.60	1.36
34	3.61	2.94	2.03	1.68	1.43
35	3.83	3.12	2.15	1.78	1.51
36	3.97	3.23	2.23	1.85	1.57
37	4.15	3.38	2.33	1.93	1.64
38	4.31	3.51	2.42	2.01	1.71
39	4.50	3.67	2.53	2.10	1.79
40	4.70	3.83	2.64	2.19	1.86
41	4.95	4.03	2.78	2.31	1.96
42	5.20	4.23	2.92	2.42	2.06
43	5.45	4.44	3.06	2.54	2.16
44	5.71	4.65	3.21	2.66	2.26
45	6.00	4.89	3.37	2.80	2.38
46	6.46	5.26	3.63	3.01	2.56
47	6.91	5.63	3.88	3.22	2.74
48	7.35	5.99	4.13	3.43	2.92
49	7.80	6.35	4.38	3.64	3.09
50	8.21	6.68	4.61	3.83	3.26
51	8.94	7.28	5.02	4.17	3.54
52	9.70	7.90	5.45	4.52	3.84
53	10.09	8.22	5.67	4.71	4.00
54	11.02	8.98	6.19	5.14	4.37
55	12.14	9.89	6.82	5.66	4.81
56	13.33	10.86	7.49	6.22	5.29
57	14.04	11.44	7.89	6.55	5.57
58	14.76	12.02	8.29	6.88	5.85
59	15.81	12.88	8.88	7.37	6.26
60	17.21	14.02	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	37.63	30.65	21.14	17.55	14.92
19	37.63	30.65	21.14	17.55	14.92
20	37.63	30.65	21.14	17.55	14.92
21	37.63	30.65	21.14	17.55	14.92
22	37.63	30.65	21.14	17.55	14.92
23	37.63	30.65	21.14	17.55	14.92
24	37.63	30.65	21.14	17.55	14.92
25	37.63	30.65	21.14	17.55	14.92
26	39.28	32.00	22.07	18.32	15.57
27	40.94	33.35	23.00	19.09	16.23
28	42.60	34.70	23.93	19.86	16.88
29	44.23	36.03	24.85	20.63	17.54
30	45.87	37.37	25.77	21.39	18.18
31	47.67	38.83	26.78	22.23	18.90
32	49.47	40.30	27.79	23.07	19.61
33	51.28	41.77	28.81	23.91	20.32
34	53.06	43.22	29.81	24.74	21.03
35	54.88	44.70	30.83	25.59	21.75
36	56.53	46.05	31.76	26.36	22.41
37	58.21	47.42	32.70	27.14	23.07
38	59.88	48.78	33.64	27.92	23.73
39	61.53	50.13	34.57	28.69	24.39
40	63.21	51.49	35.51	29.47	25.05
41	64.93	52.90	36.48	30.28	25.74
42	66.70	54.33	37.47	31.10	26.44
43	68.44	55.75	38.45	31.91	27.12
44	70.22	57.20	39.45	32.74	27.83
45	72.00	58.65	40.45	33.57	28.53
46	74.32	60.54	41.75	34.65	29.45
47	76.63	62.42	43.05	35.73	30.37
48	78.98	64.34	44.37	36.83	31.31
49	81.33	66.25	45.69	37.92	32.23
50	83.71	68.19	47.03	39.03	33.18
51	88.22	71.86	49.56	41.13	34.96
52	92.81	75.60	52.14	43.28	36.79
53	97.51	79.43	54.78	45.47	38.65
54	102.30	83.33	57.47	47.70	40.55
55	107.17	87.30	60.21	49.97	42.47
56	111.21	90.60	62.48	51.86	44.08
57	115.84	94.37	65.08	54.02	45.92
58	121.16	98.70	68.07	56.50	48.03
59	127.25	103.66	71.49	59.34	50.44
60	134.18	109.30	75.38	62.57	53.18

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	5.41	4.41	3.04	2.52	2.14
19	5.41	4.41	3.04	2.52	2.14
20	5.41	4.41	3.04	2.52	2.14
21	5.41	4.41	3.04	2.52	2.14
22	5.41	4.41	3.04	2.52	2.14
23	5.41	4.41	3.04	2.52	2.14
24	5.41	4.41	3.04	2.52	2.14
25	5.41	4.41	3.04	2.52	2.14
26	5.77	4.70	3.24	2.69	2.29
27	6.12	4.99	3.44	2.86	2.43
28	6.48	5.28	3.64	3.02	2.57
29	6.85	5.58	3.85	3.20	2.72
30	7.23	5.89	4.06	3.37	2.86
31	7.64	6.22	4.29	3.56	3.03
32	8.06	6.57	4.53	3.76	3.20
33	8.49	6.92	4.77	3.96	3.37
34	8.94	7.28	5.02	4.17	3.54
35	9.38	7.64	5.27	4.37	3.71
36	9.83	8.00	5.52	4.58	3.89
37	10.27	8.37	5.77	4.79	4.07
38	10.72	8.73	6.02	5.00	4.25
39	11.18	9.11	6.28	5.21	4.43
40	11.66	9.50	6.55	5.44	4.62
41	12.16	9.90	6.83	5.67	4.82
42	12.67	10.32	7.12	5.91	5.02
43	13.19	10.74	7.41	6.15	5.23
44	13.71	11.17	7.70	6.39	5.43
45	14.26	11.61	8.01	6.65	5.65
46	14.72	11.99	8.27	6.86	5.83
47	15.17	12.35	8.52	7.07	6.01
48	15.65	12.75	8.79	7.30	6.21
49	16.11	13.12	9.05	7.51	6.38
50	16.57	13.50	9.31	7.73	6.57
51	17.46	14.22	9.81	8.14	6.92
52	18.37	14.96	10.32	8.57	7.28
53	19.31	15.73	10.85	9.01	7.66
54	20.26	16.50	11.38	9.45	8.03
55	21.22	17.28	11.92	9.89	8.41
56	22.02	17.94	12.37	10.27	8.73
57	22.94	18.69	12.89	10.70	9.10
58	23.99	19.55	13.48	11.19	9.51
59	25.20	20.53	14.16	11.75	9.99
60	26.58	21.65	14.93	12.39	10.53

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	3.61	2.94	2.03	1.68	1.43
19	3.61	2.94	2.03	1.68	1.43
20	3.61	2.94	2.03	1.68	1.43
21	3.61	2.94	2.03	1.68	1.43
22	3.61	2.94	2.03	1.68	1.43
23	3.61	2.94	2.03	1.68	1.43
24	3.61	2.94	2.03	1.68	1.43
25	3.61	2.94	2.03	1.68	1.43
26	3.84	3.13	2.16	1.79	1.52
27	4.08	3.32	2.29	1.90	1.62
28	4.33	3.52	2.43	2.02	1.72
29	4.57	3.73	2.57	2.13	1.81
30	4.82	3.93	2.71	2.25	1.91
31	5.09	4.15	2.86	2.37	2.01
32	5.38	4.38	3.02	2.51	2.13
33	5.66	4.61	3.18	2.64	2.24
34	5.96	4.86	3.35	2.78	2.36
35	6.25	5.09	3.51	2.91	2.47
36	6.55	5.34	3.68	3.05	2.59
37	6.85	5.58	3.85	3.20	2.72
38	7.14	5.81	4.01	3.33	2.83
39	7.46	6.08	4.19	3.48	2.96
40	7.78	6.34	4.37	3.63	3.09
41	8.10	6.60	4.55	3.78	3.21
42	8.46	6.89	4.75	3.94	3.35
43	8.79	7.16	4.94	4.10	3.49
44	9.13	7.44	5.13	4.26	3.62
45	9.51	7.74	5.34	4.43	3.77
46	9.81	7.99	5.51	4.57	3.88
47	10.11	8.24	5.68	4.71	4.00
48	10.43	8.50	5.86	4.86	4.13
49	10.73	8.74	6.03	5.00	4.25
50	11.05	9.00	6.21	5.15	4.38
51	11.64	9.48	6.54	5.43	4.62
52	12.25	9.98	6.88	5.71	4.85
53	12.87	10.48	7.23	6.00	5.10
54	13.51	11.01	7.59	6.30	5.36
55	14.15	11.53	7.95	6.60	5.61
56	14.69	11.96	8.25	6.85	5.82
57	15.29	12.46	8.59	7.13	6.06
58	16.00	13.04	8.99	7.46	6.34
59	16.80	13.69	9.44	7.84	6.66
60	17.71	14.43	9.95	8.26	7.02

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	1.22	0.91
19	1.22	0.91
20	1.22	0.91
21	1.22	0.91
22	1.22	0.91
23	1.22	0.91
24	1.22	0.91
25	1.22	0.91
26	1.31	0.95
27	1.40	0.99
28	1.50	1.03
29	1.60	1.07
30	1.70	1.11
31	1.82	1.15
32	1.93	1.19
33	2.05	1.24
34	2.17	1.28
35	2.29	1.32
36	2.41	1.36
37	2.53	1.40
38	2.65	1.44
39	2.77	1.48
40	2.90	1.53
41	3.03	1.57
42	3.16	1.61
43	3.29	1.65
44	3.43	1.69
45	3.56	1.74
46	3.73	1.79
47	3.89	1.85
48	4.06	1.91
49	4.23	1.96
50	4.40	2.02
51	4.69	2.13
52	4.98	2.24
53	5.28	2.35
54	5.59	2.47
55	5.91	2.59
56	6.18	2.68
57	6.49	2.80
58	6.83	2.92
59	6.47	3.06
60	6.11	3.19

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	19.42	15.82	10.91	9.06	7.70
19	19.42	15.82	10.91	9.06	7.70
20	19.42	15.82	10.91	9.06	7.70
21	19.42	15.82	10.91	9.06	7.70
22	19.42	15.82	10.91	9.06	7.70
23	19.42	15.82	10.91	9.06	7.70
24	19.42	15.82	10.91	9.06	7.70
25	19.42	15.82	10.91	9.06	7.70
26	20.56	16.75	11.55	9.59	8.15
27	21.84	17.79	12.27	10.18	8.65
28	23.05	18.78	12.95	10.75	9.14
29	24.15	19.68	13.57	11.26	9.57
30	25.24	20.56	14.18	11.77	10.00
31	26.36	21.47	14.81	12.29	10.45
32	27.50	22.40	15.45	12.82	10.90
33	28.66	23.35	16.10	13.36	11.36
34	29.83	24.30	16.76	13.91	11.82
35	31.08	25.32	17.46	14.49	12.32
36	32.31	26.32	18.15	15.06	12.80
37	33.61	27.38	18.88	15.67	13.32
38	34.96	28.48	19.64	16.30	13.86
39	36.54	29.77	20.53	17.04	14.48
40	38.15	31.07	21.43	17.79	15.12
41	39.80	32.42	22.36	18.56	15.78
42	41.47	33.79	23.30	19.34	16.44
43	43.13	35.13	24.23	20.11	17.09
44	44.96	36.63	25.26	20.97	17.82
45	46.92	38.22	26.36	21.88	18.60
46	49.29	40.15	27.69	22.98	19.53
47	51.74	42.15	29.07	24.13	20.51
48	54.25	44.20	30.48	25.30	21.51
49	56.84	46.30	31.93	26.50	22.53
50	59.49	48.46	33.42	27.74	23.58
51	63.69	51.88	35.78	29.70	25.25
52	68.01	55.40	38.21	31.71	26.95
53	72.00	58.65	40.45	33.57	28.53
54	76.38	62.22	42.91	35.62	30.28
55	80.03	65.19	44.96	37.32	31.72
56	83.04	67.64	46.65	38.72	32.91
57	86.51	70.47	48.60	40.34	34.29
58	90.48	73.70	50.83	42.19	35.86
59	95.02	77.40	53.38	44.31	37.66
60	100.20	81.62	56.29	46.72	39.71

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Female Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.23	1.81	1.25	1.04	0.88
19	2.23	1.81	1.25	1.04	0.88
20	2.23	1.81	1.25	1.04	0.88
21	2.23	1.81	1.25	1.04	0.88
22	2.23	1.81	1.25	1.04	0.88
23	2.23	1.81	1.25	1.04	0.88
24	2.23	1.81	1.25	1.04	0.88
25	2.23	1.81	1.25	1.04	0.88
26	2.26	1.84	1.27	1.05	0.89
27	2.31	1.89	1.30	1.08	0.92
28	2.37	1.93	1.33	1.10	0.94
29	2.46	2.00	1.38	1.15	0.98
30	2.60	2.12	1.46	1.21	1.03
31	2.78	2.26	1.56	1.29	1.10
32	2.95	2.41	1.66	1.38	1.17
33	3.13	2.55	1.76	1.46	1.24
34	3.31	2.70	1.86	1.54	1.31
35	3.52	2.87	1.98	1.64	1.39
36	3.63	2.96	2.04	1.69	1.44
37	3.79	3.09	2.13	1.77	1.50
38	3.93	3.20	2.21	1.83	1.56
39	4.09	3.34	2.30	1.91	1.62
40	4.27	3.48	2.40	1.99	1.69
41	4.49	3.65	2.52	2.09	1.78
42	4.72	3.84	2.65	2.20	1.87
43	4.95	4.03	2.78	2.31	1.96
44	5.18	4.22	2.91	2.42	2.06
45	5.45	4.44	3.06	2.54	2.16
46	5.87	4.79	3.30	2.74	2.33
47	6.28	5.12	3.53	2.93	2.49
48	6.69	5.45	3.76	3.12	2.65
49	7.12	5.80	4.00	3.32	2.82
50	7.42	6.05	4.17	3.46	2.94
51	8.08	6.58	4.54	3.77	3.20
52	8.76	7.13	4.92	4.08	3.47
53	9.08	7.40	5.10	4.23	3.60
54	9.88	8.05	5.55	4.61	3.92
55	10.84	8.83	6.09	5.05	4.29
56	12.55	10.22	7.05	5.85	4.97
57	11.62	9.47	6.53	5.42	4.61
58	12.94	10.54	7.27	6.03	5.13
59	14.77	12.04	8.30	6.89	5.86
60	17.23	14.04	9.68	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	23.86	19.43	13.40	11.13	9.46
19	23.86	19.43	13.40	11.13	9.46
20	23.86	19.43	13.40	11.13	9.46
21	23.86	19.43	13.40	11.13	9.46
22	23.86	19.43	13.40	11.13	9.46
23	23.86	19.43	13.40	11.13	9.46
24	23.86	19.43	13.40	11.13	9.46
25	23.86	19.43	13.40	11.13	9.46
26	24.93	20.31	14.01	11.62	9.88
27	25.99	21.17	14.60	12.12	10.30
28	27.05	22.03	15.19	12.61	10.72
29	28.10	22.89	15.79	13.10	11.14
30	29.15	23.75	16.38	13.59	11.55
31	30.55	24.89	17.16	14.25	12.11
32	31.95	26.03	17.95	14.90	12.67
33	33.34	27.15	18.73	15.54	13.21
34	34.72	28.28	19.51	16.19	13.76
35	36.11	29.41	20.29	16.84	14.31
36	37.85	30.83	21.26	17.65	15.00
37	39.58	32.24	22.24	18.45	15.69
38	41.33	33.66	23.22	19.27	16.38
39	44.21	36.02	24.84	20.61	17.52
40	45.93	37.42	25.81	21.42	18.20
41	47.90	39.02	26.91	22.34	18.99
42	49.89	40.64	28.03	23.26	19.77
43	51.90	42.28	29.16	24.20	20.57
44	53.92	43.93	30.29	25.14	21.37
45	55.96	45.58	31.44	26.09	22.18
46	58.82	47.91	33.04	27.43	23.32
47	61.71	50.26	34.67	28.77	24.45
48	64.62	52.63	36.30	30.13	25.62
49	67.57	55.04	37.96	31.51	26.78
50	70.53	57.45	39.62	32.88	27.95
51	75.37	61.40	42.35	35.15	29.88
52	80.40	65.49	45.17	37.49	31.87
53	85.58	69.71	48.08	39.91	33.92
54	90.91	74.05	51.07	42.39	36.04
55	96.42	78.54	54.17	44.95	38.21
56	100.04	81.50	56.20	46.65	39.65
57	104.22	84.90	58.55	48.60	41.31
58	108.99	88.79	61.23	50.82	43.20
59	114.46	93.24	64.31	53.38	45.37
60	119.00	96.93	66.85	55.49	47.17

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	3.43	2.79	1.93	1.60	1.36
19	3.43	2.79	1.93	1.60	1.36
20	3.43	2.79	1.93	1.60	1.36
21	3.43	2.79	1.93	1.60	1.36
22	3.43	2.79	1.93	1.60	1.36
23	3.43	2.79	1.93	1.60	1.36
24	3.43	2.79	1.93	1.60	1.36
25	3.43	2.79	1.93	1.60	1.36
26	3.66	2.98	2.06	1.71	1.45
27	3.89	3.17	2.18	1.81	1.54
28	4.11	3.35	2.31	1.92	1.63
29	4.35	3.54	2.44	2.02	1.72
30	4.59	3.74	2.58	2.14	1.82
31	4.89	3.98	2.75	2.28	1.94
32	5.20	4.23	2.92	2.42	2.06
33	5.51	4.50	3.10	2.57	2.19
34	5.84	4.76	3.28	2.73	2.32
35	6.18	5.03	3.47	2.88	2.45
36	6.58	5.36	3.70	3.07	2.61
37	6.98	5.69	3.92	3.25	2.77
38	7.40	6.03	4.16	3.45	2.93
39	8.05	6.55	4.52	3.75	3.19
40	8.47	6.90	4.76	3.95	3.35
41	8.97	7.31	5.04	4.19	3.56
42	9.47	7.71	5.32	4.42	3.75
43	10.00	8.15	5.62	4.67	3.96
44	10.53	8.58	5.92	4.91	4.18
45	11.08	9.02	6.23	5.17	4.39
46	11.65	9.49	6.55	5.44	4.62
47	12.22	9.95	6.86	5.70	4.84
48	12.79	10.42	7.19	5.97	5.07
49	13.39	10.90	7.52	6.24	5.31
50	13.97	11.38	7.85	6.52	5.54
51	14.93	12.16	8.39	6.96	5.92
52	15.91	12.97	8.94	7.42	6.31
53	16.95	13.81	9.52	7.91	6.72
54	18.00	14.66	10.11	8.39	7.13
55	19.10	15.56	10.73	8.90	7.56
56	19.80	16.13	11.13	9.24	7.85
57	20.63	16.81	11.59	9.62	8.18
58	21.58	17.58	12.12	10.07	8.56
59	22.67	18.47	12.74	10.57	8.99
60	23.56	19.19	13.24	10.99	9.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.29	1.87	1.29	1.06	0.90
19	2.29	1.87	1.29	1.06	0.90
20	2.29	1.87	1.29	1.06	0.90
21	2.29	1.87	1.29	1.06	0.90
22	2.29	1.87	1.29	1.06	0.90
23	2.29	1.87	1.29	1.06	0.90
24	2.29	1.87	1.29	1.06	0.90
25	2.29	1.87	1.29	1.06	0.90
26	2.43	1.99	1.37	1.13	0.96
27	2.60	2.11	1.46	1.21	1.03
28	2.75	2.23	1.54	1.28	1.10
29	2.89	2.36	1.63	1.35	1.15
30	3.06	2.49	1.72	1.43	1.21
31	3.25	2.65	1.83	1.51	1.29
32	3.47	2.83	1.95	1.61	1.37
33	3.68	3.00	2.07	1.72	1.46
34	3.90	3.18	2.19	1.82	1.54
35	4.11	3.35	2.31	1.92	1.63
36	4.38	3.57	2.46	2.04	1.73
37	4.66	3.80	2.62	2.18	1.85
38	4.93	4.02	2.77	2.30	1.95
39	5.36	4.37	3.01	2.50	2.12
40	5.64	4.60	3.17	2.63	2.24
41	5.98	4.87	3.36	2.79	2.37
42	6.32	5.15	3.55	2.94	2.50
43	6.67	5.44	3.75	3.11	2.64
44	7.02	5.72	3.95	3.28	2.79
45	7.39	6.02	4.15	3.44	2.92
46	7.76	6.33	4.36	3.62	3.08
47	8.15	6.64	4.58	3.80	3.23
48	8.53	6.94	4.79	3.98	3.38
49	8.92	7.26	5.01	4.16	3.54
50	9.32	7.59	5.24	4.35	3.70
51	9.95	8.10	5.59	4.64	3.94
52	10.61	8.64	5.96	4.95	4.21
53	11.30	9.20	6.35	5.27	4.48
54	12.00	9.78	6.74	5.60	4.76
55	12.73	10.38	7.16	5.94	5.05
56	13.21	10.75	7.42	6.16	5.24
57	13.75	11.21	7.73	6.42	5.45
58	14.39	11.72	8.08	6.71	5.70
59	15.11	12.31	8.49	7.05	5.99
60	15.71	12.80	8.83	7.32	6.23

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 60 Months 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	0.77	0.57
19	0.77	0.57
20	0.77	0.57
21	0.77	0.57
22	0.77	0.57
23	0.77	0.57
24	0.77	0.57
25	0.77	0.57
26	0.83	0.60
27	0.89	0.63
28	0.96	0.65
29	1.02	0.68
30	1.08	0.70
31	1.16	0.73
32	1.25	0.77
33	1.33	0.81
34	1.42	0.84
35	1.51	0.87
36	1.61	0.91
37	1.72	0.95
38	1.83	1.00
39	1.99	1.07
40	2.11	1.11
41	2.24	1.16
42	2.37	1.21
43	2.50	1.25
44	2.64	1.30
45	2.77	1.35
46	2.95	1.42
47	3.13	1.49
48	3.32	1.56
49	3.51	1.63
50	3.71	1.71
51	4.01	1.82
52	4.31	1.94
53	4.64	2.07
54	4.97	2.19
55	5.32	2.33
56	5.56	2.41
57	5.84	2.52
58	6.15	2.63
59	5.78	2.73
60	5.41	2.82

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	12.32	10.03	6.92	5.74	4.88
19	12.32	10.03	6.92	5.74	4.88
20	12.32	10.03	6.92	5.74	4.88
21	12.32	10.03	6.92	5.74	4.88
22	12.32	10.03	6.92	5.74	4.88
23	12.32	10.03	6.92	5.74	4.88
24	12.32	10.03	6.92	5.74	4.88
25	12.32	10.03	6.92	5.74	4.88
26	13.04	10.62	7.33	6.08	5.17
27	13.86	11.29	7.79	6.47	5.50
28	14.63	11.92	8.22	6.82	5.80
29	15.34	12.50	8.62	7.16	6.08
30	16.04	13.06	9.01	7.48	6.36
31	16.89	13.76	9.49	7.87	6.69
32	17.76	14.46	9.98	8.28	7.04
33	18.64	15.18	10.47	8.69	7.38
34	19.53	15.90	10.97	9.10	7.74
35	20.46	16.66	11.49	9.54	8.11
36	21.63	17.62	12.15	10.08	8.57
37	22.86	18.62	12.84	10.65	9.06
38	24.14	19.66	13.56	11.25	9.56
39	26.25	21.39	14.75	12.24	10.40
40	27.72	22.58	15.57	12.92	10.99
41	29.36	23.92	16.50	13.69	11.64
42	31.02	25.27	17.43	14.47	12.29
43	32.72	26.65	18.38	15.26	12.97
44	34.52	28.13	19.40	16.10	13.69
45	36.46	29.69	20.48	17.00	14.45
46	39.01	31.78	21.92	18.19	15.46
47	41.67	33.94	23.41	19.43	16.51
48	44.39	36.16	24.94	20.70	17.60
49	47.23	38.47	26.53	22.02	18.72
50	50.12	40.83	28.16	23.37	19.86
51	54.43	44.34	30.58	25.38	21.58
52	58.92	48.00	33.10	27.47	23.35
53	63.19	51.47	35.50	29.47	25.05
54	67.88	55.29	38.13	31.65	26.91
55	71.99	58.64	40.45	33.57	28.53
56	74.69	60.85	41.96	34.83	29.60
57	77.82	63.39	43.72	36.28	30.84
58	81.39	66.30	45.72	37.95	32.26
59	85.47	69.62	48.02	39.86	33.87
60	88.86	72.39	49.92	41.43	35.22

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *60 Months* 6M Unisex Nonsmoker

	Elimination Period				
Age	30 Days	60 Days	90 Days	180 Days	365 Days
18	2.51	2.04	1.41	1.17	0.99
19	2.51	2.04	1.41	1.17	0.99
20	2.51	2.04	1.41	1.17	0.99
21	2.51	2.04	1.41	1.17	0.99
22	2.51	2.04	1.41	1.17	0.99
23	2.51	2.04	1.41	1.17	0.99
24	2.51	2.04	1.41	1.17	0.99
25	2.51	2.04	1.41	1.17	0.99
26	2.53	2.06	1.42	1.18	1.00
27	2.58	2.11	1.45	1.21	1.02
28	2.63	2.14	1.47	1.22	1.04
29	2.70	2.20	1.52	1.26	1.08
30	2.84	2.31	1.60	1.32	1.13
31	3.02	2.46	1.70	1.41	1.20
32	3.20	2.60	1.80	1.49	1.27
33	3.38	2.75	1.90	1.57	1.34
34	3.55	2.89	2.00	1.65	1.41
35	3.77	3.07	2.12	1.75	1.49
36	3.90	3.18	2.19	1.82	1.54
37	4.08	3.32	2.29	1.90	1.61
38	4.23	3.45	2.38	1.97	1.68
39	4.42	3.60	2.48	2.06	1.76
40	4.61	3.76	2.59	2.15	1.83
41	4.86	3.95	2.73	2.27	1.92
42	5.10	4.15	2.87	2.38	2.02
43	5.35	4.36	3.00	2.49	2.12
44	5.60	4.56	3.15	2.61	2.22
45	5.89	4.80	3.31	2.75	2.34
46	6.34	5.17	3.56	2.96	2.51
47	6.78	5.53	3.81	3.16	2.69
48	7.22	5.88	4.06	3.37	2.87
49	7.66	6.24	4.30	3.58	3.04
50	8.05	6.55	4.52	3.76	3.20
51	8.77	7.14	4.92	4.09	3.47
52	9.51	7.75	5.34	4.43	3.77
53	9.89	8.06	5.56	4.61	3.92
54	10.79	8.79	6.06	5.03	4.28
55	11.88	9.68	6.67	5.54	4.71
56	13.17	10.73	7.40	6.15	5.23
57	13.56	11.05	7.62	6.32	5.38
58	14.40	11.72	8.09	6.71	5.71
59	15.60	12.71	8.76	7.27	6.18
60	17.21	14.02	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	13.21	10.97	9.32
19	13.21	10.97	9.32
20	13.21	10.97	9.32
21	13.21	10.97	9.32
22	13.21	10.97	9.32
23	13.21	10.97	9.32
24	13.21	10.97	9.32
25	13.21	10.97	9.32
26	13.90	11.54	9.81
27	14.61	12.12	10.30
28	15.31	12.71	10.81
29	16.03	13.31	11.31
30	16.75	13.90	11.81
31	17.70	14.69	12.48
32	18.65	15.48	13.16
33	19.61	16.27	13.83
34	20.58	17.08	14.52
35	21.56	17.90	15.21
36	22.86	18.97	16.13
37	24.17	20.06	17.05
38	25.50	21.17	18.00
39	26.83	22.27	18.93
40	28.18	23.39	19.88
41	29.69	24.64	20.95
42	31.21	25.91	22.02
43	32.77	27.20	23.12
44	34.33	28.50	24.22
45	35.92	29.82	25.34
46	38.17	31.69	26.93
47	40.45	33.58	28.54
48	42.76	35.49	30.17
49	45.10	37.43	31.82
50	47.46	39.39	33.48
51	49.97	41.48	35.26
52	52.54	43.61	37.06
53	55.18	45.79	38.93
54	57.86	48.03	40.82
55	60.61	50.31	42.76

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.90	1.58	1.34
19	1.90	1.58	1.34
20	1.90	1.58	1.34
21	1.90	1.58	1.34
22	1.90	1.58	1.34
23	1.90	1.58	1.34
24	1.90	1.58	1.34
25	1.90	1.58	1.34
26	2.04	1.69	1.44
27	2.18	1.81	1.54
28	2.33	1.93	1.63
29	2.48	2.06	1.75
30	2.64	2.18	1.86
31	2.84	2.36	2.00
32	3.04	2.53	2.15
33	3.25	2.70	2.29
34	3.46	2.88	2.44
35	3.69	3.06	2.60
36	3.97	3.30	2.80
37	4.26	3.53	3.00
38	4.57	3.80	3.22
39	4.88	4.05	3.44
40	5.20	4.32	3.67
41	5.56	4.62	3.93
42	5.93	4.92	4.18
43	6.31	5.24	4.46
44	6.70	5.56	4.73
45	7.12	5.91	5.02
46	7.56	6.28	5.34
47	8.01	6.65	5.65
48	8.47	7.03	5.98
49	8.93	7.41	6.30
50	9.39	7.80	6.63
51	9.89	8.21	6.98
52	10.40	8.63	7.33
53	10.92	9.06	7.71
54	11.46	9.51	8.08
55	12.00	9.96	8.47

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.27	1.05	0.89
19	1.27	1.05	0.89
20	1.27	1.05	0.89
21	1.27	1.05	0.89
22	1.27	1.05	0.89
23	1.27	1.05	0.89
24	1.27	1.05	0.89
25	1.27	1.05	0.89
26	1.36	1.13	0.96
27	1.46	1.21	1.03
28	1.55	1.29	1.10
29	1.66	1.37	1.17
30	1.76	1.46	1.24
31	1.89	1.57	1.34
32	2.03	1.68	1.43
33	2.16	1.80	1.53
34	2.31	1.91	1.63
35	2.46	2.04	1.74
36	2.65	2.20	1.87
37	2.84	2.36	2.00
38	3.05	2.53	2.14
39	3.26	2.70	2.30
40	3.47	2.88	2.45
41	3.71	3.08	2.62
42	3.95	3.28	2.79
43	4.21	3.49	2.96
44	4.47	3.71	3.15
45	4.74	3.93	3.34
46	5.04	4.18	3.56
47	5.34	4.43	3.76
48	5.64	4.68	3.98
49	5.95	4.94	4.20
50	6.26	5.19	4.41
51	6.59	5.47	4.65
52	6.93	5.75	4.89
53	7.28	6.04	5.13
54	7.64	6.34	5.38
55	8.00	6.64	5.64

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	2.80	2.11
19	2.80	2.11
20	2.80	2.11
21	2.80	2.11
22	2.80	2.11
23	2.80	2.11
24	2.80	2.11
25	2.80	2.11
26	3.05	2.23
27	3.32	2.34
28	3.58	2.45
29	3.81	2.55
30	4.02	2.64
31	4.27	2.76
32	4.51	2.88
33	4.71	2.99
34	4.92	3.09
35	5.11	3.17
36	5.36	3.30
37	5.58	3.41
38	5.81	3.51
39	6.05	3.61
40	6.27	3.68
41	6.49	3.77
42	6.70	3.83
43	6.87	3.89
44	7.04	3.93
45	7.20	3.95
46	7.47	4.01
47	7.71	4.07
48	7.91	4.09
49	8.09	4.08
50	8.21	4.05
51	8.32	4.00
52	8.37	3.92
53	8.37	3.82
54	8.30	3.67
55	8.16	3.49

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	6.82	5.66	4.81
19	6.82	5.66	4.81
20	6.82	5.66	4.81
21	6.82	5.66	4.81
22	6.82	5.66	4.81
23	6.82	5.66	4.81
24	6.82	5.66	4.81
25	6.82	5.66	4.81
26	7.28	6.04	5.14
27	7.79	6.47	5.49
28	8.29	6.88	5.85
29	8.75	7.27	6.18
30	9.22	7.65	6.50
31	9.78	8.12	6.90
32	10.38	8.61	7.32
33	10.96	9.10	7.73
34	11.56	9.60	8.16
35	12.21	10.14	8.62
36	13.07	10.85	9.22
37	13.95	11.58	9.84
38	14.89	12.36	10.51
39	15.93	13.22	11.24
40	17.00	14.11	11.99
41	18.20	15.10	12.84
42	19.41	16.11	13.70
43	20.66	17.15	14.58
44	21.99	18.25	15.51
45	23.40	19.43	16.51
46	25.32	21.02	17.86
47	27.31	22.66	19.26
48	29.38	24.38	20.72
49	31.52	26.16	22.23
50	33.72	27.98	23.79
51	36.08	29.95	25.45
52	38.51	31.97	27.18
53	40.75	33.82	28.75
54	43.21	35.86	30.48
55	45.26	37.57	31.93

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.67	1.39	1.18
19	1.67	1.39	1.18
20	1.67	1.39	1.18
21	1.67	1.39	1.18
22	1.67	1.39	1.18
23	1.67	1.39	1.18
24	1.67	1.39	1.18
25	1.67	1.39	1.18
26	1.70	1.41	1.20
27	1.74	1.44	1.22
28	1.78	1.48	1.26
29	1.84	1.53	1.30
30	1.95	1.62	1.37
31	2.07	1.72	1.46
32	2.21	1.84	1.57
33	2.34	1.94	1.65
34	2.47	2.06	1.75
35	2.62	2.18	1.85
36	2.74	2.28	1.94
37	2.87	2.38	2.02
38	3.00	2.49	2.12
39	3.15	2.62	2.22
40	3.30	2.75	2.33
41	3.48	2.89	2.46
42	3.66	3.04	2.59
43	3.85	3.19	2.71
44	4.05	3.36	2.85
45	4.26	3.54	3.01
46	4.60	3.82	3.24
47	4.93	4.09	3.47
48	5.25	4.36	3.71
49	5.58	4.63	3.93
50	5.89	4.89	4.15
51	6.28	5.21	4.43
52	6.68	5.54	4.71
53	6.82	5.66	4.80
54	7.32	6.08	5.17
55	7.93	6.58	5.59

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	24.35	20.20	17.18
19	24.35	20.20	17.18
20	24.35	20.20	17.18
21	24.35	20.20	17.18
22	24.35	20.20	17.18
23	24.35	20.20	17.18
24	24.35	20.20	17.18
25	24.35	20.20	17.18
26	25.60	21.25	18.06
27	26.87	22.30	18.96
28	28.16	23.37	19.87
29	29.45	24.44	20.77
30	30.76	25.53	21.70
31	32.12	26.66	22.65
32	33.48	27.79	23.62
33	34.86	28.93	24.60
34	36.24	30.07	25.56
35	37.64	31.24	26.55
36	38.96	32.34	27.49
37	40.28	33.44	28.42
38	41.63	34.55	29.37
39	42.98	35.67	30.32
40	44.34	36.80	31.29
41	45.66	37.89	32.21
42	47.01	39.01	33.16
43	48.35	40.13	34.12
44	49.73	41.28	35.09
45	51.11	42.42	36.05
46	52.86	43.88	37.29
47	54.64	45.35	38.55
48	56.44	46.84	39.81
49	58.25	48.35	41.09
50	60.09	49.87	42.40
51	62.01	51.47	43.75
52	63.95	53.08	45.12
53	65.93	54.72	46.51
54	67.94	56.38	47.93
55	69.98	58.08	49.37

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.51	2.92	2.48
19	3.51	2.92	2.48
20	3.51	2.92	2.48
21	3.51	2.92	2.48
22	3.51	2.92	2.48
23	3.51	2.92	2.48
24	3.51	2.92	2.48
25	3.51	2.92	2.48
26	3.76	3.12	2.66
27	4.01	3.33	2.83
28	4.29	3.55	3.02
29	4.56	3.78	3.22
30	4.85	4.02	3.42
31	5.15	4.27	3.63
32	5.45	4.52	3.85
33	5.78	4.79	4.08
34	6.10	5.06	4.30
35	6.43	5.34	4.54
36	6.76	5.62	4.77
37	7.11	5.90	5.02
38	7.45	6.19	5.26
39	7.81	6.49	5.51
40	8.18	6.79	5.77
41	8.55	7.10	6.03
42	8.93	7.41	6.30
43	9.31	7.73	6.57
44	9.72	8.06	6.85
45	10.12	8.41	7.14
46	10.46	8.68	7.38
47	10.82	8.98	7.63
48	11.17	9.27	7.88
49	11.53	9.58	8.14
50	11.90	9.87	8.39
51	12.28	10.19	8.66
52	12.66	10.51	8.93
53	13.05	10.84	9.21
54	13.45	11.17	9.50
55	13.86	11.50	9.78

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.34	1.94	1.65
19	2.34	1.94	1.65
20	2.34	1.94	1.65
21	2.34	1.94	1.65
22	2.34	1.94	1.65
23	2.34	1.94	1.65
24	2.34	1.94	1.65
25	2.34	1.94	1.65
26	2.50	2.08	1.76
27	2.68	2.23	1.89
28	2.85	2.37	2.01
29	3.04	2.53	2.15
30	3.23	2.68	2.28
31	3.43	2.85	2.42
32	3.64	3.02	2.56
33	3.85	3.20	2.71
34	4.06	3.37	2.87
35	4.29	3.56	3.02
36	4.51	3.75	3.18
37	4.74	3.93	3.34
38	4.97	4.13	3.51
39	5.20	4.32	3.67
40	5.45	4.52	3.85
41	5.70	4.73	4.02
42	5.95	4.94	4.20
43	6.21	5.16	4.39
44	6.47	5.37	4.57
45	6.75	5.60	4.77
46	6.98	5.80	4.93
47	7.21	5.98	5.09
48	7.45	6.19	5.26
49	7.69	6.38	5.42
50	7.93	6.58	5.60
51	8.19	6.79	5.77
52	8.44	7.00	5.95
53	8.71	7.22	6.14
54	8.97	7.44	6.33
55	9.24	7.67	6.52

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	5.16	3.89
19	5.16	3.89
20	5.16	3.89
21	5.16	3.89
22	5.16	3.89
23	5.16	3.89
24	5.16	3.89
25	5.16	3.89
26	5.61	4.11
27	6.11	4.31
28	6.58	4.51
29	7.00	4.68
30	7.39	4.85
31	7.76	5.02
32	8.09	5.17
33	8.38	5.31
34	8.66	5.43
35	8.91	5.54
36	9.13	5.63
37	9.31	5.69
38	9.49	5.74
39	9.69	5.78
40	9.86	5.80
41	9.99	5.79
42	10.08	5.77
43	10.13	5.74
44	10.20	5.69
45	10.24	5.61
46	10.35	5.56
47	10.42	5.49
48	10.45	5.40
49	10.44	5.28
50	10.41	5.13
51	10.32	4.96
52	10.18	4.77
53	10.00	4.55
54	9.74	4.31
55	9.42	4.03

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	12.56	10.42	8.86
19	12.56	10.42	8.86
20	12.56	10.42	8.86
21	12.56	10.42	8.86
22	12.56	10.42	8.86
23	12.56	10.42	8.86
24	12.56	10.42	8.86
25	12.56	10.42	8.86
26	13.40	11.12	9.45
27	14.34	11.90	10.11
28	15.24	12.65	10.75
29	16.08	13.35	11.34
30	16.92	14.04	11.94
31	17.76	14.74	12.53
32	18.62	15.46	13.14
33	19.49	16.17	13.75
34	20.37	16.91	14.37
35	21.32	17.69	15.04
36	22.27	18.48	15.71
37	23.26	19.30	16.40
38	24.31	20.18	17.15
39	25.52	21.18	18.00
40	26.76	22.21	18.88
41	27.99	23.23	19.75
42	29.23	24.26	20.62
43	30.48	25.29	21.50
44	31.84	26.43	22.46
45	33.30	27.64	23.49
46	35.06	29.11	24.74
47	36.89	30.62	26.03
48	38.77	32.17	27.35
49	40.71	33.79	28.72
50	42.69	35.43	30.12
51	44.77	37.16	31.58
52	46.87	38.90	33.06
53	48.69	40.41	34.35
54	50.73	42.11	35.79
55	52.25	43.37	36.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.43	1.19	1.02
19	1.43	1.19	1.02
20	1.43	1.19	1.02
21	1.43	1.19	1.02
22	1.43	1.19	1.02
23	1.43	1.19	1.02
24	1.43	1.19	1.02
25	1.43	1.19	1.02
26	1.47	1.22	1.04
27	1.52	1.26	1.08
28	1.57	1.30	1.11
29	1.63	1.36	1.15
30	1.74	1.45	1.23
31	1.87	1.55	1.32
32	2.01	1.67	1.42
33	2.14	1.77	1.51
34	2.27	1.88	1.60
35	2.41	2.00	1.70
36	2.51	2.08	1.77
37	2.63	2.18	1.85
38	2.74	2.27	1.93
39	2.87	2.38	2.03
40	3.00	2.50	2.12
41	3.16	2.62	2.23
42	3.32	2.75	2.34
43	3.49	2.89	2.46
44	3.67	3.05	2.59
45	3.87	3.21	2.73
46	4.18	3.48	2.96
47	4.48	3.73	3.17
48	4.79	3.97	3.37
49	5.09	4.23	3.59
50	5.33	4.43	3.77
51	5.68	4.71	4.01
52	6.03	5.00	4.25
53	6.14	5.09	4.33
54	6.56	5.45	4.64
55	7.08	5.88	5.00

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.44	12.82	10.89
19	15.44	12.82	10.89
20	15.44	12.82	10.89
21	15.44	12.82	10.89
22	15.44	12.82	10.89
23	15.44	12.82	10.89
24	15.44	12.82	10.89
25	15.44	12.82	10.89
26	16.24	13.48	11.46
27	17.06	14.16	12.03
28	17.88	14.84	12.62
29	18.71	15.54	13.20
30	19.55	16.23	13.79
31	20.58	17.08	14.51
32	21.62	17.94	15.25
33	22.66	18.80	15.98
34	23.71	19.68	16.73
35	24.78	20.57	17.48
36	26.08	21.64	18.40
37	27.39	22.74	19.32
38	28.73	23.85	20.27
39	30.87	25.62	21.78
40	32.22	26.74	22.73
41	33.68	27.95	23.77
42	35.16	29.19	24.81
43	36.67	30.43	25.87
44	38.18	31.70	26.94
45	39.72	32.97	28.02
46	41.84	34.74	29.52
47	44.00	36.52	31.04
48	46.18	38.33	32.58
49	48.39	40.16	34.14
50	50.62	42.01	35.71
51	52.98	43.98	37.38
52	55.39	45.98	39.08
53	57.87	48.02	40.83
54	60.38	50.12	42.60
55	62.95	52.25	44.41

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.22	1.85	1.57
19	2.22	1.85	1.57
20	2.22	1.85	1.57
21	2.22	1.85	1.57
22	2.22	1.85	1.57
23	2.22	1.85	1.57
24	2.22	1.85	1.57
25	2.22	1.85	1.57
26	2.38	1.98	1.68
27	2.55	2.11	1.80
28	2.72	2.25	1.91
29	2.90	2.40	2.04
30	3.08	2.55	2.17
31	3.30	2.74	2.33
32	3.52	2.93	2.49
33	3.76	3.12	2.65
34	3.99	3.32	2.81
35	4.24	3.52	2.99
36	4.53	3.76	3.19
37	4.83	4.00	3.40
38	5.15	4.28	3.63
39	5.61	4.66	3.96
40	5.95	4.94	4.20
41	6.31	5.24	4.46
42	6.68	5.54	4.71
43	7.06	5.86	4.99
44	7.46	6.19	5.26
45	7.87	6.54	5.55
46	8.29	6.88	5.85
47	8.71	7.23	6.15
48	9.15	7.59	6.46
49	9.58	7.95	6.76
50	10.02	8.32	7.07
51	10.49	8.71	7.40
52	10.97	9.10	7.73
53	11.45	9.51	8.09
54	11.96	9.93	8.44
55	12.47	10.35	8.80

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.48	1.23	1.04
19	1.48	1.23	1.04
20	1.48	1.23	1.04
21	1.48	1.23	1.04
22	1.48	1.23	1.04
23	1.48	1.23	1.04
24	1.48	1.23	1.04
25	1.48	1.23	1.04
26	1.59	1.32	1.12
27	1.70	1.41	1.20
28	1.81	1.51	1.28
29	1.94	1.60	1.37
30	2.05	1.70	1.45
31	2.20	1.83	1.56
32	2.35	1.95	1.66
33	2.50	2.08	1.77
34	2.66	2.20	1.88
35	2.83	2.34	2.00
36	3.02	2.51	2.13
37	3.22	2.67	2.27
38	3.43	2.85	2.41
39	3.75	3.11	2.64
40	3.97	3.29	2.80
41	4.21	3.49	2.97
42	4.45	3.70	3.14
43	4.71	3.91	3.32
44	4.97	4.13	3.51
45	5.24	4.35	3.70
46	5.53	4.59	3.90
47	5.81	4.82	4.09
48	6.09	5.06	4.30
49	6.39	5.30	4.51
50	6.68	5.54	4.71
51	6.99	5.80	4.93
52	7.31	6.06	5.16
53	7.64	6.34	5.38
54	7.97	6.62	5.62
55	8.31	6.90	5.86

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: 120 Months 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	3.27	2.47
19	3.27	2.47
20	3.27	2.47
21	3.27	2.47
22	3.27	2.47
23	3.27	2.47
24	3.27	2.47
25	3.27	2.47
26	3.56	2.61
27	3.88	2.73
28	4.18	2.86
29	4.45	2.98
30	4.69	3.08
31	4.97	3.21
32	5.23	3.34
33	5.44	3.45
34	5.67	3.56
35	5.87	3.64
36	6.11	3.77
37	6.33	3.87
38	6.55	3.96
39	6.96	4.15
40	7.17	4.21
41	7.37	4.28
42	7.55	4.32
43	7.69	4.35
44	7.83	4.37
45	7.96	4.37
46	8.19	4.40
47	8.39	4.43
48	8.55	4.42
49	8.68	4.38
50	8.76	4.32
51	8.82	4.24
52	8.82	4.13
53	8.78	4.00
54	8.66	3.83
55	8.48	3.63

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	7.97	6.61	5.62
19	7.97	6.61	5.62
20	7.97	6.61	5.62
21	7.97	6.61	5.62
22	7.97	6.61	5.62
23	7.97	6.61	5.62
24	7.97	6.61	5.62
25	7.97	6.61	5.62
26	8.50	7.06	6.00
27	9.10	7.56	6.41
28	9.68	8.03	6.83
29	10.22	8.49	7.21
30	10.76	8.93	7.59
31	11.38	9.44	8.03
32	12.03	9.98	8.48
33	12.67	10.51	8.93
34	13.32	11.06	9.40
35	14.03	11.65	9.90
36	14.91	12.38	10.52
37	15.81	13.12	11.15
38	16.77	13.92	11.84
39	18.33	15.21	12.93
40	19.44	16.14	13.71
41	20.65	17.13	14.57
42	21.87	18.15	15.43
43	23.12	19.19	16.31
44	24.45	20.30	17.25
45	25.88	21.48	18.26
46	27.76	23.04	19.58
47	29.71	24.65	20.95
48	31.73	26.33	22.38
49	33.82	28.07	23.85
50	35.96	29.84	25.37
51	38.25	31.75	26.98
52	40.60	33.70	28.65
53	42.74	35.47	30.15
54	45.09	37.42	31.81
55	47.01	39.02	33.16

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *120 Months* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.62	1.35	1.15
19	1.62	1.35	1.15
20	1.62	1.35	1.15
21	1.62	1.35	1.15
22	1.62	1.35	1.15
23	1.62	1.35	1.15
24	1.62	1.35	1.15
25	1.62	1.35	1.15
26	1.65	1.37	1.17
27	1.70	1.40	1.19
28	1.74	1.44	1.23
29	1.80	1.50	1.27
30	1.91	1.59	1.34
31	2.03	1.69	1.43
32	2.17	1.81	1.54
33	2.30	1.91	1.62
34	2.43	2.02	1.72
35	2.58	2.14	1.82
36	2.69	2.24	1.91
37	2.82	2.34	1.99
38	2.95	2.45	2.08
39	3.09	2.57	2.18
40	3.24	2.70	2.29
41	3.42	2.84	2.41
42	3.59	2.98	2.54
43	3.78	3.13	2.66
44	3.97	3.30	2.80
45	4.18	3.47	2.95
46	4.52	3.75	3.18
47	4.84	4.02	3.41
48	5.16	4.28	3.64
49	5.48	4.55	3.86
50	5.78	4.80	4.07
51	6.16	5.11	4.35
52	6.55	5.43	4.62
53	6.68	5.55	4.71
54	7.17	5.95	5.06
55	7.76	6.44	5.47

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	16.49	13.69	11.64
19	16.49	13.69	11.64
20	16.49	13.69	11.64
21	16.49	13.69	11.64
22	16.49	13.69	11.64
23	16.49	13.69	11.64
24	16.49	13.69	11.64
25	16.49	13.69	11.64
26	17.27	14.33	12.18
27	18.05	14.98	12.73
28	18.83	15.63	13.29
29	19.61	16.28	13.84
30	20.39	16.92	14.38
31	21.45	17.80	15.13
32	22.51	18.68	15.88
33	23.56	19.55	16.62
34	24.61	20.43	17.37
35	25.67	21.31	18.11
36	27.10	22.49	19.12
37	28.53	23.68	20.13
38	29.97	24.88	21.15
39	31.40	26.06	22.15
40	32.83	27.25	23.16
41	34.34	28.50	24.23
42	35.84	29.75	25.29
43	37.36	31.01	26.36
44	38.87	32.26	27.42
45	40.38	33.52	28.49
46	42.61	35.37	30.06
47	44.84	37.22	31.64
48	47.07	39.07	33.21
49	49.31	40.93	34.79
50	51.54	42.78	36.36
51	53.35	44.28	37.64
52	55.16	45.78	38.91
53	56.98	47.29	40.20
54	58.79	48.80	41.48
55	60.61	50.31	42.76
56	60.91	50.56	42.98
57	61.52	51.06	43.40
58	62.44	51.83	44.06
59	63.69	52.86	44.93
60	64.01	53.13	45.16

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.37	1.97	1.67
19	2.37	1.97	1.67
20	2.37	1.97	1.67
21	2.37	1.97	1.67
22	2.37	1.97	1.67
23	2.37	1.97	1.67
24	2.37	1.97	1.67
25	2.37	1.97	1.67
26	2.53	2.10	1.79
27	2.70	2.24	1.90
28	2.86	2.37	2.01
29	3.04	2.52	2.14
30	3.21	2.66	2.26
31	3.44	2.86	2.43
32	3.67	3.05	2.59
33	3.90	3.24	2.75
34	4.14	3.44	2.92
35	4.39	3.64	3.09
36	4.71	3.91	3.32
37	5.03	4.17	3.54
38	5.37	4.46	3.79
39	5.71	4.74	4.03
40	6.06	5.03	4.28
41	6.43	5.34	4.54
42	6.81	5.65	4.80
43	7.20	5.98	5.08
44	7.59	6.30	5.36
45	8.00	6.64	5.64
46	8.44	7.01	5.96
47	8.88	7.37	6.26
48	9.32	7.74	6.58
49	9.76	8.10	6.89
50	10.20	8.47	7.20
51	10.56	8.76	7.45
52	10.92	9.06	7.70
53	11.28	9.36	7.96
54	11.64	9.66	8.21
55	12.00	9.96	8.47
56	12.06	10.01	8.51
57	12.18	10.11	8.59
58	12.36	10.26	8.72
59	12.61	10.47	8.90
60	12.67	10.52	8.94

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.58	1.31	1.11
19	1.58	1.31	1.11
20	1.58	1.31	1.11
21	1.58	1.31	1.11
22	1.58	1.31	1.11
23	1.58	1.31	1.11
24	1.58	1.31	1.11
25	1.58	1.31	1.11
26	1.69	1.40	1.19
27	1.80	1.49	1.27
28	1.91	1.59	1.35
29	2.03	1.68	1.43
30	2.14	1.78	1.51
31	2.29	1.90	1.62
32	2.45	2.03	1.73
33	2.60	2.16	1.84
34	2.76	2.29	1.95
35	2.93	2.43	2.07
36	3.14	2.61	2.22
37	3.35	2.78	2.36
38	3.58	2.97	2.52
39	3.81	3.16	2.69
40	4.04	3.35	2.85
41	4.29	3.56	3.03
42	4.54	3.77	3.20
43	4.80	3.98	3.38
44	5.06	4.20	3.57
45	5.33	4.42	3.76
46	5.63	4.67	3.97
47	5.92	4.91	4.17
48	6.21	5.15	4.38
49	6.51	5.40	4.59
50	6.80	5.64	4.79
51	7.04	5.84	4.96
52	7.28	6.04	5.13
53	7.52	6.24	5.30
54	7.76	6.44	5.47
55	8.00	6.64	5.64
56	8.04	6.67	5.67
57	8.12	6.74	5.73
58	8.24	6.84	5.81
59	8.41	6.98	5.93
60	8.45	7.01	5.96

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.49	2.64
19	3.49	2.64
20	3.49	2.64
21	3.49	2.64
22	3.49	2.64
23	3.49	2.64
24	3.49	2.64
25	3.49	2.64
26	3.79	2.77
27	4.10	2.89
28	4.40	3.01
29	4.66	3.12
30	4.90	3.22
31	5.18	3.35
32	5.44	3.48
33	5.66	3.59
34	5.88	3.69
35	6.08	3.78
36	6.35	3.91
37	6.59	4.03
38	6.83	4.13
39	7.08	4.22
40	7.30	4.29
41	7.51	4.36
42	7.69	4.40
43	7.83	4.44
44	7.97	4.45
45	8.09	4.44
46	8.34	4.48
47	8.55	4.51
48	8.71	4.50
49	8.84	4.46
50	8.92	4.40
51	8.88	4.27
52	8.79	4.12
53	8.64	3.94
54	8.43	3.73
55	8.16	3.49
56	7.63	3.16
57	7.09	3.03
58	6.52	2.92
59	5.93	2.83
60	5.18	2.70

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.51	7.06	6.00
19	8.51	7.06	6.00
20	8.51	7.06	6.00
21	8.51	7.06	6.00
22	8.51	7.06	6.00
23	8.51	7.06	6.00
24	8.51	7.06	6.00
25	8.51	7.06	6.00
26	9.04	7.50	6.38
27	9.63	7.99	6.79
28	10.19	8.46	7.19
29	10.71	8.89	7.56
30	11.22	9.31	7.91
31	11.86	9.84	8.36
32	12.52	10.39	8.83
33	13.17	10.93	9.29
34	13.83	11.48	9.76
35	14.54	12.07	10.26
36	15.49	12.86	10.93
37	16.47	13.67	11.62
38	17.50	14.53	12.35
39	18.64	15.47	13.15
40	19.81	16.44	13.97
41	21.05	17.47	14.85
42	22.29	18.50	15.73
43	23.55	19.55	16.62
44	24.89	20.66	17.56
45	26.31	21.84	18.56
46	28.26	23.46	19.94
47	30.27	25.12	21.35
48	32.34	26.84	22.81
49	34.46	28.60	24.31
50	36.62	30.39	25.83
51	38.52	31.97	27.17
52	40.43	33.56	28.53
53	42.08	34.93	29.69
54	43.90	36.44	30.97
55	45.26	37.57	31.93
56	45.48	37.75	32.09
57	45.94	38.13	32.41
58	46.62	38.69	32.89
59	47.56	39.47	33.55
60	47.80	39.67	33.72

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.08	1.73	1.47
19	2.08	1.73	1.47
20	2.08	1.73	1.47
21	2.08	1.73	1.47
22	2.08	1.73	1.47
23	2.08	1.73	1.47
24	2.08	1.73	1.47
25	2.08	1.73	1.47
26	2.11	1.75	1.49
27	2.15	1.78	1.51
28	2.19	1.82	1.55
29	2.25	1.87	1.59
30	2.37	1.97	1.67
31	2.51	2.08	1.77
32	2.67	2.22	1.89
33	2.81	2.33	1.98
34	2.96	2.46	2.09
35	3.12	2.59	2.20
36	3.25	2.70	2.30
37	3.39	2.81	2.39
38	3.53	2.93	2.49
39	3.69	3.06	2.60
40	3.85	3.20	2.72
41	4.02	3.34	2.84
42	4.20	3.49	2.97
43	4.39	3.64	3.09
44	4.58	3.80	3.23
45	4.79	3.98	3.38
46	5.13	4.26	3.62
47	5.46	4.53	3.85
48	5.78	4.80	4.08
49	6.10	5.06	4.30
50	6.40	5.31	4.51
51	6.70	5.56	4.73
52	7.01	5.82	4.95
53	7.04	5.84	4.96
54	7.44	6.18	5.25
55	7.93	6.58	5.59
56	8.43	7.00	5.95
57	8.61	7.15	6.08
58	8.78	7.29	6.20
59	9.13	7.58	6.44
60	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	30.39	25.22	21.44
19	30.39	25.22	21.44
20	30.39	25.22	21.44
21	30.39	25.22	21.44
22	30.39	25.22	21.44
23	30.39	25.22	21.44
24	30.39	25.22	21.44
25	30.39	25.22	21.44
26	31.80	26.39	22.43
27	33.21	27.56	23.43
28	34.63	28.74	24.43
29	36.04	29.91	25.42
30	37.45	31.08	26.42
31	38.93	32.31	27.46
32	40.40	33.53	28.50
33	41.88	34.76	29.55
34	43.34	35.97	30.57
35	44.82	37.20	31.62
36	46.19	38.34	32.59
37	47.55	39.47	33.55
38	48.92	40.60	34.51
39	50.29	41.74	35.48
40	51.66	42.88	36.45
41	52.81	43.83	37.26
42	53.98	44.80	38.08
43	55.13	45.76	38.90
44	56.30	46.73	39.72
45	57.45	47.68	40.53
46	59.01	48.98	41.63
47	60.57	50.27	42.73
48	62.13	51.57	43.83
49	63.69	52.86	44.93
50	65.25	54.16	46.04
51	66.20	54.95	46.71
52	67.14	55.73	47.37
53	68.09	56.51	48.03
54	69.03	57.29	48.70
55	69.98	58.08	49.37
56	70.33	58.37	49.61
57	71.03	58.95	50.11
58	72.10	59.84	50.86
59	73.54	61.04	51.88
60	75.38	62.57	53.18

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	4.38	3.64	3.09
19	4.38	3.64	3.09
20	4.38	3.64	3.09
21	4.38	3.64	3.09
22	4.38	3.64	3.09
23	4.38	3.64	3.09
24	4.38	3.64	3.09
25	4.38	3.64	3.09
26	4.67	3.88	3.30
27	4.96	4.12	3.50
28	5.27	4.37	3.71
29	5.58	4.63	3.94
30	5.90	4.90	4.17
31	6.24	5.18	4.40
32	6.58	5.46	4.64
33	6.94	5.76	4.90
34	7.29	6.05	5.14
35	7.66	6.36	5.41
36	8.02	6.66	5.66
37	8.39	6.96	5.92
38	8.76	7.27	6.18
39	9.14	7.59	6.45
40	9.53	7.91	6.72
41	9.89	8.21	6.98
42	10.25	8.51	7.23
43	10.62	8.81	7.49
44	11.00	9.13	7.76
45	11.38	9.45	8.03
46	11.68	9.69	8.24
47	11.99	9.95	8.46
48	12.30	10.21	8.68
49	12.61	10.47	8.90
50	12.92	10.72	9.11
51	13.11	10.88	9.25
52	13.29	11.03	9.38
53	13.48	11.19	9.51
54	13.67	11.35	9.65
55	13.86	11.50	9.78
56	13.93	11.56	9.83
57	14.06	11.67	9.92
58	14.28	11.85	10.07
59	14.56	12.08	10.27
60	14.93	12.39	10.53

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.92	2.42	2.06
19	2.92	2.42	2.06
20	2.92	2.42	2.06
21	2.92	2.42	2.06
22	2.92	2.42	2.06
23	2.92	2.42	2.06
24	2.92	2.42	2.06
25	2.92	2.42	2.06
26	3.11	2.58	2.19
27	3.31	2.75	2.34
28	3.51	2.91	2.47
29	3.72	3.09	2.63
30	3.93	3.26	2.77
31	4.16	3.45	2.93
32	4.39	3.64	3.09
33	4.63	3.84	3.26
34	4.86	4.03	3.43
35	5.11	4.24	3.60
36	5.35	4.44	3.77
37	5.59	4.64	3.94
38	5.84	4.85	4.12
39	6.09	5.05	4.29
40	6.35	5.27	4.48
41	6.59	5.47	4.65
42	6.83	5.67	4.82
43	7.08	5.88	5.00
44	7.33	6.08	5.17
45	7.59	6.30	5.36
46	7.79	6.47	5.50
47	7.99	6.63	5.64
48	8.20	6.81	5.79
49	8.41	6.98	5.93
50	8.61	7.15	6.08
51	8.74	7.25	6.16
52	8.86	7.35	6.25
53	8.99	7.46	6.34
54	9.11	7.56	6.43
55	9.24	7.67	6.52
56	9.29	7.71	6.55
57	9.37	7.78	6.61
58	9.52	7.90	6.72
59	9.71	8.06	6.85
60	9.95	8.26	7.02

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	6.44	4.86
19	6.44	4.86
20	6.44	4.86
21	6.44	4.86
22	6.44	4.86
23	6.44	4.86
24	6.44	4.86
25	6.44	4.86
26	6.97	5.10
27	7.55	5.33
28	8.09	5.54
29	8.57	5.73
30	9.00	5.91
31	9.40	6.08
32	9.76	6.24
33	10.07	6.38
34	10.36	6.50
35	10.61	6.60
36	10.82	6.67
37	10.99	6.72
38	11.15	6.75
39	11.34	6.76
40	11.49	6.76
41	11.55	6.70
42	11.58	6.63
43	11.55	6.54
44	11.55	6.44
45	11.51	6.31
46	11.55	6.21
47	11.55	6.09
48	11.50	5.94
49	11.42	5.77
50	11.30	5.57
51	11.02	5.30
52	10.69	5.01
53	10.33	4.70
54	9.90	4.38
55	9.42	4.03
56	8.81	3.65
57	8.18	3.50
58	7.53	3.38
59	6.84	3.27
60	6.11	3.19

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	15.68	13.01	11.06
19	15.68	13.01	11.06
20	15.68	13.01	11.06
21	15.68	13.01	11.06
22	15.68	13.01	11.06
23	15.68	13.01	11.06
24	15.68	13.01	11.06
25	15.68	13.01	11.06
26	16.64	13.81	11.74
27	17.72	14.71	12.50
28	18.74	15.55	13.22
29	19.68	16.33	13.88
30	20.60	17.10	14.54
31	21.53	17.87	15.19
32	22.47	18.65	15.85
33	23.41	19.43	16.52
34	24.36	20.22	17.19
35	25.39	21.07	17.91
36	26.40	21.91	18.62
37	27.45	22.78	19.36
38	28.57	23.71	20.15
39	29.86	24.78	21.06
40	31.18	25.88	22.00
41	32.37	26.87	22.84
42	33.57	27.86	23.68
43	34.75	28.84	24.51
44	36.05	29.92	25.43
45	37.43	31.07	26.41
46	39.14	32.49	27.62
47	40.89	33.94	28.85
48	42.68	35.42	30.11
49	44.51	36.94	31.40
50	46.36	38.48	32.71
51	47.80	39.67	33.72
52	49.21	40.84	34.71
53	50.28	41.73	35.47
54	51.55	42.79	36.37
55	52.25	43.37	36.86
56	52.52	43.59	37.05
57	53.04	44.02	37.42
58	53.84	44.69	37.99
59	54.91	45.58	38.74
60	56.29	46.72	39.71

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.79	1.49	1.27
19	1.79	1.49	1.27
20	1.79	1.49	1.27
21	1.79	1.49	1.27
22	1.79	1.49	1.27
23	1.79	1.49	1.27
24	1.79	1.49	1.27
25	1.79	1.49	1.27
26	1.83	1.52	1.29
27	1.88	1.56	1.33
28	1.93	1.60	1.36
29	2.00	1.66	1.41
30	2.12	1.76	1.50
31	2.27	1.88	1.60
32	2.42	2.01	1.71
33	2.57	2.13	1.81
34	2.71	2.25	1.91
35	2.87	2.38	2.02
36	2.98	2.47	2.10
37	3.10	2.57	2.18
38	3.22	2.67	2.27
39	3.36	2.79	2.37
40	3.50	2.91	2.47
41	3.65	3.03	2.58
42	3.81	3.16	2.69
43	3.98	3.30	2.81
44	4.16	3.45	2.93
45	4.35	3.61	3.07
46	4.67	3.88	3.30
47	4.97	4.13	3.51
48	5.27	4.37	3.71
49	5.57	4.62	3.93
50	5.79	4.81	4.09
51	6.06	5.03	4.28
52	6.33	5.25	4.46
53	6.34	5.26	4.47
54	6.67	5.54	4.71
55	7.08	5.88	5.00
56	7.93	6.58	5.59
57	7.13	5.92	5.03
58	7.70	6.39	5.43
59	8.54	7.09	6.03
60	9.68	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	19.27	16.00	13.60
19	19.27	16.00	13.60
20	19.27	16.00	13.60
21	19.27	16.00	13.60
22	19.27	16.00	13.60
23	19.27	16.00	13.60
24	19.27	16.00	13.60
25	19.27	16.00	13.60
26	20.18	16.74	14.23
27	21.08	17.50	14.87
28	21.99	18.25	15.52
29	22.90	19.01	16.16
30	23.80	19.75	16.79
31	24.95	20.70	17.60
32	26.09	21.65	18.40
33	27.22	22.59	19.21
34	28.36	23.54	20.01
35	29.50	24.49	20.81
36	30.92	25.66	21.81
37	32.33	26.84	22.81
38	33.76	28.02	23.82
39	36.12	29.98	25.48
40	37.54	31.16	26.48
41	38.96	32.33	27.49
42	40.38	33.51	28.49
43	41.80	34.70	29.50
44	43.23	35.88	30.50
45	44.65	37.06	31.50
46	46.71	38.77	32.95
47	48.77	40.48	34.41
48	50.84	42.20	35.87
49	52.91	43.91	37.33
50	54.97	45.63	38.78
51	56.56	46.95	39.91
52	58.16	48.27	41.03
53	59.76	49.60	42.16
54	61.35	50.92	43.29
55	62.95	52.25	44.41
56	63.27	52.51	44.64
57	63.90	53.03	45.08
58	64.86	53.83	45.76
59	66.15	54.91	46.67
60	66.85	55.49	47.17

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.77	2.30	1.95
19	2.77	2.30	1.95
20	2.77	2.30	1.95
21	2.77	2.30	1.95
22	2.77	2.30	1.95
23	2.77	2.30	1.95
24	2.77	2.30	1.95
25	2.77	2.30	1.95
26	2.96	2.46	2.09
27	3.15	2.62	2.22
28	3.34	2.77	2.35
29	3.55	2.94	2.50
30	3.75	3.11	2.64
31	4.00	3.32	2.82
32	4.25	3.53	3.00
33	4.51	3.74	3.18
34	4.77	3.96	3.36
35	5.04	4.18	3.55
36	5.37	4.46	3.79
37	5.70	4.73	4.02
38	6.05	5.02	4.27
39	6.57	5.45	4.64
40	6.93	5.75	4.89
41	7.30	6.06	5.15
42	7.67	6.37	5.41
43	8.06	6.69	5.68
44	8.44	7.01	5.96
45	8.85	7.34	6.24
46	9.25	7.68	6.53
47	9.66	8.02	6.81
48	10.07	8.36	7.11
49	10.47	8.69	7.39
50	10.88	9.03	7.68
51	11.20	9.29	7.90
52	11.51	9.55	8.12
53	11.83	9.82	8.35
54	12.15	10.08	8.57
55	12.47	10.35	8.80
56	12.53	10.40	8.84
57	12.65	10.50	8.92
58	12.84	10.66	9.06
59	13.10	10.87	9.24
60	13.24	10.99	9.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.85	1.53	1.30
19	1.85	1.53	1.30
20	1.85	1.53	1.30
21	1.85	1.53	1.30
22	1.85	1.53	1.30
23	1.85	1.53	1.30
24	1.85	1.53	1.30
25	1.85	1.53	1.30
26	1.97	1.64	1.39
27	2.10	1.74	1.48
28	2.23	1.85	1.57
29	2.37	1.96	1.67
30	2.50	2.08	1.76
31	2.66	2.21	1.88
32	2.84	2.35	2.00
33	3.01	2.50	2.12
34	3.18	2.64	2.25
35	3.37	2.79	2.38
36	3.58	2.98	2.53
37	3.80	3.15	2.68
38	4.03	3.35	2.84
39	4.38	3.63	3.09
40	4.62	3.83	3.26
41	4.87	4.04	3.44
42	5.11	4.25	3.61
43	5.37	4.46	3.79
44	5.63	4.67	3.97
45	5.90	4.89	4.16
46	6.17	5.12	4.35
47	6.44	5.34	4.54
48	6.71	5.57	4.73
49	6.99	5.80	4.93
50	7.25	6.02	5.11
51	7.47	6.19	5.26
52	7.68	6.37	5.41
53	7.89	6.55	5.56
54	8.10	6.72	5.71
55	8.31	6.90	5.86
56	8.35	6.93	5.89
57	8.43	7.00	5.95
58	8.56	7.11	6.04
59	8.74	7.25	6.16
60	8.83	7.32	6.23

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 65 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	4.08	3.08
19	4.08	3.08
20	4.08	3.08
21	4.08	3.08
22	4.08	3.08
23	4.08	3.08
24	4.08	3.08
25	4.08	3.08
26	4.43	3.24
27	4.79	3.38
28	5.14	3.52
29	5.44	3.64
30	5.72	3.76
31	6.02	3.90
32	6.30	4.03
33	6.54	4.15
34	6.78	4.25
35	6.99	4.34
36	7.24	4.46
37	7.47	4.57
38	7.69	4.65
39	8.15	4.86
40	8.35	4.91
41	8.52	4.95
42	8.66	4.96
43	8.76	4.97
44	8.87	4.95
45	8.95	4.91
46	9.14	4.91
47	9.30	4.91
48	9.41	4.86
49	9.49	4.79
50	9.52	4.69
51	9.42	4.53
52	9.27	4.34
53	9.06	4.13
54	8.80	3.89
55	8.48	3.63
56	7.93	3.28
57	7.36	3.15
58	6.77	3.04
59	6.16	2.94
60	5.41	2.82

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	9.94	8.25	7.01
19	9.94	8.25	7.01
20	9.94	8.25	7.01
21	9.94	8.25	7.01
22	9.94	8.25	7.01
23	9.94	8.25	7.01
24	9.94	8.25	7.01
25	9.94	8.25	7.01
26	10.56	8.76	7.45
27	11.25	9.33	7.93
28	11.90	9.88	8.40
29	12.50	10.38	8.82
30	13.10	10.87	9.24
31	13.79	11.45	9.73
32	14.51	12.04	10.23
33	15.22	12.63	10.74
34	15.94	13.23	11.25
35	16.71	13.87	11.79
36	17.67	14.67	12.47
37	18.67	15.49	13.17
38	19.71	16.37	13.91
39	21.45	17.80	15.13
40	22.65	18.80	15.98
41	23.88	19.82	16.85
42	25.11	20.84	17.72
43	26.35	21.87	18.59
44	27.68	22.98	19.53
45	29.09	24.15	20.52
46	30.98	25.72	21.86
47	32.93	27.33	23.23
48	34.93	28.99	24.64
49	36.97	30.69	26.08
50	39.06	32.41	27.55
51	40.84	33.90	28.81
52	42.63	35.38	30.08
53	44.13	36.63	31.14
54	45.81	38.03	32.32
55	47.01	39.02	33.16
56	47.24	39.21	33.33
57	47.72	39.60	33.66
58	48.43	40.19	34.17
59	49.40	41.00	34.85
60	49.92	41.43	35.22

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.02	1.68	1.43
19	2.02	1.68	1.43
20	2.02	1.68	1.43
21	2.02	1.68	1.43
22	2.02	1.68	1.43
23	2.02	1.68	1.43
24	2.02	1.68	1.43
25	2.02	1.68	1.43
26	2.05	1.70	1.45
27	2.10	1.74	1.47
28	2.14	1.78	1.51
29	2.20	1.83	1.55
30	2.32	1.93	1.64
31	2.46	2.04	1.74
32	2.62	2.18	1.85
33	2.76	2.29	1.95
34	2.91	2.42	2.05
35	3.07	2.55	2.16
36	3.20	2.65	2.26
37	3.33	2.76	2.35
38	3.47	2.88	2.45
39	3.62	3.01	2.55
40	3.78	3.14	2.67
41	3.95	3.28	2.79
42	4.12	3.42	2.91
43	4.31	3.57	3.03
44	4.50	3.73	3.17
45	4.70	3.91	3.32
46	5.04	4.18	3.56
47	5.36	4.45	3.78
48	5.68	4.71	4.01
49	5.99	4.97	4.23
50	6.28	5.21	4.43
51	6.57	5.45	4.64
52	6.87	5.71	4.85
53	6.90	5.72	4.86
54	7.29	6.05	5.14
55	7.76	6.44	5.47
56	8.33	6.92	5.88
57	8.31	6.90	5.87
58	8.56	7.11	6.05
59	9.01	7.48	6.36
60	9.67	8.03	6.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	17.16	14.25	12.11
19	17.16	14.25	12.11
20	17.16	14.25	12.11
21	17.16	14.25	12.11
22	17.16	14.25	12.11
23	17.16	14.25	12.11
24	17.16	14.25	12.11
25	17.16	14.25	12.11
26	18.00	14.93	12.69
27	18.84	15.64	13.29
28	19.69	16.34	13.89
29	20.53	17.05	14.49
30	21.38	17.74	15.08
31	22.52	18.69	15.88
32	23.66	19.63	16.69
33	24.79	20.57	17.49
34	25.92	21.52	18.30
35	27.07	22.47	19.10
36	28.61	23.74	20.18
37	30.15	25.03	21.27
38	31.71	26.32	22.38
39	33.26	27.60	23.46
40	34.81	28.89	24.56
41	36.50	30.30	25.76
42	38.19	31.70	26.95
43	39.91	33.13	28.16
44	41.63	34.55	29.37
45	43.35	35.99	30.59
46	45.86	38.07	32.35
47	48.38	40.16	34.14
48	50.91	42.26	35.92
49	53.46	44.38	37.72
50	56.02	46.50	39.52
51	58.37	48.45	41.18
52	60.75	50.42	42.85
53	63.17	52.43	44.57
54	65.60	54.45	46.29
55	68.07	56.50	48.02
56	68.85	57.15	48.58
57	69.98	58.09	49.37
58	71.48	59.34	50.44
59	73.38	60.90	51.76
60	74.21	61.59	52.35

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.47	2.05	1.74
19	2.47	2.05	1.74
20	2.47	2.05	1.74
21	2.47	2.05	1.74
22	2.47	2.05	1.74
23	2.47	2.05	1.74
24	2.47	2.05	1.74
25	2.47	2.05	1.74
26	2.64	2.19	1.87
27	2.82	2.34	1.98
28	2.99	2.48	2.10
29	3.18	2.64	2.24
30	3.37	2.79	2.37
31	3.61	3.00	2.55
32	3.86	3.21	2.72
33	4.10	3.41	2.89
34	4.36	3.62	3.08
35	4.63	3.84	3.26
36	4.97	4.13	3.50
37	5.32	4.41	3.74
38	5.68	4.72	4.01
39	6.05	5.02	4.27
40	6.43	5.33	4.54
41	6.84	5.68	4.83
42	7.26	6.02	5.12
43	7.69	6.39	5.43
44	8.13	6.75	5.74
45	8.59	7.13	6.06
46	9.08	7.54	6.41
47	9.58	7.95	6.75
48	10.08	8.37	7.12
49	10.58	8.78	7.47
50	11.09	9.21	7.83
51	11.55	9.58	8.15
52	12.03	9.98	8.48
53	12.51	10.38	8.82
54	12.99	10.78	9.16
55	13.48	11.19	9.51
56	13.63	11.31	9.62
57	13.86	11.50	9.77
58	14.15	11.75	9.98
59	14.53	12.06	10.25
60	14.69	12.20	10.36

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.64	1.36	1.16
19	1.64	1.36	1.16
20	1.64	1.36	1.16
21	1.64	1.36	1.16
22	1.64	1.36	1.16
23	1.64	1.36	1.16
24	1.64	1.36	1.16
25	1.64	1.36	1.16
26	1.76	1.46	1.24
27	1.88	1.56	1.33
28	2.00	1.66	1.41
29	2.13	1.76	1.50
30	2.24	1.87	1.58
31	2.40	1.99	1.70
32	2.58	2.13	1.82
33	2.74	2.27	1.94
34	2.91	2.41	2.05
35	3.09	2.56	2.18
36	3.31	2.76	2.34
37	3.54	2.94	2.49
38	3.79	3.14	2.67
39	4.04	3.35	2.85
40	4.28	3.55	3.02
41	4.56	3.78	3.22
42	4.84	4.02	3.41
43	5.13	4.25	3.61
44	5.42	4.50	3.82
45	5.72	4.75	4.04
46	6.06	5.03	4.27
47	6.39	5.30	4.50
48	6.72	5.57	4.74
49	7.06	5.85	4.98
50	7.39	6.13	5.21
51	7.70	6.39	5.43
52	8.02	6.65	5.65
53	8.34	6.92	5.88
54	8.66	7.19	6.10
55	8.98	7.46	6.33
56	9.09	7.54	6.41
57	9.24	7.67	6.52
58	9.43	7.83	6.65
59	9.69	8.04	6.83
60	9.80	8.13	6.91

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.63	2.75
19	3.63	2.75
20	3.63	2.75
21	3.63	2.75
22	3.63	2.75
23	3.63	2.75
24	3.63	2.75
25	3.63	2.75
26	3.95	2.89
27	4.28	3.02
28	4.60	3.15
29	4.88	3.27
30	5.14	3.38
31	5.44	3.52
32	5.72	3.66
33	5.96	3.78
34	6.19	3.89
35	6.41	3.99
36	6.70	4.13
37	6.96	4.26
38	7.23	4.37
39	7.50	4.47
40	7.74	4.55
41	7.98	4.63
42	8.19	4.69
43	8.36	4.74
44	8.54	4.77
45	8.69	4.77
46	8.98	4.82
47	9.22	4.87
48	9.42	4.87
49	9.58	4.84
50	9.69	4.78
51	9.72	4.67
52	9.68	4.54
53	9.58	4.37
54	9.41	4.16
55	9.16	3.92
56	8.62	3.57
57	8.07	3.45
58	7.46	3.34
59	6.83	3.26
60	6.01	3.13

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	8.86	7.35	6.24
19	8.86	7.35	6.24
20	8.86	7.35	6.24
21	8.86	7.35	6.24
22	8.86	7.35	6.24
23	8.86	7.35	6.24
24	8.86	7.35	6.24
25	8.86	7.35	6.24
26	9.42	7.82	6.65
27	10.05	8.34	7.09
28	10.65	8.84	7.52
29	11.21	9.31	7.92
30	11.77	9.76	8.30
31	12.45	10.33	8.78
32	13.16	10.92	9.28
33	13.86	11.50	9.77
34	14.57	12.09	10.28
35	15.33	12.73	10.82
36	16.35	13.58	11.54
37	17.41	14.45	12.28
38	18.52	15.37	13.07
39	19.74	16.39	13.93
40	21.01	17.43	14.81
41	22.38	18.57	15.79
42	23.75	19.71	16.76
43	25.16	20.89	17.76
44	26.66	22.13	18.81
45	28.25	23.45	19.93
46	30.42	25.25	21.46
47	32.66	27.10	23.03
48	34.98	29.03	24.67
49	37.36	31.01	26.36
50	39.80	33.03	28.07
51	42.15	34.98	29.73
52	44.53	36.96	31.42
53	46.65	38.72	32.91
54	48.99	40.66	34.56
55	50.83	42.19	35.86
56	51.41	42.67	36.27
57	52.26	43.38	36.87
58	53.37	44.29	37.65
59	54.79	45.47	38.65
60	55.42	45.99	39.09

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.16	1.80	1.53
19	2.16	1.80	1.53
20	2.16	1.80	1.53
21	2.16	1.80	1.53
22	2.16	1.80	1.53
23	2.16	1.80	1.53
24	2.16	1.80	1.53
25	2.16	1.80	1.53
26	2.20	1.82	1.55
27	2.24	1.86	1.58
28	2.29	1.90	1.62
29	2.36	1.96	1.66
30	2.49	2.07	1.75
31	2.64	2.18	1.86
32	2.81	2.33	1.99
33	2.96	2.45	2.08
34	3.12	2.59	2.20
35	3.29	2.73	2.32
36	3.43	2.85	2.43
37	3.58	2.97	2.53
38	3.73	3.10	2.63
39	3.91	3.24	2.75
40	4.08	3.39	2.88
41	4.27	3.55	3.02
42	4.48	3.72	3.16
43	4.69	3.89	3.30
44	4.91	4.07	3.46
45	5.14	4.27	3.63
46	5.52	4.58	3.90
47	5.89	4.89	4.15
48	6.25	5.19	4.41
49	6.61	5.49	4.66
50	6.96	5.77	4.90
51	7.33	6.08	5.18
52	7.72	6.41	5.45
53	7.80	6.47	5.50
54	8.30	6.90	5.86
55	8.91	7.39	6.28
56	9.53	7.91	6.73
57	9.79	8.13	6.92
58	10.05	8.35	7.10
59	10.52	8.73	7.42
60	11.21	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	31.62	26.24	22.31
19	31.62	26.24	22.31
20	31.62	26.24	22.31
21	31.62	26.24	22.31
22	31.62	26.24	22.31
23	31.62	26.24	22.31
24	31.62	26.24	22.31
25	31.62	26.24	22.31
26	33.14	27.50	23.38
27	34.67	28.77	24.46
28	36.20	30.05	25.54
29	37.74	31.32	26.62
30	39.27	32.59	27.71
31	40.87	33.92	28.83
32	42.46	35.24	29.95
33	44.07	36.57	31.09
34	45.65	37.89	32.20
35	47.26	39.23	33.34
36	48.76	40.48	34.40
37	50.25	41.71	35.46
38	51.76	42.96	36.51
39	53.27	44.21	37.58
40	54.78	45.47	38.65
41	56.14	46.59	39.61
42	57.52	47.74	40.58
43	58.90	48.89	41.56
44	60.30	50.05	42.54
45	61.68	51.19	43.51
46	63.51	52.72	44.80
47	65.35	54.24	46.10
48	67.20	55.78	47.41
49	69.05	57.31	48.71
50	70.92	58.87	50.04
51	72.43	60.12	51.11
52	73.95	61.38	52.17
53	75.49	62.65	53.25
54	77.03	63.93	54.34
55	78.59	65.23	55.45
56	79.50	65.98	56.08
57	80.80	67.06	57.00
58	82.54	68.51	58.23
59	84.72	70.32	59.77
60	87.39	72.54	61.65

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	4.56	3.79	3.22
19	4.56	3.79	3.22
20	4.56	3.79	3.22
21	4.56	3.79	3.22
22	4.56	3.79	3.22
23	4.56	3.79	3.22
24	4.56	3.79	3.22
25	4.56	3.79	3.22
26	4.87	4.04	3.44
27	5.18	4.30	3.65
28	5.51	4.57	3.88
29	5.84	4.85	4.13
30	6.19	5.14	4.37
31	6.55	5.44	4.62
32	6.92	5.74	4.88
33	7.30	6.06	5.16
34	7.68	6.37	5.41
35	8.08	6.71	5.70
36	8.47	7.03	5.98
37	8.87	7.36	6.26
38	9.27	7.69	6.54
39	9.68	8.04	6.83
40	10.11	8.39	7.13
41	10.51	8.73	7.42
42	10.92	9.07	7.70
43	11.35	9.41	8.00
44	11.78	9.78	8.31
45	12.22	10.15	8.62
46	12.57	10.43	8.87
47	12.94	10.74	9.13
48	13.30	11.04	9.39
49	13.67	11.35	9.65
50	14.04	11.65	9.90
51	14.34	11.90	10.12
52	14.64	12.15	10.33
53	14.94	12.41	10.54
54	15.25	12.66	10.77
55	15.57	12.92	10.98
56	15.75	13.07	11.11
57	15.99	13.28	11.28
58	16.35	13.57	11.53
59	16.77	13.92	11.83
60	17.31	14.36	12.21

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.04	2.52	2.14
19	3.04	2.52	2.14
20	3.04	2.52	2.14
21	3.04	2.52	2.14
22	3.04	2.52	2.14
23	3.04	2.52	2.14
24	3.04	2.52	2.14
25	3.04	2.52	2.14
26	3.24	2.69	2.28
27	3.46	2.87	2.44
28	3.67	3.04	2.58
29	3.90	3.24	2.75
30	4.12	3.42	2.90
31	4.37	3.62	3.08
32	4.61	3.83	3.25
33	4.87	4.04	3.43
34	5.12	4.25	3.61
35	5.39	4.47	3.80
36	5.65	4.69	3.98
37	5.91	4.90	4.16
38	6.18	5.13	4.36
39	6.45	5.35	4.54
40	6.73	5.59	4.75
41	7.01	5.81	4.94
42	7.28	6.04	5.14
43	7.56	6.28	5.34
44	7.85	6.51	5.54
45	8.15	6.76	5.75
46	8.38	6.96	5.92
47	8.62	7.15	6.09
48	8.87	7.37	6.26
49	9.12	7.57	6.43
50	9.36	7.77	6.61
51	9.56	7.93	6.74
52	9.76	8.10	6.88
53	9.97	8.27	7.03
54	10.17	8.44	7.17
55	10.38	8.61	7.32
56	10.50	8.71	7.40
57	10.66	8.85	7.52
58	10.90	9.04	7.69
59	11.19	9.29	7.89
60	11.54	9.58	8.14

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	6.70	5.06
19	6.70	5.06
20	6.70	5.06
21	6.70	5.06
22	6.70	5.06
23	6.70	5.06
24	6.70	5.06
25	6.70	5.06
26	7.26	5.32
27	7.88	5.56
28	8.46	5.79
29	8.97	6.00
30	9.44	6.20
31	9.87	6.38
32	10.26	6.56
33	10.60	6.71
34	10.91	6.85
35	11.19	6.96
36	11.42	7.04
37	11.61	7.10
38	11.80	7.14
39	12.01	7.16
40	12.18	7.17
41	12.28	7.12
42	12.34	7.07
43	12.34	6.99
44	12.37	6.90
45	12.36	6.77
46	12.43	6.68
47	12.46	6.57
48	12.44	6.42
49	12.38	6.26
50	12.28	6.05
51	12.06	5.80
52	11.77	5.52
53	11.45	5.21
54	11.05	4.89
55	10.58	4.53
56	9.96	4.13
57	9.31	3.98
58	8.62	3.87
59	7.88	3.77
60	7.08	3.70

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	16.32	13.54	11.51
19	16.32	13.54	11.51
20	16.32	13.54	11.51
21	16.32	13.54	11.51
22	16.32	13.54	11.51
23	16.32	13.54	11.51
24	16.32	13.54	11.51
25	16.32	13.54	11.51
26	17.34	14.39	12.24
27	18.50	15.35	13.05
28	19.59	16.26	13.82
29	20.61	17.10	14.53
30	21.60	17.93	15.25
31	22.60	18.76	15.95
32	23.62	19.60	16.66
33	24.63	20.44	17.38
34	25.66	21.30	18.11
35	26.77	22.22	18.89
36	27.87	23.13	19.66
37	29.01	24.08	20.46
38	30.23	25.09	21.32
39	31.63	26.25	22.31
40	33.06	27.44	23.33
41	34.41	28.56	24.28
42	35.77	29.69	25.23
43	37.12	30.81	26.18
44	38.61	32.04	27.23
45	40.19	33.36	28.35
46	42.13	34.97	29.73
47	44.12	36.62	31.13
48	46.16	38.31	32.57
49	48.26	40.05	34.04
50	50.39	41.82	35.55
51	52.30	43.40	36.89
52	54.20	44.98	38.23
53	55.74	46.26	39.32
54	57.52	47.75	40.58
55	58.68	48.71	41.40
56	59.37	49.27	41.88
57	60.34	50.08	42.57
58	61.64	51.16	43.49
59	63.26	52.51	44.63
60	65.26	54.16	46.04

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.86	1.55	1.32
19	1.86	1.55	1.32
20	1.86	1.55	1.32
21	1.86	1.55	1.32
22	1.86	1.55	1.32
23	1.86	1.55	1.32
24	1.86	1.55	1.32
25	1.86	1.55	1.32
26	1.91	1.58	1.34
27	1.96	1.63	1.39
28	2.02	1.67	1.42
29	2.09	1.74	1.48
30	2.22	1.85	1.57
31	2.38	1.97	1.68
32	2.54	2.11	1.80
33	2.70	2.24	1.90
34	2.85	2.37	2.01
35	3.03	2.51	2.13
36	3.15	2.61	2.22
37	3.28	2.72	2.30
38	3.41	2.82	2.40
39	3.56	2.96	2.51
40	3.71	3.09	2.62
41	3.88	3.22	2.74
42	4.06	3.37	2.87
43	4.25	3.53	3.00
44	4.46	3.69	3.14
45	4.67	3.88	3.30
46	5.03	4.18	3.55
47	5.36	4.46	3.79
48	5.70	4.73	4.01
49	6.04	5.01	4.26
50	6.29	5.23	4.45
51	6.63	5.50	4.68
52	6.97	5.78	4.91
53	7.03	5.83	4.96
54	7.44	6.18	5.26
55	7.95	6.60	5.62
56	8.96	7.44	6.32
57	8.11	6.73	5.72
58	8.82	7.32	6.22
59	9.84	8.17	6.95
60	11.22	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	20.05	16.65	14.15
19	20.05	16.65	14.15
20	20.05	16.65	14.15
21	20.05	16.65	14.15
22	20.05	16.65	14.15
23	20.05	16.65	14.15
24	20.05	16.65	14.15
25	20.05	16.65	14.15
26	21.03	17.44	14.83
27	22.01	18.27	15.52
28	22.99	19.08	16.22
29	23.97	19.90	16.92
30	24.96	20.71	17.61
31	26.19	21.74	18.47
32	27.42	22.75	19.34
33	28.65	23.77	20.21
34	29.87	24.79	21.08
35	31.11	25.82	21.95
36	32.64	27.09	23.02
37	34.17	28.37	24.11
38	35.72	29.65	25.21
39	38.26	31.75	26.99
40	39.80	33.04	28.08
41	41.41	34.37	29.22
42	43.02	35.71	30.36
43	44.66	37.07	31.51
44	46.30	38.43	32.66
45	47.93	39.79	33.82
46	50.27	41.73	35.46
47	52.62	43.68	37.13
48	54.98	45.64	38.79
49	57.36	47.61	40.47
50	59.75	49.59	42.15
51	61.89	51.37	43.66
52	64.05	53.16	45.18
53	66.25	54.99	46.74
54	68.46	56.82	48.30
55	70.70	58.68	49.88
56	71.51	59.36	50.46
57	72.69	60.33	51.28
58	74.25	61.63	52.39
59	76.22	63.26	53.76
60	77.51	64.33	54.68

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.89	2.40	2.04
19	2.89	2.40	2.04
20	2.89	2.40	2.04
21	2.89	2.40	2.04
22	2.89	2.40	2.04
23	2.89	2.40	2.04
24	2.89	2.40	2.04
25	2.89	2.40	2.04
26	3.09	2.56	2.18
27	3.29	2.73	2.31
28	3.49	2.90	2.46
29	3.71	3.08	2.62
30	3.93	3.26	2.77
31	4.20	3.49	2.96
32	4.47	3.72	3.15
33	4.74	3.94	3.34
34	5.02	4.17	3.55
35	5.32	4.41	3.75
36	5.67	4.71	4.00
37	6.03	5.00	4.24
38	6.40	5.31	4.52
39	6.96	5.78	4.91
40	7.35	6.10	5.19
41	7.76	6.44	5.48
42	8.18	6.78	5.77
43	8.61	7.15	6.07
44	9.04	7.51	6.38
45	9.50	7.89	6.70
46	9.95	8.26	7.03
47	10.42	8.65	7.35
48	10.89	9.04	7.69
49	11.35	9.42	8.02
50	11.83	9.82	8.35
51	12.25	10.16	8.64
52	12.68	10.52	8.94
53	13.12	10.89	9.25
54	13.56	11.25	9.56
55	14.00	11.62	9.88
56	14.16	11.75	9.99
57	14.39	11.95	10.15
58	14.70	12.21	10.37
59	15.09	12.53	10.65
60	15.35	12.74	10.82

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.92	1.59	1.36
19	1.92	1.59	1.36
20	1.92	1.59	1.36
21	1.92	1.59	1.36
22	1.92	1.59	1.36
23	1.92	1.59	1.36
24	1.92	1.59	1.36
25	1.92	1.59	1.36
26	2.06	1.71	1.45
27	2.20	1.82	1.55
28	2.33	1.94	1.64
29	2.48	2.06	1.75
30	2.62	2.18	1.84
31	2.79	2.32	1.98
32	2.99	2.47	2.11
33	3.17	2.62	2.24
34	3.35	2.78	2.36
35	3.55	2.94	2.50
36	3.78	3.15	2.67
37	4.01	3.33	2.82
38	4.27	3.54	3.01
39	4.64	3.85	3.27
40	4.89	4.06	3.45
41	5.17	4.29	3.65
42	5.45	4.53	3.84
43	5.74	4.76	4.04
44	6.03	5.00	4.25
45	6.33	5.25	4.47
46	6.64	5.51	4.68
47	6.95	5.76	4.90
48	7.26	6.02	5.12
49	7.58	6.28	5.34
50	7.88	6.54	5.56
51	8.17	6.78	5.76
52	8.46	7.01	5.96
53	8.75	7.26	6.17
54	9.04	7.50	6.37
55	9.33	7.75	6.58
56	9.44	7.83	6.66
57	9.60	7.97	6.77
58	9.80	8.13	6.91
59	10.07	8.35	7.10
60	10.24	8.49	7.22

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 67 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	4.24	3.21
19	4.24	3.21
20	4.24	3.21
21	4.24	3.21
22	4.24	3.21
23	4.24	3.21
24	4.24	3.21
25	4.24	3.21
26	4.61	3.38
27	5.00	3.53
28	5.37	3.68
29	5.70	3.82
30	6.00	3.94
31	6.33	4.09
32	6.63	4.24
33	6.89	4.37
34	7.13	4.48
35	7.37	4.58
36	7.64	4.71
37	7.89	4.83
38	8.14	4.92
39	8.63	5.14
40	8.85	5.21
41	9.06	5.25
42	9.23	5.29
43	9.36	5.30
44	9.50	5.30
45	9.61	5.27
46	9.84	5.29
47	10.03	5.30
48	10.18	5.26
49	10.28	5.20
50	10.34	5.10
51	10.31	4.95
52	10.20	4.79
53	10.05	4.58
54	9.82	4.34
55	9.52	4.07
56	8.96	3.71
57	8.38	3.58
58	7.75	3.47
59	7.09	3.39
60	6.28	3.27

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.35	8.59	7.29
19	10.35	8.59	7.29
20	10.35	8.59	7.29
21	10.35	8.59	7.29
22	10.35	8.59	7.29
23	10.35	8.59	7.29
24	10.35	8.59	7.29
25	10.35	8.59	7.29
26	11.00	9.13	7.77
27	11.74	9.74	8.28
28	12.44	10.32	8.78
29	13.09	10.87	9.24
30	13.74	11.39	9.69
31	14.48	12.02	10.21
32	15.25	12.66	10.76
33	16.01	13.29	11.29
34	16.79	13.93	11.85
35	17.62	14.63	12.43
36	18.65	15.49	13.16
37	19.73	16.38	13.92
38	20.86	17.31	14.72
39	22.71	18.86	16.03
40	24.02	19.93	16.94
41	25.39	21.07	17.91
42	26.76	22.21	18.88
43	28.15	23.37	19.87
44	29.65	24.61	20.92
45	31.24	25.93	22.04
46	33.35	27.68	23.53
47	35.53	29.48	25.06
48	37.78	31.35	26.65
49	40.09	33.27	28.28
50	42.45	35.23	29.94
51	44.69	37.09	31.52
52	46.95	38.97	33.12
53	48.92	40.61	34.51
54	51.12	42.43	36.07
55	52.79	43.82	37.25
56	53.40	44.32	37.67
57	54.28	45.06	38.30
58	55.44	46.01	39.11
59	56.91	47.23	40.15
60	57.88	48.03	40.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.10	1.75	1.49
19	2.10	1.75	1.49
20	2.10	1.75	1.49
21	2.10	1.75	1.49
22	2.10	1.75	1.49
23	2.10	1.75	1.49
24	2.10	1.75	1.49
25	2.10	1.75	1.49
26	2.14	1.77	1.51
27	2.18	1.81	1.54
28	2.24	1.85	1.58
29	2.31	1.92	1.62
30	2.44	2.03	1.71
31	2.59	2.14	1.82
32	2.76	2.29	1.95
33	2.91	2.41	2.04
34	3.07	2.55	2.16
35	3.24	2.69	2.28
36	3.37	2.80	2.39
37	3.52	2.92	2.48
38	3.67	3.04	2.58
39	3.84	3.18	2.70
40	4.01	3.33	2.83
41	4.19	3.48	2.96
42	4.40	3.65	3.10
43	4.60	3.82	3.24
44	4.82	3.99	3.40
45	5.05	4.19	3.56
46	5.42	4.50	3.83
47	5.78	4.80	4.08
48	6.14	5.10	4.33
49	6.50	5.39	4.58
50	6.83	5.66	4.81
51	7.19	5.96	5.08
52	7.57	6.28	5.34
53	7.65	6.34	5.39
54	8.13	6.76	5.74
55	8.72	7.23	6.15
56	9.42	7.82	6.65
57	9.45	7.85	6.68
58	9.80	8.14	6.92
59	10.38	8.62	7.33
60	11.21	9.31	7.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	18.07	15.01	12.76
19	18.07	15.01	12.76
20	18.07	15.01	12.76
21	18.07	15.01	12.76
22	18.07	15.01	12.76
23	18.07	15.01	12.76
24	18.07	15.01	12.76
25	18.07	15.01	12.76
26	18.99	15.76	13.40
27	19.92	16.53	14.05
28	20.85	17.31	14.72
29	21.79	18.09	15.38
30	22.73	18.87	16.03
31	23.98	19.90	16.91
32	25.22	20.93	17.79
33	26.46	21.96	18.67
34	27.71	23.01	19.56
35	28.98	24.05	20.44
36	30.67	25.45	21.64
37	32.36	26.86	22.83
38	34.08	28.29	24.05
39	35.79	29.70	25.25
40	37.51	31.14	26.46
41	40.50	33.61	28.57
42	43.58	36.18	30.75
43	46.80	38.85	33.02
44	50.12	41.60	35.35
45	53.55	44.45	37.78
46	58.07	48.20	40.97
47	62.75	52.09	44.28
48	67.60	56.11	47.70
49	72.63	60.28	51.24
50	77.80	64.58	54.89
51	83.20	69.05	58.70
52	88.77	73.68	62.62
53	94.55	78.47	66.70
54	100.48	83.41	70.90
55	106.62	88.50	75.22

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.60	2.16	1.83
19	2.60	2.16	1.83
20	2.60	2.16	1.83
21	2.60	2.16	1.83
22	2.60	2.16	1.83
23	2.60	2.16	1.83
24	2.60	2.16	1.83
25	2.60	2.16	1.83
26	2.78	2.31	1.97
27	2.98	2.47	2.10
28	3.17	2.62	2.23
29	3.38	2.80	2.38
30	3.58	2.97	2.52
31	3.85	3.20	2.72
32	4.11	3.42	2.90
33	4.38	3.64	3.09
34	4.66	3.87	3.29
35	4.96	4.11	3.49
36	5.33	4.42	3.76
37	5.71	4.73	4.02
38	6.11	5.07	4.31
39	6.51	5.40	4.59
40	6.92	5.75	4.89
41	7.58	6.30	5.35
42	8.28	6.87	5.84
43	9.02	7.49	6.36
44	9.79	8.12	6.91
45	10.61	8.81	7.48
46	11.50	9.55	8.12
47	12.43	10.31	8.76
48	13.39	11.12	9.45
49	14.38	11.93	10.15
50	15.40	12.79	10.87
51	16.47	13.66	11.62
52	17.57	14.58	12.39
53	18.72	15.53	13.21
54	19.90	16.51	14.03
55	21.11	17.52	14.90

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.73	1.44	1.22
19	1.73	1.44	1.22
20	1.73	1.44	1.22
21	1.73	1.44	1.22
22	1.73	1.44	1.22
23	1.73	1.44	1.22
24	1.73	1.44	1.22
25	1.73	1.44	1.22
26	1.86	1.54	1.31
27	1.99	1.64	1.40
28	2.12	1.76	1.50
29	2.26	1.87	1.59
30	2.39	1.98	1.68
31	2.56	2.12	1.81
32	2.75	2.27	1.94
33	2.92	2.43	2.07
34	3.11	2.58	2.20
35	3.31	2.74	2.34
36	3.55	2.95	2.51
37	3.80	3.15	2.68
38	4.07	3.38	2.87
39	4.34	3.60	3.07
40	4.62	3.83	3.26
41	5.06	4.20	3.57
42	5.52	4.58	3.89
43	6.01	4.99	4.23
44	6.52	5.42	4.60
45	7.07	5.86	4.99
46	7.67	6.36	5.41
47	8.28	6.87	5.84
48	8.92	7.40	6.29
49	9.59	7.95	6.76
50	10.26	8.51	7.23
51	10.98	9.11	7.73
52	11.72	9.72	8.26
53	12.48	10.35	8.79
54	13.26	11.01	9.35
55	14.07	11.68	9.92

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Male Nonsmoker

Age	6% Compound	3% Simple
18	3.83	2.89
19	3.83	2.89
20	3.83	2.89
21	3.83	2.89
22	3.83	2.89
23	3.83	2.89
24	3.83	2.89
25	3.83	2.89
26	4.17	3.05
27	4.53	3.19
28	4.87	3.33
29	5.18	3.47
30	5.46	3.59
31	5.79	3.74
32	6.10	3.90
33	6.36	4.03
34	6.62	4.16
35	6.86	4.27
36	7.19	4.42
37	7.48	4.57
38	7.77	4.70
39	8.07	4.81
40	8.34	4.90
41	8.86	5.14
42	9.35	5.35
43	9.81	5.56
44	10.28	5.74
45	10.73	5.89
46	11.37	6.11
47	11.97	6.31
48	12.51	6.46
49	13.02	6.57
50	13.47	6.64
51	13.85	6.66
52	14.15	6.63
53	14.34	6.54
54	14.41	6.38
55	14.35	6.14

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	9.33	7.74	6.58
19	9.33	7.74	6.58
20	9.33	7.74	6.58
21	9.33	7.74	6.58
22	9.33	7.74	6.58
23	9.33	7.74	6.58
24	9.33	7.74	6.58
25	9.33	7.74	6.58
26	9.94	8.25	7.02
27	10.63	8.82	7.49
28	11.28	9.37	7.96
29	11.90	9.88	8.40
30	12.51	10.38	8.82
31	13.26	11.00	9.34
32	14.03	11.64	9.89
33	14.79	12.28	10.44
34	15.57	12.93	10.99
35	16.41	13.62	11.58
36	17.53	14.55	12.37
37	18.68	15.51	13.18
38	19.90	16.52	14.04
39	21.25	17.63	14.99
40	22.64	18.78	15.96
41	24.82	20.60	17.51
42	27.10	22.50	19.13
43	29.50	24.49	20.82
44	32.09	26.64	22.64
45	34.89	28.96	24.61
46	38.51	31.97	27.17
47	42.36	35.15	29.88
48	46.45	38.55	32.76
49	50.75	42.12	35.81
50	55.28	45.88	38.99
51	60.07	49.86	42.37
52	65.07	54.01	45.92
53	69.82	57.96	49.26
54	75.03	62.28	52.93
55	79.62	66.09	56.17

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.28	1.90	1.61
19	2.28	1.90	1.61
20	2.28	1.90	1.61
21	2.28	1.90	1.61
22	2.28	1.90	1.61
23	2.28	1.90	1.61
24	2.28	1.90	1.61
25	2.28	1.90	1.61
26	2.32	1.92	1.64
27	2.37	1.96	1.67
28	2.43	2.02	1.72
29	2.50	2.08	1.77
30	2.64	2.20	1.86
31	2.81	2.32	1.98
32	2.99	2.49	2.12
33	3.16	2.62	2.22
34	3.33	2.77	2.35
35	3.52	2.92	2.48
36	3.68	3.06	2.60
37	3.85	3.19	2.71
38	4.01	3.33	2.83
39	4.21	3.49	2.96
40	4.40	3.66	3.11
41	4.74	3.94	3.35
42	5.11	4.24	3.61
43	5.50	4.56	3.87
44	5.91	4.90	4.16
45	6.35	5.28	4.48
46	6.99	5.81	4.93
47	7.64	6.34	5.39
48	8.30	6.89	5.86
49	8.98	7.45	6.33
50	9.66	8.02	6.81
51	10.45	8.67	7.38
52	11.28	9.37	7.97
53	11.68	9.69	8.23
54	12.72	10.56	8.97
55	13.95	11.57	9.83

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	33.31	27.64	23.50
19	33.31	27.64	23.50
20	33.31	27.64	23.50
21	33.31	27.64	23.50
22	33.31	27.64	23.50
23	33.31	27.64	23.50
24	33.31	27.64	23.50
25	33.31	27.64	23.50
26	34.98	29.03	24.67
27	36.65	30.42	25.86
28	38.35	31.83	27.05
29	40.05	33.24	28.25
30	41.76	34.65	29.46
31	43.51	36.12	30.69
32	45.27	37.57	31.94
33	47.04	39.05	33.19
34	48.80	40.50	34.42
35	50.59	41.99	35.69
36	52.27	43.38	36.88
37	53.94	44.77	38.06
38	55.63	46.17	39.24
39	57.32	47.58	40.44
40	59.03	49.00	41.65
41	62.28	51.69	43.94
42	65.64	54.48	46.31
43	69.06	57.32	48.73
44	72.59	60.25	51.21
45	76.18	63.23	53.75
46	80.42	66.75	56.73
47	84.77	70.35	59.80
48	89.23	74.06	62.95
49	93.81	77.86	66.18
50	98.50	81.76	69.50
51	103.24	85.69	72.84
52	108.05	89.69	76.24
53	112.98	93.77	79.70
54	117.99	97.92	83.24
55	123.10	102.17	86.85

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	4.80	3.99	3.39
19	4.80	3.99	3.39
20	4.80	3.99	3.39
21	4.80	3.99	3.39
22	4.80	3.99	3.39
23	4.80	3.99	3.39
24	4.80	3.99	3.39
25	4.80	3.99	3.39
26	5.14	4.27	3.63
27	5.47	4.55	3.86
28	5.84	4.84	4.11
29	6.20	5.14	4.38
30	6.58	5.46	4.65
31	6.97	5.79	4.92
32	7.37	6.12	5.20
33	7.80	6.47	5.50
34	8.21	6.81	5.79
35	8.65	7.18	6.11
36	9.08	7.54	6.40
37	9.52	7.89	6.72
38	9.96	8.27	7.03
39	10.42	8.65	7.35
40	10.89	9.04	7.68
41	11.66	9.68	8.23
42	12.46	10.35	8.79
43	13.30	11.04	9.38
44	14.18	11.77	10.01
45	15.09	12.53	10.65
46	15.92	13.21	11.23
47	16.78	13.92	11.84
48	17.66	14.66	12.47
49	18.57	15.42	13.11
50	19.50	16.18	13.75
51	20.44	16.97	14.43
52	21.39	17.75	15.10
53	22.37	18.57	15.78
54	23.36	19.40	16.49
55	24.38	20.23	17.20

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.20	2.65	2.26
19	3.20	2.65	2.26
20	3.20	2.65	2.26
21	3.20	2.65	2.26
22	3.20	2.65	2.26
23	3.20	2.65	2.26
24	3.20	2.65	2.26
25	3.20	2.65	2.26
26	3.42	2.84	2.41
27	3.65	3.04	2.58
28	3.89	3.22	2.74
29	4.13	3.43	2.92
30	4.38	3.63	3.09
31	4.65	3.86	3.28
32	4.92	4.08	3.46
33	5.20	4.31	3.66
34	5.47	4.54	3.86
35	5.77	4.79	4.06
36	6.05	5.02	4.27
37	6.34	5.26	4.47
38	6.64	5.51	4.68
39	6.94	5.76	4.89
40	7.26	6.02	5.12
41	7.77	6.45	5.48
42	8.31	6.89	5.86
43	8.87	7.37	6.26
44	9.45	7.84	6.67
45	10.06	8.35	7.11
46	10.62	8.82	7.50
47	11.18	9.28	7.89
48	11.78	9.78	8.32
49	12.39	10.28	8.73
50	13.00	10.79	9.18
51	13.63	11.31	9.61
52	14.26	11.83	10.06
53	14.92	12.38	10.52
54	15.57	12.92	10.99
55	16.25	13.49	11.47

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Female Nonsmoker

Age	6% Compound	3% Simple
18	7.06	5.33
19	7.06	5.33
20	7.06	5.33
21	7.06	5.33
22	7.06	5.33
23	7.06	5.33
24	7.06	5.33
25	7.06	5.33
26	7.67	5.61
27	8.33	5.88
28	8.96	6.14
29	9.52	6.37
30	10.04	6.59
31	10.51	6.80
32	10.94	6.99
33	11.31	7.17
34	11.67	7.32
35	11.98	7.45
36	12.24	7.55
37	12.47	7.62
38	12.68	7.68
39	12.93	7.71
40	13.13	7.72
41	13.62	7.90
42	14.08	8.06
43	14.47	8.19
44	14.89	8.30
45	15.26	8.37
46	15.74	8.46
47	16.16	8.52
48	16.52	8.53
49	16.82	8.50
50	17.06	8.41
51	17.19	8.27
52	17.20	8.06
53	17.14	7.80
54	16.92	7.49
55	16.57	7.09

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	17.19	14.26	12.12
19	17.19	14.26	12.12
20	17.19	14.26	12.12
21	17.19	14.26	12.12
22	17.19	14.26	12.12
23	17.19	14.26	12.12
24	17.19	14.26	12.12
25	17.19	14.26	12.12
26	18.30	15.19	12.91
27	19.56	16.23	13.80
28	20.75	17.22	14.64
29	21.87	18.15	15.42
30	22.97	19.07	16.21
31	24.07	19.97	16.98
32	25.18	20.90	17.76
33	26.30	21.83	18.56
34	27.43	22.77	19.36
35	28.66	23.78	20.22
36	29.87	24.79	21.07
37	31.14	25.84	21.96
38	32.49	26.96	22.91
39	34.04	28.25	24.01
40	35.63	29.57	25.14
41	38.17	31.69	26.94
42	40.82	33.88	28.79
43	43.53	36.13	30.70
44	46.48	38.58	32.79
45	49.64	41.20	35.02
46	53.34	44.28	37.64
47	57.22	47.50	40.37
48	61.30	50.87	43.24
49	65.56	54.41	46.25
50	69.98	58.09	49.38
51	74.54	61.86	52.59
52	79.20	65.73	55.86
53	83.43	69.24	58.85
54	88.11	73.14	62.16
55	91.91	76.29	64.84

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	1.96	1.63	1.39
19	1.96	1.63	1.39
20	1.96	1.63	1.39
21	1.96	1.63	1.39
22	1.96	1.63	1.39
23	1.96	1.63	1.39
24	1.96	1.63	1.39
25	1.96	1.63	1.39
26	2.01	1.67	1.42
27	2.07	1.72	1.47
28	2.14	1.77	1.51
29	2.22	1.84	1.57
30	2.36	1.96	1.67
31	2.54	2.10	1.79
32	2.71	2.25	1.92
33	2.89	2.39	2.03
34	3.05	2.53	2.15
35	3.24	2.69	2.28
36	3.37	2.79	2.38
37	3.52	2.92	2.47
38	3.66	3.04	2.58
39	3.83	3.18	2.70
40	4.00	3.32	2.82
41	4.30	3.57	3.04
42	4.63	3.84	3.27
43	4.99	4.13	3.52
44	5.36	4.45	3.78
45	5.77	4.79	4.07
46	6.36	5.29	4.50
47	6.96	5.78	4.91
48	7.57	6.28	5.33
49	8.20	6.80	5.79
50	8.74	7.26	6.17
51	9.45	7.84	6.67
52	10.19	8.45	7.18
53	10.52	8.73	7.42
54	11.40	9.47	8.05
55	12.45	10.34	8.80

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	21.12	17.54	14.91
19	21.12	17.54	14.91
20	21.12	17.54	14.91
21	21.12	17.54	14.91
22	21.12	17.54	14.91
23	21.12	17.54	14.91
24	21.12	17.54	14.91
25	21.12	17.54	14.91
26	22.19	18.41	15.65
27	23.27	19.31	16.41
28	24.35	20.21	17.19
29	25.44	21.12	17.95
30	26.54	22.03	18.72
31	27.89	23.14	19.67
32	29.23	24.26	20.62
33	30.58	25.38	21.57
34	31.93	26.51	22.53
35	33.30	27.64	23.49
36	34.99	29.04	24.69
37	36.68	30.44	25.88
38	38.39	31.87	27.09
39	41.17	34.17	29.05
40	42.89	35.61	30.26
41	45.95	38.13	32.41
42	49.10	40.76	34.64
43	52.37	43.47	36.95
44	55.74	46.26	39.32
45	59.21	49.15	41.77
46	63.66	52.84	44.91
47	68.26	56.66	48.16
48	73.01	60.60	51.51
49	77.93	64.68	54.98
50	82.98	68.88	58.54
51	88.21	73.21	62.24
52	93.59	77.68	66.03
53	99.16	82.30	69.95
54	104.86	87.04	73.99
55	110.74	91.92	78.13

UNION CENTRAL LIFE INS. CO.
Noncancelable Enhanced Residual Disability Rider: Form UERES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	3.04	2.53	2.14
19	3.04	2.53	2.14
20	3.04	2.53	2.14
21	3.04	2.53	2.14
22	3.04	2.53	2.14
23	3.04	2.53	2.14
24	3.04	2.53	2.14
25	3.04	2.53	2.14
26	3.25	2.70	2.30
27	3.48	2.89	2.45
28	3.70	3.06	2.61
29	3.94	3.27	2.78
30	4.18	3.47	2.95
31	4.47	3.72	3.16
32	4.76	3.96	3.36
33	5.06	4.21	3.57
34	5.37	4.46	3.79
35	5.70	4.72	4.01
36	6.08	5.04	4.29
37	6.47	5.36	4.56
38	6.88	5.71	4.85
39	7.49	6.21	5.28
40	7.91	6.57	5.59
41	8.60	7.15	6.07
42	9.33	7.74	6.58
43	10.09	8.38	7.12
44	10.89	9.03	7.69
45	11.73	9.74	8.27
46	12.61	10.47	8.90
47	13.52	11.21	9.53
48	14.46	12.01	10.21
49	15.43	12.80	10.89
50	16.43	13.64	11.59
51	17.46	14.49	12.32
52	18.53	15.37	13.07
53	19.63	16.29	13.85
54	20.77	17.23	14.65
55	21.93	18.20	15.48

UNION CENTRAL LIFE INS. CO.
Noncancelable Basic Residual Disability Rider: Form UBRES
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.02	1.68	1.43
19	2.02	1.68	1.43
20	2.02	1.68	1.43
21	2.02	1.68	1.43
22	2.02	1.68	1.43
23	2.02	1.68	1.43
24	2.02	1.68	1.43
25	2.02	1.68	1.43
26	2.17	1.80	1.53
27	2.32	1.92	1.64
28	2.47	2.05	1.75
29	2.63	2.18	1.86
30	2.79	2.31	1.96
31	2.98	2.47	2.10
32	3.18	2.63	2.24
33	3.38	2.81	2.39
34	3.58	2.97	2.53
35	3.80	3.15	2.68
36	4.05	3.36	2.86
37	4.31	3.57	3.04
38	4.58	3.81	3.23
39	4.99	4.14	3.53
40	5.28	4.38	3.73
41	5.74	4.76	4.05
42	6.22	5.16	4.38
43	6.73	5.59	4.74
44	7.25	6.03	5.12
45	7.82	6.48	5.52
46	8.41	6.98	5.93
47	9.01	7.47	6.35
48	9.64	8.00	6.80
49	10.29	8.53	7.25
50	10.95	9.08	7.72
51	11.64	9.66	8.20
52	12.36	10.25	8.71
53	13.09	10.86	9.22
54	13.84	11.49	9.76
55	14.62	12.13	10.31

UNION CENTRAL LIFE INS. CO.
Noncancelable Cost of Living Adjustment Rider: Form UCOLA
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: To Age 70 6M Unisex Nonsmoker

Age	6% Compound	3% Simple
18	4.48	3.38
19	4.48	3.38
20	4.48	3.38
21	4.48	3.38
22	4.48	3.38
23	4.48	3.38
24	4.48	3.38
25	4.48	3.38
26	4.87	3.56
27	5.29	3.73
28	5.69	3.89
29	6.05	4.05
30	6.38	4.19
31	6.73	4.35
32	7.07	4.52
33	7.35	4.66
34	7.63	4.79
35	7.88	4.91
36	8.20	5.05
37	8.48	5.18
38	8.75	5.30
39	9.29	5.54
40	9.54	5.61
41	10.05	5.83
42	10.53	6.03
43	10.98	6.22
44	11.43	6.38
45	11.86	6.51
46	12.46	6.70
47	13.02	6.86
48	13.51	6.98
49	13.97	7.05
50	14.37	7.08
51	14.69	7.06
52	14.91	6.99
53	15.04	6.86
54	15.04	6.66
55	14.91	6.38

UNION CENTRAL LIFE INS. CO.
Noncancelable Social Insurance Substitute Rider: Form USIS
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	10.90	9.04	7.69
19	10.90	9.04	7.69
20	10.90	9.04	7.69
21	10.90	9.04	7.69
22	10.90	9.04	7.69
23	10.90	9.04	7.69
24	10.90	9.04	7.69
25	10.90	9.04	7.69
26	11.61	9.64	8.20
27	12.42	10.30	8.75
28	13.17	10.94	9.30
29	13.89	11.53	9.80
30	14.60	12.12	10.30
31	15.42	12.79	10.87
32	16.26	13.49	11.46
33	17.09	14.19	12.06
34	17.94	14.90	12.66
35	18.86	15.65	13.31
36	20.00	16.60	14.11
37	21.17	17.58	14.94
38	22.42	18.61	15.81
39	24.45	20.29	17.25
40	25.89	21.48	18.26
41	28.16	23.37	19.87
42	30.53	25.35	21.55
43	33.01	27.40	23.29
44	35.69	29.63	25.18
45	38.58	32.02	27.21
46	42.22	35.05	29.79
47	46.08	38.24	32.50
48	50.16	41.63	35.38
49	54.45	45.19	38.42
50	58.96	48.93	41.59
51	63.69	52.86	44.93
52	68.60	56.94	48.41
53	73.22	60.78	51.66
54	78.30	65.00	55.24
55	82.69	68.64	58.34

UNION CENTRAL LIFE INS. CO.
Noncancelable Catastrophic Disability Rider: Form UCAT
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Elimination Period		
Age	90 Days	180 Days	365 Days
18	2.22	1.85	1.57
19	2.22	1.85	1.57
20	2.22	1.85	1.57
21	2.22	1.85	1.57
22	2.22	1.85	1.57
23	2.22	1.85	1.57
24	2.22	1.85	1.57
25	2.22	1.85	1.57
26	2.26	1.87	1.60
27	2.31	1.91	1.63
28	2.37	1.97	1.68
29	2.44	2.03	1.73
30	2.58	2.15	1.82
31	2.76	2.28	1.94
32	2.93	2.44	2.08
33	3.11	2.57	2.18
34	3.27	2.72	2.31
35	3.46	2.87	2.44
36	3.62	3.01	2.56
37	3.78	3.14	2.66
38	3.94	3.27	2.78
39	4.13	3.43	2.91
40	4.32	3.59	3.05
41	4.65	3.87	3.29
42	5.01	4.16	3.54
43	5.40	4.47	3.80
44	5.80	4.81	4.08
45	6.23	5.18	4.40
46	6.86	5.71	4.84
47	7.50	6.23	5.29
48	8.15	6.77	5.75
49	8.82	7.32	6.22
50	9.48	7.87	6.68
51	10.25	8.50	7.24
52	11.06	9.19	7.81
53	11.45	9.50	8.07
54	12.46	10.34	8.79
55	13.65	11.32	9.62

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	12.80	10.62	9.03	17.68	14.67	12.47
19	12.80	10.62	9.03	17.68	14.67	12.47
20	12.80	10.62	9.03	17.68	14.67	12.47
21	12.80	10.62	9.03	17.68	14.67	12.47
22	12.80	10.62	9.03	17.68	14.67	12.47
23	12.80	10.62	9.03	17.68	14.67	12.47
24	12.80	10.62	9.03	17.68	14.67	12.47
25	12.80	10.62	9.03	17.68	14.67	12.47
26	13.32	11.06	9.40	19.13	15.88	13.50
27	13.79	11.45	9.73	20.76	17.23	14.65
28	14.23	11.81	10.04	22.30	18.51	15.73
29	14.42	11.97	10.17	23.73	19.70	16.75
30	15.29	12.69	10.79	25.04	20.78	17.66
31	16.48	13.68	11.63	26.59	22.07	18.76
32	17.78	14.76	12.55	28.03	23.26	19.77
33	19.11	15.86	13.48	29.35	24.36	20.71
34	20.38	16.92	14.38	30.48	25.30	21.51
35	21.71	18.02	15.32	31.58	26.21	22.28
36	23.36	19.39	16.48	33.13	27.50	23.38
37	25.00	20.75	17.64	34.69	28.79	24.47
38	26.60	22.08	18.77	36.27	30.10	25.59
39	28.33	23.51	19.98	37.88	31.44	26.72
40	29.76	24.70	21.00	39.35	32.66	27.76
41	31.06	25.78	21.91	40.82	33.88	28.80
42	32.12	26.66	22.66	42.18	35.01	29.76
43	32.94	27.34	23.24	43.47	36.08	30.67
44	33.58	27.87	23.69	44.81	37.19	31.61
45	34.02	28.24	24.00	46.21	38.35	32.60

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	23.59	19.58	16.64	32.58	27.04	22.98
19	23.59	19.58	16.64	32.58	27.04	22.98
20	23.59	19.58	16.64	32.58	27.04	22.98
21	23.59	19.58	16.64	32.58	27.04	22.98
22	23.59	19.58	16.64	32.58	27.04	22.98
23	23.59	19.58	16.64	32.58	27.04	22.98
24	23.59	19.58	16.64	32.58	27.04	22.98
25	23.59	19.58	16.64	32.58	27.04	22.98
26	24.52	20.35	17.30	35.23	29.24	24.85
27	25.36	21.05	17.89	38.20	31.71	26.95
28	26.18	21.73	18.47	41.01	34.04	28.93
29	26.51	22.00	18.70	43.60	36.19	30.76
30	28.08	23.31	19.81	45.99	38.17	32.44
31	29.92	24.83	21.11	48.26	40.06	34.05
32	31.91	26.49	22.52	50.31	41.76	35.50
33	33.98	28.20	23.97	52.16	43.29	36.80
34	35.88	29.78	25.31	53.67	44.55	37.87
35	37.91	31.47	26.75	55.13	45.76	38.90
36	39.82	33.05	28.09	56.46	46.86	39.83
37	41.67	34.59	29.40	57.81	47.98	40.78
38	43.43	36.05	30.64	59.20	49.14	41.77
39	45.38	37.67	32.02	60.66	50.35	42.80
40	46.83	38.87	33.04	61.92	51.39	43.68
41	47.77	39.65	33.70	62.78	52.11	44.29
42	48.37	40.15	34.13	63.53	52.73	44.82
43	48.60	40.34	34.29	64.15	53.24	45.25
44	48.64	40.37	34.31	64.91	53.88	45.80
45	48.40	40.17	34.14	65.74	54.56	46.38

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 65* 6M Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	14.96	12.41	10.55	20.66	17.14	14.57
19	14.96	12.41	10.55	20.66	17.14	14.57
20	14.96	12.41	10.55	20.66	17.14	14.57
21	14.96	12.41	10.55	20.66	17.14	14.57
22	14.96	12.41	10.55	20.66	17.14	14.57
23	14.96	12.41	10.55	20.66	17.14	14.57
24	14.96	12.41	10.55	20.66	17.14	14.57
25	14.96	12.41	10.55	20.66	17.14	14.57
26	15.56	12.92	10.98	22.35	18.55	15.77
27	16.10	13.37	11.36	24.25	20.13	17.11
28	16.62	13.79	11.73	26.04	21.62	18.37
29	16.84	13.98	11.88	27.70	23.00	19.55
30	17.85	14.81	12.59	29.23	24.26	20.62
31	19.17	15.91	13.53	30.92	25.67	21.82
32	20.61	17.11	14.54	32.49	26.96	22.92
33	22.08	18.33	15.58	33.91	28.15	23.93
34	23.48	19.49	16.57	35.12	29.15	24.78
35	24.95	20.71	17.61	36.29	30.12	25.60
36	26.65	22.12	18.80	37.80	31.37	26.67
37	28.33	23.52	19.99	39.31	32.63	27.73
38	29.97	24.87	21.14	40.86	33.91	28.83
39	31.74	26.34	22.39	42.44	35.22	29.94
40	33.17	27.53	23.41	43.86	36.41	30.94
41	34.40	28.55	24.27	45.21	37.53	31.90
42	35.37	29.36	24.95	46.45	38.55	32.77
43	36.07	29.94	25.45	47.61	39.51	33.59
44	36.59	30.37	25.81	48.83	40.53	34.45
45	36.90	30.63	26.03	50.12	41.59	35.36

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	13.32	11.05	9.40	18.40	15.27	12.98
19	13.32	11.05	9.40	18.40	15.27	12.98
20	13.32	11.05	9.40	18.40	15.27	12.98
21	13.32	11.05	9.40	18.40	15.27	12.98
22	13.32	11.05	9.40	18.40	15.27	12.98
23	13.32	11.05	9.40	18.40	15.27	12.98
24	13.32	11.05	9.40	18.40	15.27	12.98
25	13.32	11.05	9.40	18.40	15.27	12.98
26	13.88	11.53	9.80	19.94	16.55	14.07
27	14.39	11.95	10.16	21.67	17.99	15.29
28	14.88	12.35	10.50	23.31	19.35	16.44
29	15.10	12.53	10.65	24.85	20.63	17.54
30	16.03	13.31	11.32	26.26	21.79	18.52
31	17.30	14.36	12.21	27.92	23.17	19.70
32	18.69	15.51	13.19	29.46	24.45	20.78
33	20.11	16.69	14.18	30.88	25.63	21.79
34	21.47	17.82	15.15	32.11	26.65	22.66
35	22.89	19.00	16.16	33.30	27.64	23.49
36	24.66	20.47	17.40	34.97	29.03	24.68
37	26.42	21.93	18.64	36.66	30.43	25.86
38	28.14	23.36	19.86	38.37	31.85	27.07
39	30.01	24.90	21.16	40.12	33.30	28.30
40	31.56	26.19	22.27	41.72	34.63	29.44
41	33.02	27.40	23.29	43.39	36.01	30.61
42	34.23	28.41	24.15	44.95	37.31	31.71
43	35.19	29.21	24.83	46.44	38.54	32.77
44	35.96	29.85	25.37	47.99	39.83	33.85
45	36.52	30.32	25.77	49.61	41.17	35.00

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	24.55	20.37	17.32	33.90	28.14	23.91
19	24.55	20.37	17.32	33.90	28.14	23.91
20	24.55	20.37	17.32	33.90	28.14	23.91
21	24.55	20.37	17.32	33.90	28.14	23.91
22	24.55	20.37	17.32	33.90	28.14	23.91
23	24.55	20.37	17.32	33.90	28.14	23.91
24	24.55	20.37	17.32	33.90	28.14	23.91
25	24.55	20.37	17.32	33.90	28.14	23.91
26	25.55	21.21	18.03	36.72	30.47	25.90
27	26.47	21.97	18.67	39.87	33.10	28.13
28	27.37	22.72	19.31	42.87	35.59	30.24
29	27.76	23.04	19.58	45.65	37.89	32.21
30	29.45	24.45	20.77	48.23	40.03	34.02
31	31.41	26.07	22.16	50.67	42.06	35.75
32	33.54	27.84	23.67	52.88	43.89	37.31
33	35.75	29.67	25.22	54.88	45.55	38.72
34	37.79	31.37	26.66	56.53	46.93	39.89
35	39.98	33.19	28.21	58.14	48.25	41.02
36	42.04	34.89	29.65	59.60	49.47	42.05
37	44.04	36.56	31.07	61.10	50.71	43.10
38	45.95	38.14	32.42	62.63	51.99	44.19
39	48.07	39.90	33.92	64.25	53.33	45.33
40	49.66	41.22	35.03	65.66	54.49	46.32
41	50.78	42.15	35.82	66.74	55.39	47.08
42	51.55	42.79	36.37	67.70	56.19	47.76
43	51.92	43.10	36.63	68.53	56.88	48.34
44	52.09	43.23	36.74	69.52	57.70	49.05
45	51.96	43.13	36.65	70.58	58.58	49.79

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 67* 6M Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	15.57	12.91	10.98	21.50	17.84	15.17
19	15.57	12.91	10.98	21.50	17.84	15.17
20	15.57	12.91	10.98	21.50	17.84	15.17
21	15.57	12.91	10.98	21.50	17.84	15.17
22	15.57	12.91	10.98	21.50	17.84	15.17
23	15.57	12.91	10.98	21.50	17.84	15.17
24	15.57	12.91	10.98	21.50	17.84	15.17
25	15.57	12.91	10.98	21.50	17.84	15.17
26	16.21	13.47	11.45	23.30	19.33	16.44
27	16.81	13.95	11.86	25.31	21.01	17.86
28	17.38	14.42	12.26	27.22	22.60	19.20
29	17.63	14.63	12.44	29.01	24.08	20.47
30	18.71	15.54	13.21	30.65	25.44	21.62
31	20.12	16.70	14.20	32.47	26.95	22.91
32	21.66	17.98	15.29	34.14	28.34	24.09
33	23.24	19.29	16.39	35.68	29.61	25.18
34	24.73	20.53	17.45	36.99	30.71	26.11
35	26.31	21.84	18.57	38.27	31.76	27.00
36	28.14	23.35	19.85	39.90	33.12	28.15
37	29.94	24.86	21.13	41.55	34.49	29.31
38	31.70	26.32	22.37	43.22	35.88	30.49
39	33.62	27.90	23.71	44.95	37.31	31.71
40	35.18	29.20	24.82	46.51	38.60	32.82
41	36.57	30.35	25.80	48.06	39.89	33.90
42	37.69	31.29	26.59	49.50	41.09	34.92
43	38.54	31.99	27.19	50.86	42.21	35.88
44	39.19	32.53	27.64	52.30	43.40	36.89
45	39.61	32.88	27.95	53.80	44.65	37.96

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Male Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	14.03	11.64	9.90	19.38	16.08	13.67
19	14.03	11.64	9.90	19.38	16.08	13.67
20	14.03	11.64	9.90	19.38	16.08	13.67
21	14.03	11.64	9.90	19.38	16.08	13.67
22	14.03	11.64	9.90	19.38	16.08	13.67
23	14.03	11.64	9.90	19.38	16.08	13.67
24	14.03	11.64	9.90	19.38	16.08	13.67
25	14.03	11.64	9.90	19.38	16.08	13.67
26	14.65	12.16	10.34	21.04	17.47	14.85
27	15.22	12.64	10.74	22.91	19.02	16.17
28	15.76	13.08	11.12	24.70	20.50	17.42
29	16.02	13.30	11.30	26.37	21.89	18.61
30	17.05	14.15	12.03	27.92	23.17	19.69
31	18.42	15.29	13.00	29.72	24.67	20.97
32	19.92	16.54	14.06	31.41	26.06	22.15
33	21.47	17.82	15.14	32.97	27.36	23.26
34	22.95	19.05	16.19	34.32	28.49	24.22
35	24.51	20.34	17.29	35.65	29.59	25.15
36	26.43	21.94	18.65	37.49	31.12	26.46
37	28.36	23.54	20.01	39.35	32.66	27.76
38	30.25	25.11	21.34	41.24	34.23	29.10
39	32.29	26.80	22.77	43.18	35.84	30.46
40	34.00	28.22	23.99	44.96	37.32	31.72
41	36.63	30.40	25.84	48.14	39.95	33.96
42	39.06	32.42	27.55	51.29	42.57	36.19
43	41.26	34.25	29.11	54.45	45.20	38.42
44	43.30	35.94	30.55	57.78	47.95	40.76
45	45.11	37.45	31.83	61.28	50.86	43.23

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Female Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	25.86	21.46	18.24	35.71	29.64	25.19
19	25.86	21.46	18.24	35.71	29.64	25.19
20	25.86	21.46	18.24	35.71	29.64	25.19
21	25.86	21.46	18.24	35.71	29.64	25.19
22	25.86	21.46	18.24	35.71	29.64	25.19
23	25.86	21.46	18.24	35.71	29.64	25.19
24	25.86	21.46	18.24	35.71	29.64	25.19
25	25.86	21.46	18.24	35.71	29.64	25.19
26	26.97	22.38	19.03	38.75	32.16	27.33
27	27.99	23.23	19.74	42.16	35.00	29.74
28	28.99	24.06	20.45	45.42	37.70	32.04
29	29.46	24.45	20.78	48.45	40.22	34.18
30	31.31	25.99	22.09	51.28	42.56	36.17
31	33.44	27.75	23.60	53.94	44.78	38.06
32	35.76	29.68	25.23	56.37	46.79	39.78
33	38.17	31.68	26.93	58.59	48.63	41.34
34	40.40	33.53	28.50	60.44	50.17	42.64
35	42.79	35.52	30.20	62.23	51.65	43.91
36	45.06	37.40	31.79	63.89	53.03	45.07
37	47.27	39.24	33.35	65.58	54.43	46.26
38	49.38	40.99	34.84	67.32	55.88	47.50
39	51.73	42.94	36.50	69.14	57.39	48.79
40	53.51	44.41	37.75	70.75	58.72	49.91
41	56.34	46.76	39.74	74.04	61.45	52.23
42	58.82	48.82	41.50	77.25	64.12	54.50
43	60.88	50.53	42.95	80.36	66.69	56.68
44	62.72	52.05	44.24	83.69	69.47	59.05
45	64.18	53.27	45.27	87.18	72.35	61.50

UNION CENTRAL LIFE INS. CO.
Noncancelable Disability Income: Form U4501NC
Annual Premiums per $100 of monthly benefit (NW)

Benefit Period: *To Age 70* 6M Unisex Nonsmoker

	Initial Step			Ultimate Step		
	Elimination Period			Elimination Period		
Age	90 Days	180 Days	365 Days	90 Days	180 Days	365 Days
18	16.40	13.60	11.57	22.65	18.79	15.97
19	16.40	13.60	11.57	22.65	18.79	15.97
20	16.40	13.60	11.57	22.65	18.79	15.97
21	16.40	13.60	11.57	22.65	18.79	15.97
22	16.40	13.60	11.57	22.65	18.79	15.97
23	16.40	13.60	11.57	22.65	18.79	15.97
24	16.40	13.60	11.57	22.65	18.79	15.97
25	16.40	13.60	11.57	22.65	18.79	15.97
26	17.11	14.20	12.08	24.58	20.41	17.35
27	17.77	14.76	12.54	26.76	22.22	18.88
28	18.41	15.28	12.99	28.84	23.94	20.34
29	18.71	15.53	13.20	30.79	25.56	21.72
30	19.90	16.52	14.04	32.59	27.05	22.99
31	21.42	17.78	15.12	34.56	28.69	24.39
32	23.09	19.17	16.29	36.40	30.21	25.68
33	24.81	20.59	17.50	38.09	31.61	26.88
34	26.44	21.95	18.65	39.54	32.83	27.90
35	28.17	23.38	19.87	40.97	34.00	28.90
36	30.16	25.03	21.28	42.77	35.50	30.18
37	32.14	26.68	22.68	44.60	37.01	31.46
38	34.08	28.29	24.04	46.46	38.56	32.78
39	36.18	30.03	25.52	48.37	40.15	34.13
40	37.90	31.46	26.74	50.12	41.60	35.36
41	40.57	33.67	28.62	53.32	44.25	37.61
42	43.01	35.70	30.34	56.48	46.88	39.85
43	45.18	37.51	31.88	59.63	49.50	42.07
44	47.18	39.16	33.29	62.96	52.25	44.42
45	48.92	40.61	34.52	66.46	55.16	46.88

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	10/22/2009

Comments:

The following forms are attached:

AR Reg 19
AR Reg 49
Universal Readability Certification
AR Reg 6

Attachments:

AR reg 19.pdf
AR reg 49.pdf
AR reg 6.pdf
Univ Readability Cert w-OCs.pdf

		Item Status:	Status Date:
Satisfied - Item:	Application	Approved-Closed	10/22/2009

Comments:

UN 2550 PI-A, et al was approved by your Department on 12/17/07.

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	10/22/2009

Comments:

See Form Schedule Tab.

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variabilities	Approved-Closed	10/22/2009

Comments:

A Statement of Variability for the Schedule Page is attached. A Statement of Variability for the Outlines of Coverage is

attached.

Attachments:

OC St of Var with 365 day.pdf

Schedule St of Var with 365 day.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Complaint Notice	Approved-Closed	10/22/2009

Comments:

The Complaint Notice is attached for Arkansas.

Attachment:

1684 AR UCL.pdf

		Item Status:	**Status Date:**
Satisfied - Item:	Guaranty Association Notice	Approved-Closed	10/22/2009

Comments:

The Guaranty Association Notice is attached for Arkansas.

Attachment:

1683 AR.PDF

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that The Union Central Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

John M. Lucas
Vice President, General Counsel and Asst. Secretary

October 12, 2009
Date

ar4.doc

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that The Union Central Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices, and Regulation 6, and assure that The Union Central Life Insurance Company is in compliance.

John M. Lucas
Vice President, General Counsel and Asst. Secretary

October 12, 2009
Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

ar3.doc

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Regulation 6 and that The Union Central Life Insurance Company is in compliance.

John M Lucas
Vice President, General Counsel and Assistant Secretary

10/12/09
Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

ar3.doc

UNIVERSAL READABILITY CERTIFICATION

I, John M. Lucas, an officer of The Union Central Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

Form Number	**Description**	**Flesch Score**
Policies		
U4501NC	Noncancelable Disability Income Policy	50
U4502GR	Guaranteed Renewable Disability Income Policy	50
Outlines of Coverage		
U4501NC OC	Outline of Coverage – NC	50**
U4502GR OC	Outline of Coverage – GR	50**
Riders		
UAIR	Automatic Increase Rider	50**
UBRES	Basic Residual Disability Rider	50
UCAT	Catastrophic Disability Rider	54*
UCOLA3S	Cost of Living Adjustment Rider – 3% simple	50*
UCOLA6C	Cost of Living Adjustment Rider – 6% compound	60
UERES	Enhanced Residual Disability Rider	50
UFIO	Future Increase Option Rider	50
USIS	Social Insurance Substitute Rider	50*
Endorsements		
UMDE	Managerial Duties Endorsement	50*
UPCE	Pension Completion Endorsement	50*
USDUE	Suspension During Unemployment Endorsement	51
Applications		
UN 2387	Application for Reinstatement - Disability Income	63
UN 2550-1 DI	Application for Insurance - DI Policy Details	60
UN 2852 B H	Application for Policy Change - Disability Income	50**
UN 3470	Application for Benefit Increase - Disability Income (GSI)	78
UN 4348 PD	Application for Disability Income GSI - Policy Details	72
UN 4348 AG	Application for Disability Income GSI - Agreement	54

*Less defined terms that appear in the policy.
**When taken with the policy, this form meets or exceeds the flesch readability requirements of your state.

John M. Lucas
Vice President, General Counsel & Assistant Secretary

October 12, 2009
Date

Statement of Variability for Outlines of Coverage

Below are the various options for the bracketed items on the Outlines of Coverage.

1. Base Monthly Benefit: Policies are tailored to each insured. Minimum monthly benefit is $500. Maximum is subject to current Issue and Participation limits.

2. Elimination Period: 365, 180, 90, 60, and 30 days. Options will vary based on Benefit Period chosen.

3. Maximum Benefit Period: To Age 70, To Age 67, To Age 65, 10 Year, 5 Year, 2 Year, and 1 Year. See attached Exhibit 1 for details.

4. Definition of Disability: See attached Exhibit 2 for variations.

5. Pre-Existing Conditions: Standard language is shown on sample Outline. See attached Exhibit 3 for variations previously approved for use with our Guaranteed Standard Issue business by your Department of Insurance in 2008.

6. Premium Information: Premiums vary by insured and are a function of several factors such as occupation, age, gender, tobacco use, and plan design. Optional modes are annual, semi-annual, quarterly, and monthly.

Schedule Page Statement of Variability

Below are the various options for the bracketed items on the Schedule Page. Obvious variations, such as Policy Number or name of Insured, have been excluded from this list.

1. Occupational Class: 6A, 5A, 4A, 3A, 2A, A, B, 6M, 5M, 4M, 3M, 2M and M.

2. Gender: Male, Female, Unisex

3. Risk Class: Nontobacco, Tobacco

4. Expiry Date: the policy anniversary following the insured's 65th birthday.

5. Base Monthly Benefit: Policies are tailored to each insured. Minimum monthly benefit is $500. Maximum is subject to current Issue and Participation limits.

6. Elimination Period: 365, 180, 90, 60, and 30 days. Options will vary based on Benefit Period chosen.

7. Maximum Benefit Period: To Age 70, To Age 67, To Age 65, 10 Year, 5 Year, 2 Year, and 1 Year. See attached Exhibit 1 for details.

8. Treatment of Non Disabling Injuries: The Maximum Amount per Event is one-half the Base Monthly Benefit, not to exceed $3,000.

9. MNDA Benefit Period: Lifetime maximum: 60 months, Lifetime maximum: 24 months, or Equal to the Maximum Benefit Period for Total Disability.

10. Automatic Increase Rider: Equals 4% of the Base Monthly Benefit, rounded to the next 10.

11. Future Increase Option Rider: The insured can choose any amount from $300 to three times the Base Monthly Benefit amount.

12. SIS Monthly Benefit: The insured can choose a monthly benefit amount between $100 and $2,000.

13. SIS Elimination Period: 365, 180, 90, 60, and 30 days. Options will vary based on Benefit Period chosen, but can never be less than the base policy elimination period.

14. Catastrophic Monthly Benefit: The insured can choose a monthly benefit amount between $200 and $10,000.

15. Catastrophic Elimination Period: 365, 180, 90, 60, and 30 days. Options will vary based on Catastrophic Benefit Period chosen.

16. Catastrophic Maximum Benefit Period: To Age 70, To Age 67, To Age 65, 10 Year, 5 Year, and 2 Year. See attached Exhibit 1 for details.

17. Definition of Disability: See attached Exhibit 2 for variations.

18. Premium Information: Premiums vary by insured and are a function of several factors such as occupation, age, gender, tobacco use, and plan design. Optional modes are annual, semi-annual, quarterly, and monthly.

NOTICE

For information concerning your policy, contact your agent or the company as follows:

Agent name: MR EDWARD J GRAMM

Address: GRAMM FINANCIAL
Address: 6 PIDGEON HILL DR STE 270
Address: STERLING VA 20165
Address:

Phone number: (703) 430-9090

The Union Central Life Insurance Company
1876 Waycross Road
Cincinnati, Ohio 45240
(800) 825-1551

If we fail to provide reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
(Corner of Third and Cross Streets)
Little Rock, Arkansas 72201-1904
(800) 852-5494

John Doe
0123456789

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

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

DISCLAIMER

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

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

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

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

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

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

John Doe
0123456789

COVERAGE

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

EXCLUSIONS FROM COVERAGE

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

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

The Guaranty Association also does NOT provide coverage for:

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

LIMITS ON AMOUNT OF COVERAGE

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