

SERFF Tracking Number: BALT-126351583 State: Arkansas
 Filing Company: The Baltimore Life Insurance Company State Tracking Number: 44082
 Company Tracking Number: 8244
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT
 Project Name/Number: SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT/8244

Filing at a Glance

Company: The Baltimore Life Insurance Company

Product Name: SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT SERFF Tr Num: BALT-126351583 State: Arkansas

TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 44082

Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: 8244 State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird
 Author: Lesia Williams Disposition Date: 11/17/2009
 Date Submitted: 11/10/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name: SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT Status of Filing in Domicile: Pending

Project Number: 8244

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 11/17/2009

Explanation for Other Group Market Type:

State Status Changed: 11/17/2009

Deemer Date:

Created By: Lesia Williams

Submitted By: Lesia Williams

Corresponding Filing Tracking Number: 8244

Filing Description:

Attached for your review is the final version of the above caption annuity contract. This is a new form and does not supersede any previously approved form.

Form 8244 is single premium immediate annuity. The premium is payable on the contract date. This contract is nonparticipating. The application associated with this form, Form 8232, was approved your department on 10/14/02.

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Company and Contact

Filing Contact Information

Lesia Williams, Director Policy Forms Compliance
 10075 Red Run Boulevard Owings Mills, MD 21117-4871
 lesia.williams@baltlife.com
 800-628-5433 [Phone]
 410-581-6605 [FAX]

Filing Company Information

The Baltimore Life Insurance Company
 10075 Red Run Boulevard Owings Mills, MD 21117
 (410) 581-6600 ext. 3050[Phone]
 CoCode: 61212
 Group Code: 849
 Group Name:
 FEIN Number: 52-0236900
 State of Domicile: Maryland
 Company Type:
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$125.00
 Retaliatory? Yes
 Fee Explanation: 125/form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Baltimore Life Insurance Company	\$125.00	11/10/2009	31938471

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/17/2009	11/17/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Form	SINGLE PREMIUM IMMEDIATE ANNUITY CONTRACT		Yes



The Baltimore Life
COMPANIES

Single Premium Immediate Annuity Contract

This is a Single Premium Immediate Annuity Contract. The single premium is payable on the *contract date*. This *contract* is nonparticipating and is not eligible to share in dividends.

This is a legal *contract* between *you* and *us*. **Please read it carefully.**

TAKE A 20 DAY FREE LOOK. YOU CAN RETURN THIS CONTRACT TO US FOR ANY REASON WITHIN 20 DAYS AFTER YOU RECEIVE IT. IF YOU DO, WE WILL REFUND ANY PREMIUM PAID LESS ANY ANNUITY PAYMENTS MADE. THE CONTRACT WILL THEN BE TREATED AS IF IT WERE NEVER ISSUED.

David A. Lee
President
SPECIMEN
John J. Kelly
Secretary

In the event you have questions, need information concerning this coverage or if you need assistance in resolving complaints, please contact us at:

**The Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871
1-800-628-5433
www.baltlife.com**

Contract Guide

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CONTRACT DATA PAGE

This page shows specific information about this contract and is referred to throughout the contract.

CONTRACT DATE	01/01/2010		MALE/35	SEX/ISSUE AGE
ANNUITANT	LORD BALTIMORE		123456	CONTRACT NUMBER
OWNER	LORD BALTIMORE			

SCHEDULE OF BENEFITS AND PREMIUMS

ANNUITY TYPE

**SINGLE PREMIUM
IMMEDIATE ANNUITY**

PREMIUM
LESS STATE PREMIUM TAX

\$50,977.00
0

PREMIUM PAYMENT PERIOD

SINGLE

NET PREMIUM

\$50,977.00

ANNUITY
COMMENCEMENT DATE

01/01/2010

ANNUITY PAYMENT FREQUENCY

MONTHLY

ANNUITY PAYMENT

\$500.00

ANNUITY GUARANTEED
PAYMENT PERIOD

10 YEARS

DEFINITIONS

Annuitant: The natural person on whose life the amount and duration of annuity payments depend. The *annuitant* will be as shown on the **CONTRACT DATA PAGE** and may not be changed.

Annuity Commencement Date: The date the annuity payments begin. This date is shown on the **CONTRACT DATA PAGE** and may not be changed.

Annuity Fund: The premium paid with interest reduced by any state premium taxes. Interest is earned from the date *we* receive the premium.

Beneficiary: The person named in the application that is designated to receive the *death benefit* if the *annuitant* dies.

Commuted Value: The present value of the remaining guaranteed annuity payments. The *commuted value* is determined by discounting the remaining guaranteed annuity payments at the compounded interest rate of 6%. The *commuted value* will be calculated as of the date such payment will be made. It will always be less than the sum of the remaining guaranteed annuity payments.

Contract: The entire agreement between *you* and *us*. The *contract* includes the attached copy of the application and any attached riders or endorsements.

Contract Date: The date this *contract* goes into effect. *Contract* months and years are measured from the *contract date*.

Death Benefit: The benefit to be paid if there are any unpaid guaranteed annuity payments remaining after the death of the *annuitant*.

Issue age: The actual age of the *annuitant* on the *contract date*. In this *contract*, age means actual age on the *annuitant's* last birthday.

Owner(s): The natural person(s) named in the application or in the most recent change on record in *our* Home Office entitled to ownership rights stated in this *contract*.

Payee: The person or entity designated in the application to receive annuity payments.

We, Our, Us: The Baltimore Life Insurance Company.

You, Your: The *Owner(s)*.

ANNUITY BENEFITS

We will make annuity payments to the *payee*, designated by *you*, beginning on the *annuity commencement date*. The *annuity commencement date* is shown on the **CONTRACT DATA PAGE**. The annuity payment amount and frequency are shown on the **CONTRACT DATA PAGE** and cannot be changed as of the *contract date*. Once payments begin, we guarantee to make payments for the annuity payment period shown on the **CONTRACT DATA PAGE**. Upon completion of the annuity guaranteed payment period this *contract* will end.

This *contract* does not have any cash value or surrender value. There are no partial withdrawals allowed under this *contract*. Therefore *you* cannot request a contract loan or surrender this *contract* for any reason.

OWNER'S RIGHTS

The *annuitant* will be the *owner* of this *contract* unless the application names another *owner*. While the *annuitant* is alive *you* may exercise any of the rights under this *contract*. If *you* die and *you* are not the *annuitant*, the *annuitant* will be the new *owner*.

Change of Ownership

You may change the *owner* while the *annuitant* is alive. A request to change must be in writing on a form satisfactory to *us* and recorded at *our* Home Office. We may require the *contract* to note the change on it. Once the change is recorded by *us*, it will take effect as of the date the request was signed. We will not be responsible for the validity of the change nor for any payment made or other action taken by *us* before we record the change at *our* Home Office. A change in *owner* may subject *you* to income and/or gift tax.

PAYEE

You may name a *payee*, while the *annuitant* is alive. *You* can change the *payee* by written request at anytime while the *annuitant* is living. The change will take effect as of the date *you* signed the written request. We are not liable for any payment we make or action we take before we receive any such written request. If the *payee* dies before all guaranteed payments are made, the *owner* will receive any remaining guaranteed payments.

THE BENEFICIARY

You may name more than one person *beneficiary*. *You* may also name a contingent *beneficiary*. We will pay the *death benefit* to the primary *beneficiary* if living at the *annuitant's* death. If the primary *beneficiary* has died, the *death benefit* will be paid to any contingent *beneficiary* living at the *annuitant's* death. If there is no surviving *beneficiary*, we may pay the estate of the *annuitant*. If there is no estate established at the time of claim, we will pay whomever we deem to be equitably entitled, in accordance with state law and/or regulation.

You may change a *beneficiary* while the *annuitant* is alive. Such a request must be in writing, on a form satisfactory to *us* and recorded at *our* Home Office. We may require *your contract* to process the requested change. Once we record the change, it will take effect as of the date *your* request was signed. Until we have recorded *your* change in *our* Home Office, we will not be responsible for the validity of the change nor for any payment made or other action taken by *us*. We will send *you* written confirmation when the change is recorded.

DEATH OF THE ANNUITANT

We will pay a *death benefit* to the *beneficiary* as provided in this *contract* if we receive due proof that the *annuitant* has died while this *contract* is in effect.

If the *annuitant* dies before the *annuity commencement date*, the *death benefit* will be the *contract's annuity fund* on the date of death.

If the *annuitant* dies after the *annuity commencement date* and before the end of the guaranteed payment period, the *death benefit* will be the remaining guaranteed payments paid at the scheduled time. In lieu of the remaining guaranteed payments, the *beneficiary* may elect the *commuted value*. We will pay the *commuted value* in a lump sum. The *commuted value* of any remaining annuity payments is always less than the sum of those annuity payments.

GENERAL PROVISIONS

This Is a Contract

This is a *contract*. In entering into this *contract*, we relied on the accuracy of the statements made in the application. In the absence of fraud, these statements are considered representations and not warranties. The entire *contract* consists of the *contract*, any application, amendment, rider, or endorsement that is attached.

Authority to Modify Contract

Our President, a Vice President, or the Secretary must sign all agreements made by *us*. No other person, including an insurance agent, can change any of this *contract's* terms or make any agreement binding on *us*.

Mistake in Age or Sex

If the *annuitant's* age or sex in the application is misstated, proceeds and benefits will be based on what the premium paid would have bought at the true age and sex. Any overpayment or underpayment (with interest at 6% per year) will be applied to proceeds payable after the adjustment.

Compliance With Internal Revenue Code

This *contract* will be interpreted in a manner consistent with the requirements of Internal Revenue Code Section 72(s). We are authorized to report to the Internal Revenue Service or withhold any amount in accordance with applicable law.

Annual Statement

We will give *you* an Annual Statement once each year.

Written Notices

Send any required written notice to *our* Home Office. Please include the *contract* number.

Baltimore Life Insurance Company
10075 Red Run Boulevard
Owings Mills, Maryland 21117-4871



The Baltimore Life
COMPANIES

Single Premium Immediate Annuity Contract

This is a Single Premium Immediate Annuity Contract. The single premium is payable on the contract date. This contract is nonparticipating and is not eligible to share in dividends.

**The Baltimore Life Insurance Company
10075 Red Run Boulevard
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: ar-read.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: This form was approved by your Department on 10/14/09.		
Attachment: 8232-final.pdf		

THE BALTIMORE LIFE INSURANCE COMPANY
10075 Red Run Boulevard • P.O. Box 1060 • Owings Mills, Maryland 21117-5060
(410) 581-6600

CERTIFICATION OF READABILITY

This is to certify that Form 8244 meets the minimum reading ease score for the state of Arkansas on the Flesch reading ease test.

Vice President



November 9, 2009

Date

Application for Life Insurance and Single Premium Annuity

1. Proposed Insured/Annuitant and Beneficiary Information

Last Name		First Name			MI	
Social Security Number	Age	Sex	Date of Birth	State or Country of Birth	Height	Weight
Telephone: Day	Evening			Email Address		
Street Address		City		State	ZIP Code	
Primary Beneficiary		Social Security Number			Relationship to Proposed Insured	
Contingent Beneficiary		Social Security Number			Relationship to Proposed Insured	

2. Owner (if other than Proposed Insured)

Last Name		First Name		MI	Relationship to Proposed Insured
Date of Birth	Tax ID# or Social Security#		Email Address		
Street Address		City		State	ZIP Code

3. Contingent Owner

Last Name		First Name		MI	Relationship to Proposed Insured
Date of Birth	Tax ID# or Social Security#		Email Address		
Street Address		City		State	ZIP Code

4. Single Premium Immediate Annuity with Period Certain

1. Payout Period (Predetermined by Annuitant's Issue Age): Age 60-74 / 10 Years Age 75-80 / 7 years

2. Estimated Single Premium Purchase Payment: \$

Non-Qualified IRA (Only Qualified Funds Eligible for IRA Rollover/ Transfer)

3. Annuity Payout Payee:

All or a portion of each annual annuity payout from your Single Premium Immediate Annuity (SPIA) is considered taxable income to you depending on whether the source of funds is qualified or non-qualified. **If you elect tax withholding from each SPIA payout, the amount withheld will decrease the SPIA payout amount received by the payee. Using SPIA payouts to fund a life insurance policy, reduced by an amount withheld for tax, will decrease your life insurance death benefit. The amount withheld may change based on changing IRS and state requirements. You would be billed for any additional annual premium in full due on the life insurance policy. If the entire annual premium is not paid, your policy may lapse.**

Notice of Withholding and Election: I understand that if I elect not to have federal income tax withheld, I am liable for payments of federal and state income tax on the portion of my annuity distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. I understand that if I do not complete the election below, the company is required to withhold federal and or state income tax on the taxable portion of my annuity distribution.

Your election will remain in effect until you revoke it. You may change your election each year.

(1) Check this box if you do not want any Federal income tax withheld from your annuity

(If you check this box do not complete 2.)

(2) I do want income tax withheld from my annuity payments.

Federal: _____ State: _____

For questions regarding your SPIA election options, please consult with your personal tax advisor.

7. Replacement Information

- 1) Does the proposed insured have any existing life insurance or annuities, or have any policies been lapsed or surrendered within the last six months? Yes No
 If "Yes", policy status is: In force Terminated
- 2) Will this policy, if issued, replace or modify any existing life insurance or annuities in this or any other company? Yes No
 (This includes the use of dividends or other policy values.)
- 3) Is any other application for annuity or life insurance pending in this or any other company on the proposed insured? Yes No

Existing or Pending Insurance:

Name of Insured	Company	Policy Number	Amount \$	Year Issued	Replace or modify?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Declarations and Authorizations

It is understood that The Baltimore Life Insurance Company (the Company) has the right to require a medical examination. If so, this application is not complete until the medical examination has been performed.

AGREEMENT: I have read or had read to me all of the questions and answers contained in this application. This application is complete and true to the best of my knowledge and belief.

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

It is understood that the President, a Vice President, or the Secretary must sign all agreements made by the Company. No other person, including an insurance agent or broker, can change the terms of any policy or make any promise or agreement binding on the Company. Except as may be provided by the Conditional Receipt bearing the same date and form number as this application, it is agreed that no policy will take effect unless:

1. A policy is delivered to and accepted by the owner while each person proposed for coverage is alive and continues to be insurable, and whose condition of health and occupation, as described in this application, are unchanged from the date of the application.
2. The required premium is paid in full to The Baltimore Life Insurance Company, and the application is approved and accepted by the Company.

AUTHORIZATION AND ACKNOWLEDGMENT: I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility or health care provider, insurance or reinsuring company, or the Medical Information Bureau, Inc. , consumer reporting agency or employer having information available as to diagnosis, treatment, prescriptions and/or prognosis of me with respect to any physical or mental condition, including alcoholism and/or use of drugs, and any other nonmedical information about me to give to the Company any and all such information. I understand the information obtained by use of this authorization will be used by the Company to determine eligibility for insurance and/or benefits. Any information obtained will not be released by the Company to any person or organization except to reinsuring companies, the Medical Information Bureau, Inc. , or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. I understand that I may request a copy of this authorization and agree that a photographic copy of this authorization shall be as valid as the original.

This authorization shall remain valid for a period of two years and six months from the date it is signed. I acknowledge receipt of the Medical Information Bureau, Inc. Pre-Notice and the Fair Credit Reporting Act Notice.

ACCELERATED DEATH BENEFIT TAX DISCLOSURE: The receipt of a benefit under an Accelerated Death Benefit Rider may be taxable. Before claiming benefits under these Riders, assistance should be sought from a personal tax advisor.

IMPORTANT TAX NOTICE FOR POLICYOWNER: Under federal Tax law, the Company is required to ask you to certify your correct Taxpayer Identification Number (TIN), and to include it in any reports of taxable income it makes to the IRS.

Certification: Under penalties of perjury, I certify that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2) I am not subject to backup withholding under provisions of section 3406(a)(1)(c) of the Internal Revenue Code because a) I am exempt from backup withholding, or b) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a US person (including a US resident alien).

The Internal Revenue Service does not require your consent to any provisions to this document other than the certification to avoid backup withholding.

I certify that I have read the medical questions contained on this application and that my responses to these questions have been accurately recorded. I understand that no agent is authorized to advise me that any inaccurate answer is acceptable.

If replacement is occurring, please read the following notice: In many cases, the replacement of an existing life insurance policy, regardless of the issuing company, is not in your best interest. New policies contain contestable and suicide provisions which you should ask your agent to explain. In addition, there are expense charges associated with each new policy. You should ask your agent to explain both the benefits and the drawbacks of the replacement you are considering.

If you are replacing an existing policy and you are not satisfied with the new policy for any reason, you have the right to return your policy to us within 30 days after you receive it and receive a refund of all premiums paid.

Application made at _____ this _____ day of _____, _____
(City, State) (Day) (Month) (Year)

(X) _____ (X) _____
Signature of Proposed Insured Signature of Owner (If other than Proposed Insured)

(X) _____
Signature of Licensed Agent (Witness to all signatures) (Give official capacity if signed on behalf of a corporation, trust etc.)

Conditional Receipt

(This receipt must not be detached unless the full initial premium has been deposited at the time of application)

NO INSURANCE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY AND ACCEPTANCE UNLESS THE FOLLOWING CONDITIONS REQUIRED BY THIS RECEIPT ARE MET:

- a. The full initial premium is paid according to the method of premium payment selected in the application for the amount of insurance applied for;
- b. Any check given or draft authorized for premium payment is honored when first presented for payment;
- c. All medical examinations, tests, X-rays and electrocardiograms required by the Company's underwriting rules and standards are completed within 60 days from the date of the application;
- d. The Proposed Insured is, on the date of application and continuing until the policy is delivered, an insurable risk under the Company's rules, limits and standards as to plan, benefits, class, and amount for the policy applied for;
- e. The application is approved by the Company; and
- f. There is no material misrepresentation in the application or medical information furnished to the Company.

IF ANY OF THE ABOVE CONDITIONS ARE NOT MET, THE COMPANY'S ONLY LIABILITY WILL BE TO REFUND THE PREMIUM PAYMENT. Subject to satisfactory completion of all of the above conditions, the effective date of coverage provided by receipt will be the later of: (1) the date of the application; (2) the date of the last of any medical examinations or tests required under the Company's underwriting rules and practices; or (3) the date, if any, requested in the application. Once coverage under this receipt becomes effective, the maximum death benefit and all other supplemental benefits provided by this receipt will be the lesser of: a) the total death benefit payable under the policy(ies), including any Accidental Death Benefit, on all pending applications with the Company or b) \$150,000. Either the Company or the proposed insured or owner, as applicable, may terminate coverage under this receipt by notice to the other. In no event will coverage under this receipt be in force after 60 days from the date of the application. If the Company declines to issue a policy or issues a policy other than as applied for which is not accepted, the premium payment will be refunded. There will be no liability on account of this receipt if any premium check or draft is not honored upon presentation for payment. If there is material misrepresentation in the application (or in any medical information furnished to the Company), the Company's only liability will be limited to refunding the premium payment. If the proposed insured commits suicide, whether sane or insane, the Company's only liability will be limited to refunding the premium payment. No broker, agent or medical examiner is authorized to accept risks or pass on insurability, make or alter any contract, waive a complete answer to any question in the application, waive any conditions under this receipt or waive any of the Company's rights or requirements or otherwise bind the Company in any way by any promise or statement.

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO THE BALTIMORE LIFE INSURANCE COMPANY. DO NOT MAKE THE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received \$ _____ from _____ for an application on
_____ Dated _____.

Signature of Proposed Insured

Signature of Proposed Owner (If other than Proposed Insured)

Signature of Agent

Tear here and leave notices below with Applicant

Fair Credit Reporting Act Notice

As part of our evaluation of your application for insurance, an investigative consumer report may be prepared, whereby information is obtained through personal interviews with agencies, friends, neighbors or others with whom you are acquainted or who may have information about you. This report, among other things, may include information as to your character, general reputation, personal characteristics, health, and mode of living, except as may be related directly or indirectly to your sexual orientation.

Upon your written request, and within a reasonable period of time, you have the right to receive additional detailed information about the nature and scope of the investigation and to receive a copy of the report at your expense.

Medical Information Bureau, Inc. Notice

Information regarding your insurability will be treated as confidential. The Baltimore Life Insurance Company or its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure to you of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, Massachusetts, 02184-8734; the telephone number is (617) 426-3660.

The Company or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.