Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Individual Disability	SERFF Tr Num: NELI-125993259	State: Arkansas
TOI: H11I Individual Health - Disability Income	SERFF Status: Closed-Approved-Closed	State Tr Num: 41586
Sub-TOI: H11I.004 Other	Co Tr Num: PALIC DI	State Status: Approved-Closed
Filing Type: Rate		Reviewer(s): Rosalind Minor
	Author: Ken Beckman	Disposition Date: 02/20/2009
	Date Submitted: 02/18/2009	Disposition Status: Approved-Closed
Implementation Date Requested: 07/01/2009		Implementation Date:

State Filing Description:

General Information

Project Name: PALIC Disability	Status of Filing in Domicile: Pending
Project Number:	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: 25%	Group Market Type:
Filing Status Changed: 02/20/2009	Explanation for Other Group Market Type:
	State Status Changed: 02/20/2009
Deemer Date:	Created By: Ken Beckman
Submitted By: Ken Beckman	Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to request a rate increase on the company's closed block of Individual Disability Income forms. The rate increase request is based on the information in the Actuarial Memorandum.

This filing is submitted by Philadelphia American on behalf of Central States for the few remaning policyholders that have not accepted the assumption by Philadelphia American. This filing is identical to the one submitted concurrently by Philadelphia American. A filing authorization letter is included.

Company and Contact

Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com
P. O. Box 34952 402-905-2170 [Phone]
Omaha, NE 68134-9832

Filing Company Information

Central States Health & Life Co. of Omaha	CoCode: 61751	State of Domicile: Nebraska
P. O. Box 34952	Group Code: 690	Company Type:
Omaha, NE 68134-9832	Group Name:	State ID Number:
(402) 905-2170 ext. [Phone]	FEIN Number: 47-0123035	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central States Health & Life Co. of Omaha	$50.00	02/18/2009	25796864

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/20/2009	02/20/2009

Disposition

Disposition Date: 02/20/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved your request of a 25% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	**Overall % Indicated Change:**	**Overall % Rate Impact:**	**Written Premium Change for this Program:**	**# of Policy Holders Affected for this Program:**	**Written Premium for this Program:**	**Maximum % Change (where required):**	**Minimum % Change (where required):**
Central States Health & Life Co. of Omaha	25.000%	25.000%	$145	3	$578	%	%

SERFF Tracking Number:	*NELI-125993259*	*State:*	*Arkansas*
Filing Company:	*Central States Health & Life Co. of Omaha*	*State Tracking Number:*	*41586*
Company Tracking Number:	*PALIC DI*		
TOI:	*H11I Individual Health - Disability Income*	*Sub-TOI:*	*H11I.004 Other*
Product Name:	*Individual Disability*		
Project Name/Number:	*PALIC Disability/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	filing authorization	Approved-Closed	Yes
Rate	rate schedule	Approved-Closed	Yes

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central States Health & Life Co. of Omaha	25.000%	25.000%	$145	3	$578	%	%

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved-Closed 02/20/2009	rate schedule	420, 450, 477, 471, 473, 468	Revised	Previous State Filing Number: Percent Rate Change Request:	 25.000	AR DI rates 2009 cso.pdf

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

MORTGAGE DISABILITY RATES
POLICY FORM 420 AND 420 REV.

ISSUE AGE	ANNUAL RATE PER $100 BENEFIT
18-20	60.68
30-39	79.14
40-44	108.16
45-49	137.19
50-55	171.48

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
DA (MONTHLY DEPOSITOR'S AUTHORIZATION)	0.08333
PAC (MONTHLY PRE-AUTHORIZED CHECK)	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27		66.50	79.44	90.68
28-32	65.10	70.06	85.95	97.65
33-37	71.30	78.43	94.40	106.95
38-42	80.60	88.66	105.01	118.58
43-47	88.35	97.19	114.00	130.98
48-52	99.20	109.13	128.26	145.70
53-59	114.70	126.18	147.01	167.40

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	44.95	49.91	60.06	68.98
28-32	49.60	53.48	66.26	75.95
33-37	55.80	61.85	74.40	85.25
38-42	64.33	71.15	85.64	98.43
43-47	72.08	79.68	95.01	111.60
48-52	82.15	90.53	108.89	125.55
53-59	96.10	106.49	127.64	146.48

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	38.75	42.78	52.31	60.45
28-32	42.63	45.41	57.28	66.26
33-37	48.44	53.63	64.95	74.94
38-42	56.58	62.39	75.56	85.95
43-47	63.94	70.68	84.86	98.50
48-52	73.24	80.84	99.59	113.39
53-59	87.19	96.80	117.56	133.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	41.85	46.04	55.41	62.78
28-32	46.50	49.60	61.61	69.75
33-37	52.70	57.98	69.75	79.05
38-42	60.45	66.50	80.06	90.68
43-47	68.20	75.03	88.74	102.30
48-52	77.50	85.25	102.69	116.25
53-59	91.45	100.60	121.14	137.18

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	34.10	37.51	45.34	51.15
28-32	37.98	40.23	50.45	56.96
33-37	43.79	48.20	58.13	65.64
38-42	51.15	56.26	67.96	76.65
43-47	58.51	64.40	76.19	87.65
48-52	67.43	74.25	89.66	100.99
53-59	80.99	89.05	107.65	121.29

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	41.85	46.04	55.41	62.78
28-32	46.50	49.60	61.61	69.75
33-37	52.70	57.98	69.75	79.05
38-42	60.45	66.50	80.06	90.68
43-47	68.20	75.03	88.74	102.30
48-52	77.50	85.25	102.69	116.25
53-59	91.45	100.60	121.14	137.18

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	24.80	27.28	32.94	37.20
28-32	27.90	29.14	37.13	41.85
33-37	32.55	35.80	43.25	48.83
38-42	38.75	42.63	51.54	58.13
43-47	44.95	49.45	58.20	67.43
48-52	52.70	57.98	70.14	79.05
53-59	65.10	71.61	86.56	97.65

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	17.05	18.75	22.63	25.58
28-32	20.15	20.61	26.81	30.23
33-37	24.03	26.50	31.93	36.04
38-42	29.45	32.55	39.14	44.18
43-47	34.25	37.83	43.94	51.15
48-52	40.61	44.80	54.01	60.45
53-59	51.61	56.73	68.59	76.73

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	12.40	13.64	16.51	18.60
28-32	15.50	15.50	20.69	23.25
33-37	18.60	20.46	24.65	27.90
38-42	23.25	25.58	30.76	34.88
43-47	27.13	29.91	34.18	40.69
48-52	32.55	35.80	42.86	48.83
53-59	42.63	46.96	56.04	63.94

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	65.10	71.61	85.64	97.65
28-32	71.30	78.43	94.16	106.95
33-37	79.05	86.95	104.63	118.58
38-42	91.45	100.60	119.35	134.85
43-47	100.75	110.83	132.06	149.58
48-52	116.25	127.88	150.89	171.28
53-59	137.95	151.75	177.94	202.28

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	49.60	55.03	66.26	75.95
28-32	55.80	61.85	74.48	85.25
33-37	63.55	70.38	84.63	96.88
38-42	75.18	83.08	99.98	114.70
43-47	84.48	93.31	113.08	130.20
48-52	99.20	109.28	131.51	151.13
53-59	119.35	132.06	158.56	181.35

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	43.40	47.90	58.51	67.43
28-32	48.83	53.79	65.49	75.56
33-37	56.19	62.15	75.18	86.56
38-42	67.43	74.33	89.90	108.43
43-47	76.34	84.33	102.93	117.10
48-52	90.29	99.59	122.21	138.96
53-59	110.44	122.38	148.49	168.56

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
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POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	46.50	51.15	61.61	69.75
28-32	52.70	57.98	69.83	79.05
33-37	60.45	66.50	79.98	90.68
38-42	71.30	78.43	94.40	106.95
43-47	80.60	88.66	106.80	120.90
48-52	94.55	104.00	125.31	141.83
53-59	114.70	126.18	152.05	170.50

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	38.75	42.63	51.54	58.13
28-32	44.18	48.59	58.66	66.26
33-37	51.54	56.73	68.35	77.26
38-42	62.00	68.20	82.30	92.93
43-47	70.91	78.04	94.24	106.25
48-52	84.48	93.00	112.30	126.56
53-59	104.24	114.63	138.58	156.16

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	46.50	51.15	61.61	69.75
28-32	52.70	57.98	69.83	79.05
33-37	60.45	66.50	79.98	90.68
38-42	71.30	78.43	94.40	106.95
43-47	80.60	88.66	106.80	120.90
48-52	94.55	104.00	125.31	141.83
53-59	114.70	126.18	152.05	170.50

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	29.45	32.40	39.14	44.18
28-32	34.10	37.51	45.34	51.15
33-37	40.30	44.33	53.48	60.45
38-42	49.60	54.56	65.88	74.40
43-47	57.35	63.09	76.26	86.03
48-52	69.75	76.73	92.76	104.63
53-59	88.35	97.19	117.49	132.53

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	21.70	23.88	28.83	32.55
28-32	26.35	28.99	35.03	39.53
33-37	31.78	35.03	42.16	47.66
38-42	40.30	44.49	53.48	60.45
43-47	46.65	51.46	62.00	69.75
48-52	57.66	63.55	76.65	86.03
53-59	74.71	82.30	99.51	111.60

BENEFIT PERIOD: 2 YEAR
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	17.05	18.75	22.71	25.58
28-32	21.70	23.88	28.91	32.55
33-37	26.35	28.99	34.88	39.53
38-42	34.10	37.51	45.10	51.15
43-47	39.53	43.55	52.24	59.29
48-52	49.60	54.56	65.49	74.40
53-59	65.88	72.54	86.95	98.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	73.63	80.99	97.03	110.44
28-32	80.60	88.66	106.56	120.90
33-37	90.68	99.74	120.21	136.01
38-42	106.95	117.65	139.96	158.10
43-47	119.35	131.29	156.79	177.48
48-52	141.05	155.15	183.83	208.48
53-59	172.05	189.25	223.20	253.43

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	58.13	64.40	77.65	88.74
28-32	65.10	72.08	86.88	99.20
33-37	75.18	83.16	100.23	114.31
38-42	90.68	100.13	120.59	137.95
43-47	103.08	113.78	137.80	158.10
48-52	124.00	136.55	164.45	188.33
53-59	153.45	169.58	203.83	232.50

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	52.01	57.28	69.90	80.21
28-32	58.13	64.01	77.89	89.51
33-37	67.81	74.94	90.76	104.00
38-42	82.93	91.38	110.51	125.48
43-47	94.94	104.78	127.64	145.00
48-52	115.09	126.86	155.15	176.16
53-59	144.54	159.89	193.75	219.71

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	55.03	60.53	73.00	82.54
28-32	62.00	68.20	82.23	93.00
33-37	72.08	79.29	95.58	108.11
38-42	86.80	95.48	115.01	130.20
43-47	99.20	109.13	131.51	148.80
48-52	119.35	131.29	158.25	179.03
53-59	148.80	163.68	197.31	223.20

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	47.28	52.00	62.93	70.91
28-32	53.48	58.83	71.06	80.21
33-37	63.16	69.51	83.95	94.70
38-42	77.50	85.25	102.93	116.18
43-47	89.51	98.50	118.96	134.15
48-52	109.28	120.28	145.24	163.76
53-59	138.34	152.14	183.83	207.31

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	55.03	60.53	73.00	82.54
28-32	62.00	68.20	82.23	93.00
33-37	72.08	79.29	95.58	108.11
38-42	86.80	95.48	115.01	130.20
43-47	99.20	109.13	131.51	148.80
48-52	119.35	131.29	158.25	179.03
53-59	148.80	163.68	197.31	223.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	37.98	41.78	50.53	56.96
28-32	43.40	47.74	57.74	65.10
33-37	51.93	57.11	69.06	77.89
38-42	65.10	71.61	86.49	97.65
43-47	75.95	83.55	100.99	113.93
48-52	94.55	104.00	125.70	141.83
53-59	122.45	134.70	162.75	183.68

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	30.23	33.25	40.23	45.34
28-32	35.65	39.21	47.43	53.48
33-37	43.40	47.81	57.75	65.10
38-42	55.80	61.54	74.09	83.70
43-47	65.25	71.93	86.73	97.65
48-52	82.46	90.83	109.59	123.23
53-59	108.96	119.81	144.78	162.75

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	25.58	28.14	34.10	38.36
28-32	31.00	34.10	41.31	46.50
33-37	37.98	41.78	50.46	56.96
38-42	49.60	54.56	65.73	74.40
43-47	58.13	64.01	76.96	87.19
48-52	74.40	81.84	98.43	111.60
53-59	99.98	110.05	132.21	149.96

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

MALE

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	68.20	75.64	90.29	103.85
28-32	74.40	82.46	98.81	113.15
33-37	82.15	90.99	109.28	124.78
38-42	95.33	105.25	125.16	142.60
43-47	104.63	115.48	137.88	157.33
48-52	120.90	134.08	157.86	180.58
53-59	142.60	157.95	184.91	211.58

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	52.70	59.05	70.91	82.15
28-32	58.90	65.88	79.13	91.45
33-37	66.65	74.40	89.28	103.08
38-42	79.05	87.73	105.79	122.45
43-47	88.35	97.96	118.89	137.95
48-52	103.85	115.48	138.49	160.43
53-59	124.00	138.26	165.54	190.65

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	46.50	51.93	63.16	73.63
28-32	51.93	57.81	70.14	81.76
33-37	59.29	66.19	79.83	92.76
38-42	71.30	78.98	95.71	109.98
43-47	80.21	88.98	108.74	124.85
48-52	94.94	105.79	129.19	148.26
53-59	115.09	128.58	155.46	177.84

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BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	49.60	55.18	66.26	75.95
28-32	55.80	62.00	74.48	85.25
33-37	63.55	70.53	84.63	96.88
38-42	75.18	83.08	100.21	114.70
43-47	84.48	93.31	112.61	128.65
48-52	99.20	110.20	132.29	151.13
53-59	119.35	132.38	159.03	181.35

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	41.85	46.65	56.19	64.33
28-32	47.28	52.63	63.31	72.46
33-37	54.64	60.76	73.00	83.46
38-42	65.88	72.85	88.11	100.68
43-47	74.79	82.69	100.05	114.00
48-52	89.13	99.20	119.28	135.70
53-59	108.89	120.83	145.55	165.46

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	49.60	55.18	66.26	75.95
28-32	55.80	62.00	74.48	85.25
33-37	63.55	70.53	84.63	96.88
38-42	75.18	83.08	100.21	114.70
43-47	84.48	93.31	112.61	128.65
48-52	99.20	110.20	132.29	151.13
53-59	119.35	132.38	159.03	181.35

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BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	32.55	36.43	43.79	50.38
28-32	37.20	41.54	49.99	57.35
33-37	43.40	48.36	58.13	66.65
38-42	53.48	59.21	71.69	82.15
43-47	61.23	67.74	82.08	93.78
48-52	74.40	82.93	99.74	113.93
53-59	93.00	103.39	124.46	141.83

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	24.80	27.90	33.48	38.75
28-32	29.45	33.01	39.68	45.73
33-37	34.88	39.06	46.81	53.86
38-42	44.18	49.14	59.29	68.20
43-47	50.53	56.11	67.81	77.50
48-52	62.31	69.75	83.63	95.33
53-59	79.51	88.50	106.49	120.90

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	20.15	22.79	27.36	31.78
28-32	24.80	27.90	33.56	38.75
33-37	29.45	33.01	39.53	45.73
38-42	37.98	42.16	50.91	58.90
43-47	43.40	48.20	58.05	67.04
48-52	54.25	60.76	72.46	83.70
53-59	70.53	78.74	93.93	108.11

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BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	90.68	99.74	123.85	136.01
28-32	100.75	110.83	133.30	151.13
33-37	113.93	125.31	151.13	170.89
38-42	133.30	146.63	175.15	197.63
43-47	147.25	161.98	193.75	218.55
48-52	162.75	179.03	212.74	241.03
53-59	190.65	209.71	248.00	281.33

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	75.18	83.16	104.48	114.31
28-32	85.25	94.24	113.61	129.43
33-37	98.43	108.74	131.13	149.19
38-42	117.03	129.11	155.78	177.48
43-47	130.98	144.46	174.76	199.18
48-52	145.70	160.43	193.36	220.88
53-59	172.05	190.03	228.63	260.40

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	68.98	76.03	96.73	105.79
28-32	78.28	86.18	104.63	119.74
33-37	91.06	100.51	121.68	138.88
38-42	109.28	120.36	145.70	165.00
43-47	122.84	135.48	164.61	186.08
48-52	136.79	150.74	184.06	208.71
53-59	163.19	180.34	218.55	247.61

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BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	72.08	79.29	99.83	108.11
28-32	82.15	90.36	108.96	123.23
33-37	95.33	104.86	126.48	142.99
38-42	113.15	124.46	150.20	169.73
43-47	127.10	139.81	168.49	189.88
48-52	141.05	155.15	187.16	211.58
53-59	167.40	184.14	222.11	251.10

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	64.33	70.76	89.75	96.49
28-32	73.63	80.99	97.80	110.44
33-37	86.41	95.09	114.85	129.58
38-42	103.85	114.24	138.10	155.70
43-47	117.41	129.19	155.93	175.23
48-52	130.98	144.15	174.14	196.31
53-59	156.94	172.59	208.63	235.21

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	72.08	79.29	99.83	108.11
28-32	82.15	90.36	108.96	123.23
33-37	95.33	104.86	126.48	142.99
38-42	113.15	124.46	150.20	169.73
43-47	127.10	139.81	168.49	189.88
48-52	141.05	155.15	187.16	211.58
53-59	167.40	184.14	222.11	251.10

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BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	55.03	60.53	77.35	82.54
28-32	63.55	69.90	84.48	95.33
33-37	75.18	82.69	99.98	112.76
38-42	91.45	100.60	121.68	137.18
43-47	103.85	114.24	137.95	155.00
48-52	116.25	127.88	154.61	174.38
53-59	141.05	155.15	187.55	211.58

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	47.28	52.00	67.04	70.91
28-32	55.80	61.38	74.16	83.70
33-37	66.65	73.39	88.66	99.98
38-42	82.15	90.53	109.28	123.23
43-47	93.15	102.61	129.50	138.73
48-52	104.16	114.70	138.49	155.78
53-59	127.41	140.28	169.58	190.65

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	42.63	46.89	61.08	63.94
28-32	51.15	56.26	68.05	76.73
33-37	61.23	67.35	81.38	91.84
38-42	75.95	83.55	100.90	113.93
43-47	86.03	94.70	113.93	128.26
48-52	96.10	105.71	127.34	144.15
53-59	118.58	130.51	157.01	177.86

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BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	93.78	103.54	128.50	142.21
28-32	103.85	114.70	137.95	157.33
33-37	117.03	129.43	155.78	177.48
38-42	137.18	151.75	180.96	204.60
43-47	151.13	167.40	199.56	226.30
48-52	167.40	185.23	219.71	249.55
53-59	195.30	217.31	254.98	289.85

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	78.28	86.95	109.13	120.51
28-32	88.35	98.11	118.26	135.63
33-37	101.53	112.84	135.78	155.78
38-42	120.90	134.23	161.59	184.45
43-47	134.85	149.89	180.58	206.93
48-52	150.35	166.63	200.34	229.40
53-59	176.70	197.63	235.60	268.93

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	72.08	79.83	101.38	111.99
28-32	81.38	90.05	109.28	125.94
33-37	94.16	104.63	126.33	145.46
38-42	113.15	125.48	151.51	171.98
43-47	126.71	140.90	170.43	193.83
48-52	141.44	156.94	191.04	217.24
53-59	167.79	187.94	225.53	256.14

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BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	75.18	83.08	104.48	114.31
28-32	85.25	94.24	113.61	129.43
33-37	98.43	108.96	131.13	149.58
38-42	117.03	129.58	156.01	176.70
43-47	130.98	145.24	174.30	197.63
48-52	145.70	161.35	194.14	220.10
53-59	172.05	191.74	229.09	259.63

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	67.43	74.55	94.40	102.69
28-32	76.73	84.86	102.45	116.64
33-37	89.51	99.20	119.50	136.16
38-42	107.73	119.35	143.91	162.68
43-47	121.29	134.61	161.74	182.98
48-52	135.63	150.35	181.11	204.84
53-59	161.59	180.19	215.60	243.74

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	75.18	83.08	104.48	114.31
28-32	85.25	94.24	113.61	129.43
33-37	98.43	108.96	131.13	149.58
38-42	117.03	129.58	156.01	176.70
43-47	130.98	145.24	174.30	197.63
48-52	145.70	161.35	194.14	220.10
53-59	172.05	191.74	229.09	259.63

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BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	58.13	64.33	82.00	88.74
28-32	66.65	73.78	89.13	101.53
33-37	78.28	86.80	104.63	119.35
38-42	95.33	105.71	127.49	144.15
43-47	107.73	119.66	143.76	162.75
48-52	120.90	134.08	161.59	182.90
53-59	145.70	162.75	194.53	220.10

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	50.38	55.80	71.69	77.11
28-32	58.90	66.03	78.81	89.90
33-37	69.75	77.50	93.31	106.56
38-42	86.03	95.64	115.09	130.20
43-47	97.03	108.04	129.50	146.48
48-52	108.81	120.90	145.46	164.30
53-59	132.21	147.88	176.55	199.18

BENEFIT PERIOD: LIFETIME ACCIDENT - SICKNESS TO AGE 65
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	45.73	50.69	65.56	70.14
28-32	54.25	60.14	72.70	82.93
33-37	64.33	71.45	85.25	98.43
38-42	79.83	88.66	106.71	120.90
43-47	89.90	100.13	119.74	136.01
48-52	100.75	111.91	134.31	152.68
53-59	123.23	138.10	163.99	186.39

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RIDER FORM 851 FOR USE WITH POLICY FORM 450
ANNUAL PREMIUMS

FEMALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	62.78	69.05	83.13
28-32	69.75	74.40	92.43
33-37	79.05	86.95	104.63
38-42	90.68	99.74	120.10
43-47	102.30	112.53	133.11
48-52	116.25	127.88	154.04
53-59	137.18	150.89	181.71

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A
18-27	62.78	69.05	83.13
28-32	69.75	74.40	92.43
33-37	79.05	86.95	104.63
38-42	90.68	99.74	120.10
43-47	102.30	112.53	133.11
48-52	116.25	127.88	154.04
53-59	137.18	150.89	181.71

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RIDER FORM 851 FOR USE WITH POLICY FORM 450
ANNUAL PREMIUMS

FEMALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A
18-27	37.20	40.93	49.41
28-32	41.85	43.71	55.69
33-37	48.83	53.71	64.86
38-42	58.13	63.94	77.31
43-47	67.43	74.16	87.31
48-52	79.05	86.95	105.21
53-59	97.65	107.41	129.86

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A
18-27	18.60	20.46	24.78
28-32	23.25	23.25	31.05
33-37	27.90	30.69	36.96
38-42	34.88	38.36	46.16
43-47	40.69	44.88	51.28
48-52	48.83	53.71	64.30
53-59	63.94	70.45	84.06

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IN HOSPITAL BENEFIT RIDER FORM 852
ANNUAL PREMIUMS - FOR USE WITH POLICY FORM 450

FEMALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	3.49	3.49	3.49
28-32	3.88	3.88	3.88
33-37	4.26	4.26	4.26
38-42	5.43	5.43	5.43
43-47	6.20	6.20	6.20
48-52	8.14	8.14	8.14
53-59	9.69	9.69	9.69

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A
18-27	3.49	3.49	3.49
28-32	3.88	3.88	3.88
33-37	4.26	4.26	4.26
38-42	5.43	5.43	5.43
43-47	6.20	6.20	6.20
48-52	8.14	8.14	8.14
53-59	9.69	9.69	9.69

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FEMALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	62.78	69.05	83.13
28-32	69.75	74.40	92.43
33-37	79.05	86.95	104.63
38-42	90.68	99.74	120.10
43-47	102.30	112.53	133.11
48-52	116.25	127.88	154.04
53-59	137.18	150.89	181.71

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A
18-27	62.78	69.05	83.13
28-32	69.75	74.40	92.43
33-37	79.05	86.95	104.63
38-42	90.68	99.74	120.10
43-47	102.30	112.53	133.11
48-52	116.25	127.88	154.04
53-59	137.18	150.89	181.71

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POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A
18-27	37.20	40.93	49.41
28-32	41.85	43.71	55.69
33-37	48.83	53.71	64.86
38-42	58.13	63.94	77.31
43-47	67.43	74.16	87.31
48-52	79.05	86.95	105.21
53-59	97.65	107.41	129.86

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A
18-27	18.60	20.46	24.78
28-32	23.25	23.25	31.05
33-37	27.90	30.69	36.96
38-42	34.88	38.36	46.16
43-47	40.69	44.88	51.28
48-52	48.83	53.71	64.30
53-59	63.94	70.45	84.06

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OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	77.19	84.63	104.16
28-32	86.49	94.86	117.18
33-37	99.51	109.74	135.78
38-42	119.04	131.13	162.75
43-47	135.78	149.73	185.08
48-52	162.75	178.56	221.34
53-59	201.81	221.34	274.35

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A
18-27	77.19	84.63	104.16
28-32	86.49	94.86	117.18
33-37	99.51	109.74	135.78
38-42	119.04	131.13	162.75
43-47	135.78	149.73	185.08
48-52	162.75	178.56	221.34
53-59	201.81	221.34	274.35

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A
18-27	49.29	54.88	67.89
28-32	56.73	62.31	78.13
33-37	67.89	74.40	93.00
38-42	84.63	93.00	116.25
43-47	98.58	108.81	136.71
48-52	122.76	134.85	170.19
53-59	159.03	174.84	219.48

BENEFIT PERIOD: 5 YEAR
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A
18-27	33.48	36.28	46.50
28-32	39.99	44.64	55.80
33-37	49.29	53.94	67.89
38-42	64.18	70.68	88.35
43-47	76.26	83.70	104.16
48-52	96.73	106.95	132.99
53-59	130.20	143.23	178.56

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	69.75	77.19	95.79
28-32	78.13	86.49	106.95
33-37	88.35	98.58	120.90
38-42	104.16	115.33	142.29
43-47	117.18	129.28	159.96
48-52	136.71	151.59	186.93
53-59	162.75	181.35	223.20

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A
18-27	69.75	77.19	95.79
28-32	78.13	86.49	106.95
33-37	88.35	98.58	120.90
38-42	104.16	115.33	142.29
43-47	117.18	129.28	159.96
48-52	136.71	151.59	186.93
53-59	162.75	181.35	223.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A
18-27	41.85	47.43	59.53
28-32	48.36	53.94	66.96
33-37	56.73	63.24	79.05
38-42	69.75	77.19	96.73
43-47	79.98	88.35	110.68
48-52	96.73	107.88	134.85
53-59	120.90	134.85	167.40

BENEFIT PERIOD: 2 YEAR SICKNESS - 10 YEAR ACCIDENT
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A
18-27	26.04	29.76	37.20
28-32	32.55	36.28	45.58
33-37	38.13	42.78	53.01
38-42	49.29	54.88	68.83
43-47	56.73	62.31	79.05
48-52	70.68	79.05	97.65
53-59	92.08	102.30	126.48

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A
18-27	98.58	108.81	140.43
28-32	112.53	123.69	153.45
33-37	130.20	143.23	177.63
38-42	153.45	169.26	210.18
43-47	172.05	189.73	235.29
48-52	190.65	210.18	260.40
53-59	225.99	248.31	308.76

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 14 DAY - RETRO ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY - RETRO ACTIVE

ISSUE AGE	AAA	AA	A
18-27	98.58	108.65	140.43
28-32	112.53	123.61	153.45
33-37	130.20	142.99	177.63
38-42	153.45	168.95	210.18
43-47	172.05	189.43	235.29
48-52	190.65	209.88	260.40
53-59	225.99	248.15	308.76

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

FEMALE

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A
18-27	71.61	79.05	104.16
28-32	82.78	91.14	114.39
33-37	97.65	106.95	134.85
38-42	119.04	131.13	163.68
43-47	134.85	148.80	186.00
48-52	151.59	166.48	209.25
53-59	183.21	201.81	252.96

BENEFIT PERIOD: AGE 65
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A
18-27	55.80	60.45	82.78
28-32	66.96	66.03	92.08
33-37	79.98	87.43	109.74
38-42	98.58	108.81	136.71
43-47	111.60	122.76	154.38
48-52	125.55	137.64	172.05
53-59	154.38	170.19	212.04

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 851 FOR USE WITH POLICY FORM 450
ANNUAL PREMIUMS

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	60.45	66.50	79.44	90.68
28-32	65.10	70.06	85.95	97.65
33-37	71.30	78.43	94.40	106.95
38-42	80.60	88.66	105.01	118.58
43-47	88.35	97.19	114.00	130.98
48-52	99.20	109.13	128.26	145.70
53-59	114.70	126.18	147.01	167.40

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	44.95	49.91	60.06	68.98
28-32	49.60	53.48	66.26	75.95
33-37	55.80	61.85	74.40	85.25
38-42	64.33	71.15	85.64	98.43
43-47	72.08	79.68	95.01	111.60
48-52	82.15	90.53	108.89	125.55
53-59	96.10	106.49	127.64	146.48

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	38.75	42.78	52.31	60.45
28-32	42.63	45.41	57.28	66.26
33-37	48.44	53.63	64.95	74.94
38-42	56.58	62.39	75.56	85.95
43-47	63.94	70.68	84.86	98.50
48-52	73.24	80.84	99.59	113.39
53-59	87.19	96.80	117.56	133.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 851 FOR USE WITH POLICY FORM 450
ANNUAL PREMIUMS

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	41.85	46.04	55.41	62.78
28-32	46.50	49.60	61.61	69.75
33-37	52.70	57.98	69.75	79.05
38-42	60.45	66.50	80.06	90.68
43-47	68.20	75.03	88.74	102.30
48-52	77.50	85.25	102.69	116.25
53-59	91.45	100.60	121.14	137.18

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	34.10	37.51	45.34	51.15
28-32	37.98	40.23	50.45	56.96
33-37	43.79	48.20	58.13	65.64
38-42	51.15	56.26	67.96	76.65
43-47	58.51	64.40	76.19	87.65
48-52	67.43	74.25	89.66	100.99
53-59	80.99	89.05	107.65	121.29

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	41.85	46.04	55.41	62.78
28-32	46.50	49.60	61.61	69.75
33-37	52.70	57.98	69.75	79.05
38-42	60.45	66.50	80.06	90.68
43-47	68.20	75.03	88.74	102.30
48-52	77.50	85.25	102.69	116.25
53-59	91.45	100.60	121.14	137.18

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 851 FOR USE WITH POLICY FORM 450
ANNUAL PREMIUMS

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 30 DAY
SICKNESS ELIMINATION PERIOD 30 DAY

ISSUE AGE	AAA	AA	A	B
18-27	24.80	27.28	32.94	37.20
28-32	27.90	29.14	37.13	41.85
33-37	32.55	35.80	43.25	48.83
38-42	38.75	42.63	51.54	58.13
43-47	44.95	49.45	58.20	67.43
48-52	52.70	57.98	70.14	79.05
53-59	65.10	71.61	86.56	97.65

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 60 DAY
SICKNESS ELIMINATION PERIOD 60 DAY

ISSUE AGE	AAA	AA	A	B
18-27	17.05	18.75	22.63	25.58
28-32	20.15	20.61	26.81	30.23
33-37	24.03	26.50	31.93	36.04
38-42	29.45	32.55	39.14	44.18
43-47	34.25	37.83	43.94	51.15
48-52	40.61	44.80	54.01	60.45
53-59	51.61	56.73	68.59	76.73

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 90 DAY
SICKNESS ELIMINATION PERIOD 90 DAY

ISSUE AGE	AAA	AA	A	B
18-27	12.40	13.64	16.51	18.60
28-32	15.50	15.50	20.69	23.25
33-37	18.60	20.46	24.65	27.90
38-42	23.25	25.58	30.76	34.88
43-47	27.13	29.91	34.18	40.69
48-52	32.55	35.80	42.86	48.83
53-59	42.63	46.96	56.04	63.94

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

IN HOSPITAL BENEFIT RIDER FORM 852
ANNUAL PREMIUMS - FOR USE WITH POLICY FORM 450

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 1ST DAY

ISSUE AGE	AAA	AA	A	B
18-27	6.98	6.98	6.98	6.98
28-32	7.75	7.75	7.75	7.75
33-37	8.53	8.53	8.53	8.53
38-42	9.69	9.69	9.69	9.69
43-47	11.24	11.24	11.24	11.24
48-52	13.56	13.56	13.56	13.56
53-59	15.89	15.89	15.89	15.89

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	4.19	4.19	4.19	4.19
28-32	4.65	4.65	4.65	4.65
33-37	5.11	5.11	5.11	5.11
38-42	6.28	6.28	6.28	6.28
43-47	7.21	7.21	7.21	7.21
48-52	9.23	9.23	9.23	9.23
53-59	10.93	10.93	10.93	10.93

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 1ST DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	3.10	3.10	3.10	3.10
28-32	3.41	3.41	3.41	3.41
33-37	3.80	3.80	3.80	3.80
38-42	4.41	4.41	4.41	4.41
43-47	5.28	5.28	5.28	5.28
48-52	6.44	6.44	6.44	6.44
53-59	7.75	7.75	7.75	7.75

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

IN HOSPITAL BENEFIT RIDER FORM 852
ANNUAL PREMIUMS - FOR USE WITH POLICY FORM 450

MALE

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 7 DAY
SICKNESS ELIMINATION PERIOD 7 DAY

ISSUE AGE	AAA	AA	A	B
18-27	3.49	3.49	3.49	3.49
28-32	3.88	3.88	3.88	3.88
33-37	4.26	4.26	4.26	4.26
38-42	5.43	5.43	5.43	5.43
43-47	6.20	6.20	6.20	6.20
48-52	8.14	8.14	8.14	8.14
53-59	9.69	9.69	9.69	9.69

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY
SICKNESS ELIMINATION PERIOD 14 DAY

ISSUE AGE	AAA	AA	A	B
18-27	2.09	2.09	2.09	2.09
28-32	2.33	2.33	2.33	2.33
33-37	2.56	2.56	2.56	2.56
38-42	3.10	3.10	3.10	3.10
43-47	3.73	3.73	3.73	3.73
48-52	4.65	4.65	4.65	4.65
53-59	5.58	5.58	5.58	5.58

BENEFIT PERIOD: 12 MONTHS
ACCIDENT ELIMINATION PERIOD 14 DAY RETRO-ACTIVE
SICKNESS ELIMINATION PERIOD 14 DAY RETRO-ACTIVE

ISSUE AGE	AAA	AA	A	B
18-27	3.49	3.49	3.49	3.49
28-32	3.88	3.88	3.88	3.88
33-37	4.26	4.26	4.26	4.26
38-42	5.43	5.43	5.43	5.43
43-47	6.20	6.20	6.20	6.20
48-52	8.14	8.14	8.14	8.14
53-59	9.69	9.69	9.69	9.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 450

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 2 YEARS
WAITING PERIOD: 7 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	55.41	61.15	81.23	101.21
30	56.11	61.85	82.00	102.15
31	56.81	62.54	82.85	103.00
32	57.50	63.24	83.63	103.93
33	58.36	64.18	84.71	105.09
34	59.36	65.25	85.88	106.49
35	60.38	66.26	87.11	107.96
36	61.61	67.58	88.66	109.74
37	63.31	69.36	90.83	112.14
38	65.03	71.23	93.08	115.01
39	66.80	73.16	95.40	117.88
40	68.74	75.18	97.89	120.83
41	70.76	77.43	100.51	124.00
42	72.85	79.59	103.23	127.25
43	75.03	81.91	106.03	130.59
44	77.35	84.48	109.04	134.23
45	79.83	87.11	112.23	138.03
46	82.61	90.14	115.94	142.45
47	85.64	93.31	119.81	147.10
48	88.74	96.64	123.85	151.98
49	92.08	100.29	128.26	157.33
50	95.56	104.00	132.84	162.83
51	99.28	108.04	137.71	168.64
52	103.23	112.23	142.84	175.00
53	107.34	116.56	148.26	181.43
54	111.68	121.29	153.91	188.18
55	116.25	126.18	159.89	195.30
56	121.05	131.36	166.09	202.90
57	126.09	136.71	172.59	210.73
58	131.21	142.14	179.26	218.63
59	136.40	147.71	185.93	226.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 2 YEARS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	44.95	49.53	65.73	81.76
30	45.65	50.23	66.58	82.78
31	46.35	51.00	67.43	83.78
32	47.04	51.78	68.28	84.71
33	47.90	52.63	69.29	86.03
34	48.83	53.63	70.45	87.43
35	49.91	54.79	71.84	89.05
36	51.08	56.04	73.31	90.83
37	52.63	57.66	75.33	93.24
38	54.25	59.44	77.50	95.86
39	55.88	61.15	79.59	98.43
40	57.74	63.16	82.08	101.38
41	59.60	65.18	84.48	104.31
42	61.61	67.35	87.19	107.49
43	63.70	69.60	89.98	110.75
44	65.88	71.93	92.76	114.24
45	68.20	74.40	95.79	117.88
46	70.91	77.35	99.35	122.21
47	73.78	80.45	103.15	126.71
48	76.88	83.70	107.26	131.68
49	80.06	87.19	111.45	136.71
50	83.46	90.83	116.01	142.21
51	87.11	94.79	120.83	148.03
52	90.99	98.89	125.94	154.23
53	95.09	103.31	131.29	160.74
54	99.35	107.88	136.94	167.48
55	103.85	112.69	142.91	174.61
56	108.50	117.73	148.95	181.98
57	113.54	123.08	155.54	189.80
58	118.81	128.65	162.44	198.16
59	124.31	134.61	169.58	206.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 2 YEARS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	34.10	37.51	49.60	61.61
30	34.80	38.29	50.45	62.70
31	35.50	39.06	51.39	63.79
32	36.28	39.84	52.39	64.95
33	37.05	40.69	53.40	66.19
34	37.83	41.54	54.40	67.35
35	38.75	42.55	55.65	68.83
36	39.91	43.79	57.11	70.68
37	41.15	45.10	58.75	72.61
38	42.48	46.50	60.53	74.71
39	43.86	48.05	62.39	76.96
40	45.34	49.60	64.33	79.36
41	46.96	51.30	66.50	81.91
42	48.59	53.09	68.66	84.63
43	50.38	55.03	71.06	87.43
44	52.24	56.96	73.48	90.44
45	54.25	59.14	76.19	93.63
46	56.96	62.08	79.83	98.04
47	59.83	65.18	83.63	102.69
48	62.93	68.51	87.81	107.73
49	66.11	71.93	92.08	112.91
50	69.68	75.80	96.88	118.65
51	73.31	79.68	101.68	124.54
52	77.35	84.09	107.10	131.13
53	81.53	88.50	112.69	137.88
54	86.03	93.39	118.65	145.16
55	90.68	98.35	124.78	152.53
56	95.64	103.78	131.44	160.50
57	100.90	109.35	138.34	168.95
58	106.41	115.33	145.55	177.71
59	111.91	121.21	152.91	186.46

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 7 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	61.23	67.58	89.90
30	62.70	69.13	91.84
31	64.25	70.84	93.85
32	65.88	72.61	96.03
33	67.58	74.40	98.35
34	69.44	76.41	100.75
35	71.45	78.59	103.46
36	73.78	81.06	106.56
37	76.26	83.70	109.90
38	78.98	86.65	113.54
39	81.76	89.66	117.34
40	84.71	92.85	121.29
41	87.73	96.18	125.40
42	91.06	99.74	129.89
43	94.55	103.46	134.54
44	98.11	107.34	139.35
45	101.91	111.45	144.54
46	106.18	116.01	150.11
47	110.68	120.83	156.16
48	115.33	125.94	162.60
49	120.28	131.21	169.34
50	125.48	136.86	176.55
51	130.98	142.91	183.99
52	136.64	149.04	191.81
53	142.36	155.15	199.56
54	147.71	161.05	206.93
55	153.06	166.86	214.14
56	158.41	172.51	221.50
57	163.76	178.33	228.63
58	169.10	184.14	235.91
59	174.61	189.95	243.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	50.38	55.56	73.78
30	51.78	57.04	75.71
31	53.16	58.59	77.58
32	54.64	60.14	79.51
33	56.26	61.93	81.76
34	57.89	63.70	83.85
35	59.83	65.73	86.49
36	62.00	68.13	89.44
37	64.48	70.84	92.85
38	67.04	73.55	96.34
39	69.75	76.49	100.05
40	72.61	79.59	104.00
41	75.56	82.85	107.96
42	78.74	86.26	112.30
43	82.08	89.83	116.79
44	85.49	93.54	121.36
45	89.13	97.41	126.40
46	93.39	102.06	132.14
47	97.80	106.80	138.10
48	102.45	111.75	144.23
49	107.41	117.10	150.81
50	112.61	122.76	157.64
51	118.11	128.65	164.93
52	123.85	134.78	172.36
53	129.58	140.81	179.73
54	134.93	146.55	186.63
55	140.28	152.36	193.44
56	145.63	158.03	200.26
57	150.98	163.68	207.00
58	156.31	169.26	213.66
59	161.66	174.91	220.34

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	39.89	44.03	58.28
30	41.23	45.41	60.06
31	42.55	46.81	61.93
32	44.03	48.44	63.94
33	45.49	50.06	65.95
34	47.13	51.85	68.13
35	48.83	53.63	70.53
36	50.91	55.95	73.39
37	53.09	58.28	76.34
38	55.34	60.76	79.44
39	57.74	63.31	82.78
40	60.30	66.11	86.26
41	62.93	68.98	89.90
42	65.80	72.15	93.85
43	68.74	75.25	97.80
44	71.93	78.74	102.23
45	75.49	82.61	107.03
46	79.51	86.95	112.61
47	84.09	91.91	118.81
48	88.81	96.95	125.16
49	93.85	102.38	131.83
50	99.13	108.04	138.80
51	104.63	113.93	146.09
52	110.44	120.28	153.76
53	116.18	126.40	161.28
54	121.68	132.29	168.41
55	126.79	137.71	174.84
56	131.51	142.68	180.81
57	136.16	142.99	186.70
58	140.66	152.36	192.28
59	145.70	157.64	198.55

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	32.94	36.28	47.90
30	33.95	37.35	49.29
31	34.95	38.44	50.69
32	36.11	39.76	52.31
33	37.28	41.00	53.94
34	38.60	42.39	55.73
35	39.91	43.86	57.59
36	41.39	45.41	59.60
37	43.01	47.20	61.85
38	44.64	48.98	64.09
39	46.35	50.84	66.50
40	48.20	52.85	69.05
41	50.14	54.95	71.69
42	52.16	57.20	74.55
43	54.25	59.44	77.43
44	56.58	61.93	80.68
45	58.90	64.48	83.94
46	61.61	67.43	87.58
47	64.71	70.76	91.84
48	68.20	74.55	96.41
49	72.15	78.81	101.76
50	76.58	83.55	107.58
51	81.69	89.05	114.46
52	87.34	95.18	121.91
53	93.54	101.84	130.13
54	100.51	109.35	139.43
55	106.95	116.25	147.79
56	112.76	122.45	155.39
57	117.88	127.88	161.83
58	122.30	132.60	167.33
59	125.09	135.48	170.58

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	63.55	70.06	93.00
30	66.26	73.00	96.73
31	69.05	76.10	100.51
32	71.93	79.20	104.48
33	74.94	82.46	108.58
34	78.13	85.88	113.00
35	81.38	89.44	117.34
36	84.40	92.69	121.44
37	87.58	96.10	125.70
38	90.83	99.59	130.05
39	94.24	103.31	134.54
40	97.80	107.10	139.35
41	101.53	111.06	144.30
42	105.40	115.33	149.43
43	109.43	119.59	154.85
44	113.54	124.00	160.19
45	117.80	128.34	165.61
46	121.60	132.68	170.74
47	125.55	136.86	175.93
48	129.50	141.05	180.89
49	133.54	145.39	186.15
50	137.64	149.73	191.35
51	141.75	154.38	196.46
52	145.78	158.49	201.58
53	149.73	162.60	206.46
54	153.38	166.39	210.88
55	156.55	169.73	214.60
56	159.11	172.44	217.70
57	160.89	174.23	219.48
58	161.51	174.76	219.64
59	162.13	175.39	220.03

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	51.46	56.73	75.10
30	54.25	59.75	78.98
31	57.20	63.01	83.08
32	60.21	66.26	87.26
33	63.40	69.75	91.69
34	66.65	73.24	96.18
35	69.75	76.58	100.44
36	72.54	79.68	104.16
37	75.41	82.69	108.04
38	78.51	86.03	112.30
39	81.61	89.44	116.40
40	84.86	92.93	120.75
41	88.28	96.56	125.31
42	91.84	100.44	130.13
43	95.48	104.39	134.93
44	99.20	108.35	139.89
45	103.08	112.45	145.00
46	106.88	116.56	149.96
47	110.75	120.75	155.08
48	114.70	124.93	160.11
49	118.73	129.28	165.39
50	122.69	133.45	170.43
51	126.79	137.80	175.69
52	130.66	142.06	180.58
53	134.46	146.01	185.30
54	137.95	149.65	189.73
55	141.05	152.91	193.36
56	143.53	155.63	196.39
57	144.23	157.18	198.01
58	145.78	157.71	198.25
59	146.09	158.10	198.40

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	44.95	49.53	65.41
30	46.81	51.46	67.96
31	48.75	53.63	70.60
32	50.84	55.88	73.55
33	52.85	58.13	76.34
34	55.10	60.53	79.44
35	57.35	63.01	82.54
36	59.91	65.73	85.95
37	62.63	68.66	89.66
38	65.41	71.61	93.46
39	68.28	74.79	97.34
40	71.30	77.96	101.45
41	74.48	81.45	105.79
42	77.81	85.01	110.29
43	81.23	88.66	114.78
44	83.16	92.54	119.43
45	88.35	96.41	124.31
46	91.76	100.13	128.80
47	95.25	103.85	133.45
48	98.81	107.65	138.03
49	102.38	111.53	142.68
50	105.94	115.24	147.25
51	109.43	118.96	151.75
52	112.91	122.76	156.16
53	116.25	126.25	160.35
54	119.20	129.35	163.99
55	121.68	131.90	166.94
56	123.08	133.38	168.49
57	124.00	134.31	169.26
58	124.78	135.00	169.80
59	125.55	135.86	170.50

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	41.85	46.11	60.91
30	43.33	47.66	62.93
31	44.80	49.29	64.95
32	46.26	50.91	66.96
33	47.90	52.63	69.13
34	49.45	54.33	71.23
35	51.30	56.34	73.86
36	53.48	58.75	76.80
37	55.88	61.30	80.06
38	58.44	64.01	83.55
39	61.08	66.96	87.11
40	63.79	69.83	90.83
41	66.65	72.93	94.70
42	69.60	76.10	98.66
43	72.70	79.44	102.76
44	75.80	82.78	106.95
45	79.05	86.26	111.29
46	82.08	89.51	115.33
47	85.10	92.76	119.28
48	88.11	95.95	123.23
49	91.21	99.35	127.25
50	94.24	102.54	131.05
51	97.19	105.64	134.78
52	100.05	108.74	138.49
53	102.76	111.60	141.83
54	105.09	114.00	144.61
55	106.95	115.94	146.71
56	108.11	117.18	148.03
57	109.28	118.34	149.19
58	110.44	119.50	150.28
59	111.60	120.75	151.59

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 2 YEARS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	69.36	72.70	104.70	118.19
30	70.06	73.94	106.10	119.43
31	71.15	74.55	106.56	120.83
32	72.15	75.10	107.10	122.21
33	73.23	75.88	107.73	123.54
34	74.28	76.80	108.43	124.93
35	75.33	77.89	109.20	126.33
36	76.73	79.13	110.05	127.64
37	78.04	80.91	111.06	128.96
38	79.36	83.00	112.30	130.28
39	80.75	84.79	113.85	131.60
40	82.08	86.95	115.79	132.91
41	83.85	88.81	118.19	134.78
42	85.56	90.83	120.51	136.64
43	87.34	92.85	122.76	138.49
44	89.13	94.79	124.85	140.35
45	90.83	96.88	127.18	142.21
46	93.24	99.44	130.05	146.33
47	95.71	102.15	133.06	150.43
48	98.11	104.94	136.40	154.61
49	100.51	107.73	139.50	158.73
50	103.00	110.59	142.91	162.83
51	105.86	113.69	146.40	169.10
52	108.74	116.71	149.96	175.39
53	111.53	119.98	153.60	181.59
54	114.39	123.15	157.40	187.86
55	117.26	126.33	161.13	194.14
56	121.75	132.06	168.03	201.89
57	126.25	138.19	175.54	209.56
58	130.74	144.61	183.44	217.31
59	135.24	151.44	191.58	225.06

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 2 YEARS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	51.15	53.48	71.30	87.43
30	51.93	54.18	72.08	88.35
31	53.16	55.34	73.24	89.44
32	54.40	56.50	74.40	90.44
33	55.65	57.74	75.56	91.53
34	56.89	58.90	76.73	92.54
35	58.13	60.06	77.89	93.63
36	58.66	60.91	78.74	94.94
37	59.21	61.85	79.59	96.25
38	59.75	62.70	80.45	97.58
39	60.30	63.55	81.30	98.89
40	60.84	64.48	82.15	100.21
41	62.08	65.88	83.94	102.54
42	63.31	67.28	85.71	104.86
43	64.56	68.66	87.50	107.26
44	65.80	70.14	89.28	109.59
45	67.04	71.54	91.06	111.91
46	69.68	74.48	94.79	116.56
47	72.31	77.43	98.50	121.21
48	75.03	80.29	102.30	125.86
49	77.65	83.24	106.03	130.59
50	80.29	86.18	109.74	135.24
51	84.16	90.68	115.40	141.98
52	88.04	95.18	121.05	148.73
53	91.91	99.66	126.64	155.46
54	95.79	104.16	132.29	162.29
55	99.66	108.65	137.95	169.03
56	104.94	114.24	144.93	177.48
57	110.20	119.81	151.90	185.93
58	115.55	125.40	158.88	194.38
59	120.83	131.05	165.93	202.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	78.90	83.31	112.38
30	80.99	85.88	115.71
31	83.45	88.50	118.26
32	85.95	91.14	120.83
33	88.35	93.78	123.46
34	90.83	96.41	126.01
35	93.31	99.05	128.58
36	95.64	101.76	132.60
37	98.04	104.39	136.55
38	100.36	107.10	140.59
39	102.76	109.74	144.54
40	105.09	112.45	148.56
41	108.19	115.86	152.91
42	111.21	119.28	157.25
43	114.31	122.69	161.51
44	117.34	126.09	165.85
45	120.44	129.50	170.19
46	124.08	133.45	174.69
47	127.73	137.41	179.18
48	131.44	141.36	183.68
49	135.09	145.31	188.18
50	138.73	149.26	192.66
51	142.45	153.38	197.39
52	146.24	157.40	202.13
53	149.96	161.51	206.78
54	153.76	165.54	211.50
55	157.48	169.65	216.23
56	162.21	174.76	222.19
57	166.86	179.88	228.16
58	171.59	184.99	234.13
59	176.31	190.11	240.10

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	62.15	65.64	86.03
30	63.55	66.89	87.04
31	66.11	69.36	89.90
32	68.66	71.93	92.76
33	71.15	74.40	95.56
34	73.55	76.96	98.43
35	76.26	79.44	101.29
36	77.89	81.38	103.61
37	79.59	83.39	105.94
38	81.23	85.33	108.19
39	82.93	87.34	110.51
40	84.55	89.28	112.84
41	86.56	91.91	116.33
42	88.59	94.55	119.89
43	90.68	97.26	123.38
44	92.69	99.90	126.95
45	94.70	102.54	130.44
46	98.74	106.95	136.09
47	102.69	111.36	141.75
48	106.71	115.79	147.49
49	110.68	120.20	153.14
50	114.70	124.63	158.80
51	119.04	129.28	165.08
52	123.46	133.93	171.35
53	127.80	138.58	177.63
54	132.21	143.23	183.83
55	136.55	147.88	190.11
56	142.06	153.69	196.61
57	147.56	159.50	203.13
58	153.14	165.31	209.64
59	158.64	171.13	216.15

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 5 YEARS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	48.51	51.30	68.35
30	49.45	52.55	69.21
31	51.46	54.49	71.45
32	53.48	56.50	73.78
33	55.49	58.44	76.03
34	57.50	60.45	78.35
35	59.53	62.39	80.60
36	60.91	63.79	82.23
37	62.39	65.18	83.85
38	63.79	66.58	85.49
39	65.25	67.96	87.11
40	66.65	69.36	88.74
41	68.51	71.23	91.21
42	70.29	73.09	93.70
43	72.15	74.86	96.10
44	73.94	76.73	98.58
45	75.80	78.59	101.06
46	78.90	82.54	105.71
47	82.08	86.56	110.36
48	85.18	90.53	115.01
49	88.35	94.55	119.66
50	91.45	98.50	124.31
51	95.79	103.93	131.51
52	100.21	109.35	138.73
53	104.55	114.85	146.01
54	108.96	120.28	153.21
55	113.30	125.70	160.43
56	118.99	130.98	166.63
57	124.70	136.25	172.90
58	130.35	141.51	179.10
59	136.09	146.79	185.38

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	101.91	108.65	145.08
30	106.41	113.85	151.28
31	110.90	118.43	156.79
32	115.40	122.99	162.21
33	119.81	127.49	167.71
34	124.31	132.06	173.14
35	128.80	136.64	178.64
36	131.90	140.35	183.36
37	134.93	144.08	188.09
38	138.03	147.71	192.83
39	141.05	151.44	197.55
40	144.15	155.15	202.28
41	147.56	158.80	207.08
42	150.98	162.44	211.81
43	154.30	166.00	216.61
44	157.71	169.65	221.34
45	161.13	173.29	226.15
46	163.38	175.85	228.86
47	165.70	178.40	231.49
48	167.94	181.04	234.20
49	170.26	183.60	236.84
50	172.51	186.15	239.55
51	173.60	187.31	240.64
52	174.69	188.48	241.73
53	175.69	189.64	242.89
54	176.78	190.80	243.98
55	177.86	191.96	245.05
56	177.63	191.66	243.89
57	177.40	191.35	242.65
58	177.09	190.96	241.49
59	176.85	190.65	240.25

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	83.63	89.13	114.70
30	88.11	92.69	118.19
31	93.24	97.73	124.39
32	98.35	102.84	130.59
33	103.46	107.88	136.79
34	108.58	113.00	142.99
35	113.69	118.04	149.19
36	115.48	120.36	152.14
37	117.26	122.76	155.08
38	118.96	125.09	158.03
39	120.75	127.49	160.96
40	122.53	129.81	163.91
41	124.39	132.21	167.16
42	126.33	134.61	170.43
43	128.19	137.10	173.68
44	130.13	139.50	176.94
45	131.99	141.90	180.19
46	134.78	145.00	184.21
47	137.49	148.10	188.25
48	140.28	151.13	192.28
49	142.99	154.23	196.31
50	145.78	157.33	200.49
51	148.41	160.35	203.90
52	151.05	163.45	207.31
53	153.69	166.48	210.73
54	156.31	169.58	214.14
55	158.95	172.59	217.54
56	158.95	172.36	217.39
57	158.88	172.13	217.15
58	158.88	170.65	217.00
59	158.80	171.66	216.76

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	71.06	75.80	98.19
30	75.03	77.74	100.05
31	78.74	81.38	104.16
32	82.46	85.01	108.26
33	86.18	88.59	112.30
34	89.90	92.23	116.40
35	93.63	95.86	120.51
36	95.86	98.11	123.54
37	98.11	100.36	126.56
38	100.29	102.54	129.58
39	102.54	104.78	132.60
40	104.78	107.03	135.63
41	106.71	109.74	138.96
42	108.74	112.53	142.29
43	110.68	115.24	145.70
44	112.69	118.04	149.04
45	114.63	120.75	152.36
46	116.79	123.69	156.24
47	118.96	126.64	160.11
48	121.14	129.50	164.06
49	123.30	132.45	167.94
50	125.48	135.39	171.81
51	127.95	138.03	174.91
52	130.35	140.59	177.94
53	132.84	143.23	181.04
54	135.24	145.78	184.06
55	137.71	148.41	187.16
56	137.49	148.10	186.85
57	137.18	147.79	186.63
58	136.94	147.49	186.31
59	136.64	147.18	186.00

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	65.10	69.50	90.54
30	66.73	70.91	91.75
31	69.68	73.86	95.01
32	72.61	76.80	98.35
33	75.49	79.83	101.60
34	78.43	82.78	104.94
35	81.38	85.71	108.19
36	83.00	87.81	110.59
37	84.63	89.90	113.00
38	86.18	92.08	115.33
39	87.81	94.16	117.73
40	89.44	96.25	120.13
41	91.45	98.50	122.91
42	93.39	100.68	125.79
43	95.40	102.93	128.58
44	97.34	105.09	131.44
45	99.35	107.34	134.23
46	101.91	110.05	137.88
47	104.48	112.84	141.51
48	107.10	115.55	145.24
49	109.66	118.96	148.88
50	112.23	121.05	152.53
51	113.78	122.84	155.08
52	115.40	124.63	157.71
53	116.95	126.48	160.28
54	118.58	128.26	162.90
55	120.13	130.05	165.46
56	120.44	130.20	165.23
57	120.66	130.28	165.00
58	120.98	130.44	164.69
59	121.29	130.59	164.45

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 856 FIRST DAY ACCIDENT BENEFIT
FOR USE WITH POLICY FORM 468
ANNUAL PREMIUM PER $100 MONTHLY BENEFIT

MALE

WAITING PERIOD: 7 DAY

AAA	AA	A	B
3.18	4.26	7.83	11.00

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 856 FIRST DAY ACCIDENT BENEFIT
FOR USE WITH POLICY FORM 468
ANNUAL PREMIUM PER $100 MONTHLY BENEFIT

MALE & FEMALE

WAITING PERIOD: 14 DAY

AAA	AA	A	B
5.11	7.13	12.71	17.83

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 856 FIRST DAY ACCIDENT BENEFIT
FOR USE WITH POLICY FORM 468
ANNUAL PREMIUM PER $100 MONTHLY BENEFIT

MALE & FEMALE

WAITING PERIOD: 30 DAY

AAA	AA	A	B
7.90	11.09	19.30	26.35

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 856 FIRST DAY ACCIDENT BENEFIT
FOR USE WITH POLICY FORM 468
ANNUAL PREMIUM PER $100 MONTHLY BENEFIT

MALE & FEMALE

WAITING PERIOD: 90 DAY

AAA	AA	A
12.71	15.89	24.34

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 856 FIRST DAY ACCIDENT BENEFIT
FOR USE WITH POLICY FORM 468
ANNUAL PREMIUM PER $100 MONTHLY BENEFIT

MALE & FEMALE

WAITING PERIOD: 180 DAY

AAA	AA	A
12.71	16.66	25.50

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 885 EXTRA MONTHLY INCOME
FOR USE WITH POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 9 MONTHS
WAITING PERIOD: 7 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	39.53	43.71	58.13	72.46
30	40.45	44.64	59.29	73.86
31	41.46	45.73	60.60	75.41
32	42.48	46.81	61.93	76.96
33	43.48	47.90	63.16	78.43
34	44.56	48.98	64.56	80.06
35	45.73	50.23	66.03	81.84
36	46.96	51.54	67.58	83.78
37	48.20	52.85	69.21	85.64
38	49.53	54.33	70.91	87.73
39	50.91	55.80	72.70	89.83
40	52.31	57.28	74.48	91.99
41	53.86	58.90	76.49	94.31
42	55.41	60.60	78.43	96.73
43	57.04	62.31	80.53	99.20
44	58.75	64.09	82.69	101.76
45	60.45	65.95	84.86	104.39
46	62.31	67.89	87.26	107.19
47	64.25	69.99	89.75	110.13
48	66.26	72.15	92.30	113.23
49	68.44	74.48	95.09	116.56
50	70.68	76.80	97.96	119.98
51	73.00	79.29	100.90	123.46
52	75.49	81.91	104.00	127.18
53	78.13	84.79	107.41	131.21
54	80.84	87.65	110.83	135.24
55	83.70	90.68	114.46	139.58
56	86.73	93.93	118.26	144.08
57	89.83	97.19	122.14	148.73
58	93.08	100.68	126.25	153.60
59	96.56	104.31	130.59	158.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 885 EXTRA MONTHLY INCOME
FOR USE WITH POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 9 MONTHS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	30.23	33.33	44.25	55.10
30	31.08	34.25	45.41	56.50
31	31.93	35.19	46.50	57.81
32	32.79	36.11	47.59	59.14
33	33.71	37.05	48.83	60.60
34	34.64	38.05	50.06	62.08
35	35.65	39.14	51.39	63.63
36	36.58	40.15	52.55	65.10
37	37.59	41.23	53.86	66.65
38	38.68	42.39	55.26	68.28
39	39.76	43.55	56.65	69.99
40	40.84	44.71	58.05	71.69
41	42.00	45.96	59.53	73.48
42	43.25	47.28	61.15	75.33
43	44.49	48.59	62.70	77.26
44	45.88	50.06	64.56	79.36
45	47.43	51.69	66.58	81.84
46	49.21	53.63	68.90	84.63
47	51.23	55.80	71.45	87.73
48	53.33	58.05	74.25	90.99
49	55.49	60.38	77.04	94.40
50	57.81	62.85	80.06	98.04
51	60.21	65.41	83.16	101.76
52	62.78	68.13	86.49	105.71
53	65.49	71.06	89.98	109.98
54	68.35	74.09	93.70	114.39
55	71.30	77.26	97.50	118.89
56	74.40	80.53	101.45	123.61
57	77.65	84.01	105.64	128.58
58	81.06	87.65	109.98	133.76
59	84.63	91.45	114.46	139.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 885 EXTRA MONTHLY INCOME
FOR USE WITH POLICY FORM 468

MALE
MAXIMUM BENEFIT PERIOD: 9 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	19.38	21.31	28.21	35.03
30	20.08	22.09	29.14	36.19
31	20.78	22.86	30.08	37.35
32	21.55	23.71	31.15	38.60
33	22.33	24.49	32.16	39.84
34	23.18	25.43	33.33	41.23
35	24.03	26.35	34.49	42.63
36	24.88	27.28	35.58	44.03
37	25.81	28.29	36.81	45.49
38	26.74	29.30	38.05	47.04
39	27.75	30.38	39.45	48.68
40	28.83	31.54	40.84	50.38
41	29.91	32.70	42.31	52.08
42	31.08	33.95	43.86	53.94
43	32.24	35.19	45.41	55.80
44	33.56	36.58	47.13	57.89
45	34.95	38.13	48.90	60.14
46	36.50	39.76	51.00	62.63
47	38.21	41.61	53.24	65.34
48	40.06	43.55	55.73	68.28
49	41.93	45.58	58.13	71.23
50	43.94	47.74	60.76	74.40
51	46.04	49.99	63.55	77.74
52	48.36	52.46	66.58	81.38
53	50.69	54.95	69.60	85.01
54	53.16	57.66	72.85	88.89
55	55.80	60.45	76.26	93.00
56	58.51	63.31	79.75	97.19
57	61.46	66.50	83.55	101.76
58	64.48	69.75	87.50	106.41
59	67.74	73.16	91.69	111.45

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 885 EXTRA MONTHLY INCOME
FOR USE WITH POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 9 MONTHS
WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	51.08	55.65	72.78	86.03
30	52.55	57.28	74.71	87.50
31	53.63	58.28	75.88	88.74
32	54.71	59.21	77.04	89.98
33	55.80	60.14	78.43	91.14
34	56.89	61.08	79.75	92.38
35	57.98	62.24	81.23	93.63
36	58.75	63.09	82.39	94.48
37	59.53	64.09	83.70	94.79
38	60.38	65.18	85.18	96.18
39	61.15	66.26	86.56	97.03
40	61.93	67.28	87.89	97.89
41	62.85	68.05	88.66	98.89
42	63.79	68.90	89.66	99.90
43	64.64	69.68	90.36	100.90
44	65.56	70.53	91.45	101.91
45	66.50	71.61	92.76	102.93
46	67.89	73.00	94.24	105.16
47	69.29	74.64	96.03	107.41
48	70.60	76.26	97.96	109.59
49	72.00	77.89	99.66	111.84
50	73.39	79.51	101.60	114.08
51	75.03	81.23	103.54	117.65
52	76.65	82.85	105.48	121.21
53	78.35	84.71	107.41	124.78
54	79.98	86.49	109.59	128.34
55	81.61	88.28	111.53	131.90
56	84.40	91.99	116.10	137.10
57	87.19	96.03	120.90	142.29
58	90.05	100.21	125.86	147.49
59	92.85	104.55	131.05	152.68

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 885 EXTRA MONTHLY INCOME
FOR USE WITH POLICY FORM 468

FEMALE
MAXIMUM BENEFIT PERIOD: 9 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	35.50	36.43	45.49	53.86
30	36.81	37.51	46.58	55.03
31	37.51	38.68	47.90	56.43
32	38.21	39.84	49.14	57.81
33	38.90	41.08	50.45	59.29
34	39.60	42.24	51.69	60.69
35	40.30	43.40	53.01	62.08
36	40.84	43.86	53.63	63.01
37	41.39	44.33	54.25	63.94
38	41.93	44.88	54.88	64.86
39	42.48	45.34	55.49	65.80
40	43.01	45.80	56.11	66.73
41	43.64	46.50	57.11	68.20
42	44.33	47.13	58.13	69.75
43	44.95	47.81	59.05	71.23
44	45.65	48.44	60.06	72.78
45	46.26	49.14	61.08	74.25
46	47.43	50.53	62.85	76.65
47	48.59	51.93	64.56	79.13
48	49.84	53.24	66.34	81.53
49	51.00	54.64	68.13	84.01
50	52.16	56.04	69.83	86.41
51	54.18	58.28	72.70	89.83
52	56.26	60.53	75.56	93.24
53	58.28	62.85	78.43	96.64
54	60.38	65.10	81.30	100.05
55	62.39	67.35	84.16	103.46
56	65.34	70.53	88.20	108.11
57	68.28	73.70	92.30	112.84
58	71.30	76.88	96.34	117.49
59	74.25	80.06	100.44	122.21

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 888 WAIVER OF ELIMINATION
PERIOD WHILE HOSPITAL CONFINED
FOR USE WITH POLICY FORM 468

MALE & FEMALE

WAITING PERIOD: 14 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	5.50	5.50	6.05	6.05
30-34	6.98	6.98	7.68	7.68
35-39	8.06	8.06	8.84	8.84
40-44	9.23	9.23	10.15	10.15
45-49	10.78	10.78	11.86	11.86
50-54	12.55	12.55	13.80	13.80
55-50	14.58	14.58	16.04	16.04

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 888 WAIVER OF ELIMINATION
PERIOD WHILE HOSPITAL CONFINED
FOR USE WITH POLICY FORM 468

MALE & FEMALE

WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	6.13	6.13	6.74	6.74
30-34	7.83	7.83	8.60	8.60
35-39	8.99	8.99	9.93	9.93
40-44	10.31	10.31	11.31	11.31
45-49	12.01	12.01	13.25	13.25
50-54	14.10	14.10	15.50	15.50
55-50	16.28	16.28	17.90	17.90

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 888 WAIVER OF ELIMINATION
PERIOD WHILE HOSPITAL CONFINED
FOR USE WITH POLICY FORM 468

MALE & FEMALE

WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A	B
18-29	6.44	6.44	7.13	7.13
30-34	8.21	8.21	9.06	9.06
35-39	9.45	9.45	10.39	10.39
40-44	10.85	10.85	11.94	11.94
45-49	12.64	12.64	13.95	13.95
50-54	14.80	14.80	16.28	16.28
55-50	17.13	17.13	18.84	18.84

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 888 WAIVER OF ELIMINATION
PERIOD WHILE HOSPITAL CONFINED
FOR USE WITH POLICY FORM 468

MALE & FEMALE

WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

ISSUE AGE	AAA	AA	A
18-29	6.74	6.74	7.44
30-34	8.68	8.68	9.61
35-39	9.93	9.93	10.93
40-44	11.39	11.39	12.55
45-49	13.25	13.25	14.58
50-54	15.58	15.58	17.13
55-50	17.98	17.98	19.76

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 468

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA
WESTERN AT 96TH STREET BOX 34350
OMAHA, NEBRASKA 68134-01350

RATE SCHEDULE FOR POLICY FORM 471

MALE

ANNUAL PREMIUM PER $300.00 BASIC MONTHLY BENEFIT

WAITING PERIOD: 14 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	120.18	129.41	153.45	183.03
30-39	147.90	158.99	192.28	229.25
40-44	175.64	188.58	227.40	271.76
45-49	212.61	227.40	275.46	330.93
50-54	260.68	277.31	334.63	408.58
55-59	323.54	343.86	419.66	506.56

WAITING PERIOD: 30 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	88.74	94.29	114.63	133.11
30-39	107.23	114.63	140.50	166.39
40-44	120.18	127.56	155.30	184.88
45-49	153.45	162.69	201.51	240.34
50-54	192.28	203.36	245.89	297.65
55-59	245.89	256.98	305.05	360.51

ANNUAL PREMIUM PER $100 ADDITIONAL MONTHLY BENEFIT

WAITING PERIOD: 14 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	33.28	36.98	44.38	53.61
30-39	42.53	46.23	57.31	68.40
40-44	51.76	55.46	68.40	83.20
45-49	64.71	70.25	85.04	103.53
50-54	79.50	85.04	103.53	127.56
55-59	103.53	109.08	134.96	162.69

WAITING PERIOD: 30 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	24.04	25.89	33.28	38.83
30-39	29.58	31.43	40.68	48.06
40-44	35.13	36.98	48.06	57.31
45-49	44.38	48.06	59.16	72.10
50-54	59.16	62.86	77.65	94.29
55-59	75.80	79.50	96.14	116.48

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA
WESTERN AT 96TH STREET BOX 34350
OMAHA, NEBRASKA 68134-01350

RATE SCHEDULE FOR POLICY FORM 471

FEMALE

ANNUAL PREMIUM PER $300.00 BASIC MONTHLY BENEFIT

WAITING PERIOD: 14 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	164.54	181.18	216.30	255.13
30-39	201.51	220.00	262.53	308.74
40-44	218.15	234.79	288.40	349.41
45-49	251.43	269.91	329.08	401.18
50-54	284.71	303.20	367.90	449.25
55-59	342.03	366.05	449.25	539.84

WAITING PERIOD: 30 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	123.86	129.41	157.15	179.33
30-39	155.30	158.99	190.43	218.15
40-44	160.84	164.54	197.81	231.10
45-49	183.03	192.28	232.94	277.31
50-54	212.61	223.70	269.91	325.38
55-59	262.53	273.61	325.38	384.54

ANNUAL PREMIUM PER $100 ADDITIONAL MONTHLY BENEFIT

WAITING PERIOD: 14 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	48.06	51.76	62.86	75.80
30-39	59.16	64.71	79.50	94.29
40-44	66.55	70.25	88.74	107.23
45-49	77.65	83.20	103.53	127.56
50-54	86.89	92.44	114.63	140.50
55-59	107.23	122.01	144.20	173.79

WAITING PERIOD: 30 DAYS

ISSUE AGE	AAA	AA	A	B
18-29	35.13	36.98	46.23	53.61
30-39	44.38	46.23	57.31	64.71
40-44	49.91	49.91	61.01	73.95
45-49	53.61	57.31	70.25	85.04
50-54	66.55	70.25	85.04	103.53
55-59	81.35	85.04	101.69	122.01

CENTRAL STATES HEALTH & LIFE COMPANY OF OMAHA
WESTERN AT 96TH STREET BOX 34350
OMAHA, NEBRASKA 68134-0350

POLICY FORM 471

THE BASIC RATE IS FOR THE MINIMUM MOTHLY BENEFIT AMOUNT OF $300. TO COMPUTE THE RATE FOR MONTHLY BENEFIT AMOUNTS GREATER THAN $300 ADD THE APPROPRIATE MULTIPLE OF THE ADDITIONAL $100 RATE TO THE BASIC RATE.

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.05200
QUARTERLY	0.26500
MONTHLY	0.09000
DA MONTHLY	0.08700

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	37.31	47.10	60.64	75.13
21	37.94	47.81	61.49	76.16
22	38.66	48.70	62.63	77.51
23	39.51	49.74	63.93	79.19
24	40.45	50.86	65.36	80.94
25	41.43	52.06	66.85	82.76
26	42.41	53.24	68.36	84.60
27	43.43	54.44	69.85	86.43
28	44.43	55.66	71.31	88.23
29	45.50	56.91	72.81	90.05
30	46.58	58.14	74.38	91.94
31	47.70	59.49	75.99	93.81
32	48.91	60.81	77.60	95.79
33	50.13	62.20	79.29	97.79
34	51.38	63.69	81.01	99.85
35	52.73	65.20	82.81	102.00
36	54.13	66.79	84.70	104.23
37	55.60	68.44	86.69	106.58
38	57.14	70.20	88.76	109.01
39	58.79	72.05	90.94	111.60
40	60.56	74.00	93.26	114.31
41	62.44	76.13	95.73	117.23
42	64.44	78.36	98.36	120.31
43	66.58	80.76	101.19	123.56
44	68.88	83.31	104.14	127.08
45	71.31	86.05	107.31	130.80
46	73.95	88.99	110.73	134.76
47	76.80	92.10	114.38	139.00
48	79.85	95.45	118.26	143.51
49	83.13	99.10	122.44	148.36
50	86.66	102.99	126.95	153.58
51	90.50	107.24	131.86	159.26
52	94.74	111.88	137.19	165.38
53	99.36	116.93	142.99	172.08
54	104.45	122.50	149.31	179.41
55	110.13	128.69	156.40	187.51
56	115.41	134.36	162.74	194.74
57	121.16	140.50	169.69	202.55
58	127.60	147.38	177.29	211.13
59	134.80	155.00	185.74	220.60
60	143.19	163.88	195.51	231.50

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	25.70	30.43	36.94	43.94
21	25.91	30.63	37.19	44.20
22	26.13	30.93	37.50	44.60
23	26.43	31.24	37.94	45.13
24	26.74	31.64	38.43	45.74
25	27.14	32.14	39.05	46.49
26	27.58	32.66	39.74	47.36
27	28.10	33.30	40.51	48.35
28	28.66	33.99	41.43	49.44
29	29.30	34.79	42.43	50.70
30	30.01	35.64	43.51	52.06
31	30.80	36.60	44.79	53.60
32	31.66	37.69	46.13	55.29
33	32.63	38.85	47.58	57.10
34	33.64	40.10	49.19	59.08
35	34.79	41.49	50.93	61.23
36	36.01	42.94	52.79	63.51
37	37.31	44.55	54.79	65.94
38	38.74	46.23	56.91	68.51
39	40.26	48.01	59.10	71.23
40	41.79	49.86	61.36	73.99
41	43.44	51.76	63.73	76.80
42	45.13	53.74	66.10	79.66
43	46.91	55.76	68.56	82.63
44	48.74	57.93	71.14	85.66
45	50.73	60.19	73.85	88.88
46	52.85	62.56	76.69	92.24
47	55.08	65.10	79.66	95.79
48	57.49	67.80	82.86	99.51
49	60.06	70.70	86.29	103.56
50	62.91	73.91	90.01	107.91
51	66.05	77.38	94.08	112.66
52	69.49	81.20	98.55	117.88
53	73.29	85.44	103.44	123.56
54	77.45	90.08	108.80	129.79
55	82.16	95.24	114.76	136.69
56	86.60	100.08	120.26	142.99
57	91.50	105.36	126.24	149.79
58	96.93	111.23	132.81	157.24
59	103.00	117.73	140.08	165.43
60	110.08	125.26	148.41	174.70

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	21.00	23.66	27.31	31.26
21	21.06	23.70	27.38	31.31
22	21.13	23.79	27.45	31.44
23	21.23	23.91	27.60	31.63
24	21.35	24.05	27.79	31.85
25	21.49	24.23	28.01	32.14
26	21.66	24.44	28.30	32.49
27	21.91	24.70	28.66	32.88
28	22.13	25.01	29.06	33.41
29	22.44	25.41	29.56	34.01
30	22.80	25.85	30.10	34.73
31	23.23	26.36	30.80	35.56
32	23.70	26.99	31.58	36.55
33	24.29	27.66	32.49	37.69
34	24.93	28.44	33.50	38.94
35	25.64	29.38	34.66	40.36
36	26.44	30.41	35.94	42.00
37	27.38	31.51	37.38	43.80
38	28.41	32.79	38.99	45.76
39	29.56	34.16	40.74	47.94
40	30.80	35.70	42.66	50.31
41	32.20	37.38	44.79	52.86
42	33.73	39.19	47.05	55.66
43	35.38	41.16	49.49	58.64
44	37.14	43.26	52.08	61.79
45	39.06	45.50	54.85	65.10
46	41.10	47.88	57.73	68.58
47	43.24	50.38	60.76	72.24
48	45.56	53.05	63.99	76.06
49	48.00	55.86	67.35	80.06
50	50.60	58.81	70.85	84.24
51	53.38	61.99	74.58	88.63
52	56.41	65.35	78.56	93.26
53	59.66	68.95	82.76	98.23
54	63.20	72.91	87.35	103.55
55	67.16	77.29	92.43	109.38
56	70.94	81.44	97.16	114.81
57	75.13	85.95	102.29	120.70
58	79.79	91.00	107.95	127.14
59	85.01	96.60	114.24	134.19
60	91.19	103.13	121.43	142.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	39.30	49.94	64.64	80.43
21	39.94	50.70	65.60	81.55
22	40.74	51.69	66.79	83.01
23	41.69	52.80	68.24	84.80
24	42.73	54.06	69.80	86.74
25	43.80	55.36	71.45	88.76
26	44.91	56.70	73.14	90.81
27	46.01	58.06	74.81	92.88
28	47.19	59.43	76.55	94.99
29	48.41	60.88	78.31	97.16
30	49.70	62.38	80.19	99.43
31	51.05	63.99	82.10	101.74
32	52.45	65.63	84.16	104.20
33	53.95	67.41	86.29	106.79
34	55.56	69.23	88.55	109.49
35	57.24	71.20	90.93	112.35
36	59.08	73.29	93.44	115.41
37	60.99	75.51	96.14	118.63
38	63.08	77.91	99.00	122.05
39	65.29	80.44	102.08	125.73
40	67.66	83.20	105.38	129.66
41	70.26	86.16	108.95	133.91
42	73.06	89.38	112.79	138.44
43	76.06	92.80	116.91	143.35
44	79.31	96.51	121.30	148.56
45	82.81	100.49	126.06	154.20
46	86.63	104.80	131.16	160.23
47	90.73	109.43	136.64	166.73
48	95.13	114.41	142.50	173.63
49	99.88	119.74	148.79	180.99
50	105.00	125.49	155.51	188.91
51	110.58	131.69	162.80	197.41
52	116.60	138.43	170.64	206.56
53	123.20	145.73	179.10	216.41
54	130.36	153.64	188.26	227.08
55	138.29	162.35	198.35	238.70
56	145.66	170.38	207.44	249.14
57	153.64	178.99	217.16	260.23
58	162.35	188.31	227.69	272.16
59	171.76	198.43	238.95	284.86
60	182.30	209.58	251.29	298.70

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	27.41	32.88	40.43	48.51
21	27.66	33.14	40.74	48.91
22	27.95	33.51	41.19	49.44
23	28.35	33.95	41.74	50.13
24	28.76	34.49	42.41	50.93
25	29.26	35.10	43.19	51.88
26	29.85	35.79	44.06	52.99
27	30.49	36.56	45.06	54.24
28	31.19	37.44	46.20	55.66
29	31.99	38.45	47.49	57.23
30	32.88	39.56	48.91	58.99
31	33.91	40.79	50.45	60.95
32	35.00	42.14	52.20	63.10
33	36.23	43.64	54.13	65.49
34	37.56	45.26	56.20	68.05
35	39.00	47.06	58.45	70.85
36	40.63	49.05	60.93	73.91
37	42.36	51.13	63.60	77.14
38	44.26	53.43	66.44	80.64
39	46.26	55.81	69.45	84.35
40	48.41	58.38	72.63	88.19
41	50.70	61.08	75.95	92.23
42	53.10	63.93	79.44	96.45
43	55.66	66.91	83.08	100.86
44	58.41	70.10	86.99	105.50
45	61.35	73.49	91.08	110.45
46	64.50	77.14	95.50	115.74
47	67.93	81.08	100.20	121.35
48	71.60	85.29	105.24	127.31
49	75.58	89.81	110.64	133.73
50	79.93	94.74	116.50	140.66
51	84.69	100.10	122.85	148.16
52	89.91	106.00	129.74	156.29
53	95.58	112.38	137.26	165.06
54	101.80	119.30	145.35	174.51
55	108.66	126.94	154.23	184.85
56	115.13	134.05	162.38	194.24
57	122.13	141.64	171.05	204.19
58	129.73	149.88	180.38	214.86
59	137.95	158.73	190.30	226.08
60	147.08	168.45	201.13	238.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	22.60	25.93	30.56	35.51
21	22.70	26.08	30.73	35.70
22	22.81	26.23	30.93	35.95
23	23.01	26.44	31.20	36.29
24	23.23	26.70	31.51	36.73
25	23.50	27.01	31.93	37.20
26	23.80	27.41	32.43	37.81
27	24.16	27.85	32.99	38.51
28	24.56	28.35	33.64	39.31
29	25.03	28.93	34.41	40.29
30	25.58	29.60	35.26	41.38
31	26.19	30.41	36.29	42.64
32	26.93	31.30	37.44	44.08
33	27.73	32.30	38.74	45.74
34	28.66	33.44	40.23	47.56
35	29.70	34.74	41.88	49.63
36	30.88	36.20	43.74	51.94
37	32.20	37.81	45.80	54.51
38	33.66	39.63	48.08	57.35
39	35.30	41.63	50.60	60.44
40	37.10	43.80	53.38	63.86
41	39.10	46.23	56.44	67.60
42	41.31	48.86	59.74	71.64
43	43.74	51.76	63.30	76.00
44	46.31	54.85	67.14	80.69
45	49.13	58.19	71.23	85.60
46	52.14	61.73	75.58	90.86
47	55.41	65.49	80.16	96.41
48	58.85	69.49	85.00	102.20
49	62.51	73.73	90.14	108.31
50	66.45	78.24	95.51	114.73
51	70.69	83.01	101.24	121.51
52	75.20	88.16	107.30	128.64
53	80.10	93.69	113.76	136.24
54	85.41	99.63	120.73	144.41
55	91.26	106.13	128.30	153.24
56	96.85	112.26	135.38	161.36
57	102.86	118.85	142.88	170.01
58	109.50	126.05	151.05	179.35
59	116.70	133.79	159.74	189.16
60	124.70	142.30	169.23	199.79

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	18.44	20.01	22.13	24.43
21	18.55	20.10	22.29	24.60
22	18.63	20.23	22.44	24.86
23	18.74	20.38	22.69	25.14
24	18.88	20.60	22.95	25.51
25	19.06	20.81	23.26	25.91
26	19.26	21.08	23.64	26.36
27	19.45	21.38	24.01	26.88
28	19.73	21.70	24.44	27.44
29	20.01	22.06	24.95	28.08
30	20.36	22.50	25.55	28.81
31	20.74	23.00	26.23	29.66
32	21.19	23.58	26.99	30.63
33	21.70	24.24	27.81	31.70
34	22.29	24.95	28.76	32.88
35	22.94	25.79	29.85	34.23
36	23.66	26.70	31.05	35.73
37	24.50	27.76	32.36	37.38
38	25.44	28.88	33.81	39.20
39	26.44	30.16	35.44	41.20
40	27.60	31.56	37.24	43.43
41	28.88	33.13	39.19	45.81
42	30.30	34.81	41.31	48.45
43	31.85	36.69	43.64	51.30
44	33.56	38.73	46.20	54.41
45	35.44	40.99	48.99	57.76
46	37.51	43.44	52.01	61.48
47	39.81	46.14	55.30	65.45
48	42.31	49.05	58.85	69.73
49	44.99	52.13	62.58	74.19
50	47.80	55.36	66.50	78.81
51	50.79	58.79	70.56	83.66
52	53.95	62.38	74.81	88.69
53	57.35	66.19	79.29	93.94
54	61.01	70.26	84.08	99.50
55	65.01	74.74	89.24	105.50
56	68.81	78.88	93.99	110.99
57	72.91	83.35	99.06	116.76
58	77.44	88.23	104.55	122.99
59	82.43	93.56	110.45	129.64
60	88.14	99.58	117.10	137.00

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	43.38	55.80	73.00
21	44.14	56.70	74.06
22	45.06	57.80	75.43
23	46.14	59.10	77.06
24	47.31	60.56	78.88
25	48.60	62.08	80.86
26	49.95	63.74	82.93
27	51.38	65.45	85.06
28	52.86	67.26	87.31
29	54.50	69.16	89.73
30	56.20	71.23	92.30
31	58.06	73.43	95.05
32	60.05	75.80	98.00
33	62.19	78.36	101.13
34	64.45	81.08	104.51
35	66.94	84.01	108.14
36	69.63	87.20	112.08
37	72.51	90.63	116.31
38	75.70	94.35	120.91
39	79.13	98.41	125.85
40	82.88	102.79	131.23
41	86.99	107.60	137.13
42	91.44	112.81	143.50
43	96.29	118.45	150.36
44	101.51	124.56	157.76
45	107.24	131.16	165.76
46	113.43	138.30	174.35
47	120.08	145.95	183.58
48	127.26	154.16	193.41
49	134.94	162.91	203.85
50	143.14	172.24	214.91
51	151.95	182.14	226.60
52	161.31	192.69	238.99
53	171.24	203.76	251.95
54	181.60	215.24	265.26
55	192.29	226.93	278.73
56	201.31	236.63	289.60
57	210.20	246.00	299.94
58	219.19	255.41	310.16
59	228.79	265.31	320.93
60	239.73	276.69	333.16

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	31.00	38.05	47.76
21	31.38	38.45	48.26
22	31.85	39.00	48.95
23	32.36	39.69	49.76
24	33.00	40.43	50.76
25	33.73	41.31	51.88
26	34.56	42.35	53.19
27	35.50	43.50	54.70
28	36.55	44.80	56.38
29	37.73	46.29	58.24
30	39.05	47.91	60.35
31	40.51	49.74	62.66
32	42.14	51.74	65.26
33	43.94	53.95	68.10
34	45.94	56.41	71.23
35	48.13	59.10	74.64
36	50.51	62.06	78.38
37	53.19	65.29	82.49
38	56.06	68.79	86.88
39	59.16	72.56	91.63
40	62.56	76.58	96.69
41	66.20	80.94	102.08
42	70.13	85.60	107.86
43	74.31	90.60	114.01
44	78.91	96.00	120.63
45	83.86	101.80	127.73
46	89.24	108.06	135.38
47	95.06	114.85	143.58
48	101.31	122.10	152.35
49	108.08	129.85	161.69
50	115.35	138.16	171.63
51	123.16	147.06	182.20
52	131.51	156.51	193.44
53	140.43	166.51	205.24
54	149.66	176.85	217.30
55	159.19	187.35	229.44
56	167.30	196.13	239.36
57	175.19	204.55	248.74
58	183.16	212.88	257.91
59	191.60	221.70	267.45
60	201.24	231.73	278.29

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	26.01	30.86	37.56
21	26.24	31.13	37.88
22	26.55	31.45	38.29
23	26.88	31.88	38.85
24	27.29	32.41	39.50
25	27.79	33.00	40.26
26	28.35	33.70	41.16
27	28.99	34.49	42.20
28	29.70	35.41	43.36
29	30.50	36.43	44.73
30	31.45	37.64	46.26
31	32.56	38.99	48.01
32	33.79	40.55	50.00
33	35.19	42.26	52.23
34	36.74	44.20	54.73
35	38.49	46.38	57.55
36	40.45	48.80	60.64
37	42.64	51.50	64.06
38	45.06	54.50	67.86
39	47.76	57.76	72.05
40	50.79	61.43	76.64
41	54.08	65.45	81.70
42	57.76	69.86	87.24
43	61.79	74.64	93.20
44	66.13	79.85	99.63
45	70.81	85.41	106.49
46	75.91	91.38	113.81
47	81.31	97.76	121.63
48	87.14	104.51	129.85
49	93.31	111.66	138.49
50	99.88	119.20	147.51
51	106.80	127.10	156.99
52	114.13	135.41	166.80
53	121.81	144.08	177.05
54	129.85	153.00	187.45
55	138.05	162.06	197.95
56	145.06	169.66	206.56
57	151.99	177.01	214.74
58	158.99	184.38	222.85
59	166.45	192.19	231.30
60	175.01	201.08	240.91

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	21.55	24.44	28.44
21	21.73	24.66	28.74
22	21.93	24.94	29.13
23	22.19	25.29	29.56
24	22.50	25.66	30.08
25	22.86	26.13	30.69
26	23.23	26.63	31.31
27	23.66	27.19	32.08
28	24.16	27.79	32.88
29	24.70	28.50	33.81
30	25.38	29.35	34.93
31	26.13	30.30	36.16
32	27.00	31.41	37.63
33	28.01	32.69	39.26
34	29.14	34.10	41.10
35	30.41	35.69	43.13
36	31.81	37.44	45.38
37	33.38	39.38	47.91
38	35.14	41.56	50.66
39	37.10	43.94	53.69
40	39.24	46.58	57.05
41	41.64	49.50	60.73
42	44.31	52.70	64.76
43	47.24	56.20	69.14
44	50.44	60.06	73.91
45	53.95	64.24	79.08
46	57.81	68.81	84.74
47	62.05	73.79	90.81
48	66.63	79.08	97.31
49	71.49	84.80	104.23
50	76.74	90.86	111.55
51	82.36	97.26	119.24
52	88.30	104.06	127.35
53	94.60	111.19	135.74
54	101.10	118.45	144.30
55	107.74	125.80	152.85
56	113.36	131.93	159.76
57	118.85	137.76	166.23
58	124.31	143.50	172.51
59	130.19	149.58	179.10
60	136.94	156.63	186.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	20.64	23.14	26.64
21	20.80	23.35	26.88
22	21.01	23.64	27.26
23	21.26	23.95	27.70
24	21.55	24.36	28.23
25	21.91	24.76	28.80
26	22.24	25.26	29.44
27	22.69	25.79	30.16
28	23.14	26.41	30.94
29	23.66	27.06	31.81
30	24.29	27.85	32.81
31	24.95	28.73	34.01
32	25.76	29.73	35.31
33	26.66	30.88	36.80
34	27.66	32.14	38.45
35	28.80	33.56	40.29
36	30.08	35.14	42.31
37	31.45	36.88	44.55
38	33.05	38.80	47.00
39	34.80	40.99	49.76
40	36.79	43.36	52.80
41	38.99	46.06	56.19
42	41.43	49.01	59.93
43	44.14	52.29	64.00
44	47.13	55.86	68.44
45	50.41	59.76	73.31
46	54.01	64.06	78.63
47	58.00	68.74	84.35
48	62.26	73.73	90.45
49	66.85	79.06	96.93
50	71.73	84.69	103.70
51	76.88	90.60	110.80
52	82.35	96.80	118.20
53	88.05	103.24	125.80
54	93.85	109.74	133.41
55	99.64	116.14	140.80
56	104.38	121.23	146.49
57	108.80	125.86	151.56
58	113.10	130.30	156.29
59	117.74	135.00	161.24
60	123.28	140.66	167.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	55.19	72.76
21	56.19	73.86
22	57.36	75.26
23	58.76	76.91
24	60.30	78.76
25	62.00	80.81
26	63.86	83.06
27	65.86	85.45
28	68.00	88.05
29	70.31	90.81
30	72.81	93.81
31	75.51	97.05
32	78.43	100.51
33	81.51	104.20
34	84.86	108.19
35	88.45	112.45
36	92.35	117.05
37	96.51	122.00
38	100.99	127.29
39	105.81	132.95
40	111.01	139.06
41	116.60	145.60
42	122.64	152.60
43	129.01	160.00
44	135.73	167.74
45	142.76	175.80
46	150.08	184.13
47	157.63	192.64
48	165.38	201.35
49	173.19	210.05
50	180.95	218.58
51	188.63	226.85
52	196.06	234.88
53	203.45	242.64
54	210.74	250.24
55	217.88	257.58
56	222.86	262.30
57	227.43	266.41
58	231.80	270.25
59	236.88	274.85
60	243.74	281.36

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	41.95	53.76
21	42.55	54.44
22	43.30	55.29
23	44.14	56.29
24	45.16	57.49
25	46.29	58.88
26	47.58	60.44
27	49.05	62.24
28	50.70	64.24
29	52.50	66.44
30	54.50	68.91
31	56.66	71.58
32	59.10	74.55
33	61.74	77.74
34	64.63	81.26
35	67.79	85.13
36	71.23	89.30
37	74.95	93.81
38	79.01	98.69
39	83.41	103.91
40	88.08	109.50
41	93.10	115.44
42	98.45	121.74
43	104.08	128.36
44	110.01	135.26
45	116.20	142.44
46	122.69	149.85
47	129.31	157.44
48	136.16	165.19
49	143.06	172.90
50	149.91	180.50
51	156.66	187.91
52	163.29	195.01
53	169.80	201.99
54	176.20	208.74
55	182.45	215.24
56	186.88	219.43
57	190.81	223.05
58	194.60	226.38
59	198.94	230.31
60	204.86	235.94

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	36.36	45.74
21	36.80	46.23
22	37.38	46.86
23	38.05	47.64
24	38.80	48.58
25	39.70	49.69
26	40.73	50.93
27	41.88	52.31
28	43.19	53.93
29	44.64	55.70
30	46.26	57.73
31	48.06	59.94
32	50.08	62.41
33	52.29	65.14
34	54.73	68.13
35	57.43	71.41
36	60.35	75.00
37	63.56	78.91
38	67.08	83.14
39	70.88	87.73
40	75.06	92.69
41	79.55	98.08
42	84.43	103.85
43	89.63	109.95
44	95.06	116.41
45	100.79	123.08
46	106.73	129.93
47	112.85	136.94
48	119.08	144.01
49	125.29	151.05
50	131.38	157.79
51	137.26	164.23
52	142.88	170.31
53	148.35	176.08
54	153.69	181.63
55	158.86	187.00
56	162.51	190.44
57	165.86	193.45
58	169.13	196.36
59	172.95	199.81
60	178.20	204.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	31.56	38.80
21	31.91	39.20
22	32.35	39.70
23	32.86	40.35
24	33.45	41.06
25	34.16	41.94
26	34.99	42.93
27	35.88	44.01
28	36.88	45.30
29	38.05	46.73
30	39.31	48.29
31	40.74	50.06
32	42.35	52.00
33	44.08	54.19
34	46.00	56.51
35	48.13	59.10
36	50.44	61.94
37	52.99	65.01
38	55.74	68.36
39	58.73	71.94
40	61.99	75.86
41	65.51	80.10
42	69.35	84.63
43	73.41	89.41
44	77.70	94.45
45	82.19	99.69
46	86.86	105.10
47	91.70	110.64
48	96.63	116.24
49	101.51	121.79
50	106.29	127.05
51	110.80	132.00
52	115.14	136.60
53	119.23	140.93
54	123.14	144.94
55	126.91	148.79
56	129.36	150.99
57	131.51	152.79
58	133.55	154.41
59	136.06	156.51
60	139.86	160.01

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	29.01	35.19
21	29.38	35.63
22	29.85	36.16
23	30.36	36.85
24	30.99	37.58
25	31.70	38.49
26	32.49	39.45
27	33.38	40.58
28	34.36	41.81
29	35.44	43.19
30	36.66	44.69
31	38.01	46.38
32	39.50	48.20
33	41.13	50.20
34	42.91	52.41
35	44.85	54.79
36	46.95	57.35
37	49.23	60.13
38	51.70	63.10
39	54.38	66.31
40	57.29	69.80
41	60.44	73.58
42	63.81	77.58
43	67.43	81.86
44	71.26	86.35
45	75.26	90.99
46	79.41	95.79
47	83.70	100.69
48	88.08	105.64
49	92.36	110.50
50	96.49	115.05
51	100.31	119.20
52	103.88	122.95
53	107.23	126.43
54	110.41	129.64
55	113.50	132.70
56	115.50	134.49
57	117.35	135.99
58	119.23	137.49
59	121.56	139.51
60	125.16	142.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	24.88	35.76	50.79	66.88
21	25.79	36.85	52.13	68.50
22	26.81	38.10	53.70	70.49
23	28.01	39.56	55.60	72.80
24	29.30	41.16	57.60	75.29
25	30.63	42.74	59.66	77.80
26	31.95	44.38	61.69	80.30
27	33.30	45.95	63.69	82.76
28	34.66	47.58	65.69	85.19
29	36.05	49.24	67.73	87.64
30	37.50	50.93	69.79	90.16
31	39.00	52.70	71.94	92.74
32	40.58	54.51	74.16	95.44
33	42.23	56.44	76.49	98.23
34	43.95	58.45	78.91	101.13
35	45.81	60.58	81.50	104.23
36	47.80	62.88	84.24	107.50
37	49.88	65.29	87.19	111.01
38	52.14	67.88	90.29	114.73
39	54.55	70.69	93.64	118.73
40	57.16	73.66	97.24	123.01
41	59.99	76.88	101.13	127.63
42	63.01	80.36	105.30	132.63
43	66.26	84.10	109.76	137.93
44	69.79	88.10	114.51	143.60
45	73.51	92.36	119.60	149.64
46	77.55	96.93	125.01	156.05
47	81.85	101.76	130.80	162.85
48	86.41	106.93	136.88	170.01
49	91.30	112.44	143.35	177.63
50	96.51	118.30	150.23	185.73
51	102.10	124.51	157.51	194.29
52	108.14	131.23	165.36	203.41
53	114.64	138.44	173.74	213.20
54	121.73	146.29	182.85	223.80
55	129.51	154.93	192.86	235.45
56	136.86	162.93	202.01	246.00
57	144.76	171.55	211.85	257.31
58	153.38	180.88	222.49	269.50
59	162.66	190.94	233.88	282.58
60	172.91	201.99	246.43	296.94

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	11.93	17.14	24.35	32.05
21	12.26	17.51	24.80	32.60
22	12.69	18.00	25.38	33.30
23	13.14	18.56	26.08	34.16
24	13.66	19.20	26.86	35.13
25	14.24	19.91	27.76	36.20
26	14.88	20.69	28.74	37.43
27	15.58	21.51	29.81	38.74
28	16.36	22.49	31.00	40.23
29	17.23	23.51	32.36	41.88
30	18.19	24.70	33.88	43.76
31	19.29	26.08	35.56	45.85
32	20.50	27.56	37.45	48.20
33	21.85	29.20	39.56	50.79
34	23.31	31.00	41.81	53.63
35	24.93	32.94	44.31	56.66
36	26.66	35.06	46.99	59.94
37	28.50	37.31	49.81	63.45
38	30.55	39.76	52.86	67.20
39	32.69	42.35	56.08	71.10
40	34.94	45.05	59.45	75.23
41	37.36	47.88	62.95	79.45
42	39.85	50.85	66.63	83.91
43	42.51	53.94	70.43	88.49
44	45.31	57.23	74.38	93.26
45	48.29	60.66	78.56	98.29
46	51.44	64.30	82.94	103.55
47	54.79	68.16	87.58	109.05
48	58.35	72.24	92.45	114.85
49	62.19	76.58	97.64	120.99
50	66.31	81.26	103.23	127.60
51	70.81	86.35	109.24	134.70
52	75.70	91.85	115.74	142.36
53	81.00	97.81	122.76	150.66
54	86.80	104.31	130.43	159.63
55	93.20	111.49	138.80	169.44
56	99.36	118.30	146.66	178.63
57	105.95	125.58	155.06	188.36
58	113.16	133.43	164.14	198.81
59	120.85	141.84	173.74	209.94
60	129.20	150.93	184.13	221.88

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	6.79	9.79	13.86	18.29
21	6.95	9.94	14.06	18.50
22	7.16	10.19	14.36	18.81
23	7.41	10.44	14.69	19.20
24	7.66	10.76	15.06	19.66
25	7.94	11.10	15.49	20.23
26	8.30	11.51	16.00	20.86
27	8.69	11.99	16.58	21.58
28	9.10	12.51	17.29	22.43
29	9.63	13.16	18.10	23.41
30	10.20	13.91	19.01	24.60
31	10.91	14.74	20.13	25.95
32	11.73	15.73	21.41	27.51
33	12.63	16.85	22.86	29.31
34	13.64	18.13	24.49	31.35
35	14.80	19.55	26.30	33.64
36	16.06	21.14	28.35	36.16
37	17.51	22.94	30.63	38.99
38	19.13	24.88	33.08	42.06
39	20.88	27.01	35.81	45.43
40	22.80	29.38	38.79	49.06
41	24.93	31.93	42.00	53.01
42	27.20	34.69	45.44	57.24
43	29.66	37.69	49.15	61.79
44	32.35	40.85	53.10	66.56
45	35.20	44.23	57.29	71.66
46	38.29	47.86	61.74	77.06
47	41.56	51.70	66.44	82.74
48	45.06	55.76	71.41	88.69
49	48.74	60.06	76.56	94.88
50	52.66	64.56	81.99	101.36
51	56.81	69.29	87.64	108.08
52	61.23	74.30	93.63	115.14
53	65.88	79.58	99.88	122.56
54	70.95	85.31	106.64	130.55
55	76.56	91.58	114.00	139.20
56	81.95	97.56	120.95	147.30
57	87.76	103.95	128.38	155.94
58	94.01	110.86	136.36	165.19
59	100.73	118.20	144.80	174.95
60	107.94	126.10	153.85	185.36

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	28.44	40.91	58.06	76.49
21	29.45	42.08	59.55	78.29
22	30.63	43.51	61.36	80.50
23	31.99	45.19	63.49	83.13
24	33.44	46.95	65.74	85.93
25	34.94	48.85	68.10	88.86
26	36.51	50.73	70.50	91.79
27	38.10	52.64	72.88	94.74
28	39.74	54.58	75.35	97.70
29	41.44	56.64	77.86	100.80
30	43.26	58.79	80.55	104.06
31	45.23	61.08	83.38	107.50
32	47.24	63.51	86.36	111.16
33	49.44	66.13	89.58	115.05
34	51.81	68.91	93.00	119.20
35	54.35	71.91	96.73	123.69
36	57.14	75.16	100.73	128.51
37	60.13	78.69	105.05	133.79
38	63.36	82.50	109.74	139.45
39	66.91	86.69	114.85	145.60
40	70.79	91.20	120.41	152.35
41	75.01	96.16	126.45	159.64
42	79.64	101.56	133.06	167.56
43	84.63	107.38	140.16	176.14
44	90.05	113.70	147.81	185.35
45	95.94	120.51	156.08	195.23
46	102.29	127.86	164.93	205.85
47	109.13	135.74	174.44	217.19
48	116.50	144.19	184.56	229.24
49	124.38	153.19	195.31	242.05
50	132.85	162.80	206.79	255.60
51	141.93	173.10	218.95	270.01
52	151.70	184.10	231.94	285.35
53	162.20	195.91	245.85	301.66
54	173.56	208.60	260.76	319.19
55	185.99	222.49	276.99	338.16
56	197.73	235.41	291.88	355.45
57	210.23	249.08	307.64	373.64
58	223.63	263.73	324.36	392.93
59	237.66	278.93	341.69	412.81
60	252.31	294.79	359.63	433.31

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	15.01	21.58	30.66	40.36
21	15.49	22.13	31.30	41.16
22	16.05	22.76	32.10	42.14
23	16.64	23.51	33.06	43.30
24	17.38	24.38	34.14	44.64
25	18.16	25.35	35.36	46.14
26	19.01	26.43	36.73	47.80
27	19.99	27.58	38.20	49.64
28	21.01	28.88	39.88	51.70
29	22.23	30.35	41.74	54.01
30	23.55	31.99	43.81	56.60
31	25.01	33.85	46.20	59.56
32	26.70	35.91	48.85	62.85
33	28.56	38.20	51.76	66.45
34	30.63	40.73	54.95	70.44
35	32.86	43.49	58.50	74.80
36	35.36	46.51	62.31	79.51
37	38.05	49.80	66.50	84.66
38	40.99	53.36	71.00	90.20
39	44.16	57.23	75.80	96.10
40	47.58	61.35	80.94	102.43
41	51.29	65.74	86.43	109.10
42	55.23	70.44	92.29	116.20
43	59.45	75.45	98.49	123.74
44	64.05	80.86	105.10	131.79
45	68.95	86.63	112.19	140.35
46	74.26	92.81	119.74	149.44
47	79.99	99.50	127.85	159.19
48	86.16	106.64	136.49	169.55
49	92.80	114.29	145.73	180.58
50	100.01	122.56	155.64	192.43
51	107.81	131.51	166.35	205.14
52	116.31	141.19	177.88	218.80
53	125.51	151.63	190.26	233.45
54	135.49	162.86	203.58	249.16
55	146.36	175.08	217.95	266.10
56	156.74	186.58	231.36	281.74
57	167.74	198.74	245.43	298.10
58	179.45	211.63	260.29	315.29
59	191.64	224.93	275.51	332.86
60	204.29	238.63	291.14	350.79

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	9.60	13.80	19.60	25.81
21	9.88	14.16	20.01	26.30
22	10.24	14.51	20.50	26.88
23	10.63	15.01	21.08	27.60
24	11.08	15.55	21.79	28.44
25	11.58	16.19	22.56	29.44
26	12.16	16.88	23.45	30.56
27	12.79	17.70	24.50	31.85
28	13.55	18.58	25.66	33.30
29	14.38	19.64	27.00	34.94
30	15.35	20.81	28.55	36.86
31	16.43	22.19	30.30	39.06
32	17.70	23.76	32.30	41.58
33	19.08	25.51	34.56	44.41
34	20.69	27.50	37.13	47.56
35	22.49	29.73	39.95	51.10
36	24.49	32.20	43.16	55.05
37	26.70	34.94	46.66	59.43
38	29.19	38.00	50.55	64.20
39	31.93	41.36	54.81	69.49
40	34.99	45.06	59.50	75.29
41	38.35	49.16	64.64	81.60
42	42.06	53.63	70.24	88.49
43	46.08	58.45	76.30	95.91
44	50.45	63.73	82.81	103.85
45	55.23	69.36	89.81	112.35
46	60.35	75.43	97.30	121.43
47	65.86	81.93	105.29	131.08
48	71.79	88.81	113.70	141.26
49	78.10	96.16	122.63	151.95
50	84.81	103.95	132.00	163.23
51	92.01	112.20	141.93	175.05
52	99.69	120.95	152.41	187.49
53	107.88	130.26	163.50	200.63
54	116.73	140.29	175.36	214.63
55	126.36	151.14	188.19	229.74
56	135.60	161.43	200.16	243.74
57	145.44	172.31	212.80	258.49
58	155.94	183.88	226.18	274.00
59	166.85	195.85	239.88	289.81
60	178.13	208.08	253.86	305.91

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	6.05	8.64	12.30	16.19
21	6.30	9.00	12.74	16.74
22	6.63	9.41	13.26	17.38
23	6.99	9.86	13.86	18.16
24	7.41	10.38	14.56	19.01
25	7.86	11.00	15.31	19.99
26	8.38	11.63	16.19	21.06
27	8.94	12.36	17.13	22.24
28	9.58	13.16	18.16	23.55
29	10.30	14.05	19.31	25.00
30	11.08	15.06	20.63	26.66
31	11.99	16.19	22.10	28.50
32	13.00	17.49	23.79	30.60
33	14.16	18.91	25.64	32.91
34	15.43	20.55	27.70	35.50
35	16.88	22.35	30.01	38.41
36	18.50	24.35	32.63	41.63
37	20.30	26.60	35.50	45.23
38	22.35	29.08	38.69	49.16
39	24.60	31.85	42.20	53.50
40	27.08	34.93	46.08	58.30
41	29.88	38.29	50.35	63.55
42	32.93	42.00	55.01	69.31
43	36.30	46.08	60.13	75.55
44	40.01	50.55	65.73	82.38
45	44.14	55.49	71.85	89.85
46	48.70	60.88	78.55	98.00
47	53.69	66.76	85.79	106.80
48	59.08	73.08	93.56	116.24
49	64.81	79.73	101.80	126.16
50	70.95	86.94	110.44	136.50
51	77.44	94.43	119.45	147.31
52	84.29	102.29	128.88	158.55
53	91.56	110.58	138.76	170.26
54	99.30	119.35	149.19	182.58
55	107.60	128.69	160.23	195.60
56	115.43	137.41	170.38	207.45
57	123.56	146.43	180.85	219.64
58	132.19	155.88	191.74	232.26
59	141.08	165.60	202.86	245.08
60	150.29	175.56	214.20	258.08

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	35.88	51.55	73.16
21	37.06	52.95	74.94
22	38.49	54.66	77.08
23	40.14	56.66	79.64
24	41.91	58.88	82.43
25	43.81	61.23	85.41
26	45.85	63.69	88.55
27	48.00	66.30	91.81
28	50.29	69.05	95.30
29	52.73	72.05	99.05
30	55.36	75.23	103.06
31	58.26	78.70	107.44
32	61.36	82.50	112.20
33	64.79	86.60	117.35
34	68.50	91.08	122.95
35	72.56	96.00	129.10
36	77.01	101.36	135.85
37	81.95	107.24	143.19
38	87.31	113.70	151.24
39	93.24	120.79	160.01
40	99.79	128.58	169.74
41	107.01	137.20	180.41
42	114.95	146.63	192.06
43	123.63	156.86	204.73
44	133.06	168.01	218.43
45	143.35	180.10	233.23
46	154.55	193.16	249.16
47	166.60	207.24	266.29
48	179.56	222.23	284.45
49	193.44	238.20	303.73
50	208.20	255.13	324.01
51	223.88	273.00	345.36
52	240.45	291.81	367.70
53	257.91	311.45	390.91
54	275.85	331.51	414.43
55	294.05	351.69	437.88
56	309.38	368.30	456.70
57	324.01	383.91	474.13
58	338.31	398.95	490.70
59	352.95	414.26	507.49
60	368.81	430.86	525.63

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	21.55	30.94	43.94
21	22.24	31.79	44.99
22	23.08	32.80	46.23
23	24.05	33.95	47.74
24	25.14	35.31	49.44
25	26.36	36.85	51.39
26	27.76	38.55	53.56
27	29.26	40.43	55.99
28	30.94	42.51	58.66
29	32.81	44.86	61.69
30	34.99	47.50	65.08
31	37.36	50.49	68.91
32	40.01	53.80	73.16
33	43.00	57.49	77.91
34	46.31	61.56	83.13
35	49.95	66.10	88.89
36	54.00	71.06	95.20
37	58.45	76.55	102.16
38	63.36	82.49	109.70
39	68.70	89.00	117.93
40	74.56	96.10	126.85
41	80.95	103.80	136.50
42	87.93	112.19	146.94
43	95.50	121.20	158.16
44	103.74	131.00	170.29
45	112.73	141.60	183.41
46	122.50	153.13	197.51
47	133.13	165.56	212.74
48	144.55	178.88	228.95
49	156.80	193.06	246.23
50	169.95	208.30	264.55
51	184.06	224.45	283.94
52	199.01	241.55	304.31
53	214.85	259.45	325.63
54	231.08	277.74	347.16
55	247.45	296.00	368.55
56	261.35	311.14	385.81
57	274.51	325.24	401.69
58	287.24	338.74	416.64
59	300.20	352.36	431.60
60	314.10	366.94	447.64

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	15.66	22.50	31.95
21	16.19	23.13	32.73
22	16.81	23.91	33.66
23	17.55	24.76	34.80
24	18.36	25.79	36.10
25	19.31	26.99	37.63
26	20.36	28.30	39.31
27	21.58	29.81	41.26
28	22.94	31.50	43.49
29	24.49	33.44	45.95
30	26.23	35.64	48.85
31	28.23	38.14	52.06
32	30.49	40.99	55.70
33	33.05	44.14	59.81
34	35.88	47.70	64.38
35	39.06	51.64	69.49
36	42.64	56.08	75.14
37	46.60	60.99	81.44
38	51.01	66.43	88.35
39	55.93	72.43	95.95
40	61.36	79.08	104.41
41	67.43	86.44	113.69
42	74.10	94.51	123.85
43	81.44	103.31	134.86
44	89.41	112.91	146.76
45	98.10	123.26	159.58
46	107.50	134.38	173.36
47	117.69	146.36	188.06
48	128.56	159.10	203.64
49	140.13	172.58	220.01
50	152.43	186.79	237.23
51	165.38	201.70	255.14
52	179.05	217.30	273.79
53	193.31	233.49	293.01
54	207.95	249.95	312.44
55	222.73	266.43	331.70
56	235.29	280.13	347.35
57	247.23	292.93	361.79
58	258.86	305.26	375.45
59	270.66	317.66	389.16
60	283.30	330.99	403.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	11.29	16.23	23.01
21	11.79	16.81	23.79
22	12.36	17.51	24.70
23	13.00	18.36	25.81
24	13.74	19.31	27.01
25	14.58	20.36	28.41
26	15.49	21.51	29.91
27	16.50	22.80	31.56
28	17.60	24.19	33.38
29	18.88	25.79	35.45
30	20.31	27.60	37.85
31	21.99	29.73	40.58
32	23.86	32.10	43.64
33	26.01	34.79	47.13
34	28.43	37.79	51.01
35	31.13	41.16	55.36
36	34.14	44.93	60.19
37	37.50	49.10	65.51
38	41.24	53.70	71.43
39	45.43	58.85	77.95
40	50.08	64.56	85.20
41	55.29	70.88	93.19
42	61.01	77.85	101.95
43	67.36	85.50	111.56
44	74.36	93.88	122.05
45	82.05	103.06	133.45
46	90.49	113.10	145.91
47	99.70	124.05	159.38
48	109.70	135.79	173.80
49	120.50	148.41	189.20
50	132.10	161.88	205.58
51	144.50	176.20	222.91
52	157.70	191.38	241.14
53	171.63	207.26	260.14
54	185.91	223.44	279.30
55	200.24	239.51	298.20
56	212.45	252.94	313.64
57	223.94	265.36	327.70
58	234.99	277.13	340.85
59	246.10	288.86	353.86
60	257.93	301.31	367.60

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	9.79	14.05	19.93
21	10.20	14.58	20.64
22	10.76	15.29	21.58
23	11.41	16.10	22.63
24	12.13	17.00	23.80
25	12.91	18.00	25.13
26	13.74	19.13	26.56
27	14.70	20.31	28.16
28	15.79	21.66	29.91
29	16.95	23.18	31.85
30	18.30	24.86	34.08
31	19.85	26.80	36.56
32	21.55	28.99	39.38
33	23.50	31.41	42.55
34	25.66	34.10	46.06
35	28.08	37.14	49.95
36	30.80	40.51	54.29
37	33.81	44.29	59.10
38	37.19	48.44	64.41
39	40.99	53.08	70.30
40	45.23	58.26	76.91
41	49.95	64.06	84.23
42	55.29	70.50	92.35
43	61.14	77.58	101.24
44	67.63	85.38	110.99
45	74.80	93.95	121.66
46	82.69	103.36	133.31
47	91.30	113.56	145.93
48	100.66	124.56	159.44
49	110.66	136.30	173.80
50	121.41	148.79	188.95
51	132.81	161.95	204.88
52	144.86	175.80	221.50
53	157.44	190.16	238.63
54	170.13	204.49	255.60
55	182.63	218.43	271.94
56	192.80	229.50	284.58
57	201.93	239.26	295.49
58	210.35	248.05	305.08
59	218.69	256.69	314.43
60	227.74	266.05	324.56

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	57.19	82.16
21	58.85	84.08
22	60.81	86.41
23	63.08	89.08
24	65.56	92.10
25	68.31	95.44
26	71.31	99.06
27	74.56	102.99
28	78.05	107.23
29	81.85	111.80
30	85.95	116.79
31	90.43	122.19
32	95.26	128.05
33	100.51	134.38
34	106.23	141.24
35	112.44	148.73
36	119.23	156.86
37	126.58	165.70
38	134.58	175.24
39	143.29	185.60
40	152.74	196.81
41	163.00	208.99
42	174.06	222.01
43	185.93	235.93
44	198.38	250.50
45	211.50	265.70
46	225.13	281.43
47	239.20	297.51
48	253.60	313.86
49	267.99	330.05
50	282.14	345.74
51	295.79	360.70
52	308.86	374.81
53	321.45	388.23
54	333.50	400.85
55	344.91	412.56
56	352.26	419.36
57	358.31	424.56
58	363.49	428.64
59	369.13	433.20
60	376.81	440.23

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	41.30	59.35
21	42.49	60.66
22	43.88	62.31
23	45.49	64.24
24	47.29	66.43
25	49.31	68.88
26	51.60	71.64
27	54.08	74.74
28	56.86	78.13
29	59.94	81.91
30	63.36	86.10
31	67.14	90.73
32	71.29	95.81
33	75.86	101.43
34	80.88	107.56
35	86.41	114.29
36	92.45	121.66
37	99.10	129.73
38	106.31	138.43
39	114.13	147.85
40	122.63	158.01
41	131.79	168.95
42	141.64	180.64
43	152.14	193.06
44	163.23	206.05
45	174.81	219.63
46	186.88	233.60
47	199.38	247.99
48	212.14	262.55
49	224.95	277.05
50	237.55	291.10
51	249.74	304.56
52	261.45	317.31
53	272.79	329.44
54	283.56	340.85
55	293.73	351.35
56	300.31	357.51
57	305.64	362.13
58	310.10	365.66
59	314.81	369.51
60	321.38	375.44

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	33.85	48.64
21	34.81	49.76
22	36.01	51.16
23	37.36	52.79
24	38.93	54.64
25	40.66	56.79
26	42.60	59.19
27	44.80	61.88
28	47.29	64.94
29	50.00	68.31
30	53.08	72.10
31	56.45	76.31
32	60.26	81.00
33	64.44	86.16
34	69.05	91.81
35	74.10	98.01
36	79.64	104.80
37	85.70	112.19
38	92.29	120.14
39	99.49	128.85
40	107.31	138.30
41	115.86	148.55
42	125.08	159.56
43	134.95	171.29
44	145.44	183.63
45	156.41	196.49
46	167.81	209.79
47	179.63	223.43
48	191.95	237.23
49	203.66	250.81
50	215.31	263.91
51	226.45	276.16
52	236.99	287.60
53	246.94	298.24
54	256.38	308.19
55	265.30	317.31
56	271.05	322.66
57	275.74	326.73
58	279.74	329.88
59	284.01	333.36
60	289.94	338.73

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	28.05	40.31
21	28.94	41.36
22	30.01	42.64
23	31.24	44.14
24	32.66	45.85
25	34.23	47.80
26	35.99	49.95
27	37.95	52.44
28	40.16	55.16
29	42.60	58.20
30	45.31	61.60
31	48.35	65.35
32	51.69	69.45
33	55.36	74.00
34	59.43	79.00
35	63.88	84.50
36	68.81	90.55
37	74.23	97.16
38	80.13	104.31
39	86.60	112.14
40	93.69	120.70
41	101.36	129.94
42	109.74	139.95
43	118.70	150.63
44	128.20	161.88
45	138.24	173.69
46	148.79	185.94
47	159.64	198.56
48	170.85	211.44
49	182.06	224.20
50	193.06	236.58
51	203.66	248.36
52	213.79	259.45
53	223.50	269.94
54	232.73	279.74
55	241.35	288.66
56	246.94	293.99
57	251.44	297.88
58	255.13	300.85
59	259.00	303.99
60	264.35	308.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

MALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	23.85	34.23
21	24.70	35.31
22	25.79	36.60
23	27.00	38.14
24	28.36	39.85
25	29.93	41.79
26	31.64	43.94
27	33.56	46.35
28	35.64	48.95
29	37.95	51.88
30	40.55	55.08
31	43.36	58.60
32	46.49	62.45
33	49.88	66.70
34	53.63	71.31
35	57.73	76.31
36	62.19	81.80
37	67.05	87.76
38	72.36	94.23
39	78.13	101.23
40	84.44	108.85
41	91.31	117.10
42	98.79	126.00
43	106.79	135.49
44	115.24	145.50
45	124.19	156.00
46	133.51	166.86
47	143.19	178.06
48	153.06	189.45
49	162.91	200.63
50	172.41	211.30
51	181.43	221.24
52	189.85	230.38
53	197.76	238.81
54	205.20	246.64
55	212.23	253.86
56	216.79	258.05
57	220.49	261.24
58	223.69	263.79
59	227.13	266.56
60	231.86	270.86

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	46.73	60.64	79.85	100.43
21	48.45	62.85	82.76	104.14
22	50.41	65.41	86.14	108.41
23	52.58	68.20	89.85	113.13
24	54.91	71.16	93.76	118.06
25	57.29	74.19	97.74	123.08
26	59.69	77.26	101.70	128.06
27	62.13	80.30	105.63	132.94
28	64.56	83.29	109.44	137.70
29	66.95	86.23	113.19	142.29
30	69.35	89.06	116.73	146.63
31	71.60	91.73	120.05	150.63
32	73.74	94.26	123.08	154.29
33	75.80	96.60	125.86	157.58
34	77.74	98.74	128.38	160.55
35	79.58	100.73	130.63	163.10
36	81.23	102.45	132.55	165.29
37	82.76	104.01	134.19	167.06
38	84.19	105.43	135.58	168.51
39	85.51	106.66	136.81	169.76
40	86.81	107.88	137.99	170.86
41	88.14	109.10	139.08	171.94
42	89.44	110.29	140.16	172.95
43	90.79	111.44	141.24	173.93
44	92.08	112.60	142.24	174.81
45	93.38	113.74	143.20	175.66
46	94.69	114.86	144.14	176.44
47	96.00	116.00	145.08	177.23
48	97.38	117.19	146.10	178.08
49	98.93	118.56	147.30	179.14
50	100.66	120.19	148.79	180.56
51	102.69	122.10	150.66	182.44
52	105.06	124.43	152.99	184.85
53	107.86	127.16	155.85	187.86
54	111.08	130.44	159.30	191.58
55	114.91	134.38	163.50	196.19
56	118.31	137.85	167.06	199.99
57	122.30	141.85	171.30	204.55
58	126.95	146.63	176.38	210.01
59	132.50	152.35	182.45	216.64
60	139.41	159.49	190.16	225.01

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	30.16	36.85	46.06	55.93
21	30.86	37.73	47.23	57.41
22	31.64	38.73	48.55	59.08
23	32.50	39.85	50.01	60.95
24	33.45	41.06	51.63	62.99
25	34.49	42.36	53.36	65.16
26	35.63	43.80	55.23	67.51
27	36.80	45.30	57.19	69.99
28	38.08	46.91	59.24	72.56
29	39.43	48.58	61.43	75.29
30	40.80	50.31	63.66	78.06
31	42.29	52.14	65.94	80.93
32	43.80	53.95	68.30	83.81
33	45.36	55.88	70.70	86.76
34	46.99	57.80	73.10	89.73
35	48.60	59.76	75.51	92.66
36	50.29	61.73	77.95	95.58
37	51.94	63.69	80.35	98.45
38	53.63	65.63	82.69	101.26
39	55.30	67.51	84.94	103.95
40	56.93	69.35	87.08	106.51
41	58.50	71.08	89.13	108.86
42	60.05	72.76	91.00	111.05
43	61.50	74.31	92.79	113.05
44	62.95	75.86	94.45	114.91
45	64.38	77.31	96.01	116.64
46	65.79	78.76	97.56	118.30
47	67.20	80.19	99.05	119.93
48	68.64	81.64	100.55	121.51
49	70.20	83.20	102.20	123.29
50	71.94	84.99	104.08	125.30
51	73.95	87.01	106.29	127.74
52	76.24	89.44	108.91	130.63
53	78.88	92.20	111.93	133.99
54	81.86	95.36	115.43	137.86
55	85.35	99.05	119.49	142.44
56	88.55	102.38	123.10	146.45
57	92.20	106.16	127.26	151.05
58	96.41	110.58	132.05	156.31
59	101.30	115.73	137.60	162.43
60	107.30	122.00	144.43	169.93

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	23.58	27.38	32.63	38.23
21	23.91	27.79	33.19	38.93
22	24.29	28.24	33.79	39.70
23	24.66	28.76	34.45	40.58
24	25.08	29.31	35.19	41.49
25	25.55	29.91	35.95	42.49
26	26.08	30.56	36.80	43.51
27	26.63	31.24	37.70	44.66
28	27.20	31.99	38.66	45.88
29	27.85	32.80	39.70	47.16
30	28.56	33.66	40.85	48.58
31	29.31	34.63	42.06	50.13
32	30.16	35.69	43.38	51.76
33	31.08	36.79	44.85	53.55
34	32.08	38.00	46.35	55.43
35	33.13	39.26	47.95	57.43
36	34.24	40.63	49.69	59.50
37	35.44	42.08	51.49	61.74
38	36.73	43.58	53.38	64.06
39	38.08	45.23	55.41	66.51
40	39.51	46.95	57.55	69.10
41	41.10	48.79	59.80	71.85
42	42.74	50.73	62.14	74.69
43	44.49	52.76	64.63	77.64
44	46.29	54.79	67.08	80.60
45	48.08	56.85	69.51	83.50
46	49.88	58.88	71.93	86.30
47	51.69	60.88	74.26	89.05
48	53.50	62.91	76.56	91.73
49	55.41	64.94	78.91	94.43
50	57.35	67.08	81.35	97.20
51	59.43	69.31	83.86	100.08
52	61.66	71.73	86.56	103.16
53	64.06	74.30	89.45	106.44
54	66.76	77.20	92.73	110.08
55	69.85	80.49	96.41	114.26
56	72.74	83.55	99.76	118.00
57	76.00	87.00	103.56	122.26
58	79.79	91.00	107.94	127.14
59	84.19	95.63	113.01	132.70
60	89.56	101.26	119.14	139.44

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	49.50	64.63	85.50	107.86
21	51.36	67.01	88.69	111.88
22	53.50	69.79	92.30	116.51
23	55.86	72.81	96.35	121.60
24	58.35	76.05	100.58	126.95
25	60.95	79.35	104.93	132.44
26	63.63	82.70	109.30	137.93
27	66.30	86.08	113.63	143.31
28	69.01	89.41	117.93	148.66
29	71.73	92.73	122.13	153.85
30	74.43	95.95	126.19	158.85
31	77.01	99.10	130.06	163.56
32	79.58	102.08	133.73	168.00
33	82.08	104.95	137.19	172.13
34	84.49	107.69	140.43	175.99
35	86.76	110.26	143.44	179.51
36	88.99	112.66	146.19	182.70
37	91.08	114.93	148.74	185.60
38	93.14	117.08	151.10	188.24
39	95.19	119.16	153.38	190.74
40	97.20	121.29	155.64	193.23
41	99.31	123.45	157.95	195.79
42	101.51	125.69	160.38	198.38
43	103.80	128.00	162.80	201.06
44	106.13	130.36	165.30	203.73
45	108.49	132.74	167.80	206.43
46	110.93	135.16	170.35	209.14
47	113.44	137.70	172.95	211.95
48	116.08	140.35	175.73	214.86
49	118.93	143.20	178.70	218.08
50	122.06	146.36	182.05	221.70
51	125.51	149.94	185.85	225.86
52	129.41	153.94	190.19	230.60
53	133.79	158.49	195.13	236.06
54	138.69	163.63	200.76	242.36
55	144.30	169.56	207.30	249.66
56	149.36	174.79	212.88	255.79
57	155.05	180.64	219.23	262.73
58	161.49	187.31	226.44	270.63
59	168.76	194.88	234.58	279.58
60	177.30	203.79	244.20	290.14

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	32.56	40.31	50.95	62.38
21	33.41	41.38	52.38	64.19
22	34.36	42.60	54.00	66.24
23	35.41	43.94	55.76	68.50
24	36.56	45.43	57.73	70.94
25	37.81	47.00	59.81	73.60
26	39.16	48.74	62.08	76.44
27	40.60	50.58	64.45	79.45
28	42.16	52.51	67.00	82.63
29	43.80	54.58	69.66	85.93
30	45.55	56.73	72.43	89.38
31	47.31	58.95	75.29	92.93
32	49.23	61.29	78.23	96.58
33	51.19	63.66	81.26	100.31
34	53.24	66.13	84.35	104.13
35	55.35	68.64	87.50	107.95
36	57.50	71.23	90.69	111.86
37	59.73	73.85	93.88	115.74
38	61.99	76.49	97.13	119.63
39	64.26	79.13	100.31	123.49
40	66.56	81.76	103.50	127.26
41	68.88	84.41	106.60	130.94
42	71.20	87.00	109.69	134.55
43	73.51	89.58	112.66	138.05
44	75.91	92.16	115.69	141.51
45	78.29	94.79	118.64	144.94
46	80.74	97.44	121.66	148.36
47	83.24	100.14	124.70	151.85
48	85.86	102.95	127.85	155.43
49	88.69	105.94	131.20	159.23
50	91.73	109.23	134.88	163.36
51	95.13	112.86	138.95	168.01
52	98.93	116.93	143.56	173.24
53	103.10	121.45	148.66	179.05
54	107.76	126.45	154.30	185.49
55	112.99	132.13	160.69	192.74
56	117.80	137.20	166.29	199.01
57	123.08	142.76	172.44	205.91
58	128.95	148.99	179.29	213.50
59	135.51	155.88	186.81	221.91
60	143.14	163.88	195.51	231.49

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	25.86	30.66	37.30	44.38
21	26.35	31.26	38.08	45.38
22	26.86	31.93	38.99	46.51
23	27.44	32.69	39.95	47.76
24	28.08	33.50	41.00	49.13
25	28.74	34.36	42.16	50.58
26	29.50	35.31	43.43	52.14
27	30.30	36.35	44.74	53.80
28	31.19	37.43	46.16	55.60
29	32.10	38.60	47.70	57.50
30	33.14	39.88	49.36	59.56
31	34.24	41.26	51.13	61.80
32	35.45	42.79	53.08	64.20
33	36.79	44.38	55.10	66.76
34	38.16	46.13	57.30	69.45
35	39.69	47.94	59.63	72.30
36	41.26	49.88	62.06	75.31
37	42.99	51.94	64.64	78.50
38	44.79	54.13	67.36	81.80
39	46.74	56.44	70.26	85.35
40	48.85	58.93	73.38	89.13
41	51.13	61.63	76.69	93.14
42	53.55	64.45	80.19	97.38
43	56.13	67.49	83.85	101.81
44	58.79	70.58	87.58	106.31
45	61.50	73.69	91.36	110.79
46	64.26	76.86	95.10	115.23
47	67.05	79.99	98.80	119.60
48	69.91	83.19	102.51	123.99
49	72.85	86.44	106.35	128.38
50	75.93	89.85	110.26	132.94
51	79.20	93.41	114.38	137.70
52	82.69	97.20	118.73	142.69
53	86.43	101.30	123.36	148.01
54	90.55	105.76	128.43	153.79
55	95.13	110.76	134.06	160.26
56	99.43	115.35	139.19	166.00
57	104.16	120.38	144.76	172.31
58	109.50	126.05	151.05	179.35
59	115.44	132.31	157.95	187.01
60	122.36	139.55	165.86	195.76

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	20.06	22.35	25.45	28.80
21	20.31	22.70	25.95	29.45
22	20.64	23.13	26.55	30.23
23	21.00	23.60	27.19	31.06
24	21.41	24.13	27.91	31.95
25	21.80	24.69	28.69	32.94
26	22.29	25.29	29.50	34.01
27	22.76	25.95	30.36	35.13
28	23.31	26.66	31.30	36.30
29	23.91	27.41	32.29	37.56
30	24.56	28.23	33.38	38.94
31	25.26	29.13	34.55	40.43
32	26.01	30.10	35.81	42.01
33	26.86	31.14	37.19	43.70
34	27.76	32.29	38.63	45.55
35	28.74	33.45	40.16	47.44
36	29.76	34.74	41.79	49.44
37	30.88	36.10	43.50	51.60
38	32.08	37.51	45.31	53.81
39	33.36	39.10	47.29	56.20
40	34.73	40.74	49.31	58.73
41	36.23	42.51	51.56	61.45
42	37.81	44.43	53.93	64.30
43	39.56	46.45	56.41	67.35
44	41.38	48.60	59.01	70.49
45	43.30	50.85	61.74	73.79
46	45.36	53.23	64.63	77.16
47	47.50	55.69	67.58	80.70
48	49.74	58.24	70.63	84.35
49	52.08	60.88	73.74	88.01
50	54.51	63.60	76.94	91.76
51	57.01	66.38	80.19	95.51
52	59.66	69.29	83.51	99.38
53	62.41	72.31	86.99	103.38
54	65.43	75.58	90.69	107.63
55	68.70	79.14	94.74	112.24
56	71.74	82.36	98.31	116.24
57	75.06	85.86	102.16	120.56
58	78.76	89.79	106.49	125.35
59	83.00	94.23	111.29	130.56
60	88.01	99.44	116.93	136.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	55.24	72.88	97.20
21	57.41	75.64	100.86
22	59.86	78.80	105.05
23	62.56	82.29	109.64
24	65.45	86.01	114.56
25	68.50	89.91	119.63
26	71.69	93.91	124.85
27	74.94	97.95	130.13
28	78.29	102.10	135.44
29	81.66	106.29	140.76
30	85.08	110.45	146.05
31	88.55	114.60	151.24
32	91.95	118.70	156.35
33	95.38	122.76	161.30
34	98.80	126.76	166.19
35	102.23	130.69	170.91
36	105.63	134.55	175.50
37	109.01	138.36	180.00
38	112.41	142.16	184.45
39	115.93	146.05	189.00
40	119.56	150.08	193.66
41	123.45	154.36	198.63
42	127.55	158.86	203.81
43	131.85	163.58	209.26
44	136.31	168.50	214.86
45	140.95	173.55	220.64
46	145.76	178.73	226.51
47	150.74	184.06	232.56
48	155.91	189.64	238.79
49	161.36	195.44	245.31
50	167.13	201.60	252.19
51	173.29	208.16	259.51
52	179.81	215.13	267.30
53	186.79	222.55	275.50
54	194.06	230.20	283.95
55	201.56	238.05	292.56
56	207.31	243.79	298.44
57	212.93	249.23	303.93
58	218.66	254.76	309.41
59	225.16	261.06	315.70
60	233.29	269.14	323.95

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	37.69	47.63	61.35
21	38.80	49.06	63.29
22	40.08	50.73	65.49
23	41.51	52.58	67.93
24	43.10	54.60	70.58
25	44.85	56.81	73.49
26	46.70	59.23	76.63
27	48.73	61.79	79.95
28	50.86	64.50	83.51
29	53.19	67.41	87.26
30	55.63	70.44	91.20
31	58.20	73.64	95.30
32	60.91	77.00	99.59
33	63.79	80.49	104.01
34	66.73	84.10	108.60
35	69.86	87.88	113.35
36	73.10	91.76	118.20
37	76.49	95.79	123.20
38	79.99	99.94	128.30
39	83.60	104.20	133.55
40	87.38	108.58	138.88
41	91.26	113.10	144.35
42	95.26	117.73	149.91
43	99.44	122.45	155.58
44	103.74	127.35	161.38
45	108.20	132.36	167.30
46	112.81	137.55	173.41
47	117.63	142.93	179.66
48	122.64	148.49	186.13
49	127.94	154.29	192.86
50	133.55	160.45	199.93
51	139.50	166.99	207.41
52	145.85	173.88	215.31
53	152.55	181.16	223.60
54	159.49	188.64	231.95
55	166.55	196.16	240.43
56	172.08	201.85	246.44
57	177.41	207.14	251.93
58	182.73	212.36	257.26
59	188.63	218.20	263.19
60	195.93	225.50	270.73

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	30.80	37.73	47.31
21	31.56	38.73	48.64
22	32.43	39.81	50.08
23	33.36	41.05	51.70
24	34.41	42.41	53.49
25	35.56	43.85	55.41
26	36.79	45.44	57.49
27	38.14	47.16	59.74
28	39.63	49.01	62.14
29	41.19	51.01	64.76
30	42.93	53.19	67.58
31	44.80	55.55	70.63
32	46.85	58.08	73.86
33	49.05	60.79	77.35
34	51.39	63.69	81.01
35	53.88	66.76	84.94
36	56.58	70.00	89.06
37	59.43	73.45	93.38
38	62.45	77.13	97.95
39	65.73	81.01	102.85
40	69.26	85.24	108.06
41	73.06	89.76	113.66
42	77.14	94.60	119.63
43	81.50	99.70	125.88
44	86.05	104.99	132.31
45	90.69	110.38	138.86
46	95.45	115.86	145.41
47	100.31	121.36	151.95
48	105.29	126.94	158.58
49	110.38	132.64	165.29
50	115.66	138.50	172.08
51	121.10	144.55	179.05
52	126.79	150.74	186.19
53	132.69	157.19	193.45
54	138.74	163.70	200.81
55	144.93	170.29	208.23
56	149.85	175.36	213.63
57	154.66	180.20	218.69
58	159.58	185.08	223.69
59	165.05	190.55	229.24
60	171.76	197.29	236.30

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	24.60	28.80	34.66
21	25.13	29.51	35.63
22	25.73	30.35	36.69
23	26.43	31.24	37.91
24	27.14	32.23	39.24
25	27.95	33.26	40.66
26	28.81	34.41	42.14
27	29.76	35.58	43.74
28	30.76	36.88	45.43
29	31.88	38.29	47.24
30	33.06	39.81	49.24
31	34.43	41.50	51.44
32	35.88	43.36	53.86
33	37.50	45.36	56.44
34	39.24	47.50	59.19
35	41.06	49.80	62.13
36	43.05	52.20	65.20
37	45.16	54.76	68.44
38	47.38	57.49	71.85
39	49.80	60.38	75.49
40	52.38	63.51	79.38
41	55.23	66.88	83.58
42	58.26	70.50	88.08
43	61.55	74.36	92.80
44	64.99	78.43	97.76
45	68.63	82.63	102.93
46	72.38	87.01	108.23
47	76.36	91.56	113.69
48	80.49	96.26	119.29
49	84.80	101.16	125.10
50	89.31	106.29	131.14
51	94.10	111.63	137.38
52	99.10	117.16	143.85
53	104.35	122.94	150.51
54	109.69	128.76	157.19
55	115.01	134.55	163.69
56	119.24	138.93	168.44
57	123.23	142.94	172.66
58	127.16	146.86	176.66
59	131.51	151.19	181.05
60	136.94	156.63	186.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	23.29	26.94	32.01
21	23.79	27.60	32.88
22	24.35	28.36	33.91
23	24.95	29.20	35.06
24	25.66	30.10	36.30
25	26.43	31.13	37.64
26	27.24	32.16	39.05
27	28.10	33.30	40.55
28	29.01	34.51	42.14
29	30.08	35.81	43.85
30	31.19	37.24	45.70
31	32.41	38.79	47.74
32	33.73	40.45	49.91
33	35.20	42.29	52.26
34	36.74	44.23	54.76
35	38.41	46.26	57.36
36	40.14	48.41	60.08
37	42.01	50.66	62.95
38	44.00	53.08	66.00
39	46.16	55.69	69.26
40	48.51	58.51	72.81
41	51.13	61.63	76.69
42	53.94	64.99	80.86
43	57.01	68.63	85.31
44	60.26	72.44	90.05
45	63.73	76.49	94.94
46	67.30	80.64	100.01
47	71.08	85.00	105.24
48	75.00	89.50	110.64
49	79.13	94.16	116.19
50	83.38	98.99	121.86
51	87.81	103.94	127.66
52	92.41	109.01	133.58
53	97.13	114.20	139.58
54	101.85	119.35	145.41
55	106.45	124.30	150.93
56	109.88	127.79	154.60
57	112.93	130.76	157.63
58	115.80	133.45	160.20
59	119.05	136.55	163.13
60	123.35	140.70	167.29

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	71.94	96.85
21	74.85	100.58
22	78.13	104.79
23	81.79	109.44
24	85.70	114.44
25	89.88	119.74
26	94.29	125.29
27	98.85	131.00
28	103.58	136.91
29	108.49	142.94
30	113.44	149.05
31	118.45	155.10
32	123.51	161.13
33	128.58	167.13
34	133.66	173.10
35	138.74	178.99
36	143.81	184.79
37	148.86	190.50
38	153.91	196.19
39	159.05	201.91
40	164.31	207.73
41	169.76	213.74
42	175.36	219.88
43	181.08	226.06
44	186.74	232.13
45	192.19	237.88
46	197.41	243.29
47	202.30	248.23
48	206.93	252.74
49	211.20	256.81
50	215.13	260.43
51	218.64	263.45
52	221.80	266.05
53	224.70	268.29
54	227.43	270.29
55	230.14	272.23
56	230.81	272.23
57	231.35	272.23
58	231.99	272.23
59	233.60	272.23
60	237.45	272.23

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	53.16	69.86
21	55.01	72.24
22	57.14	74.94
23	59.49	77.95
24	62.06	81.23
25	64.85	84.76
26	67.86	88.60
27	71.08	92.66
28	74.55	96.99
29	78.16	101.51
30	81.99	106.26
31	85.93	111.13
32	90.05	116.14
33	94.30	121.30
34	98.73	126.63
35	103.26	132.05
36	107.94	137.60
37	112.76	143.26
38	117.69	149.00
39	122.73	154.88
40	127.94	160.86
41	133.26	166.93
42	138.69	173.08
43	144.16	179.23
44	149.58	185.23
45	154.86	190.95
46	159.91	196.38
47	164.70	201.44
48	169.24	206.10
49	173.49	210.41
50	177.41	214.20
51	180.95	217.51
52	184.19	220.41
53	187.10	222.91
54	189.86	225.16
55	192.55	227.29
56	193.44	227.29
57	194.06	227.29
58	194.76	227.29
59	196.29	227.29
60	199.70	227.29

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	45.70	59.16
21	47.19	61.05
22	48.85	63.16
23	50.66	65.49
24	52.66	68.05
25	54.85	70.79
26	57.19	73.74
27	59.73	76.94
28	62.41	80.36
29	65.30	83.99
30	68.43	87.81
31	71.69	91.88
32	75.14	96.14
33	78.80	100.58
34	82.60	105.19
35	86.55	109.94
36	90.60	114.79
37	94.79	119.74
38	99.10	124.81
39	103.63	130.10
40	108.35	135.64
41	113.35	141.41
42	118.56	147.41
43	123.93	153.51
44	129.29	159.58
45	134.49	165.38
46	139.41	170.79
47	144.05	175.76
48	148.36	180.30
49	152.35	184.36
50	155.91	187.85
51	159.00	190.74
52	161.69	193.08
53	164.00	195.00
54	166.14	196.63
55	168.26	198.23
56	168.91	198.23
57	169.50	198.23
58	170.29	198.23
59	171.80	198.49
60	175.10	201.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	39.13	49.70
21	40.35	51.29
22	41.70	53.01
23	43.23	54.95
24	44.86	57.08
25	46.64	59.35
26	48.58	61.80
27	50.64	64.41
28	52.85	67.23
29	55.23	70.16
30	57.73	73.29
31	60.38	76.58
32	63.20	80.05
33	66.14	83.66
34	69.20	87.38
35	72.38	91.20
36	75.64	95.10
37	78.95	99.05
38	82.43	103.10
39	86.01	107.30
40	89.79	111.70
41	93.79	116.31
42	97.95	121.14
43	102.26	126.05
44	106.55	130.88
45	110.73	135.51
46	114.66	139.85
47	118.35	143.81
48	121.80	147.41
49	124.94	150.60
50	127.74	153.36
51	130.16	155.58
52	132.23	157.36
53	133.99	158.74
54	135.55	159.85
55	136.95	160.80
56	137.13	160.80
57	137.13	160.80
58	137.14	160.80
59	137.85	160.80
60	140.05	160.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	35.56	44.55
21	36.69	46.01
22	37.95	47.69
23	39.38	49.55
24	40.94	51.56
25	42.63	53.76
26	44.45	56.13
27	46.43	58.60
28	48.55	61.29
29	50.79	64.10
30	53.13	67.08
31	55.66	70.19
32	58.30	73.45
33	61.05	76.81
34	63.88	80.30
35	66.81	83.85
36	69.79	87.38
37	72.80	90.99
38	75.91	94.60
39	79.13	98.36
40	82.49	102.29
41	86.01	106.38
42	89.73	110.64
43	93.51	114.99
44	97.31	119.24
45	101.00	123.35
46	104.51	127.16
47	107.76	130.64
48	110.79	133.79
49	113.49	136.50
50	115.81	138.74
51	117.74	140.43
52	119.24	141.60
53	120.41	142.36
54	121.43	142.88
55	122.38	143.35
56	122.38	143.35
57	122.38	143.35
58	122.38	143.35
59	123.10	143.35
60	125.29	143.35

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	34.80	50.00	71.00	93.45
21	36.93	52.73	74.58	98.05
22	39.30	55.81	78.70	103.26
23	41.94	59.23	83.20	108.99
24	44.73	62.81	87.95	114.95
25	47.64	66.51	92.80	121.08
26	50.60	70.26	97.69	127.20
27	53.60	74.00	102.51	133.23
28	56.60	77.74	107.30	139.19
29	59.63	81.44	111.95	144.99
30	62.58	85.01	116.50	150.51
31	65.51	88.50	120.81	155.79
32	68.31	91.85	124.91	160.73
33	71.08	95.00	128.74	165.31
34	73.73	98.01	132.36	169.60
35	76.29	100.86	135.66	173.50
36	78.69	103.55	138.74	177.05
37	81.00	106.01	141.51	180.20
38	83.20	108.35	144.10	183.10
39	85.38	110.60	146.56	185.80
40	87.58	112.85	148.94	188.44
41	89.79	115.10	151.38	191.08
42	92.08	117.43	153.81	193.74
43	94.36	119.79	156.31	196.43
44	96.73	122.13	158.79	199.08
45	99.10	124.50	161.24	201.70
46	101.51	126.91	163.70	204.30
47	104.00	129.36	166.23	206.99
48	106.58	131.91	168.85	209.73
49	109.36	134.69	171.69	212.79
50	112.38	137.73	174.91	216.23
51	115.76	141.19	178.58	220.26
52	119.56	145.13	182.81	224.91
53	123.85	149.51	187.66	230.29
54	128.63	154.58	193.23	236.50
55	134.10	160.41	199.70	243.80
56	139.08	165.56	205.30	250.00
57	144.63	171.35	211.63	257.00
58	150.81	177.86	218.79	265.05
59	157.81	185.23	226.93	274.14
60	165.94	193.86	236.50	284.99

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	16.58	23.80	33.81	44.55
21	17.49	24.95	35.31	46.43
22	18.49	26.24	37.00	48.55
23	19.58	27.66	38.86	50.91
24	20.80	29.19	40.86	53.43
25	22.06	30.81	43.00	56.13
26	23.45	32.60	45.30	58.99
27	24.94	34.45	47.74	62.05
28	26.55	36.45	50.29	65.23
29	28.23	38.55	53.01	68.63
30	30.01	40.80	55.88	72.23
31	31.95	43.19	58.93	75.99
32	33.99	45.69	62.13	79.95
33	36.14	48.31	65.45	84.08
34	38.36	51.01	68.88	88.29
35	40.66	53.80	72.36	92.55
36	43.00	56.60	75.86	96.80
37	45.43	59.45	79.35	101.05
38	47.86	62.30	82.86	105.29
39	50.29	65.14	86.30	109.43
40	52.70	67.93	89.64	113.43
41	55.10	70.64	92.88	117.29
42	57.49	73.31	96.01	120.94
43	59.80	75.91	99.05	124.45
44	62.13	78.44	102.00	127.86
45	64.44	80.95	104.85	131.14
46	66.73	83.44	107.63	134.31
47	69.08	85.91	110.38	137.44
48	71.45	88.43	113.19	140.60
49	73.99	91.08	116.14	143.93
50	76.74	94.05	119.45	147.64
51	79.85	97.36	123.14	151.88
52	83.29	101.06	127.35	156.66
53	87.14	105.24	132.06	162.06
54	91.44	109.88	137.38	168.14
55	96.26	115.16	143.35	175.01
56	100.79	119.99	148.74	181.14
57	105.70	125.26	154.69	187.86
58	111.16	131.08	161.24	195.31
59	117.16	137.51	168.45	203.51
60	123.94	144.80	176.66	212.86

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	9.36	13.45	19.13	25.19
21	9.85	14.06	19.91	26.13
22	10.36	14.70	20.74	27.20
23	10.91	15.43	21.66	28.36
24	11.55	16.19	22.69	29.64
25	12.20	17.01	23.76	31.00
26	12.94	17.95	24.94	32.49
27	13.73	18.94	26.24	34.10
28	14.58	20.05	27.64	35.85
29	15.51	21.20	29.14	37.76
30	16.56	22.50	30.81	39.85
31	17.73	23.95	32.69	42.14
32	19.00	25.51	34.73	44.66
33	20.36	27.24	36.88	47.38
34	21.86	29.06	39.24	50.29
35	23.50	31.06	41.76	53.43
36	25.24	33.19	44.45	56.76
37	27.08	35.44	47.31	60.26
38	29.08	37.85	50.35	63.99
39	31.19	40.41	53.55	67.86
40	33.41	43.06	56.85	71.93
41	35.76	45.85	60.30	76.10
42	38.23	48.74	63.86	80.44
43	40.79	51.76	67.55	84.88
44	43.44	54.85	71.29	89.38
45	46.14	57.99	75.08	93.91
46	48.91	61.14	78.86	98.43
47	51.70	64.31	82.66	102.93
48	54.60	67.58	86.49	107.44
49	57.56	70.88	90.36	112.00
50	60.64	74.30	94.36	116.66
51	63.81	77.85	98.49	121.45
52	67.20	81.55	102.79	126.43
53	70.79	85.50	107.30	131.66
54	74.69	89.75	112.20	137.31
55	79.00	94.49	117.63	143.60
56	83.01	98.86	122.58	149.26
57	87.45	103.63	127.99	155.44
58	92.30	108.86	133.91	162.20
59	97.63	114.58	140.36	169.56
60	103.56	120.95	147.58	177.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	39.74	57.08	81.01	106.73
21	42.10	60.13	85.13	111.88
22	44.80	63.66	89.73	117.74
23	47.80	67.49	94.85	124.19
24	50.95	71.58	100.20	130.95
25	54.26	75.79	105.74	137.93
26	57.69	80.10	111.35	144.99
27	61.14	84.44	116.95	151.99
28	64.69	88.81	122.58	158.99
29	68.24	93.24	128.19	165.94
30	71.85	97.58	133.73	172.76
31	75.43	101.91	139.13	179.36
32	79.00	106.16	144.41	185.80
33	82.55	110.35	149.51	192.00
34	86.08	114.45	154.51	198.01
35	89.58	118.45	159.36	203.79
36	93.05	122.41	164.01	209.31
37	96.45	126.26	168.55	214.66
38	99.91	130.06	173.01	219.81
39	103.43	133.95	177.49	225.05
40	107.05	137.95	182.10	230.38
41	110.85	142.13	186.88	235.93
42	114.85	146.49	191.91	241.73
43	119.01	151.06	197.13	247.73
44	123.36	155.76	202.50	253.93
45	127.86	160.64	208.05	260.24
46	132.56	165.69	213.74	266.74
47	137.41	170.91	219.63	273.49
48	142.50	176.38	225.76	280.44
49	147.93	182.20	232.30	287.86
50	153.79	188.49	239.36	295.93
51	160.16	195.31	247.08	304.69
52	167.10	202.80	255.51	314.35
53	174.70	210.99	264.79	324.88
54	183.01	219.95	274.99	336.58
55	192.30	230.00	286.38	349.63
56	200.74	238.95	296.31	360.85
57	209.88	248.64	307.08	373.00
58	219.81	259.24	318.86	386.26
59	230.51	270.58	331.44	400.44
60	242.16	282.91	345.13	415.86

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	20.88	29.99	42.60	56.08
21	22.05	31.50	44.55	58.58
22	23.35	33.14	46.74	61.35
23	24.76	35.00	49.19	64.41
24	26.35	37.00	51.80	67.73
25	28.05	39.16	54.64	71.29
26	29.88	41.49	57.66	75.08
27	31.85	43.95	60.91	79.14
28	33.94	46.60	64.31	83.41
29	36.16	49.43	67.94	87.95
30	38.60	52.44	71.85	92.80
31	41.19	55.63	75.95	97.91
32	43.91	59.01	80.29	103.30
33	46.85	62.63	84.81	108.93
34	49.88	66.36	89.56	114.79
35	53.08	70.20	94.43	120.76
36	56.41	74.23	99.44	126.91
37	59.81	78.30	104.55	133.14
38	63.36	82.50	109.76	139.45
39	67.01	86.81	115.05	145.88
40	70.76	91.20	120.38	152.30
41	74.63	95.64	125.79	158.79
42	78.55	100.16	131.20	165.29
43	82.55	104.74	136.69	171.76
44	86.66	109.43	142.24	178.36
45	90.93	114.20	147.88	185.00
46	95.26	119.10	153.64	191.74
47	99.81	124.14	159.51	198.63
48	104.55	129.41	165.63	205.73
49	109.60	134.95	172.08	213.26
50	115.08	141.00	179.08	221.39
51	121.01	147.63	186.70	230.26
52	127.58	154.80	195.06	239.94
53	134.70	162.70	204.16	250.55
54	142.49	171.24	214.05	262.01
55	151.00	180.64	224.91	274.58
56	158.91	189.14	234.56	285.63
57	167.29	198.19	244.76	297.29
58	176.26	207.88	255.70	309.73
59	185.80	218.08	267.14	322.79
60	195.99	228.95	279.31	336.58

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.29	19.13	27.13	35.73
21	14.00	20.01	28.35	37.24
22	14.81	21.06	29.70	38.94
23	15.73	22.19	31.19	40.85
24	16.69	23.44	32.81	42.91
25	17.74	24.80	34.60	45.16
26	18.94	26.29	36.55	47.58
27	20.19	27.91	38.63	50.23
28	21.58	29.64	40.93	53.08
29	23.08	31.56	43.38	56.14
30	24.74	33.63	46.06	59.50
31	26.56	35.88	48.99	63.16
32	28.55	38.35	52.14	67.10
33	30.66	41.00	55.55	71.35
34	32.99	43.85	59.19	75.86
35	35.45	46.91	63.08	80.69
36	38.14	50.19	67.23	85.79
37	41.00	53.66	71.64	91.20
38	44.06	57.36	76.30	96.94
39	47.31	61.30	81.26	103.00
40	50.86	65.55	86.50	109.44
41	54.60	70.00	92.08	116.24
42	58.60	74.76	97.94	123.36
43	62.85	79.76	104.08	130.80
44	67.29	84.94	110.44	138.44
45	71.86	90.29	116.91	146.24
46	76.58	95.76	123.51	154.16
47	81.50	101.36	130.24	162.16
48	86.55	107.10	137.08	170.29
49	91.79	113.05	144.14	178.63
50	97.30	119.24	151.44	187.20
51	103.10	125.73	159.05	196.10
52	109.19	132.50	166.95	205.41
53	115.69	139.73	175.35	215.16
54	122.69	147.44	184.30	225.60
55	130.30	155.85	194.05	236.91
56	137.41	163.56	202.81	247.00
57	144.99	171.76	212.14	257.66
58	153.14	180.58	222.13	269.06
59	161.74	189.85	232.56	280.95
60	170.91	199.64	243.58	293.49

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	8.43	12.06	17.14	22.56
21	8.95	12.81	18.16	23.85
22	9.63	13.69	19.29	25.29
23	10.36	14.64	20.56	26.93
24	11.16	15.69	21.95	28.73
25	12.05	16.81	23.45	30.63
26	13.00	18.06	25.13	32.69
27	14.05	19.41	26.86	34.93
28	15.16	20.86	28.76	37.30
29	16.38	22.38	30.80	39.88
30	17.73	24.08	33.00	42.63
31	19.16	25.93	35.38	45.63
32	20.76	27.91	37.94	48.80
33	22.44	30.01	40.69	52.26
34	24.30	32.35	43.64	55.93
35	26.30	34.80	46.80	59.86
36	28.44	37.44	50.19	64.05
37	30.80	40.31	53.80	68.50
38	33.30	43.36	57.66	73.26
39	35.99	46.64	61.79	78.31
40	38.88	50.13	66.19	83.73
41	42.01	53.88	70.85	89.44
42	45.38	57.88	75.80	95.50
43	48.95	62.13	81.08	101.91
44	52.79	66.64	86.66	108.64
45	56.91	71.45	92.55	115.76
46	61.24	76.56	98.79	123.29
47	65.88	81.95	105.30	131.10
48	70.76	87.58	112.13	139.26
49	75.86	93.44	119.14	147.64
50	81.14	99.44	126.30	156.14
51	86.63	105.63	133.64	164.79
52	92.29	111.95	141.08	173.56
53	98.16	118.56	148.79	182.56
54	104.38	125.43	156.80	191.93
55	110.99	132.76	165.30	201.81
56	117.01	139.29	172.73	210.35
57	123.29	146.08	180.41	219.10
58	129.93	153.19	188.43	228.26
59	136.86	160.60	196.74	237.73
60	144.23	168.50	205.56	247.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	49.94	71.79	101.91
21	52.86	75.55	106.86
22	56.19	79.79	112.50
23	59.80	84.44	118.66
24	63.73	89.45	125.26
25	67.85	94.74	132.19
26	72.19	100.26	139.35
27	76.70	105.94	146.74
28	81.41	111.80	154.30
29	86.24	117.81	162.01
30	91.26	124.00	169.88
31	96.36	130.24	177.79
32	101.63	136.60	185.74
33	106.98	143.01	193.79
34	112.45	149.56	201.91
35	118.06	156.16	210.05
36	123.80	162.91	218.29
37	129.69	169.74	226.60
38	135.79	176.79	235.10
39	142.13	184.13	243.94
40	148.93	191.91	253.29
41	156.14	200.16	263.20
42	163.81	208.94	273.74
43	171.99	218.26	284.80
44	180.56	227.95	296.36
45	189.51	238.10	308.31
46	198.88	248.63	320.73
47	208.66	259.51	333.50
48	218.86	270.86	346.70
49	229.56	282.73	360.49
50	240.88	295.16	374.88
51	252.80	308.29	389.95
52	265.31	322.01	405.74
53	278.49	336.31	422.10
54	291.86	350.79	438.49
55	305.26	365.14	454.58
56	315.51	375.64	465.76
57	324.99	385.05	475.51
58	333.94	393.80	484.38
59	343.38	403.05	493.76
60	354.51	414.19	505.30

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	29.93	43.00	61.08
21	31.66	45.24	64.00
22	33.63	47.74	67.29
23	35.76	50.49	70.94
24	38.10	53.50	74.91
25	40.66	56.79	79.23
26	43.44	60.35	83.86
27	46.45	64.19	88.86
28	49.70	68.26	94.23
29	53.19	72.69	99.91
30	56.95	77.38	106.00
31	60.99	82.38	112.45
32	65.29	87.75	119.35
33	69.91	93.41	126.58
34	74.74	99.39	134.19
35	79.86	105.65	142.10
36	85.29	112.20	150.36
37	90.94	119.05	158.93
38	96.93	126.18	167.81
39	103.16	133.64	177.08
40	109.74	141.40	186.69
41	116.64	149.53	196.63
42	123.86	157.99	206.99
43	131.45	166.81	217.70
44	139.41	176.00	228.81
45	147.70	185.58	240.30
46	156.43	195.51	252.23
47	165.55	205.91	264.60
48	175.10	216.73	277.38
49	185.16	228.06	290.76
50	195.85	239.99	304.80
51	207.13	252.60	319.51
52	219.05	265.81	334.93
53	231.49	279.58	350.88
54	244.16	293.43	366.80
55	256.69	307.01	382.24
56	266.43	317.19	393.30
57	275.26	326.14	402.79
58	283.55	334.35	411.24
59	292.06	342.80	419.94
60	301.94	352.73	430.35

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	21.73	31.20	44.31
21	23.00	32.81	46.45
22	24.38	34.66	48.86
23	25.99	36.69	51.55
24	27.70	38.93	54.50
25	29.60	41.36	57.73
26	31.73	44.06	61.23
27	34.01	46.99	65.08
28	36.51	50.19	69.23
29	39.26	53.63	73.74
30	42.25	57.41	78.64
31	45.50	61.50	83.95
32	49.06	65.94	89.66
33	52.91	70.74	95.81
34	57.05	75.85	102.38
35	61.49	81.31	109.36
36	66.24	87.14	116.79
37	71.35	93.38	124.69
38	76.81	100.01	133.01
39	82.69	107.13	141.93
40	89.05	114.73	151.44
41	95.85	122.91	161.63
42	103.19	131.60	172.41
43	110.95	140.81	183.79
44	119.16	150.45	195.58
45	127.73	160.43	207.76
46	136.60	170.76	220.26
47	145.81	181.35	233.05
48	155.31	192.24	246.06
49	165.23	203.45	259.44
50	175.49	215.05	273.10
51	186.10	226.93	287.08
52	197.06	239.14	301.31
53	208.36	251.64	315.81
54	219.74	264.10	330.14
55	231.01	276.35	344.06
56	239.85	285.50	354.05
57	247.86	293.69	362.70
58	255.45	301.26	370.55
59	263.31	309.06	378.60
60	272.35	318.16	388.14

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	15.73	22.56	32.05
21	16.76	23.93	33.88
22	17.93	25.50	35.94
23	19.26	27.20	38.23
24	20.70	29.08	40.74
25	22.30	31.14	43.44
26	24.01	33.36	46.38
27	25.86	35.73	49.49
28	27.86	38.29	52.85
29	30.08	41.10	56.50
30	32.49	44.14	60.45
31	35.14	47.50	64.85
32	38.08	51.19	69.60
33	41.26	55.19	74.76
34	44.73	59.49	80.30
35	48.45	64.10	86.23
36	52.45	69.05	92.51
37	56.79	74.31	99.24
38	61.45	80.01	106.41
39	66.44	86.08	114.06
40	71.91	92.63	122.26
41	77.74	99.69	131.08
42	84.08	107.24	140.49
43	90.86	115.30	150.49
44	98.10	123.86	161.00
45	105.80	132.91	172.13
46	113.94	142.43	183.73
47	122.56	152.43	195.86
48	131.64	162.91	208.51
49	141.20	173.88	221.70
50	151.26	185.36	235.43
51	161.88	197.41	249.73
52	172.95	209.91	264.49
53	184.45	222.80	279.63
54	196.06	235.69	294.58
55	207.45	248.19	309.00
56	216.45	257.70	319.51
57	224.49	265.99	328.51
58	231.93	273.50	336.41
59	239.45	281.05	344.26
60	247.95	289.66	353.36

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	13.64	19.58	27.81
21	14.58	20.86	29.50
22	15.69	22.29	31.41
23	16.91	23.91	33.56
24	18.29	25.64	35.91
25	19.74	27.58	38.45
26	21.35	29.64	41.20
27	23.08	31.88	44.14
28	24.94	34.29	47.30
29	27.00	36.86	50.70
30	29.24	39.70	54.41
31	31.66	42.79	58.41
32	34.35	46.14	62.76
33	37.20	49.74	67.41
34	40.31	53.63	72.38
35	43.69	57.76	77.70
36	47.29	62.19	83.35
37	51.13	66.91	89.31
38	55.29	71.99	95.73
39	59.80	77.44	102.60
40	64.73	83.41	110.08
41	70.10	89.88	118.19
42	75.99	96.88	126.94
43	82.30	104.45	136.30
44	89.08	112.50	146.24
45	96.35	121.05	156.74
46	104.06	130.06	167.80
47	112.24	139.58	179.35
48	120.81	149.51	191.38
49	129.80	159.88	203.85
50	139.23	170.64	216.69
51	149.05	181.74	229.93
52	159.16	193.14	243.36
53	169.55	204.74	256.94
54	179.79	216.08	270.08
55	189.55	226.73	282.26
56	196.76	234.24	290.44
57	202.76	240.26	296.73
58	207.91	245.16	301.55
59	213.00	250.00	306.24
60	219.05	255.91	312.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	79.55	114.29
21	83.91	119.86
22	88.74	126.06
23	94.08	132.88
24	99.88	140.24
25	106.06	148.14
26	112.66	156.45
27	119.63	165.23
28	126.95	174.38
29	134.58	183.86
30	142.49	193.60
31	150.60	203.50
32	158.91	213.56
33	167.38	223.76
34	176.06	234.13
35	184.88	244.51
36	193.85	255.06
37	202.99	265.66
38	212.29	276.41
39	221.86	287.36
40	231.81	298.73
41	242.19	310.49
42	252.91	322.60
43	263.91	334.93
44	274.91	347.10
45	285.69	358.91
46	296.10	370.10
47	306.00	380.63
48	315.44	390.41
49	324.29	399.36
50	332.36	407.30
51	339.63	414.14
52	346.00	419.93
53	351.66	424.70
54	356.69	428.70
55	361.08	431.93
56	361.64	431.93
57	361.64	431.93
58	361.64	431.93
59	361.64	431.93
60	361.64	431.93

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	57.41	82.49
21	60.50	86.43
22	63.94	90.81
23	67.79	95.70
24	71.93	101.00
25	76.44	106.74
26	81.31	112.95
27	86.60	119.60
28	92.23	126.69
29	98.20	134.16
30	104.51	142.01
31	111.19	150.24
32	118.14	158.80
33	125.45	167.70
34	133.06	176.93
35	140.95	186.44
36	149.14	196.29
37	157.64	206.35
38	166.41	216.69
39	175.50	227.35
40	184.94	238.30
41	194.69	249.58
42	204.73	261.11
43	214.99	272.80
44	225.23	284.35
45	235.29	295.56
46	245.01	306.30
47	254.38	316.41
48	263.31	325.88
49	271.74	334.64
50	279.49	342.50
51	286.45	349.35
52	292.70	355.23
53	298.26	360.20
54	303.16	364.38
55	307.45	367.79
56	308.30	367.79
57	308.30	367.79
58	308.30	367.79
59	308.30	367.79
60	308.30	367.79

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	47.06	67.63
21	49.63	70.91
22	52.50	74.56
23	55.69	78.63
24	59.16	83.08
25	62.95	87.93
26	67.10	93.25
27	71.64	98.93
28	76.49	105.05
29	81.70	111.60
30	87.26	118.56
31	93.19	125.94
32	99.49	133.73
33	106.13	141.86
34	113.08	150.36
35	120.31	159.16
36	127.86	168.23
37	135.66	177.56
38	143.79	187.20
39	152.26	197.20
40	161.13	207.64
41	170.44	218.49
42	180.13	229.74
43	190.10	241.26
44	200.13	252.70
45	210.05	263.88
46	219.69	274.60
47	228.93	284.76
48	237.74	294.24
49	245.99	302.94
50	253.41	310.55
51	259.91	316.94
52	265.44	322.14
53	270.16	326.30
54	274.26	329.63
55	277.76	332.26
56	278.26	332.26
57	278.26	332.26
58	278.26	332.26
59	278.26	332.26
60	278.26	332.26

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	39.06	56.14
21	41.30	59.01
22	43.81	62.24
23	46.58	65.80
24	49.64	69.73
25	52.99	74.00
26	56.64	78.69
27	60.63	83.73
28	64.91	89.14
29	69.49	94.93
30	74.38	101.05
31	79.58	107.55
32	85.06	114.35
33	90.86	121.49
34	96.99	128.94
35	103.36	136.74
36	110.06	144.80
37	117.05	153.20
38	124.36	161.91
39	132.05	171.01
40	140.10	180.56
41	148.60	190.50
42	157.44	200.81
43	166.64	211.44
44	175.93	222.13
45	185.14	232.58
46	194.19	242.74
47	202.99	252.44
48	211.44	261.66
49	219.44	270.26
50	226.80	277.94
51	233.41	284.64
52	239.23	290.30
53	244.30	295.08
54	248.76	299.01
55	252.63	302.19
56	253.51	302.19
57	253.51	302.19
58	253.51	302.19
59	253.51	302.19
60	254.50	302.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FEMALE
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	33.36	47.91
21	35.41	50.60
22	37.76	53.66
23	40.36	57.05
24	43.26	60.76
25	46.43	64.85
26	49.88	69.29
27	53.63	74.06
28	57.66	79.20
29	61.99	84.66
30	66.56	90.43
31	71.43	96.51
32	76.56	102.91
33	81.95	109.56
34	87.58	116.46
35	93.45	123.63
36	99.56	131.01
37	105.91	138.63
38	112.45	146.45
39	119.35	154.58
40	126.51	163.06
41	134.10	171.93
42	141.99	181.10
43	150.10	190.50
44	158.35	199.93
45	166.51	209.20
46	174.51	218.16
47	182.30	226.73
48	189.73	234.81
49	196.69	242.20
50	202.88	248.61
51	208.23	253.93
52	212.69	258.13
53	216.41	261.35
54	219.55	263.89
55	222.23	265.85
56	222.55	265.85
57	222.55	265.85
58	222.55	265.85
59	222.55	265.85
60	223.23	265.85

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 473

FOR MODES OTHER THAN ANNUAL, MULTIPLY ANNUAL RATE BY CORRESPONDING MODE FACTOR

MODE	
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
D.A. MONTHLY	0.08700

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	17.90	22.59	29.08	36.03
21	18.19	22.94	29.49	36.53
22	18.54	23.35	30.03	37.18
23	18.96	23.85	30.65	37.96
24	19.40	24.40	31.35	38.81
25	19.86	24.96	32.06	39.69
26	20.34	25.54	32.78	40.58
27	20.83	26.10	33.49	41.45
28	21.31	26.69	34.20	42.31
29	21.83	27.29	34.93	43.19
30	22.34	27.89	35.68	44.09
31	22.88	28.53	36.44	44.99
32	23.45	29.16	37.21	45.94
33	24.04	29.84	38.03	46.90
34	24.65	30.54	38.86	47.89
35	25.29	31.26	39.73	48.91
36	25.95	32.03	40.63	49.99
37	26.66	32.83	41.58	51.11
38	27.40	33.68	42.58	52.28
39	28.19	34.55	43.61	53.51
40	29.04	35.49	44.73	54.83
41	29.94	36.51	45.91	56.21
42	30.90	37.58	47.18	57.70
43	31.94	38.74	48.53	59.26
44	33.03	39.96	49.94	60.95
45	34.20	41.26	51.48	62.73
46	35.46	42.68	53.10	64.63
47	36.83	44.18	54.85	66.66
48	38.29	45.79	56.71	68.83
49	39.86	47.53	58.73	71.15
50	41.56	49.39	60.89	73.65
51	43.41	51.43	63.24	76.39
52	45.44	53.66	65.79	79.31
53	47.65	56.08	68.56	82.53
54	50.10	58.75	71.61	86.04
55	52.81	61.71	75.00	89.93
56	55.34	64.44	78.05	93.39
57	58.11	67.39	81.38	97.14
58	61.20	70.68	85.01	101.25
59	64.64	74.34	89.08	105.80
60	68.66	78.59	93.76	111.03

FORM R-448 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	12.33	14.59	17.71	21.08
21	12.43	14.69	17.83	21.20
22	12.53	14.83	17.99	21.39
23	12.68	14.98	18.19	21.64
24	12.83	15.18	18.43	21.94
25	13.01	15.41	18.73	22.30
26	13.23	15.66	19.05	22.71
27	13.48	15.96	19.43	23.19
28	13.74	16.30	19.86	23.71
29	14.05	16.68	20.35	24.31
30	14.40	17.09	20.88	24.96
31	14.78	17.55	21.48	25.70
32	15.19	18.06	22.11	26.51
33	15.65	18.63	22.83	27.39
34	16.14	19.24	23.59	28.33
35	16.68	19.89	24.43	29.36
36	17.28	20.60	25.31	30.46
37	17.90	21.36	26.28	31.63
38	18.58	22.18	27.29	32.86
39	19.30	23.04	28.35	34.16
40	20.04	23.91	29.43	35.48
41	20.84	24.83	30.55	36.83
42	21.64	25.78	31.70	38.20
43	22.49	26.75	32.88	39.63
44	23.38	27.78	34.11	41.09
45	24.33	28.86	35.41	42.63
46	25.34	30.00	36.78	44.24
47	26.41	31.23	38.20	45.94
48	27.56	32.51	39.74	47.74
49	28.80	33.91	41.38	49.66
50	30.16	35.44	43.18	51.75
51	31.66	37.10	45.11	54.04
52	33.33	38.94	47.26	56.54
53	35.15	40.98	49.61	59.26
54	37.15	43.20	52.19	62.24
55	39.40	45.68	55.04	65.55
56	41.53	48.00	57.68	68.56
57	43.88	50.53	60.54	71.84
58	46.48	53.34	63.70	75.41
59	49.40	56.45	67.18	79.33
60	52.80	60.06	71.16	83.78

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	10.08	11.35	13.10	14.99
21	10.10	11.36	13.13	15.03
22	10.13	11.40	13.18	15.08
23	10.18	11.46	13.24	15.16
24	10.24	11.53	13.33	15.28
25	10.30	11.61	13.44	15.41
26	10.39	11.73	13.58	15.58
27	10.50	11.85	13.74	15.78
28	10.61	12.00	13.94	16.03
29	10.76	12.19	14.18	16.31
30	10.94	12.39	14.44	16.65
31	11.14	12.64	14.78	17.05
32	11.36	12.94	15.15	17.53
33	11.64	13.26	15.58	18.06
34	11.95	13.64	16.06	18.68
35	12.30	14.09	16.63	19.36
36	12.69	14.58	17.24	20.14
37	13.13	15.11	17.93	21.00
38	13.61	15.71	18.69	21.95
39	14.18	16.39	19.54	22.99
40	14.78	17.13	20.46	24.13
41	15.44	17.93	21.48	25.35
42	16.18	18.79	22.56	26.69
43	16.96	19.74	23.73	28.13
44	17.81	20.75	24.98	29.63
45	18.74	21.83	26.30	31.23
46	19.71	22.96	27.68	32.89
47	20.74	24.16	29.14	34.65
48	21.85	25.44	30.68	36.48
49	23.01	26.79	32.30	38.40
50	24.28	28.20	33.98	40.40
51	25.60	29.73	35.78	42.50
52	27.05	31.34	37.68	44.73
53	28.61	33.08	39.69	47.10
54	30.30	34.96	41.89	49.65
55	32.21	37.06	44.33	52.46
56	34.01	39.05	46.59	55.06
57	36.03	41.23	49.05	57.89
58	38.26	43.64	51.78	60.98
59	40.78	46.33	54.79	64.35
60	43.73	49.45	58.24	68.19

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	18.85	23.95	31.00	38.56
21	19.15	24.31	31.46	39.11
22	19.54	24.79	32.03	39.81
23	19.99	25.33	32.73	40.66
24	20.49	25.93	33.48	41.60
25	21.00	26.55	34.28	42.58
26	21.53	27.19	35.08	43.56
27	22.08	27.84	35.89	44.55
28	22.63	28.50	36.70	45.55
29	23.21	29.19	37.56	46.59
30	23.84	29.91	38.45	47.68
31	24.48	30.68	39.38	48.79
32	25.16	31.48	40.36	49.98
33	25.89	32.33	41.38	51.21
34	26.65	33.20	42.46	52.50
35	27.45	34.14	43.60	53.88
36	28.33	35.15	44.81	55.34
37	29.25	36.21	46.10	56.89
38	30.25	37.36	47.49	58.53
39	31.31	38.58	48.95	60.29
40	32.45	39.90	50.54	62.19
41	33.70	41.33	52.25	64.21
42	35.04	42.86	54.09	66.40
43	36.48	44.50	56.06	68.75
44	38.04	46.29	58.18	71.25
45	39.73	48.19	60.46	73.95
46	41.54	50.26	62.90	76.84
47	43.50	52.48	65.54	79.95
48	45.61	54.86	68.34	83.26
49	47.90	57.43	71.35	86.80
50	50.36	60.18	74.59	90.60
51	53.03	63.15	78.08	94.68
52	55.93	66.39	81.84	99.06
53	59.08	69.89	85.90	103.78
54	62.51	73.69	90.29	108.90
55	66.31	77.85	95.11	114.48
56	69.86	81.71	99.49	119.49
57	73.69	85.84	104.14	124.80
58	77.85	90.31	109.19	130.53
59	82.38	95.16	114.60	136.61
60	87.43	100.51	120.51	143.25

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.14	15.78	19.39	23.26
21	13.26	15.90	19.54	23.45
22	13.41	16.08	19.75	23.71
23	13.59	16.29	20.01	24.04
24	13.80	16.54	20.34	24.43
25	14.04	16.83	20.71	24.88
26	14.31	17.16	21.13	25.41
27	14.61	17.54	21.61	26.01
28	14.95	17.95	22.15	26.69
29	15.34	18.44	22.76	27.44
30	15.78	18.98	23.45	28.29
31	16.26	19.55	24.20	29.24
32	16.79	20.21	25.04	30.26
33	17.38	20.94	25.95	31.40
34	18.01	21.71	26.95	32.63
35	18.70	22.58	28.04	33.98
36	19.49	23.51	29.23	35.44
37	20.33	24.53	30.50	37.00
38	21.23	25.61	31.86	38.68
39	22.19	26.78	33.31	40.45
40	23.21	28.00	34.83	42.29
41	24.31	29.29	36.43	44.23
42	25.46	30.65	38.09	46.26
43	26.69	32.09	39.85	48.38
44	28.01	33.61	41.71	50.60
45	29.41	35.24	43.69	52.98
46	30.93	37.00	45.80	55.50
47	32.58	38.89	48.05	58.19
48	34.34	40.90	50.48	61.05
49	36.25	43.08	53.06	64.13
50	38.33	45.44	55.86	67.45
51	40.61	48.01	58.91	71.05
52	43.11	50.84	62.23	74.95
53	45.84	53.89	65.83	79.16
54	48.81	57.21	69.70	83.70
55	52.11	60.88	73.96	88.65
56	55.21	64.29	77.88	93.15
57	58.56	67.93	82.03	97.93
58	62.21	71.88	86.51	103.04
59	66.16	76.11	91.26	108.43
60	70.54	80.79	96.45	114.24

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	10.84	12.44	14.66	17.04
21	10.89	12.50	14.73	17.13
22	10.95	12.58	14.83	17.25
23	11.04	12.69	14.96	17.40
24	11.14	12.81	15.11	17.61
25	11.26	12.96	15.31	17.84
26	11.41	13.14	15.55	18.14
27	11.59	13.35	15.81	18.48
28	11.78	13.59	16.14	18.86
29	12.00	13.86	16.50	19.31
30	12.26	14.20	16.91	19.85
31	12.56	14.58	17.40	20.45
32	12.91	15.01	17.95	21.14
33	13.30	15.49	18.58	21.94
34	13.74	16.04	19.29	22.81
35	14.24	16.66	20.09	23.80
36	14.81	17.36	20.98	24.91
37	15.44	18.14	21.96	26.15
38	16.15	19.00	23.06	27.50
39	16.93	19.96	24.28	28.99
40	17.79	21.00	25.60	30.63
41	18.75	22.18	27.06	32.43
42	19.81	23.44	28.65	34.35
43	20.98	24.83	30.36	36.45
44	22.21	26.30	32.20	38.69
45	23.56	27.90	34.16	41.05
46	25.00	29.60	36.25	43.58
47	26.56	31.40	38.44	46.23
48	28.23	33.33	40.76	49.01
49	29.99	35.35	43.23	51.95
50	31.88	37.53	45.81	55.03
51	33.89	39.81	48.55	58.28
52	36.06	42.28	51.46	61.70
53	38.41	44.93	54.56	65.34
54	40.96	47.78	57.90	69.25
55	43.76	50.89	61.53	73.49
56	46.44	53.84	64.93	77.39
57	49.33	57.00	68.53	81.54
58	52.51	60.44	72.44	86.00
59	55.96	64.16	76.60	90.73
60	59.80	68.25	81.15	95.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	8.85	9.60	10.61	11.71
21	8.89	9.64	10.68	11.80
22	8.93	9.69	10.76	11.93
23	8.99	9.78	10.88	12.06
24	9.05	9.88	11.01	12.24
25	9.14	9.99	11.15	12.43
26	9.24	10.11	11.34	12.64
27	9.34	10.25	11.51	12.89
28	9.46	10.40	11.73	13.16
29	9.60	10.59	11.98	13.46
30	9.76	10.79	12.25	13.83
31	9.95	11.03	12.58	14.23
32	10.15	11.31	12.94	14.69
33	10.40	11.63	13.34	15.20
34	10.68	11.98	13.80	15.78
35	11.00	12.36	14.31	16.41
36	11.35	12.81	14.89	17.14
37	11.75	13.31	15.53	17.93
38	12.20	13.85	16.21	18.80
39	12.69	14.46	17.00	19.76
40	13.24	15.14	17.86	20.83
41	13.85	15.89	18.79	21.98
42	14.54	16.70	19.81	23.24
43	15.28	17.59	20.94	24.60
44	16.09	18.56	22.15	26.09
45	17.00	19.65	23.49	27.70
46	18.00	20.84	24.95	29.49
47	19.10	22.13	26.53	31.39
48	20.29	23.51	28.23	33.44
49	21.58	24.99	30.01	35.58
50	22.93	26.55	31.89	37.80
51	24.35	28.19	33.84	40.13
52	25.89	29.91	35.89	42.53
53	27.50	31.74	38.03	45.05
54	29.26	33.70	40.31	47.71
55	31.19	35.84	42.80	50.60
56	33.00	37.83	45.08	53.23
57	34.96	39.98	47.51	55.99
58	37.14	42.31	50.14	58.99
59	39.53	44.86	52.98	62.16
60	42.26	47.76	56.16	65.70

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	22.64	29.01	37.79
21	23.00	29.44	38.30
22	23.45	29.98	38.95
23	23.96	30.60	39.74
24	24.54	31.29	40.61
25	25.15	32.03	41.56
26	25.80	32.83	42.55
27	26.48	33.64	43.58
28	27.19	34.50	44.66
29	27.96	35.43	45.81
30	29.53	37.31	48.14
31	30.41	38.38	49.44
32	31.36	39.51	50.86
33	32.39	40.74	52.36
34	33.49	42.04	53.99
35	34.68	43.45	55.73
36	35.96	44.98	57.63
37	37.36	46.63	59.65
38	38.88	48.40	61.85
39	40.51	50.35	64.21
40	44.43	54.98	69.86
41	46.39	57.29	72.69
42	48.53	59.79	75.74
43	50.85	62.50	79.04
44	53.36	65.43	82.59
45	56.10	68.59	86.43
46	59.06	72.01	90.54
47	62.26	75.69	94.96
48	65.70	79.63	99.68
49	69.39	83.81	104.69
50	77.23	92.71	114.96
51	81.46	97.46	120.58
52	85.95	102.51	126.53
53	90.71	107.83	132.74
54	95.68	113.34	139.13
55	100.79	118.94	145.58
56	105.13	123.59	150.79
57	109.39	128.09	155.75
58	113.70	132.60	160.65
59	118.30	137.35	165.81
60	123.54	142.80	171.68

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	16.70	20.50	25.69
21	16.89	20.70	25.93
22	17.11	20.96	26.26
23	17.36	21.28	26.65
24	17.66	21.64	27.13
25	18.01	22.08	27.66
26	18.41	22.56	28.29
27	18.86	23.11	29.01
28	19.36	23.74	29.81
29	19.93	24.45	30.71
30	21.29	26.14	32.81
31	22.00	27.01	33.93
32	22.78	27.96	35.16
33	23.64	29.04	36.53
34	24.60	30.21	38.03
35	25.65	31.50	39.66
36	26.80	32.93	41.46
37	28.08	34.46	43.43
38	29.46	36.15	45.54
39	30.95	37.95	47.80
40	34.68	42.43	53.30
41	36.43	44.50	55.89
42	38.30	46.75	58.65
43	40.31	49.14	61.61
44	42.51	51.73	64.76
45	44.90	54.50	68.18
46	47.46	57.51	71.85
47	50.26	60.76	75.79
48	53.26	64.24	79.99
49	56.51	67.95	84.46
50	63.89	76.36	94.21
51	67.65	80.64	99.29
52	71.65	85.18	104.68
53	75.93	89.98	110.33
54	80.36	94.93	116.11
55	84.93	99.95	121.94
56	88.81	104.18	126.70
57	92.60	108.20	131.19
58	96.43	112.21	135.59
59	100.48	116.44	140.18
60	105.09	121.24	145.36

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	14.31	17.05	20.79
21	14.43	17.18	20.95
22	14.56	17.34	21.14
23	14.73	17.54	21.40
24	14.93	17.79	21.73
25	15.16	18.08	22.09
26	15.43	18.41	22.51
27	15.73	18.79	23.01
28	16.08	19.24	23.58
29	16.46	19.73	24.23
30	17.66	21.21	26.05
31	18.19	21.85	26.90
32	18.78	22.60	27.84
33	19.44	23.43	28.91
34	20.20	24.35	30.11
35	21.03	25.40	31.46
36	21.98	26.56	32.95
37	23.01	27.86	34.59
38	24.19	29.29	36.41
39	25.48	30.86	38.41
40	29.03	35.15	43.69
41	30.61	37.08	46.10
42	32.38	39.19	48.76
43	34.30	41.49	51.63
44	36.39	43.98	54.70
45	38.64	46.65	58.00
46	41.08	49.51	61.51
47	43.68	52.58	65.25
48	46.46	55.81	69.19
49	49.43	59.24	73.34
50	56.48	67.28	82.65
51	59.80	71.08	87.19
52	63.31	75.05	91.90
53	67.01	79.20	96.81
54	70.85	83.49	101.80
55	74.79	87.83	106.84
56	78.15	91.48	110.98
57	81.48	95.00	114.89
58	84.83	98.54	118.78
59	88.41	102.28	122.84
60	92.51	106.55	127.44

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	12.18	13.98	16.43
21	12.25	14.08	16.56
22	12.35	14.21	16.75
23	12.48	14.38	16.95
24	12.63	14.56	17.20
25	12.80	14.79	17.50
26	12.98	15.03	17.80
27	13.19	15.29	18.16
28	13.43	15.58	18.55
29	13.69	15.93	19.00
30	14.74	17.24	20.61
31	15.10	17.69	21.21
32	15.53	18.23	21.90
33	16.01	18.83	22.70
34	16.55	19.51	23.58
35	17.15	20.26	24.55
36	17.83	21.11	25.64
37	18.58	22.05	26.84
38	19.43	23.09	28.16
39	20.36	24.23	29.61
40	23.49	28.03	34.29
41	24.65	29.43	36.05
42	25.93	30.96	37.99
43	27.33	32.64	40.09
44	28.86	34.49	42.36
45	30.55	36.50	44.85
46	32.40	38.69	47.56
47	34.43	41.08	50.49
48	36.63	43.61	53.60
49	38.95	46.35	56.91
50	45.38	53.69	65.40
51	48.08	56.76	69.10
52	50.93	60.01	72.98
53	53.95	63.44	77.01
54	57.06	66.93	81.11
55	60.25	70.44	85.20
56	62.95	73.38	88.53
57	65.58	76.18	91.63
58	68.20	78.93	94.64
59	71.01	81.85	97.80
60	74.25	85.23	101.43

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	11.74	13.35	15.55
21	11.81	13.45	15.68
22	11.93	13.59	15.85
23	12.03	13.74	16.06
24	12.18	13.94	16.31
25	12.34	14.13	16.59
26	12.50	14.36	16.90
27	12.71	14.61	17.25
28	12.94	14.91	17.63
29	13.19	15.23	18.04
30	14.21	16.51	19.61
31	14.55	16.93	20.18
32	14.93	17.41	20.80
33	15.35	17.98	21.51
34	15.84	18.56	22.31
35	16.39	19.25	23.19
36	17.00	20.01	24.16
37	17.66	20.85	25.23
38	18.41	21.76	26.41
39	19.26	22.81	27.74
40	22.31	26.48	32.25
41	23.36	27.78	33.86
42	24.54	29.19	35.66
43	25.84	30.76	37.63
44	27.28	32.48	39.75
45	28.85	34.35	42.09
46	30.59	36.41	44.63
47	32.49	38.65	47.38
48	34.54	41.04	50.30
49	36.73	43.60	53.40
50	42.98	50.73	61.64
51	45.45	53.56	65.05
52	48.06	56.54	68.59
53	50.80	59.63	72.24
54	53.59	62.74	75.88
55	56.36	65.81	79.43
56	58.64	68.25	82.15
57	60.76	70.48	84.59
58	62.83	72.60	86.85
59	65.05	74.85	89.24
60	67.70	77.56	92.09

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	31.25	41.23
21	31.73	41.75
22	32.30	42.43
23	32.96	43.21
24	33.70	44.10
25	34.53	45.09
26	35.41	46.16
27	36.38	47.31
28	37.40	48.55
29	38.51	49.89
30	41.49	53.45
31	42.78	54.99
32	44.18	56.66
33	45.66	58.43
34	47.26	60.34
35	48.99	62.39
36	50.85	64.59
37	52.85	66.96
38	54.99	69.50
39	57.31	72.23
40	63.95	79.95
41	66.64	83.10
42	69.53	86.45
43	72.59	90.00
44	75.80	93.71
45	79.18	97.58
46	82.69	101.58
47	86.30	105.66
48	90.03	109.83
49	93.76	114.00
50	100.41	120.98
51	104.09	124.94
52	107.66	128.79
53	111.21	132.51
54	114.70	136.16
55	118.13	139.68
56	120.51	141.94
57	122.70	143.90
58	124.80	145.75
59	127.23	147.95
60	130.53	151.08

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	24.91	32.11
21	25.19	32.44
22	25.55	32.84
23	25.95	33.33
24	26.44	33.89
25	26.98	34.56
26	27.61	35.31
27	28.30	36.18
28	29.10	37.14
29	29.96	38.19
30	32.70	41.50
31	33.74	42.78
32	34.91	44.20
33	36.18	45.74
34	37.55	47.43
35	39.06	49.28
36	40.73	51.28
37	42.51	53.45
38	44.46	55.79
39	46.56	58.29
40	52.95	65.79
41	55.35	68.64
42	57.93	71.65
43	60.63	74.83
44	63.48	78.14
45	66.44	81.59
46	69.54	85.13
47	72.73	88.78
48	76.00	92.49
49	79.31	96.19
50	85.53	102.71
51	88.76	106.25
52	91.93	109.68
53	95.06	113.01
54	98.14	116.25
55	101.14	119.38
56	103.25	121.38
57	105.14	123.11
58	106.95	124.71
59	109.04	126.60
60	111.88	129.30

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	22.23	28.26
21	22.44	28.50
22	22.71	28.80
23	23.04	29.18
24	23.39	29.63
25	23.83	30.15
26	24.31	30.75
27	24.86	31.41
28	25.49	32.19
29	26.19	33.05
30	28.75	36.14
31	29.61	37.20
32	30.59	38.39
33	31.64	39.69
34	32.81	41.13
35	34.10	42.70
36	35.51	44.43
37	37.05	46.30
38	38.74	48.33
39	40.55	50.53
40	46.70	57.71
41	48.86	60.30
42	51.20	63.08
43	53.69	66.01
44	56.30	69.10
45	59.04	72.29
46	61.89	75.58
47	64.83	78.94
48	67.81	82.34
49	70.79	85.70
50	76.64	91.83
51	79.45	94.91
52	82.15	97.83
53	84.76	100.60
54	87.33	103.25
55	89.81	105.83
56	91.58	107.48
57	93.16	108.93
58	94.74	110.31
59	96.58	111.98
60	99.09	114.38

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	19.91	24.94
21	20.09	25.14
22	20.29	25.36
23	20.54	25.68
24	20.84	26.03
25	21.16	26.44
26	21.56	26.91
27	21.99	27.44
28	22.48	28.05
29	23.04	28.74
30	25.43	31.61
31	26.10	32.46
32	26.88	33.39
33	27.70	34.44
34	28.63	35.56
35	29.64	36.80
36	30.75	38.16
37	31.98	39.64
38	33.30	41.24
39	34.73	42.96
40	40.43	49.65
41	42.13	51.69
42	43.96	53.85
43	45.91	56.15
44	47.96	58.56
45	50.13	61.08
46	52.36	63.68
47	54.69	66.33
48	57.05	69.01
49	59.40	71.66
50	64.60	77.08
51	66.78	79.45
52	68.84	81.65
53	70.80	83.73
54	72.69	85.66
55	74.49	87.50
56	75.68	88.55
57	76.70	89.41
58	77.68	90.19
59	78.89	91.21
60	80.71	92.89

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	18.70	23.20
21	18.88	23.41
22	19.10	23.68
23	19.35	23.99
24	19.64	24.35
25	19.99	24.79
26	20.36	25.26
27	20.79	25.79
28	21.26	26.39
29	21.78	27.04
30	24.15	29.89
31	24.80	30.70
32	25.51	31.58
33	26.29	32.53
34	27.14	33.59
35	28.06	34.73
36	29.08	35.95
37	30.16	37.29
38	31.36	38.73
39	32.64	40.26
40	38.18	46.75
41	39.69	48.55
42	41.33	50.48
43	43.05	52.53
44	44.88	54.68
45	46.80	56.90
46	48.79	59.20
47	50.85	61.55
48	52.95	63.94
49	55.00	66.26
50	59.90	71.33
51	61.74	73.31
52	63.45	75.11
53	65.05	76.78
54	66.58	78.31
55	68.06	79.79
56	69.03	80.64
57	69.90	81.36
58	70.80	82.09
59	71.93	83.06
60	73.65	84.64

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	11.94	17.15	24.35	32.08
21	12.36	17.66	24.99	32.85
22	12.86	18.28	25.76	33.80
23	13.44	18.98	26.66	34.91
24	14.05	19.74	27.63	36.10
25	14.69	20.50	28.61	37.31
26	15.33	21.28	29.59	38.51
27	15.96	22.05	30.54	39.69
28	16.63	22.83	31.50	40.85
29	17.29	23.61	32.48	42.03
30	17.99	24.43	33.46	43.24
31	18.70	25.28	34.50	44.48
32	19.46	26.15	35.56	45.78
33	20.25	27.06	36.68	47.10
34	21.09	28.04	37.84	48.50
35	21.98	29.05	39.08	49.99
36	22.93	30.15	40.40	51.56
37	23.93	31.31	41.81	53.24
38	25.00	32.56	43.30	55.03
39	26.16	33.89	44.91	56.94
40	27.41	35.33	46.64	59.00
41	28.76	36.88	48.50	61.21
42	30.23	38.54	50.50	63.60
43	31.78	40.34	52.64	66.15
44	33.46	42.25	54.93	68.88
45	35.26	44.30	57.35	71.76
46	37.19	46.48	59.96	74.84
47	39.25	48.80	62.73	78.09
48	41.44	51.28	65.65	81.54
49	43.79	53.93	68.75	85.19
50	46.29	56.73	72.04	89.06
51	48.98	59.73	75.55	93.16
52	51.86	62.94	79.30	97.55
53	54.98	66.40	83.33	102.25
54	58.38	70.15	87.69	107.33
55	62.11	74.30	92.49	112.91
56	65.63	78.14	96.89	117.98
57	69.43	82.26	101.60	123.40
58	73.56	86.74	106.70	129.25
59	78.01	91.58	112.16	135.51
60	82.91	96.86	118.18	142.40

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	5.71	8.23	11.66	15.36
21	5.89	8.40	11.89	15.64
22	6.08	8.64	12.18	15.96
23	6.30	8.90	12.50	16.39
24	6.55	9.21	12.88	16.84
25	6.83	9.54	13.31	17.36
26	7.14	9.91	13.79	17.94
27	7.46	10.33	14.30	18.58
28	7.85	10.78	14.86	19.29
29	8.26	11.28	15.53	20.09
30	8.73	11.85	16.25	20.99
31	9.25	12.50	17.05	21.99
32	9.84	13.21	17.98	23.11
33	10.48	14.00	18.98	24.35
34	11.19	14.86	20.05	25.71
35	11.95	15.80	21.25	27.18
36	12.79	16.81	22.53	28.75
37	13.68	17.90	23.89	30.43
38	14.65	19.06	25.35	32.23
39	15.68	20.30	26.90	34.10
40	16.76	21.60	28.51	36.08
41	17.91	22.96	30.20	38.11
42	19.11	24.38	31.95	40.24
43	20.39	25.86	33.76	42.44
44	21.74	27.44	35.68	44.73
45	23.16	29.10	37.68	47.14
46	24.68	30.84	39.78	49.65
47	26.28	32.69	42.00	52.29
48	27.99	34.65	44.34	55.08
49	29.81	36.73	46.83	58.03
50	31.81	38.98	49.50	61.20
51	33.96	41.40	52.39	64.60
52	36.30	44.05	55.50	68.28
53	38.85	46.91	58.88	72.25
54	41.63	50.03	62.54	76.55
55	44.70	53.46	66.56	81.26
56	47.65	56.73	70.34	85.66
57	50.83	60.23	74.36	90.33
58	54.26	63.99	78.71	95.35
59	57.95	68.03	83.33	100.68
60	61.96	72.38	88.30	106.41

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	3.25	4.69	6.65	8.76
21	3.34	4.78	6.75	8.88
22	3.44	4.89	6.89	9.03
23	3.55	5.01	7.04	9.21
24	3.68	5.16	7.21	9.43
25	3.81	5.33	7.43	9.69
26	3.98	5.53	7.68	10.00
27	4.16	5.75	7.95	10.35
28	4.36	6.01	8.29	10.75
29	4.61	6.31	8.68	11.23
30	4.90	6.66	9.13	11.80
31	5.23	7.06	9.65	12.45
32	5.63	7.54	10.26	13.20
33	6.05	8.08	10.96	14.06
34	6.54	8.69	11.74	15.04
35	7.09	9.38	12.61	16.14
36	7.70	10.14	13.59	17.34
37	8.40	11.00	14.69	18.69
38	9.16	11.94	15.88	20.16
39	10.01	12.96	17.18	21.78
40	10.94	14.09	18.60	23.54
41	11.95	15.31	20.14	25.43
42	13.05	16.64	21.79	27.45
43	14.23	18.06	23.58	29.63
44	15.51	19.59	25.46	31.91
45	16.89	21.21	27.46	34.36
46	18.36	22.95	29.61	36.95
47	19.93	24.80	31.86	39.68
48	21.61	26.75	34.24	42.53
49	23.38	28.80	36.71	45.51
50	25.26	30.96	39.31	48.61
51	27.25	33.23	42.03	51.84
52	29.36	35.64	44.90	55.21
53	31.60	38.16	47.90	58.78
54	34.04	40.91	51.14	62.60
55	36.71	43.93	54.68	66.76
56	39.30	46.79	58.01	70.64
57	42.09	49.86	61.58	74.79
58	45.09	53.18	65.40	79.23
59	48.30	56.69	69.44	83.90
60	51.76	60.48	73.78	88.90

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.64	19.61	27.84	36.68
21	14.13	20.18	28.55	37.54
22	14.69	20.88	29.43	38.61
23	15.34	21.66	30.45	39.86
24	16.04	22.51	31.53	41.21
25	16.76	23.43	32.65	42.61
26	17.51	24.33	33.81	44.01
27	18.28	25.24	34.95	45.44
28	19.05	26.18	36.14	46.85
29	19.88	27.16	37.34	48.34
30	20.75	28.19	38.63	49.90
31	21.69	29.29	39.99	51.56
32	22.65	30.46	41.41	53.31
33	23.71	31.71	42.96	55.18
34	24.85	33.05	44.60	57.16
35	26.06	34.48	46.39	59.31
36	27.40	36.05	48.30	61.64
37	28.83	37.74	50.38	64.16
38	30.39	39.56	52.63	66.89
39	32.09	41.58	55.08	69.83
40	33.95	43.74	57.75	73.06
41	35.98	46.11	60.65	76.56
42	38.19	48.70	63.81	80.36
43	40.59	51.50	67.21	84.48
44	43.19	54.54	70.89	88.89
45	46.01	57.80	74.85	93.63
46	49.05	61.33	79.09	98.71
47	52.34	65.10	83.65	104.15
48	55.86	69.15	88.51	109.94
49	59.65	73.46	93.68	116.08
50	63.71	78.08	99.16	122.59
51	68.06	83.01	105.00	129.50
52	72.75	88.29	111.24	136.84
53	77.79	93.95	117.90	144.68
54	83.24	100.08	125.06	153.08
55	89.19	106.70	132.84	162.18
56	94.83	112.89	139.99	170.46
57	100.81	119.45	147.54	179.19
58	107.24	126.48	155.56	188.44
59	113.98	133.76	163.86	197.98
60	121.01	141.38	172.48	207.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	7.20	10.35	14.70	19.36
21	7.43	10.61	15.01	19.74
22	7.69	10.91	15.40	20.21
23	7.99	11.28	15.85	20.76
24	8.33	11.70	16.38	21.40
25	8.71	12.15	16.95	22.13
26	9.13	12.68	17.61	22.93
27	9.59	13.23	18.31	23.81
28	10.09	13.85	19.13	24.80
29	10.65	14.55	20.01	25.91
30	11.29	15.34	21.01	27.15
31	12.00	16.23	22.15	28.56
32	12.81	17.21	23.43	30.14
33	13.70	18.31	24.83	31.88
34	14.69	19.53	26.35	33.79
35	15.76	20.85	28.05	35.86
36	16.95	22.31	29.89	38.14
37	18.25	23.88	31.89	40.60
38	19.65	25.59	34.05	43.25
39	21.19	27.44	36.35	46.09
40	22.83	29.41	38.81	49.13
41	24.59	31.53	41.45	52.33
42	26.48	33.79	44.25	55.73
43	28.51	36.19	47.23	59.35
44	30.71	38.78	50.40	63.20
45	33.08	41.54	53.80	67.30
46	35.61	44.53	57.43	71.66
47	38.36	47.71	61.30	76.34
48	41.33	51.14	65.45	81.30
49	44.50	54.81	69.89	86.60
50	47.96	58.78	74.64	92.28
51	51.71	63.08	79.78	98.39
52	55.79	67.70	85.31	104.94
53	60.19	72.71	91.25	111.96
54	64.98	78.11	97.64	119.50
55	70.19	83.96	104.53	127.61
56	75.18	89.49	110.96	135.11
57	80.44	95.31	117.70	142.96
58	86.06	101.49	124.83	151.20
59	91.90	107.88	132.14	159.64
60	97.96	114.44	139.63	168.23

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	4.60	6.63	9.40	12.38
21	4.74	6.79	9.60	12.61
22	4.91	6.96	9.84	12.89
23	5.09	7.20	10.11	13.24
24	5.31	7.45	10.45	13.64
25	5.55	7.76	10.83	14.11
26	5.83	8.10	11.25	14.66
27	6.14	8.49	11.75	15.28
28	6.50	8.91	12.31	15.96
29	6.90	9.41	12.95	16.76
30	7.36	9.99	13.69	17.68
31	7.88	10.64	14.54	18.74
32	8.49	11.39	15.49	19.95
33	9.15	12.24	16.58	21.29
34	9.91	13.19	17.80	22.81
35	10.78	14.25	19.16	24.50
36	11.74	15.44	20.70	26.40
37	12.81	16.76	22.38	28.50
38	13.99	18.23	24.24	30.79
39	15.31	19.84	26.29	33.33
40	16.78	21.61	28.54	36.10
41	18.39	23.58	31.00	39.14
42	20.16	25.71	33.69	42.44
43	22.10	28.04	36.59	45.99
44	24.20	30.55	39.73	49.80
45	26.48	33.26	43.08	53.88
46	28.94	36.18	46.66	58.24
47	31.59	39.29	50.49	62.86
48	34.43	42.60	54.54	67.75
49	37.45	46.11	58.80	72.88
50	40.68	49.86	63.31	78.28
51	44.13	53.81	68.06	83.95
52	47.80	58.01	73.09	89.91
53	51.74	62.48	78.41	96.21
54	55.98	67.28	84.10	102.94
55	60.60	72.49	90.25	110.18
56	65.04	77.41	95.99	116.90
57	69.75	82.64	102.05	123.96
58	74.79	88.19	108.46	131.40
59	80.01	93.93	115.05	139.00
60	85.43	99.79	121.75	146.70

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	2.89	4.15	5.90	7.76
21	3.01	4.31	6.10	8.03
22	3.18	4.50	6.35	8.33
23	3.35	4.73	6.65	8.71
24	3.55	4.98	6.99	9.13
25	3.78	5.28	7.34	9.59
26	4.03	5.58	7.76	10.10
27	4.29	5.93	8.20	10.66
28	4.59	6.31	8.71	11.29
29	4.94	6.74	9.26	11.99
30	5.31	7.21	9.89	12.79
31	5.75	7.76	10.60	13.68
32	6.23	8.39	11.40	14.68
33	6.79	9.06	12.30	15.79
34	7.40	9.85	13.29	17.03
35	8.10	10.71	14.40	18.41
36	8.88	11.66	15.65	19.96
37	9.74	12.75	17.03	21.69
38	10.71	13.95	18.55	23.58
39	11.80	15.28	20.24	25.66
40	12.99	16.75	22.10	27.95
41	14.33	18.36	24.15	30.48
42	15.79	20.14	26.39	33.24
43	17.41	22.10	28.83	36.23
44	19.19	24.24	31.51	39.51
45	21.16	26.60	34.45	43.09
46	23.35	29.19	37.66	47.00
47	25.74	32.01	41.14	51.23
48	28.33	35.05	44.86	55.74
49	31.09	38.29	48.81	60.50
50	34.04	41.70	52.96	65.46
51	37.14	45.29	57.29	70.65
52	40.41	49.05	61.81	76.04
53	43.91	53.03	66.55	81.65
54	47.63	57.23	71.54	87.56
55	51.60	61.71	76.84	93.81
56	55.35	65.90	81.71	99.50
57	59.26	70.23	86.73	105.34
58	63.39	74.75	91.96	111.39
59	67.66	79.41	97.29	117.54
60	72.08	84.20	102.73	123.76

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	19.04	26.96	37.88
21	19.61	27.65	38.73
22	20.29	28.48	39.75
23	21.09	29.43	40.98
24	21.94	30.49	42.31
25	22.85	31.61	43.74
26	23.83	32.80	45.24
27	24.85	34.05	46.81
28	25.95	35.36	48.49
29	27.13	36.80	50.28
30	29.13	39.24	53.30
31	30.51	40.90	55.40
32	32.00	42.73	57.68
33	33.64	44.69	60.14
34	35.43	46.84	62.84
35	37.38	49.19	65.79
36	39.51	51.76	69.01
37	41.88	54.59	72.53
38	44.45	57.69	76.40
39	47.29	61.09	80.61
40	52.53	67.35	88.33
41	55.99	71.49	93.45
42	59.80	76.00	99.04
43	63.96	80.91	105.10
44	68.49	86.28	111.68
45	73.43	92.05	118.78
46	78.79	98.33	126.43
47	84.58	105.08	134.63
48	90.79	112.26	143.35
49	97.44	119.93	152.59
50	108.43	132.46	167.30
51	115.95	141.04	177.54
52	123.90	150.06	188.24
53	132.26	159.48	199.36
54	140.88	169.10	210.65
55	149.59	178.78	221.90
56	156.95	186.74	230.93
57	163.98	194.23	239.29
58	170.83	201.44	247.24
59	177.85	208.79	255.28
60	185.46	216.74	263.99

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	12.18	17.09	23.85
21	12.50	17.50	24.35
22	12.91	17.99	24.95
23	13.36	18.54	25.68
24	13.90	19.19	26.50
25	14.48	19.91	27.43
26	15.15	20.74	28.48
27	15.88	21.64	29.63
28	16.68	22.64	30.91
29	17.58	23.76	32.36
30	19.35	25.94	35.08
31	20.49	27.38	36.91
32	21.76	28.95	38.95
33	23.20	30.73	41.23
34	24.79	32.69	43.73
35	26.54	34.85	46.50
36	28.48	37.23	49.53
37	30.61	39.86	52.86
38	32.96	42.71	56.48
39	35.53	45.84	60.41
40	40.43	51.78	67.76
41	43.50	55.46	72.39
42	46.84	59.49	77.40
43	50.48	63.81	82.78
44	54.43	68.51	88.59
45	58.74	73.60	94.88
46	63.43	79.13	101.65
47	68.51	85.09	108.95
48	73.99	91.48	116.73
49	79.88	98.30	125.00
50	90.10	110.01	138.78
51	96.85	117.76	148.08
52	104.03	125.95	157.85
53	111.61	134.55	168.06
54	119.40	143.30	178.40
55	127.26	152.06	188.65
56	133.91	159.33	196.94
57	140.24	166.09	204.54
58	146.34	172.56	211.71
59	152.55	179.09	218.90
60	159.21	186.09	226.59

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	9.35	13.05	18.11
21	9.60	13.34	18.48
22	9.90	13.71	18.93
23	10.25	14.13	19.48
24	10.64	14.61	20.10
25	11.10	15.19	20.83
26	11.60	15.83	21.64
27	12.19	16.55	22.58
28	12.84	17.36	23.63
29	13.58	18.29	24.83
30	15.15	20.25	27.29
31	16.10	21.45	28.83
32	17.19	22.81	30.59
33	18.41	24.33	32.56
34	19.78	26.04	34.74
35	21.31	27.93	37.19
36	23.01	30.05	39.90
37	24.93	32.40	42.93
38	27.04	35.00	46.23
39	29.39	37.89	49.89
40	34.10	43.61	57.00
41	37.01	47.15	61.45
42	40.21	51.01	66.31
43	43.73	55.24	71.60
44	47.55	59.84	77.31
45	51.73	64.80	83.46
46	56.23	70.14	90.06
47	61.11	75.88	97.11
48	66.33	81.99	104.59
49	71.88	88.45	112.45
50	81.68	99.69	125.68
51	87.90	106.84	134.26
52	94.45	114.33	143.21
53	101.29	122.09	152.43
54	108.31	129.99	161.75
55	115.39	137.89	170.99
56	121.41	144.45	178.48
57	127.15	150.60	185.40
58	132.73	156.50	191.98
59	138.39	162.46	198.54
60	144.45	168.84	205.56

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	7.25	10.03	13.83
21	7.49	10.33	14.19
22	7.76	10.65	14.63
23	8.06	11.06	15.16
24	8.43	11.51	15.74
25	8.84	12.01	16.40
26	9.26	12.58	17.13
27	9.75	13.19	17.91
28	10.28	13.85	18.79
29	10.89	14.61	19.79
30	12.33	16.40	22.01
31	13.11	17.41	23.33
32	14.03	18.55	24.80
33	15.05	19.84	26.46
34	16.20	21.28	28.33
35	17.50	22.89	30.41
36	18.94	24.70	32.73
37	20.55	26.70	35.29
38	22.35	28.91	38.13
39	24.35	31.38	41.25
40	28.69	36.65	47.79
41	31.19	39.68	51.61
42	33.94	43.01	55.83
43	36.98	46.69	60.43
44	40.34	50.71	65.45
45	44.01	55.11	70.93
46	48.06	59.93	76.90
47	52.49	65.18	83.36
48	57.29	70.80	90.28
49	62.46	76.85	97.66
50	71.93	87.75	110.50
51	77.89	94.61	118.80
52	84.21	101.89	127.55
53	90.89	109.51	136.66
54	97.73	117.28	145.85
55	104.61	124.98	154.93
56	110.48	131.41	162.31
57	115.98	137.36	169.06
58	121.28	143.01	175.36
59	126.60	148.65	181.61
60	132.28	154.61	188.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	6.53	8.99	12.34
21	6.74	9.25	12.69
22	7.00	9.59	13.13
23	7.30	9.98	13.63
24	7.65	10.40	14.20
25	8.03	10.89	14.83
26	8.43	11.41	15.53
27	8.89	12.00	16.29
28	9.40	12.64	17.13
29	9.98	13.36	18.05
30	11.35	15.08	20.21
31	12.09	16.01	21.40
32	12.91	17.05	22.75
33	13.84	18.23	24.28
34	14.89	19.51	25.95
35	16.04	20.98	27.83
36	17.34	22.59	29.90
37	18.79	24.40	32.21
38	20.40	26.39	34.75
39	22.23	28.61	37.58
40	26.35	33.63	43.81
41	28.64	36.41	47.31
42	31.19	39.50	51.21
43	33.99	42.89	55.48
44	37.10	46.64	60.15
45	40.54	50.75	65.28
46	44.33	55.25	70.86
47	48.45	60.15	76.91
48	52.95	65.43	83.39
49	57.75	71.05	90.28
50	66.80	81.46	102.53
51	72.28	87.79	110.16
52	78.05	94.43	118.14
53	84.09	101.30	126.34
54	90.18	108.18	134.49
55	96.16	114.86	142.31
56	101.04	120.18	148.39
57	105.43	124.85	153.61
58	109.45	129.06	158.21
59	113.46	133.21	162.69
60	117.80	137.70	167.56

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	32.21	45.73
21	33.00	46.65
22	33.95	47.76
23	35.04	49.05
24	36.23	50.50
25	37.55	52.10
26	38.99	53.84
27	40.54	55.71
28	42.21	57.75
29	44.04	59.94
30	47.79	64.46
31	49.93	67.05
32	52.25	69.86
33	54.78	72.90
34	57.51	76.19
35	60.49	79.78
36	63.74	83.69
37	67.28	87.93
38	71.11	92.50
39	75.29	97.46
40	83.96	107.66
41	88.89	113.49
42	94.19	119.75
43	99.88	126.41
44	105.85	133.40
45	112.14	140.69
46	118.68	148.23
47	125.43	155.95
48	132.34	163.79
49	139.23	171.55
50	148.94	181.95
51	155.48	189.14
52	161.75	195.90
53	167.80	202.33
54	173.58	208.38
55	179.04	214.00
56	182.56	217.26
57	185.48	219.76
58	187.95	221.71
59	190.65	223.90
60	194.35	227.26

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	24.59	34.79
21	25.16	35.43
22	25.83	36.21
23	26.59	37.14
24	27.45	38.18
25	28.44	39.36
26	29.53	40.68
27	30.73	42.16
28	32.06	43.80
29	33.54	45.60
30	36.95	49.75
31	38.76	51.96
32	40.75	54.41
33	42.95	57.09
34	45.35	60.04
35	48.00	63.26
36	50.90	66.80
37	54.09	70.66
38	57.55	74.84
39	61.29	79.36
40	69.51	89.05
41	73.90	94.30
42	78.64	99.90
43	83.68	105.85
44	88.99	112.09
45	94.55	118.59
46	100.33	125.30
47	106.33	132.20
48	112.45	139.18
49	118.59	146.13
50	127.55	155.75
51	133.40	162.21
52	139.03	168.33
53	144.45	174.14
54	149.63	179.60
55	154.49	184.64
56	157.66	187.60
57	160.20	189.81
58	162.35	191.51
59	164.61	193.36
60	167.75	196.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	21.01	29.65
21	21.49	30.20
22	22.06	30.86
23	22.70	31.64
24	23.45	32.53
25	24.29	33.56
26	25.21	34.71
27	26.28	36.01
28	27.45	37.46
29	28.76	39.10
30	32.01	43.03
31	33.64	45.06
32	35.46	47.30
33	37.46	49.78
34	39.68	52.49
35	42.10	55.46
36	44.75	58.73
37	47.66	62.25
38	50.83	66.08
39	54.26	70.25
40	62.19	79.60
41	66.28	84.50
42	70.69	89.79
43	75.44	95.41
44	80.46	101.34
45	85.71	107.49
46	91.19	113.88
47	96.85	120.41
48	102.64	127.04
49	108.39	133.56
50	116.90	142.71
51	122.24	148.59
52	127.29	154.08
53	132.05	159.18
54	136.59	163.95
55	140.86	168.33
56	143.61	170.89
57	145.86	172.84
58	147.79	174.35
59	149.84	176.01
60	152.68	178.59

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	18.24	25.66
21	18.66	26.16
22	19.18	26.78
23	19.76	27.50
24	20.45	28.31
25	21.20	29.25
26	22.05	30.29
27	22.99	31.48
28	24.05	32.78
29	25.21	34.24
30	28.30	38.00
31	29.75	39.79
32	31.35	41.76
33	33.11	43.95
34	35.06	46.34
35	37.20	48.99
36	39.56	51.88
37	42.15	55.05
38	44.99	58.49
39	48.09	62.24
40	55.64	71.15
41	59.31	75.59
42	63.34	80.39
43	67.64	85.50
44	72.20	90.90
45	77.01	96.56
46	82.05	102.45
47	87.28	108.50
48	92.64	114.68
49	98.03	120.79
50	106.21	129.61
51	111.30	135.25
52	116.16	140.58
53	120.81	145.60
54	125.24	150.30
55	129.38	154.59
56	132.05	157.13
57	134.21	159.01
58	135.98	160.43
59	137.84	161.93
60	140.40	164.24

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	16.21	22.74
21	16.64	23.26
22	17.15	23.88
23	17.74	24.61
24	18.39	25.44
25	19.14	26.38
26	19.96	27.40
27	20.88	28.55
28	21.88	29.80
29	22.99	31.21
30	26.01	34.86
31	27.36	36.56
32	28.86	38.41
33	30.49	40.45
34	32.28	42.65
35	34.24	45.06
36	36.39	47.69
37	38.73	50.54
38	41.26	53.64
39	44.04	57.00
40	51.21	65.46
41	54.50	69.43
42	58.08	73.70
43	61.91	78.25
44	65.98	83.04
45	70.26	88.08
46	74.74	93.29
47	79.38	98.66
48	84.11	104.13
49	88.83	109.49
50	96.31	117.48
51	100.64	122.25
52	104.68	126.63
53	108.46	130.68
54	112.04	134.44
55	115.41	137.90
56	117.59	139.90
57	119.38	141.43
58	120.90	142.65
59	122.55	143.99
60	124.83	146.05

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	22.40	29.08	38.29	48.16
21	23.24	30.14	39.69	49.94
22	24.18	31.36	41.30	51.99
23	25.21	32.71	43.09	54.25
24	26.33	34.13	44.96	56.61
25	27.46	35.58	46.88	59.03
26	28.63	37.05	48.78	61.41
27	29.79	38.51	50.65	63.75
28	30.96	39.94	52.49	66.04
29	32.11	41.35	54.29	68.24
30	33.25	42.71	55.98	70.31
31	34.34	43.99	57.56	72.24
32	35.36	45.20	59.03	73.99
33	36.35	46.33	60.36	75.58
34	37.29	47.35	61.58	76.99
35	38.16	48.30	62.64	78.21
36	38.95	49.14	63.56	79.26
37	39.69	49.89	64.35	80.13
38	40.38	50.55	65.03	80.81
39	41.01	51.15	65.61	81.41
40	41.64	51.74	66.18	81.95
41	42.26	52.33	66.70	82.46
42	42.89	52.89	67.21	82.95
43	43.54	53.45	67.73	83.40
44	44.16	54.00	68.21	83.84
45	44.79	54.55	68.68	84.24
46	45.41	55.09	69.13	84.61
47	46.04	55.64	69.58	84.99
48	46.70	56.20	70.06	85.41
49	47.44	56.85	70.64	85.91
50	48.28	57.64	71.35	86.59
51	49.25	58.55	72.25	87.50
52	50.39	59.66	73.36	88.65
53	51.73	60.99	74.74	90.10
54	53.26	62.56	76.40	91.88
55	55.10	64.45	78.41	94.09
56	56.75	66.10	80.13	95.91
57	58.65	68.03	82.15	98.09
58	60.89	70.31	84.59	100.73
59	63.55	73.06	87.51	103.89
60	66.85	76.48	91.19	107.91

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	14.46	17.66	22.09	26.81
21	14.80	18.10	22.64	27.53
22	15.18	18.56	23.29	28.33
23	15.59	19.11	23.99	29.24
24	16.05	19.69	24.75	30.21
25	16.54	20.33	25.59	31.25
26	17.08	21.00	26.48	32.38
27	17.65	21.73	27.43	33.56
28	18.26	22.49	28.41	34.80
29	18.90	23.30	29.46	36.10
30	19.56	24.13	30.53	37.44
31	20.28	25.00	31.63	38.80
32	21.00	25.89	32.75	40.19
33	21.75	26.80	33.91	41.61
34	22.53	27.71	35.06	43.03
35	23.31	28.66	36.21	44.44
36	24.11	29.60	37.39	45.84
37	24.91	30.54	38.53	47.21
38	25.71	31.48	39.65	48.56
39	26.53	32.38	40.74	49.86
40	27.30	33.25	41.76	51.09
41	28.05	34.09	42.74	52.21
42	28.79	34.90	43.64	53.25
43	29.50	35.65	44.49	54.21
44	30.20	36.39	45.30	55.10
45	30.88	37.08	46.05	55.94
46	31.54	37.78	46.79	56.73
47	32.23	38.45	47.50	57.51
48	32.93	39.15	48.21	58.28
49	33.68	39.90	49.01	59.13
50	34.50	40.75	49.91	60.10
51	35.46	41.74	50.98	61.26
52	36.56	42.89	52.23	62.64
53	37.83	44.21	53.68	64.25
54	39.26	45.73	55.35	66.11
55	40.93	47.50	57.30	68.31
56	42.46	49.10	59.04	70.24
57	44.21	50.91	61.03	72.44
58	46.23	53.03	63.33	74.96
59	48.58	55.49	65.99	77.90
60	51.46	58.51	69.26	81.49

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	11.31	13.13	15.65	18.33
21	11.46	13.33	15.91	18.66
22	11.64	13.55	16.20	19.04
23	11.83	13.80	16.53	19.46
24	12.03	14.06	16.88	19.89
25	12.25	14.34	17.25	20.38
26	12.50	14.66	17.65	20.88
27	12.76	14.98	18.08	21.41
28	13.05	15.34	18.54	22.00
29	13.35	15.73	19.04	22.61
30	13.70	16.15	19.59	23.30
31	14.06	16.60	20.16	24.04
32	14.46	17.11	20.80	24.83
33	14.91	17.64	21.50	25.68
34	15.39	18.23	22.23	26.58
35	15.89	18.83	23.00	27.54
36	16.43	19.49	23.83	28.54
37	17.00	20.18	24.69	29.61
38	17.61	20.90	25.60	30.73
39	18.26	21.69	26.56	31.90
40	18.96	22.51	27.59	33.14
41	19.71	23.39	28.68	34.45
42	20.50	24.33	29.80	35.81
43	21.34	25.30	30.99	37.23
44	22.20	26.28	32.18	38.65
45	23.06	27.26	33.34	40.04
46	23.93	28.24	34.49	41.39
47	24.79	29.19	35.61	42.70
48	25.66	30.16	36.71	43.99
49	26.56	31.14	37.84	45.29
50	27.50	32.18	39.01	46.63
51	28.50	33.24	40.23	48.00
52	29.56	34.40	41.51	49.48
53	30.73	35.64	42.90	51.04
54	32.01	37.03	44.46	52.80
55	33.49	38.60	46.23	54.80
56	34.88	40.06	47.84	56.59
57	36.45	41.73	49.66	58.64
58	38.26	43.64	51.76	60.98
59	40.38	45.85	54.20	63.64
60	42.95	48.56	57.14	66.88

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	23.74	30.99	41.00	51.73
21	24.63	32.14	42.53	53.66
22	25.66	33.46	44.26	55.89
23	26.79	34.93	46.20	58.31
24	27.99	36.46	48.24	60.89
25	29.24	38.05	50.31	63.51
26	30.51	39.66	52.41	66.15
27	31.79	41.28	54.49	68.74
28	33.10	42.88	56.55	71.29
29	34.40	44.46	58.56	73.78
30	35.69	46.03	60.51	76.18
31	36.94	47.53	62.38	78.44
32	38.16	48.95	64.13	80.56
33	39.36	50.34	65.79	82.54
34	40.51	51.64	67.34	84.39
35	41.61	52.88	68.79	86.09
36	42.68	54.04	70.11	87.63
37	43.69	55.11	71.34	89.01
38	44.68	56.15	72.46	90.28
39	45.65	57.15	73.56	91.48
40	46.63	58.16	74.64	92.66
41	47.64	59.20	75.75	93.89
42	48.69	60.28	76.91	95.14
43	49.78	61.39	78.08	96.43
44	50.89	62.51	79.28	97.70
45	52.03	63.65	80.48	99.00
46	53.20	64.83	81.70	100.30
47	54.41	66.04	82.95	101.65
48	55.68	67.30	84.26	103.04
49	57.04	68.68	85.70	104.59
50	58.54	70.19	87.30	106.33
51	60.19	71.90	89.13	108.31
52	62.06	73.83	91.21	110.60
53	64.16	76.00	93.58	113.21
54	66.51	78.46	96.29	116.23
55	69.20	81.33	99.41	119.74
56	71.63	83.83	102.10	122.66
57	74.35	86.64	105.13	125.99
58	77.44	89.83	108.59	129.79
59	80.93	93.46	112.50	134.09
60	85.04	97.73	117.11	139.15

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	15.61	19.34	24.44	29.91
21	16.03	19.85	25.11	30.78
22	16.48	20.43	25.90	31.76
23	16.99	21.08	26.75	32.85
24	17.54	21.78	27.68	34.01
25	18.14	22.55	28.69	35.30
26	18.78	23.38	29.78	36.66
27	19.48	24.25	30.91	38.11
28	20.23	25.19	32.13	39.63
29	21.00	26.18	33.41	41.21
30	21.84	27.20	34.73	42.86
31	22.70	28.28	36.10	44.56
32	23.60	29.39	37.51	46.31
33	24.55	30.53	38.98	48.11
34	25.54	31.71	40.45	49.93
35	26.54	32.93	41.96	51.78
36	27.58	34.16	43.49	53.64
37	28.64	35.41	45.03	55.50
38	29.73	36.68	46.58	57.38
39	30.83	37.94	48.11	59.23
40	31.91	39.20	49.64	61.03
41	33.03	40.48	51.13	62.80
42	34.14	41.73	52.60	64.51
43	35.26	42.96	54.04	66.20
44	36.40	44.20	55.48	67.88
45	37.54	45.45	56.90	69.51
46	38.73	46.73	58.34	71.15
47	39.91	48.03	59.80	72.83
48	41.18	49.38	61.30	74.54
49	42.53	50.80	62.93	76.35
50	43.99	52.38	64.69	78.34
51	45.61	54.13	66.65	80.59
52	47.44	56.08	68.84	83.09
53	49.44	58.25	71.29	85.86
54	51.69	60.65	74.00	88.95
55	54.19	63.36	77.06	92.44
56	56.49	65.80	79.75	95.45
57	59.03	68.46	82.70	98.75
58	61.85	71.45	85.98	102.39
59	64.99	74.75	89.60	106.43
60	68.65	78.59	93.76	111.01

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	12.40	14.70	17.89	21.28
21	12.63	14.99	18.26	21.76
22	12.88	15.31	18.69	22.31
23	13.16	15.68	19.16	22.90
24	13.46	16.06	19.66	23.56
25	13.79	16.48	20.23	24.25
26	14.15	16.94	20.83	25.00
27	14.54	17.43	21.46	25.80
28	14.95	17.94	22.14	26.66
29	15.40	18.51	22.88	27.58
30	15.90	19.13	23.68	28.56
31	16.43	19.79	24.53	29.64
32	17.01	20.51	25.45	30.79
33	17.64	21.28	26.43	32.01
34	18.30	22.11	27.49	33.31
35	19.03	22.99	28.60	34.68
36	19.79	23.93	29.76	36.11
37	20.61	24.91	31.00	37.65
38	21.48	25.95	32.31	39.24
39	22.43	27.06	33.70	40.93
40	23.43	28.26	35.19	42.74
41	24.53	29.55	36.78	44.68
42	25.68	30.91	38.45	46.70
43	26.91	32.36	40.21	48.83
44	28.19	33.85	42.00	50.99
45	29.50	35.34	43.81	53.13
46	30.83	36.85	45.60	55.25
47	32.15	38.36	47.39	57.35
48	33.51	39.89	49.16	59.45
49	34.94	41.46	51.00	61.58
50	36.41	43.09	52.88	63.75
51	37.99	44.80	54.85	66.04
52	39.65	46.63	56.94	68.43
53	41.45	48.58	59.16	70.99
54	43.43	50.73	61.59	73.75
55	45.61	53.11	64.30	76.85
56	47.68	55.31	66.74	79.61
57	49.96	57.74	69.43	82.64
58	52.51	60.44	72.44	86.00
59	55.36	63.46	75.75	89.69
60	58.68	66.93	79.54	93.88

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	9.63	10.71	12.21	13.81
21	9.75	10.89	12.45	14.13
22	9.90	11.09	12.73	14.49
23	10.08	11.33	13.04	14.90
24	10.26	11.58	13.38	15.33
25	10.46	11.84	13.75	15.80
26	10.68	12.13	14.15	16.31
27	10.91	12.45	14.56	16.84
28	11.19	12.79	15.01	17.41
29	11.46	13.14	15.48	18.01
30	11.78	13.54	16.01	18.68
31	12.11	13.96	16.56	19.39
32	12.48	14.44	17.18	20.15
33	12.88	14.94	17.83	20.96
34	13.31	15.48	18.53	21.84
35	13.79	16.05	19.26	22.75
36	14.28	16.66	20.04	23.71
37	14.81	17.31	20.86	24.74
38	15.39	18.00	21.74	25.81
39	16.00	18.75	22.68	26.95
40	16.65	19.54	23.66	28.16
41	17.38	20.39	24.73	29.48
42	18.14	21.31	25.85	30.84
43	18.98	22.28	27.05	32.30
44	19.85	23.31	28.30	33.80
45	20.76	24.38	29.61	35.39
46	21.75	25.53	30.99	37.01
47	22.78	26.70	32.40	38.70
48	23.85	27.93	33.86	40.45
49	24.98	29.19	35.36	42.21
50	26.15	30.50	36.90	44.00
51	27.34	31.84	38.45	45.81
52	28.61	33.23	40.05	47.66
53	29.93	34.69	41.71	49.59
54	31.38	36.25	43.49	51.61
55	32.95	37.95	45.44	53.83
56	34.41	39.50	47.15	55.74
57	35.99	41.18	49.00	57.81
58	37.78	43.06	51.08	60.11
59	39.80	45.19	53.36	62.64
60	42.21	47.69	56.08	65.60

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	28.99	38.11	50.63
21	30.01	39.43	52.38
22	31.20	40.95	54.38
23	32.49	42.61	56.59
24	33.88	44.41	58.94
25	35.34	46.28	61.38
26	36.88	48.19	63.88
27	38.43	50.14	66.41
28	40.03	52.13	68.95
29	41.65	54.13	71.51
30	44.45	57.56	75.81
31	46.10	59.55	78.30
32	47.75	61.51	80.75
33	49.39	63.46	83.13
34	51.03	65.38	85.46
35	52.68	67.26	87.73
36	54.30	69.11	89.94
37	55.93	70.95	92.10
38	57.55	72.76	94.24
39	59.24	74.63	96.41
40	63.31	79.29	101.85
41	65.18	81.35	104.23
42	67.14	83.50	106.71
43	69.19	85.78	109.33
44	71.35	88.13	112.01
45	73.58	90.54	114.78
46	75.86	93.03	117.60
47	78.26	95.59	120.50
48	80.74	98.26	123.49
49	83.35	101.04	126.61
50	89.41	107.61	133.84
51	92.36	110.76	137.35
52	95.50	114.10	141.08
53	98.84	117.66	145.01
54	102.34	121.34	149.08
55	105.93	125.09	153.20
56	108.69	127.84	156.01
57	111.38	130.45	158.65
58	114.13	133.11	161.28
59	117.24	136.13	164.29
60	121.14	140.01	168.26

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	20.55	25.99	33.43
21	21.10	26.69	34.35
22	21.71	27.49	35.41
23	22.40	28.38	36.58
24	23.16	29.35	37.86
25	23.99	30.40	39.25
26	24.88	31.56	40.75
27	25.85	32.78	42.35
28	26.89	34.09	44.06
29	28.00	35.48	45.85
30	30.33	38.38	49.51
31	31.56	39.90	51.48
32	32.85	41.51	53.53
33	34.23	43.19	55.66
34	35.65	44.93	57.86
35	37.15	46.73	60.13
36	38.70	48.60	62.46
37	40.31	50.53	64.85
38	42.00	52.51	67.30
39	43.74	54.56	69.81
40	47.88	59.39	75.58
41	49.74	61.55	78.19
42	51.65	63.76	80.86
43	53.66	66.05	83.59
44	55.71	68.39	86.36
45	57.86	70.79	89.20
46	60.06	73.28	92.13
47	62.38	75.85	95.13
48	64.79	78.53	98.23
49	67.33	81.30	101.46
50	73.31	87.89	108.78
51	76.16	91.01	112.36
52	79.20	94.33	116.16
53	82.41	97.81	120.13
54	85.74	101.40	124.15
55	89.14	105.00	128.19
56	91.79	107.73	131.08
57	94.34	110.28	133.71
58	96.90	112.78	136.26
59	99.73	115.58	139.10
60	103.23	119.08	142.73

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	17.26	21.25	26.70
21	17.63	21.73	27.33
22	18.04	22.25	28.03
23	18.49	22.84	28.80
24	18.99	23.49	29.65
25	19.54	24.19	30.58
26	20.13	24.95	31.58
27	20.78	25.78	32.65
28	21.49	26.66	33.81
29	22.24	27.63	35.06
30	24.23	30.10	38.18
31	25.14	31.23	39.64
32	26.10	32.45	41.20
33	27.16	33.74	42.86
34	28.29	35.13	44.63
35	29.49	36.60	46.51
36	30.78	38.16	48.49
37	32.14	39.81	50.55
38	33.60	41.58	52.75
39	35.16	43.45	55.09
40	39.18	48.19	60.79
41	41.00	50.36	63.48
42	42.96	52.69	66.34
43	45.05	55.13	69.35
44	47.23	57.66	72.44
45	49.45	60.25	75.56
46	51.75	62.88	78.70
47	54.08	65.53	81.85
48	56.45	68.19	85.01
49	58.90	70.93	88.23
50	64.73	77.35	95.43
51	67.34	80.25	98.76
52	70.06	83.23	102.18
53	72.89	86.31	105.68
54	75.80	89.44	109.20
55	78.76	92.60	112.75
56	81.13	95.04	115.34
57	83.44	97.35	117.78
58	85.80	99.69	120.16
59	88.41	102.30	122.84
60	91.64	105.55	126.21

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	14.29	16.96	20.63
21	14.54	17.31	21.09
22	14.83	17.70	21.60
23	15.16	18.14	22.19
24	15.51	18.61	22.83
25	15.90	19.11	23.50
26	16.31	19.65	24.21
27	16.76	20.23	24.98
28	17.25	20.85	25.79
29	17.78	21.51	26.66
30	19.50	23.69	29.39
31	20.15	24.49	30.45
32	20.85	25.39	31.60
33	21.63	26.34	32.84
34	22.46	27.38	34.16
35	23.34	28.48	35.56
36	24.29	29.63	37.04
37	25.30	30.85	38.60
38	26.38	32.15	40.23
39	27.53	33.55	41.98
40	31.09	37.78	47.04
41	32.45	39.39	49.05
42	33.91	41.13	51.21
43	35.48	42.98	53.48
44	37.14	44.93	55.85
45	38.88	46.94	58.33
46	40.68	49.05	60.88
47	42.59	51.23	63.49
48	44.56	53.48	66.18
49	46.64	55.83	68.98
50	52.10	61.90	75.79
51	54.39	64.46	78.78
52	56.79	67.13	81.88
53	59.30	69.89	85.08
54	61.86	72.69	88.28
55	64.43	75.45	91.39
56	66.45	77.55	93.68
57	68.36	79.49	95.70
58	70.25	81.36	97.63
59	72.34	83.44	99.73
60	74.94	86.05	102.41

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	13.66	16.08	19.36
21	13.90	16.40	19.78
22	14.16	16.76	20.26
23	14.46	17.16	20.83
24	14.80	17.59	21.41
25	15.16	18.08	22.06
26	15.55	18.58	22.73
27	15.96	19.13	23.45
28	16.41	19.71	24.21
29	16.91	20.34	25.04
30	18.60	22.45	27.69
31	19.18	23.19	28.66
32	19.81	23.99	29.71
33	20.53	24.86	30.84
34	21.26	25.80	32.03
35	22.06	26.78	33.29
36	22.89	27.80	34.59
37	23.80	28.89	35.96
38	24.74	30.04	37.43
39	25.79	31.29	38.99
40	29.24	35.39	43.89
41	30.49	36.88	45.74
42	31.84	38.49	47.75
43	33.31	40.23	49.89
44	34.86	42.06	52.15
45	36.53	43.99	54.50
46	38.25	45.99	56.94
47	40.05	48.08	59.44
48	41.94	50.24	62.03
49	43.91	52.48	64.69
50	49.25	58.40	71.34
51	51.38	60.78	74.11
52	53.58	63.21	76.95
53	55.84	65.70	79.83
54	58.11	68.16	82.63
55	60.31	70.54	85.28
56	61.96	72.21	87.04
57	63.43	73.64	88.49
58	64.80	74.94	89.73
59	66.35	76.41	91.13
60	68.41	78.41	93.11

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	41.79	56.21
21	43.19	58.01
22	44.75	60.03
23	46.51	62.26
24	48.39	64.66
25	50.39	67.20
26	52.50	69.86
27	54.69	72.60
28	56.96	75.44
29	59.31	78.33
30	64.81	85.00
31	67.21	87.91
32	69.64	90.80
33	72.08	93.69
34	74.50	96.55
35	76.94	99.38
36	79.38	102.15
37	81.79	104.89
38	84.21	107.61
39	86.68	110.36
40	93.28	117.24
41	95.90	120.13
42	98.58	123.08
43	101.31	126.04
44	104.03	128.94
45	106.65	131.71
46	109.15	134.30
47	111.50	136.66
48	113.71	138.83
49	115.76	140.79
50	118.03	143.03
51	119.70	144.49
52	121.23	145.73
53	122.61	146.80
54	123.91	147.76
55	125.23	148.69
56	125.55	148.69
57	125.80	148.69
58	126.10	148.69
59	126.88	148.69
60	128.73	148.69

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	32.78	43.28
21	33.68	44.43
22	34.69	45.71
23	35.81	47.16
24	37.05	48.74
25	38.39	50.43
26	39.84	52.26
27	41.38	54.21
28	43.03	56.29
29	44.78	58.46
30	49.73	64.49
31	51.61	66.83
32	53.59	69.24
33	55.64	71.71
34	57.75	74.25
35	59.93	76.85
36	62.16	79.53
37	64.48	82.24
38	66.84	84.99
39	69.26	87.81
40	75.84	94.76
41	78.39	97.68
42	80.99	100.63
43	83.61	103.58
44	86.21	106.45
45	88.75	109.20
46	91.16	111.80
47	93.46	114.23
48	95.65	116.46
49	97.68	118.53
50	99.93	120.86
51	101.64	122.46
52	103.19	123.84
53	104.59	125.03
54	105.91	126.11
55	107.19	127.14
56	107.61	127.14
57	107.93	127.14
58	108.26	127.14
59	108.99	127.14
60	110.63	127.14

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	29.21	38.15
21	29.91	39.05
22	30.71	40.06
23	31.59	41.18
24	32.55	42.40
25	33.59	43.73
26	34.71	45.15
27	35.93	46.68
28	37.21	48.31
29	38.61	50.05
30	43.21	55.65
31	44.79	57.59
32	46.44	59.64
33	48.19	61.76
34	50.01	63.98
35	51.90	66.26
36	53.85	68.58
37	55.85	70.96
38	57.93	73.39
39	60.10	75.93
40	66.44	82.66
41	68.83	85.44
42	71.34	88.31
43	73.90	91.25
44	76.48	94.15
45	78.96	96.94
46	81.34	99.53
47	83.56	101.91
48	85.63	104.09
49	87.54	106.04
50	89.63	108.21
51	91.11	109.61
52	92.39	110.74
53	93.50	111.65
54	94.54	112.43
55	95.55	113.20
56	95.85	113.20
57	96.15	113.20
58	96.53	113.20
59	97.24	113.33
60	98.83	114.61

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	26.05	33.61
21	26.64	34.36
22	27.29	35.20
23	28.01	36.14
24	28.80	37.15
25	29.65	38.24
26	30.59	39.41
27	31.58	40.66
28	32.63	42.01
29	33.76	43.43
30	38.08	48.68
31	39.36	50.26
32	40.71	51.91
33	42.13	53.66
34	43.59	55.44
35	45.11	57.28
36	46.68	59.14
37	48.28	61.03
38	49.93	62.98
39	51.65	64.99
40	57.54	71.20
41	59.45	73.40
42	61.46	75.71
43	63.51	78.06
44	65.58	80.39
45	67.58	82.61
46	69.48	84.69
47	71.24	86.59
48	72.89	88.31
49	74.39	89.85
50	76.11	91.68
51	77.28	92.75
52	78.26	93.60
53	79.11	94.26
54	79.86	94.80
55	80.54	95.25
56	80.61	95.25
57	80.61	95.25
58	80.63	95.25
59	80.96	95.25
60	82.01	95.25

FORM R-450 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	24.34	31.14
21	24.88	31.85
22	25.49	32.64
23	26.18	33.54
24	26.93	34.50
25	27.74	35.56
26	28.61	36.69
27	29.55	37.89
28	30.58	39.16
29	31.64	40.51
30	35.89	45.70
31	37.09	47.19
32	38.36	48.76
33	39.68	50.38
34	41.04	52.04
35	42.45	53.74
36	43.86	55.44
37	45.31	57.16
38	46.80	58.90
39	48.34	60.71
40	54.04	66.68
41	55.73	68.64
42	57.51	70.68
43	59.33	72.76
44	61.15	74.81
45	62.93	76.78
46	64.60	78.61
47	66.16	80.28
48	67.60	81.78
49	68.90	83.09
50	70.40	84.68
51	71.33	85.48
52	72.04	86.05
53	72.60	86.41
54	73.09	86.66
55	73.55	86.89
56	73.55	86.89
57	73.55	86.89
58	73.55	86.89
59	73.89	86.89
60	74.94	86.89

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	16.69	23.98	34.05	44.83
21	17.70	25.29	35.78	47.03
22	18.85	26.78	37.75	49.53
23	20.11	28.40	39.90	52.26
24	21.45	30.13	42.19	55.13
25	22.85	31.90	44.50	58.06
26	24.28	33.70	46.84	61.00
27	25.70	35.49	49.16	63.89
28	27.15	37.29	51.46	66.74
29	28.60	39.05	53.70	69.53
30	30.01	40.78	55.86	72.19
31	31.41	42.45	57.94	74.71
32	32.76	44.05	59.90	77.08
33	34.09	45.56	61.74	79.29
34	35.35	47.01	63.48	81.34
35	36.58	48.38	65.06	83.21
36	37.74	49.65	66.54	84.91
37	38.85	50.85	67.88	86.43
38	39.90	51.96	69.11	87.81
39	40.95	53.05	70.29	89.11
40	42.00	54.11	71.43	90.38
41	43.06	55.20	72.60	91.64
42	44.16	56.31	73.76	92.91
43	45.25	57.44	74.96	94.20
44	46.39	58.56	76.15	95.48
45	47.53	59.70	77.33	96.73
46	48.69	60.86	78.51	97.98
47	49.88	62.04	79.73	99.26
48	51.11	63.25	80.98	100.59
49	52.45	64.59	82.34	102.04
50	53.89	66.05	83.88	103.70
51	55.53	67.70	85.65	105.63
52	57.34	69.60	87.68	107.85
53	59.39	71.71	90.00	110.44
54	61.68	74.13	92.66	113.41
55	64.31	76.93	95.78	116.93
56	66.70	79.40	98.45	119.90
57	69.36	82.16	101.49	123.25
58	72.34	85.30	104.93	127.10
59	75.69	88.83	108.83	131.48
60	79.58	92.98	113.41	136.68

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	7.95	11.41	16.21	21.36
21	8.39	11.98	16.94	22.26
22	8.86	12.59	17.75	23.29
23	9.39	13.26	18.64	24.41
24	9.98	13.99	19.60	25.61
25	10.59	14.79	20.63	26.91
26	11.25	15.64	21.73	28.29
27	11.96	16.53	22.89	29.75
28	12.73	17.49	24.11	31.28
29	13.54	18.49	25.43	32.90
30	14.40	19.56	26.80	34.63
31	15.33	20.71	28.26	36.44
32	16.30	21.90	29.79	38.35
33	17.33	23.18	31.39	40.31
34	18.40	24.46	33.03	42.34
35	19.50	25.80	34.70	44.38
36	20.63	27.15	36.39	46.43
37	21.78	28.51	38.05	48.45
38	22.95	29.88	39.74	50.49
39	24.11	31.24	41.39	52.48
40	25.28	32.58	42.99	54.39
41	26.43	33.88	44.55	56.24
42	27.56	35.16	46.05	58.00
43	28.68	36.40	47.50	59.69
44	29.79	37.63	48.91	61.33
45	30.90	38.83	50.28	62.89
46	32.00	40.01	51.61	64.43
47	33.13	41.20	52.94	65.91
48	34.28	42.40	54.29	67.43
49	35.48	43.69	55.70	69.03
50	36.80	45.10	57.29	70.80
51	38.29	46.69	59.05	72.84
52	39.94	48.46	61.08	75.13
53	41.79	50.48	63.34	77.71
54	43.85	52.70	65.89	80.64
55	46.16	55.23	68.75	83.94
56	48.33	57.54	71.34	86.86
57	50.70	60.06	74.19	90.10
58	53.31	62.86	77.33	93.68
59	56.19	65.95	80.79	97.60
60	59.44	69.44	84.73	102.09

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	4.49	6.45	9.16	12.08
21	4.71	6.75	9.54	12.53
22	4.96	7.05	9.95	13.05
23	5.23	7.40	10.39	13.60
24	5.54	7.76	10.88	14.21
25	5.85	8.16	11.39	14.86
26	6.20	8.61	11.96	15.58
27	6.58	9.09	12.59	16.35
28	7.00	9.61	13.25	17.19
29	7.44	10.16	13.98	18.11
30	7.94	10.79	14.79	19.11
31	8.50	11.49	15.68	20.21
32	9.11	12.24	16.65	21.41
33	9.76	13.06	17.69	22.73
34	10.49	13.94	18.81	24.11
35	11.26	14.90	20.03	25.61
36	12.10	15.91	21.33	27.21
37	12.99	17.00	22.70	28.90
38	13.95	18.15	24.15	30.68
39	14.95	19.38	25.68	32.55
40	16.03	20.65	27.26	34.49
41	17.15	21.99	28.91	36.50
42	18.33	23.38	30.63	38.58
43	19.55	24.83	32.39	40.71
44	20.84	26.30	34.19	42.86
45	22.13	27.80	36.01	45.04
46	23.45	29.31	37.81	47.20
47	24.80	30.85	39.64	49.36
48	26.19	32.40	41.48	51.53
49	27.61	33.99	43.34	53.71
50	29.08	35.64	45.25	55.95
51	30.61	37.33	47.23	58.25
52	32.23	39.11	49.29	60.63
53	33.95	41.00	51.46	63.14
54	35.81	43.05	53.81	65.85
55	37.89	45.31	56.41	68.88
56	39.81	47.41	58.79	71.59
57	41.95	49.69	61.38	74.55
58	44.26	52.21	64.21	77.79
59	46.81	54.95	67.31	81.33
60	49.66	58.01	70.78	85.29

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	19.05	27.38	38.86	51.18
21	20.20	28.85	40.83	53.66
22	21.49	30.53	43.03	56.46
23	22.93	32.36	45.48	59.55
24	24.44	34.33	48.05	62.81
25	26.03	36.34	50.71	66.15
26	27.66	38.41	53.39	69.53
27	29.31	40.50	56.09	72.89
28	31.01	42.60	58.79	76.24
29	32.73	44.71	61.48	79.58
30	34.45	46.80	64.13	82.85
31	36.18	48.88	66.71	86.03
32	37.89	50.91	69.25	89.11
33	39.59	52.93	71.71	92.09
34	41.28	54.90	74.10	94.96
35	42.96	56.81	76.43	97.73
36	44.61	58.70	78.66	100.39
37	46.26	60.55	80.84	102.95
38	47.91	62.38	82.98	105.43
39	49.60	64.24	85.11	107.93
40	51.34	66.16	87.33	110.49
41	53.15	68.16	89.63	113.14
42	55.08	70.25	92.03	115.93
43	57.08	72.45	94.54	118.80
44	59.16	74.70	97.11	121.78
45	61.33	77.04	99.78	124.81
46	63.58	79.45	102.50	127.93
47	65.90	81.96	105.33	131.15
48	68.34	84.59	108.28	134.49
49	70.95	87.39	111.40	138.05
50	73.75	90.39	114.80	141.91
51	76.81	93.68	118.50	146.11
52	80.14	97.26	122.54	150.75
53	83.78	101.18	126.98	155.81
54	87.78	105.49	131.88	161.41
55	92.23	110.30	137.34	167.68
56	96.28	114.60	142.11	173.05
57	100.65	119.25	147.28	178.89
58	105.43	124.33	152.91	185.24
59	110.55	129.76	158.95	192.04
60	116.13	135.68	165.51	199.44

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	10.01	14.38	20.43	26.90
21	10.58	15.10	21.36	28.10
22	11.20	15.90	22.43	29.41
23	11.88	16.79	23.59	30.89
24	12.63	17.75	24.84	32.48
25	13.45	18.78	26.20	34.19
26	14.33	19.89	27.65	36.01
27	15.28	21.09	29.21	37.95
28	16.28	22.35	30.85	40.00
29	17.34	23.70	32.59	42.19
30	18.51	25.15	34.45	44.50
31	19.75	26.68	36.43	46.95
32	21.06	28.30	38.50	49.54
33	22.46	30.03	40.68	52.24
34	23.93	31.83	42.95	55.05
35	25.45	33.68	45.29	57.91
36	27.05	35.59	47.69	60.86
37	28.69	37.55	50.14	63.85
38	30.39	39.56	52.64	66.89
39	32.14	41.64	55.18	69.96
40	33.94	43.74	57.74	73.05
41	35.79	45.86	60.31	76.15
42	37.66	48.04	62.93	79.26
43	39.59	50.24	65.55	82.38
44	41.56	52.48	68.21	85.54
45	43.60	54.78	70.91	88.71
46	45.69	57.13	73.69	91.96
47	47.88	59.54	76.51	95.25
48	50.14	62.06	79.43	98.66
49	52.56	64.73	82.53	102.28
50	55.19	67.63	85.88	106.18
51	58.04	70.79	89.54	110.43
52	61.18	74.24	93.55	115.08
53	64.60	78.03	97.91	120.15
54	68.33	82.13	102.65	125.66
55	72.41	86.64	107.85	131.68
56	76.20	90.71	112.49	136.98
57	80.23	95.05	117.39	142.58
58	84.54	99.69	122.63	148.54
59	89.11	104.59	128.13	154.80
60	93.99	109.80	133.96	161.41

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	6.38	9.16	13.00	17.14
21	6.71	9.60	13.59	17.86
22	7.11	10.10	14.24	18.68
23	7.54	10.64	14.95	19.59
24	8.00	11.24	15.74	20.58
25	8.51	11.89	16.59	21.65
26	9.09	12.60	17.53	22.83
27	9.68	13.38	18.53	24.09
28	10.35	14.21	19.63	25.45
29	11.08	15.14	20.80	26.93
30	11.86	16.13	22.09	28.54
31	12.74	17.20	23.49	30.29
32	13.69	18.39	25.00	32.19
33	14.70	19.66	26.64	34.21
34	15.81	21.03	28.39	36.39
35	17.01	22.49	30.25	38.69
36	18.29	24.06	32.24	41.14
37	19.66	25.73	34.35	43.74
38	21.13	27.51	36.59	46.50
39	22.70	29.40	38.98	49.40
40	24.40	31.44	41.49	52.49
41	26.19	33.58	44.16	55.74
42	28.11	35.85	46.96	59.16
43	30.14	38.25	49.91	62.73
44	32.26	40.74	52.96	66.40
45	34.46	43.30	56.06	70.14
46	36.73	45.93	59.24	73.94
47	39.08	48.61	62.46	77.78
48	41.50	51.36	65.74	81.66
49	44.01	54.21	69.13	85.66
50	46.66	57.19	72.63	89.78
51	49.44	60.29	76.28	94.05
52	52.36	63.55	80.06	98.51
53	55.48	67.01	84.09	103.19
54	58.83	70.71	88.39	108.19
55	62.49	74.74	93.06	113.61
56	65.90	78.44	97.28	118.45
57	69.53	82.38	101.74	123.58
58	73.45	86.60	106.53	129.04
59	77.56	91.04	111.53	134.74
60	81.96	95.74	116.81	140.75

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	4.04	5.79	8.23	10.83
21	4.30	6.15	8.71	11.44
22	4.61	6.56	9.25	12.13
23	4.96	7.03	9.86	12.91
24	5.35	7.53	10.53	13.76
25	5.78	8.06	11.25	14.69
26	6.23	8.66	12.05	15.68
27	6.74	9.30	12.88	16.75
28	7.28	10.00	13.80	17.89
29	7.86	10.74	14.78	19.13
30	8.50	11.54	15.83	20.45
31	9.19	12.44	16.96	21.88
32	9.96	13.38	18.19	23.41
33	10.76	14.40	19.51	25.06
34	11.65	15.51	20.94	26.81
35	12.61	16.69	22.45	28.70
36	13.64	17.95	24.06	30.71
37	14.78	19.34	25.80	32.85
38	15.96	20.79	27.65	35.13
39	17.26	22.36	29.63	37.56
40	18.65	24.04	31.74	40.15
41	20.15	25.84	33.98	42.89
42	21.76	27.76	36.35	45.80
43	23.48	29.79	38.89	48.88
44	25.31	31.96	41.56	52.10
45	27.29	34.28	44.38	55.53
46	29.38	36.71	47.38	59.13
47	31.60	39.30	50.50	62.88
48	33.94	42.00	53.76	66.79
49	36.39	44.81	57.14	70.80
50	38.91	47.69	60.56	74.88
51	41.54	50.65	64.09	79.03
52	44.25	53.70	67.66	83.24
53	47.08	56.85	71.35	87.55
54	50.05	60.15	75.20	92.04
55	53.23	63.68	79.28	96.79
56	56.11	66.80	82.84	100.88
57	59.13	70.05	86.53	105.08
58	62.31	73.46	90.36	109.46
59	65.63	77.03	94.35	114.00
60	69.16	80.80	98.58	118.79

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	26.44	37.58	52.88
21	27.84	39.39	55.25
22	29.43	41.41	57.95
23	31.16	43.66	60.91
24	33.05	46.06	64.08
25	35.03	48.60	67.40
26	37.10	51.24	70.84
27	39.28	53.96	74.38
28	41.53	56.78	78.01
29	43.85	59.66	81.71
30	47.41	64.06	87.24
31	49.86	67.05	91.03
32	52.38	70.10	94.85
33	54.95	73.19	98.70
34	57.58	76.31	102.60
35	60.26	79.49	106.50
36	63.01	82.71	110.45
37	65.84	85.99	114.45
38	68.76	89.38	118.53
39	71.80	92.89	122.76
40	77.39	99.34	130.44
41	80.85	103.31	135.20
42	84.54	107.53	140.25
43	88.44	111.99	145.56
44	92.56	116.65	151.10
45	96.85	121.50	156.84
46	101.35	126.55	162.78
47	106.04	131.78	168.91
48	110.93	137.21	175.24
49	116.06	142.90	181.85
50	124.78	152.49	192.68
51	130.50	158.78	199.91
52	136.50	165.36	207.48
53	142.83	172.23	215.33
54	149.23	179.16	223.18
55	155.65	186.05	230.90
56	160.58	191.08	236.26
57	165.11	195.59	240.94
58	169.41	199.79	245.20
59	173.95	204.23	249.69
60	179.29	209.56	255.23

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	16.84	23.79	33.30
21	17.68	24.85	34.70
22	18.61	26.05	36.28
23	19.64	27.38	38.03
24	20.76	28.81	39.93
25	21.99	30.39	42.00
26	23.33	32.10	44.23
27	24.78	33.94	46.63
28	26.33	35.90	49.19
29	28.00	38.01	51.91
30	30.96	41.70	56.60
31	32.89	44.10	59.70
32	34.95	46.68	63.00
33	37.16	49.39	66.48
34	39.49	52.25	70.13
35	41.95	55.25	73.93
36	44.55	58.40	77.89
37	47.26	61.68	81.99
38	50.13	65.10	86.26
39	53.11	68.68	90.69
40	58.59	75.13	98.50
41	61.90	79.03	103.26
42	65.36	83.09	108.23
43	69.01	87.31	113.38
44	72.83	91.73	118.70
45	76.80	96.31	124.21
46	80.99	101.09	129.93
47	85.35	106.06	135.86
48	89.94	111.25	142.00
49	94.76	116.69	148.41
50	103.19	126.01	159.06
51	108.59	132.06	166.13
52	114.31	138.41	173.51
53	120.28	145.01	181.16
54	126.35	151.65	188.80
55	132.36	158.18	196.21
56	137.04	163.04	201.51
57	141.28	167.34	206.06
58	145.24	171.28	210.13
59	149.33	175.34	214.29
60	154.08	180.09	219.28

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	12.91	18.13	25.26
21	13.51	18.90	26.29
22	14.19	19.78	27.44
23	14.95	20.75	28.73
24	15.78	21.83	30.14
25	16.69	22.99	31.69
26	17.70	24.29	33.36
27	18.80	25.69	35.21
28	20.00	27.21	37.20
29	21.33	28.88	39.38
30	23.91	32.11	43.49
31	25.46	34.09	46.04
32	27.18	36.21	48.78
33	29.01	38.51	51.73
34	31.00	40.96	54.86
35	33.13	43.59	58.21
36	35.41	46.39	61.78
37	37.86	49.38	65.56
38	40.49	52.56	69.56
39	43.30	55.96	73.84
40	48.66	62.34	81.60
41	51.94	66.26	86.48
42	55.45	70.43	91.65
43	59.18	74.85	97.10
44	63.11	79.48	102.76
45	67.21	84.25	108.60
46	71.48	89.20	114.60
47	75.90	94.28	120.74
48	80.46	99.51	126.98
49	85.20	104.89	133.39
50	93.43	114.06	143.86
51	98.51	119.76	150.56
52	103.76	125.61	157.40
53	109.19	131.61	164.35
54	114.64	137.59	171.23
55	120.05	143.46	177.90
56	124.28	147.85	182.68
57	128.14	151.78	186.84
58	131.78	155.40	190.59
59	135.55	159.15	194.46
60	139.88	163.51	199.04

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	10.03	13.98	19.38
21	10.53	14.63	20.25
22	11.09	15.39	21.24
23	11.73	16.20	22.34
24	12.43	17.11	23.55
25	13.19	18.10	24.84
26	14.00	19.15	26.25
27	14.90	20.29	27.74
28	15.85	21.51	29.35
29	16.91	22.86	31.10
30	19.23	25.76	34.78
31	20.50	27.38	36.88
32	21.90	29.14	39.15
33	23.44	31.05	41.63
34	25.09	33.11	44.29
35	26.89	35.33	47.13
36	28.80	37.70	50.14
37	30.88	40.24	53.36
38	33.11	42.96	56.80
39	35.51	45.86	60.48
40	40.45	51.74	67.60
41	43.25	55.11	71.84
42	46.29	58.75	76.34
43	49.54	62.61	81.14
44	53.01	66.71	86.19
45	56.70	71.05	91.51
46	60.61	75.61	97.08
47	64.74	80.41	102.90
48	69.10	85.44	108.96
49	73.69	90.71	115.30
50	81.80	99.83	125.80
51	86.90	105.60	132.65
52	92.21	111.60	139.74
53	97.73	117.79	146.99
54	103.29	123.96	154.16
55	108.76	129.95	161.08
56	113.08	134.51	166.13
57	116.93	138.50	170.44
58	120.49	142.10	174.23
59	124.10	145.71	177.99
60	128.18	149.84	182.36

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	9.03	12.55	17.34
21	9.49	13.16	18.15
22	10.01	13.84	19.06
23	10.60	14.61	20.10
24	11.25	15.45	21.23
25	11.96	16.39	22.45
26	12.73	17.38	23.76
27	13.56	18.44	25.18
28	14.45	19.60	26.69
29	15.44	20.84	28.31
30	17.66	23.63	31.86
31	18.83	25.10	33.79
32	20.11	26.71	35.86
33	21.49	28.44	38.09
34	22.98	30.30	40.49
35	24.59	32.30	43.03
36	26.31	34.41	45.74
37	28.16	36.68	48.61
38	30.15	39.11	51.69
39	32.33	41.73	54.98
40	37.01	47.31	61.76
41	39.59	50.41	65.65
42	42.40	53.79	69.85
43	45.44	57.41	74.34
44	48.69	61.26	79.11
45	52.16	65.36	84.14
46	55.86	69.69	89.44
47	59.79	74.25	94.98
48	63.91	79.03	100.75
49	68.21	83.99	106.73
50	76.04	92.76	116.81
51	80.74	98.09	123.15
52	85.59	103.56	129.61
53	90.56	109.13	136.11
54	95.48	114.56	142.41
55	100.16	119.66	148.26
56	103.63	123.26	152.18
57	106.50	126.16	155.20
58	108.96	128.51	157.50
59	111.41	130.83	159.76
60	114.31	133.65	162.61

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	45.44	64.59
21	47.53	67.26
22	49.85	70.24
23	52.40	73.50
24	55.19	77.04
25	58.15	80.81
26	61.33	84.81
27	64.66	89.01
28	68.18	93.40
29	71.84	97.95
30	78.74	106.38
31	82.63	111.13
32	86.60	115.95
33	90.68	120.85
34	94.84	125.81
35	99.06	130.80
36	103.36	135.85
37	107.75	140.94
38	112.21	146.09
39	116.80	151.35
40	125.66	160.89
41	130.63	166.51
42	135.76	172.34
43	141.04	178.24
44	146.31	184.09
45	151.49	189.75
46	156.48	195.11
47	161.24	200.16
48	165.75	204.85
49	170.00	209.15
50	174.25	213.48
51	177.73	216.75
52	180.79	219.53
53	183.50	221.81
54	185.90	223.74
55	188.03	225.28
56	188.29	225.28
57	188.29	225.28
58	188.29	225.28
59	188.29	225.28
60	188.29	225.28

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	34.81	49.33
21	36.30	51.23
22	37.95	53.34
23	39.79	55.68
24	41.78	58.21
25	43.95	60.98
26	46.29	63.95
27	48.81	67.14
28	51.51	70.53
29	54.38	74.11
30	60.53	81.64
31	63.73	85.59
32	67.06	89.69
33	70.56	93.96
34	74.21	98.39
35	78.01	102.95
36	81.93	107.66
37	86.00	112.49
38	90.20	117.45
39	94.58	122.55
40	103.16	131.90
41	107.84	137.31
42	112.65	142.85
43	117.58	148.45
44	122.49	153.99
45	127.31	159.38
46	131.99	164.51
47	136.48	169.35
48	140.76	173.90
49	144.80	178.10
50	148.89	182.39
51	152.24	185.68
52	155.23	188.49
53	157.90	190.89
54	160.25	192.89
55	162.30	194.51
56	162.71	194.51
57	162.71	194.51
58	162.71	194.51
59	162.71	194.51
60	162.71	194.51

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	29.86	42.21
21	31.09	43.79
22	32.46	45.54
23	33.99	47.49
24	35.66	49.63
25	37.49	51.95
26	39.48	54.48
27	41.64	57.21
28	43.96	60.15
29	46.46	63.30
30	52.25	70.39
31	55.09	73.94
32	58.11	77.66
33	61.29	81.58
34	64.63	85.65
35	68.11	89.86
36	71.73	94.21
37	75.46	98.69
38	79.36	103.31
39	83.43	108.10
40	91.75	117.20
41	96.21	122.40
42	100.86	127.80
43	105.64	133.33
44	110.45	138.81
45	115.21	144.16
46	119.83	149.31
47	124.26	154.19
48	128.50	158.73
49	132.45	162.90
50	136.38	167.06
51	139.50	170.14
52	142.15	172.63
53	144.41	174.63
54	146.38	176.21
55	148.06	177.48
56	148.30	177.48
57	148.30	177.48
58	148.30	177.48
59	148.30	177.48
60	148.30	177.48

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	26.03	36.70
21	27.09	38.08
22	28.30	39.63
23	29.63	41.34
24	31.10	43.21
25	32.70	45.28
26	34.45	47.51
27	36.35	49.93
28	38.41	52.53
29	40.61	55.30
30	46.08	61.99
31	48.56	65.10
32	51.20	68.38
33	53.98	71.79
34	56.91	75.36
35	59.98	79.11
36	63.19	82.98
37	66.54	87.01
38	70.04	91.18
39	73.73	95.55
40	81.66	104.21
41	85.74	108.99
42	89.99	113.94
43	94.39	119.03
44	98.84	124.14
45	103.26	129.16
46	107.60	134.03
47	111.83	138.69
48	115.88	143.11
49	119.71	147.23
50	123.63	151.43
51	126.79	154.64
52	129.58	157.35
53	132.01	159.65
54	134.15	161.54
55	136.00	163.05
56	136.44	163.05
57	136.44	163.05
58	136.44	163.05
59	136.44	163.05
60	136.91	163.05

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE NON-SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	23.29	32.75
21	24.28	34.05
22	25.40	35.51
23	26.65	37.14
24	28.04	38.91
25	29.55	40.88
26	31.21	43.00
27	33.00	45.30
28	34.94	47.76
29	37.01	50.38
30	42.33	56.90
31	44.66	59.81
32	47.13	62.88
33	49.71	66.08
34	52.40	69.39
35	55.23	72.83
36	58.15	76.36
37	61.20	80.01
38	64.34	83.76
39	67.64	87.66
40	75.16	95.83
41	78.79	100.06
42	82.58	104.48
43	86.46	108.99
44	90.41	113.50
45	94.34	117.95
46	98.18	122.25
47	101.90	126.35
48	105.46	130.24
49	108.80	133.78
50	112.15	137.36
51	114.71	139.91
52	116.85	141.93
53	118.64	143.48
54	120.14	144.69
55	121.43	145.63
56	121.59	145.63
57	121.59	145.63
58	121.59	145.63
59	121.59	145.63
60	121.90	145.63

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	19.89	25.10	32.31	40.03
21	20.21	25.49	32.76	40.58
22	20.60	25.95	33.36	41.30
23	21.06	26.50	34.06	42.19
24	21.56	27.10	34.84	43.13
25	22.06	27.74	35.63	44.10
26	22.59	28.38	36.43	45.08
27	23.14	29.00	37.21	46.05
28	23.68	29.65	38.00	47.01
29	24.25	30.33	38.80	47.99
30	24.81	30.99	39.64	48.99
31	25.43	31.70	40.49	49.99
32	26.05	32.40	41.35	51.04
33	26.70	33.15	42.25	52.11
34	27.39	33.94	43.18	53.20
35	28.10	34.74	44.14	54.35
36	28.84	35.59	45.14	55.54
37	29.63	36.48	46.19	56.79
38	30.44	37.41	47.30	58.09
39	31.33	38.39	48.46	59.46
40	32.26	39.44	49.70	60.91
41	33.28	40.56	51.01	62.46
42	34.34	41.75	52.41	64.11
43	35.48	43.04	53.91	65.85
44	36.70	44.40	55.49	67.71
45	38.00	45.85	57.19	69.69
46	39.40	47.41	59.00	71.81
47	40.93	49.08	60.95	74.06
48	42.54	50.88	63.01	76.48
49	44.29	52.80	65.24	79.06
50	46.18	54.88	67.65	81.84
51	48.23	57.15	70.26	84.86
52	50.49	59.61	73.09	88.13
53	52.94	62.31	76.19	91.70
54	55.66	65.28	79.56	95.59
55	58.68	68.56	83.34	99.93
56	61.49	71.60	86.73	103.76
57	64.56	74.88	90.41	107.93
58	67.99	78.54	94.46	112.50
59	71.83	82.60	98.98	117.55
60	76.29	87.33	104.19	123.36

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.69	16.21	19.69	23.41
21	13.80	16.31	19.81	23.55
22	13.93	16.48	19.98	23.76
23	14.08	16.64	20.21	24.05
24	14.25	16.86	20.48	24.38
25	14.46	17.13	20.80	24.78
26	14.70	17.40	21.18	25.24
27	14.98	17.74	21.59	25.76
28	15.26	18.11	22.06	26.35
29	15.61	18.53	22.61	27.01
30	16.00	18.99	23.20	27.74
31	16.41	19.50	23.86	28.56
32	16.88	20.08	24.58	29.45
33	17.39	20.69	25.36	30.43
34	17.93	21.38	26.21	31.48
35	18.53	22.10	27.14	32.63
36	19.19	22.89	28.13	33.84
37	19.89	23.74	29.19	35.14
38	20.65	24.64	30.33	36.51
39	21.45	25.59	31.49	37.95
40	22.26	26.56	32.70	39.43
41	23.15	27.59	33.95	40.93
42	24.05	28.64	35.21	42.45
43	24.99	29.71	36.53	44.03
44	25.98	30.86	37.91	45.65
45	27.03	32.06	39.34	47.36
46	28.15	33.34	40.86	49.16
47	29.35	34.69	42.45	51.04
48	30.63	36.13	44.15	53.04
49	32.00	37.68	45.98	55.19
50	33.51	39.38	47.96	57.50
51	35.19	41.23	50.13	60.04
52	37.03	43.26	52.51	62.81
53	39.05	45.53	55.13	65.85
54	41.28	48.00	57.98	69.15
55	43.78	50.75	61.15	72.83
56	46.14	53.33	64.09	76.19
57	48.75	56.14	67.26	79.81
58	51.65	59.26	70.78	83.79
59	54.89	62.73	74.64	88.15
60	58.66	66.74	79.08	93.09

FORM R-449 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	11.19	12.61	14.56	16.66
21	11.23	12.63	14.59	16.69
22	11.25	12.68	14.64	16.75
23	11.31	12.74	14.71	16.85
24	11.38	12.81	14.80	16.96
25	11.45	12.90	14.93	17.13
26	11.54	13.03	15.09	17.31
27	11.66	13.16	15.26	17.53
28	11.79	13.34	15.49	17.80
29	11.96	13.54	15.75	18.13
30	12.15	13.76	16.04	18.50
31	12.38	14.05	16.41	18.95
32	12.63	14.38	16.83	19.48
33	12.94	14.74	17.31	20.08
34	13.28	15.16	17.85	20.75
35	13.66	15.65	18.46	21.51
36	14.09	16.20	19.15	22.38
37	14.59	16.80	19.93	23.34
38	15.13	17.46	20.78	24.39
39	15.75	18.20	21.71	25.55
40	16.41	19.03	22.74	26.81
41	17.15	19.93	23.86	28.18
42	17.98	20.88	25.06	29.65
43	18.85	21.93	26.36	31.25
44	19.80	23.05	27.75	32.91
45	20.81	24.25	29.23	34.69
46	21.90	25.51	30.75	36.55
47	23.04	26.84	32.38	38.49
48	24.28	28.26	34.09	40.54
49	25.58	29.76	35.89	42.66
50	26.96	31.34	37.75	44.89
51	28.45	33.03	39.75	47.23
52	30.06	34.81	41.86	49.70
53	31.79	36.75	44.10	52.34
54	33.68	38.85	46.55	55.16
55	35.79	41.19	49.25	58.29
56	37.80	43.39	51.76	61.18
57	40.03	45.80	54.50	64.31
58	42.51	48.49	57.54	67.75
59	45.31	51.48	60.88	71.50
60	48.59	54.95	64.70	75.76

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	20.94	26.61	34.45	42.85
21	21.28	27.01	34.95	43.45
22	21.71	27.54	35.59	44.24
23	22.20	28.14	36.36	45.19
24	22.76	28.80	37.20	46.23
25	23.34	29.50	38.08	47.30
26	23.93	30.21	38.98	48.40
27	24.53	30.94	39.88	49.50
28	25.14	31.66	40.78	50.61
29	25.79	32.44	41.74	51.76
30	26.49	33.24	42.73	52.98
31	27.20	34.09	43.75	54.21
32	27.95	34.98	44.85	55.53
33	28.76	35.91	45.98	56.90
34	29.61	36.89	47.18	58.34
35	30.50	37.94	48.45	59.86
36	31.48	39.05	49.79	61.49
37	32.50	40.24	51.23	63.20
38	33.61	41.51	52.76	65.03
39	34.79	42.86	54.40	66.99
40	36.05	44.34	56.16	69.09
41	37.44	45.91	58.06	71.35
42	38.93	47.63	60.10	73.78
43	40.54	49.45	62.29	76.39
44	42.26	51.43	64.64	79.16
45	44.14	53.55	67.18	82.16
46	46.16	55.85	69.90	85.38
47	48.34	58.30	72.81	88.84
48	50.69	60.96	75.94	92.51
49	53.23	63.80	79.28	96.44
50	55.95	66.86	82.88	100.66
51	58.93	70.18	86.75	105.19
52	62.14	73.76	90.93	110.08
53	65.65	77.65	95.44	115.31
54	69.46	81.88	100.33	121.00
55	73.68	86.51	105.69	127.20
56	77.63	90.79	110.54	132.76
57	81.88	95.38	115.71	138.66
58	86.51	100.35	121.33	145.03
59	91.53	105.73	127.34	151.80
60	97.14	111.68	133.90	159.16

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	14.60	17.53	21.54	25.85
21	14.74	17.66	21.71	26.05
22	14.90	17.86	21.94	26.35
23	15.10	18.10	22.24	26.70
24	15.33	18.38	22.59	27.14
25	15.59	18.70	23.01	27.65
26	15.90	19.08	23.48	28.24
27	16.24	19.49	24.01	28.90
28	16.61	19.95	24.61	29.65
29	17.05	20.49	25.30	30.49
30	17.53	21.08	26.05	31.44
31	18.06	21.73	26.89	32.49
32	18.65	22.45	27.81	33.63
33	19.30	23.26	28.84	34.89
34	20.01	24.13	29.95	36.25
35	20.79	25.08	31.15	37.75
36	21.65	26.13	32.46	39.38
37	22.58	27.25	33.89	41.10
38	23.59	28.46	35.40	42.98
39	24.65	29.75	37.01	44.94
40	25.79	31.11	38.70	46.99
41	27.01	32.55	40.48	49.14
42	28.30	34.06	42.33	51.40
43	29.65	35.65	44.28	53.75
44	31.13	37.35	46.35	56.21
45	32.69	39.16	48.54	58.86
46	34.36	41.10	50.89	61.68
47	36.19	43.21	53.39	64.65
48	38.15	45.45	56.08	67.84
49	40.28	47.86	58.95	71.25
50	42.59	50.49	62.08	74.95
51	45.13	53.35	65.46	78.95
52	47.90	56.48	69.14	83.28
53	50.94	59.88	73.14	87.96
54	54.24	63.58	77.45	93.00
55	57.90	67.64	82.18	98.50
56	61.35	71.43	86.53	103.50
57	65.08	75.48	91.14	108.80
58	69.13	79.86	96.11	114.49
59	73.51	84.58	101.40	120.48
60	78.38	89.76	107.16	126.94

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	12.04	13.81	16.29	18.93
21	12.10	13.89	16.36	19.03
22	12.16	13.98	16.48	19.16
23	12.28	14.09	16.63	19.34
24	12.38	14.24	16.80	19.56
25	12.51	14.40	17.01	19.83
26	12.69	14.60	17.28	20.15
27	12.88	14.84	17.58	20.53
28	13.09	15.10	17.93	20.95
29	13.34	15.41	18.33	21.46
30	13.63	15.78	18.79	22.05
31	13.95	16.20	19.34	22.71
32	14.34	16.68	19.95	23.49
33	14.78	17.21	20.65	24.38
34	15.26	17.81	21.44	25.34
35	15.83	18.51	22.31	26.44
36	16.46	19.29	23.30	27.68
37	17.15	20.15	24.40	29.05
38	17.94	21.11	25.63	30.55
39	18.81	22.18	26.96	32.20
40	19.76	23.34	28.45	34.03
41	20.83	24.64	30.08	36.03
42	22.03	26.04	31.84	38.18
43	23.30	27.59	33.74	40.50
44	24.68	29.23	35.78	42.99
45	26.18	31.00	37.95	45.61
46	27.79	32.89	40.28	48.41
47	29.51	34.89	42.71	51.36
48	31.35	37.03	45.29	54.46
49	33.31	39.29	48.03	57.71
50	35.41	41.69	50.90	61.14
51	37.66	44.24	53.95	64.75
52	40.08	46.98	57.18	68.55
53	42.69	49.91	60.63	72.60
54	45.51	53.09	64.34	76.94
55	48.63	56.54	68.36	81.65
56	51.60	59.83	72.14	85.98
57	54.81	63.33	76.14	90.60
58	58.35	67.16	80.48	95.56
59	62.19	71.29	85.11	100.80
60	66.45	75.83	90.18	106.46

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	9.83	10.66	11.79	13.01
21	9.88	10.71	11.86	13.10
22	9.93	10.78	11.96	13.24
23	9.99	10.86	12.09	13.40
24	10.06	10.98	12.24	13.60
25	10.15	11.10	12.39	13.80
26	10.26	11.24	12.60	14.05
27	10.38	11.39	12.80	14.33
28	10.51	11.56	13.03	14.61
29	10.66	11.76	13.30	14.96
30	10.85	11.99	13.61	15.36
31	11.05	12.25	13.98	15.81
32	11.28	12.56	14.38	16.31
33	11.56	12.93	14.83	16.89
34	11.86	13.30	15.33	17.53
35	12.23	13.74	15.90	18.24
36	12.61	14.24	16.54	19.04
37	13.06	14.79	17.25	19.93
38	13.55	15.39	18.01	20.89
39	14.09	16.08	18.89	21.96
40	14.71	16.81	19.84	23.14
41	15.39	17.65	20.88	24.41
42	16.15	18.56	22.03	25.83
43	16.96	19.55	23.26	27.34
44	17.88	20.63	24.61	28.99
45	18.89	21.84	26.10	30.79
46	20.00	23.15	27.73	32.76
47	21.21	24.59	29.48	34.88
48	22.55	26.13	31.35	37.15
49	23.96	27.78	33.35	39.53
50	25.46	29.50	35.44	42.00
51	27.06	31.33	37.60	44.59
52	28.76	33.24	39.88	47.25
53	30.55	35.26	42.25	50.05
54	32.51	37.44	44.80	53.03
55	34.65	39.83	47.55	56.21
56	36.68	42.04	50.09	59.14
57	38.85	44.41	52.79	62.21
58	41.26	47.01	55.71	65.54
59	43.91	49.85	58.86	69.08
60	46.96	53.06	62.40	73.00

FORM R-449 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	25.16	32.24	41.99
21	25.56	32.71	42.56
22	26.05	33.30	43.29
23	26.63	34.00	44.15
24	27.26	34.78	45.13
25	27.94	35.59	46.18
26	28.66	36.48	47.28
27	29.43	37.38	48.41
28	30.21	38.34	49.63
29	31.08	39.36	50.90
30	32.81	41.46	53.49
31	33.80	42.64	54.94
32	34.85	43.90	56.51
33	35.99	45.26	58.18
34	37.21	46.71	59.99
35	38.53	48.28	61.93
36	39.96	49.98	64.03
37	41.51	51.80	66.28
38	43.19	53.78	68.73
39	45.01	55.94	71.35
40	49.36	61.09	77.63
41	51.54	63.65	80.76
42	53.91	66.44	84.16
43	56.50	69.45	87.83
44	59.29	72.69	91.76
45	62.34	76.21	96.03
46	65.63	80.01	100.60
47	69.19	84.10	105.51
48	73.00	88.48	110.75
49	77.10	93.13	116.31
50	85.81	103.01	127.74
51	90.51	108.30	133.98
52	95.50	113.90	140.58
53	100.79	119.81	147.49
54	106.30	125.93	154.58
55	111.99	132.15	161.75
56	116.81	137.31	167.54
57	121.54	142.33	173.06
58	126.33	147.33	178.50
59	131.45	152.61	184.24
60	137.28	158.68	190.75

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	18.56	22.78	28.54
21	18.76	23.00	28.80
22	19.01	23.29	29.18
23	19.29	23.64	29.61
24	19.63	24.05	30.14
25	20.01	24.53	30.74
26	20.46	25.06	31.44
27	20.95	25.69	32.24
28	21.51	26.38	33.14
29	22.15	27.16	34.13
30	23.66	29.04	36.45
31	24.45	30.01	37.69
32	25.31	31.08	39.06
33	26.28	32.26	40.58
34	27.34	33.56	42.25
35	28.50	35.00	44.08
36	29.78	36.58	46.06
37	31.20	38.29	48.25
38	32.73	40.16	50.59
39	34.39	42.18	53.11
40	38.53	47.14	59.21
41	40.48	49.45	62.09
42	42.56	51.94	65.16
43	44.80	54.60	68.46
44	47.24	57.48	71.96
45	49.89	60.56	75.75
46	52.74	63.90	79.83
47	55.85	67.51	84.20
48	59.19	71.38	88.88
49	62.79	75.50	93.85
50	70.99	84.85	104.68
51	75.16	89.60	110.33
52	79.61	94.64	116.30
53	84.36	99.96	122.59
54	89.29	105.46	129.01
55	94.36	111.06	135.49
56	98.69	115.75	140.78
57	102.89	120.23	145.78
58	107.14	124.68	150.65
59	111.64	129.38	155.75
60	116.76	134.70	161.51

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	15.90	18.95	23.10
21	16.03	19.09	23.28
22	16.18	19.28	23.49
23	16.36	19.49	23.79
24	16.58	19.76	24.14
25	16.85	20.09	24.54
26	17.14	20.46	25.01
27	17.48	20.88	25.58
28	17.86	21.38	26.19
29	18.30	21.91	26.93
30	19.63	23.56	28.94
31	20.21	24.28	29.89
32	20.86	25.11	30.94
33	21.60	26.03	32.13
34	22.44	27.06	33.45
35	23.36	28.21	34.95
36	24.41	29.51	36.61
37	25.58	30.95	38.44
38	26.88	32.55	40.46
39	28.31	34.29	42.69
40	32.25	39.05	48.54
41	34.01	41.20	51.23
42	35.98	43.55	54.18
43	38.11	46.10	57.36
44	40.43	48.86	60.78
45	42.93	51.83	64.44
46	45.64	55.01	68.35
47	48.53	58.41	72.50
48	51.63	62.01	76.88
49	54.93	65.81	81.49
50	62.75	74.75	91.84
51	66.45	78.96	96.88
52	70.34	83.39	102.11
53	74.45	88.00	107.58
54	78.71	92.76	113.11
55	83.09	97.59	118.71
56	86.83	101.64	123.30
57	90.53	105.56	127.66
58	94.25	109.49	131.98
59	98.24	113.64	136.49
60	102.80	118.39	141.60

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	13.53	15.53	18.25
21	13.61	15.64	18.40
22	13.73	15.79	18.60
23	13.86	15.98	18.84
24	14.04	16.18	19.11
25	14.21	16.43	19.44
26	14.41	16.69	19.78
27	14.65	16.99	20.19
28	14.91	17.31	20.61
29	15.20	17.70	21.11
30	16.38	19.15	22.90
31	16.79	19.66	23.56
32	17.25	20.24	24.34
33	17.79	20.93	25.23
34	18.39	21.68	26.19
35	19.05	22.51	27.28
36	19.81	23.46	28.48
37	20.65	24.49	29.83
38	21.59	25.65	31.29
39	22.63	26.93	32.90
40	26.10	31.14	38.09
41	27.39	32.70	40.05
42	28.80	34.40	42.20
43	30.36	36.26	44.54
44	32.06	38.33	47.08
45	33.95	40.55	49.84
46	36.00	42.99	52.85
47	38.25	45.64	56.10
48	40.69	48.46	59.56
49	43.29	51.50	63.24
50	50.43	59.65	72.66
51	53.43	63.06	76.78
52	56.59	66.68	81.09
53	59.94	70.49	85.56
54	63.40	74.36	90.13
55	66.94	78.28	94.66
56	69.94	81.53	98.36
57	72.86	84.64	101.80
58	75.79	87.70	105.16
59	78.90	90.94	108.66
60	82.50	94.70	112.70

FORM R-449 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	13.04	14.84	17.28
21	13.13	14.94	17.41
22	13.24	15.10	17.61
23	13.36	15.26	17.85
24	13.53	15.49	18.13
25	13.71	15.70	18.44
26	13.89	15.96	18.78
27	14.13	16.24	19.16
28	14.38	16.56	19.58
29	14.65	16.93	20.04
30	15.79	18.34	21.79
31	16.16	18.81	22.43
32	16.58	19.35	23.11
33	17.06	19.96	23.90
34	17.60	20.63	24.79
35	18.20	21.39	25.76
36	18.89	22.24	26.84
37	19.63	23.16	28.04
38	20.46	24.19	29.35
39	21.40	25.34	30.81
40	24.79	29.43	35.84
41	25.96	30.86	37.63
42	27.26	32.44	39.63
43	28.71	34.19	41.80
44	30.30	36.09	44.16
45	32.05	38.18	46.76
46	33.99	40.46	49.59
47	36.10	42.95	52.64
48	38.38	45.60	55.90
49	40.81	48.45	59.34
50	47.75	56.36	68.49
51	50.50	59.51	72.28
52	53.40	62.81	76.21
53	56.45	66.25	80.26
54	59.54	69.71	84.31
55	62.64	73.13	88.25
56	65.15	75.83	91.29
57	67.51	78.30	93.99
58	69.80	80.66	96.50
59	72.28	83.16	99.15
60	75.23	86.19	102.31

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	34.73	45.80
21	35.25	46.39
22	35.89	47.14
23	36.63	48.01
24	37.44	49.00
25	38.35	50.10
26	39.34	51.29
27	40.41	52.58
28	41.55	53.95
29	42.79	55.43
30	46.10	59.39
31	47.54	61.10
32	49.08	62.95
33	50.74	64.91
34	52.51	67.04
35	54.43	69.33
36	56.50	71.76
37	58.73	74.41
38	61.10	77.23
39	63.69	80.25
40	71.05	88.84
41	74.04	92.34
42	77.25	96.06
43	80.65	100.00
44	84.23	104.13
45	87.98	108.43
46	91.88	112.85
47	95.89	117.41
48	100.03	122.04
49	104.19	126.68
50	111.58	134.41
51	115.65	138.81
52	119.63	143.10
53	123.56	147.24
54	127.44	151.29
55	131.24	155.20
56	133.90	157.71
57	136.33	159.89
58	138.66	161.95
59	141.36	164.39
60	145.03	167.86

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	27.68	35.69
21	27.99	36.04
22	28.39	36.49
23	28.84	37.03
24	29.38	37.66
25	29.98	38.40
26	30.68	39.24
27	31.45	40.19
28	32.33	41.26
29	33.29	42.44
30	36.33	46.11
31	37.49	47.54
32	38.79	49.11
33	40.19	50.83
34	41.73	52.70
35	43.41	54.75
36	45.25	56.98
37	47.24	59.39
38	49.40	61.99
39	51.74	64.76
40	58.83	73.09
41	61.50	76.26
42	64.36	79.61
43	67.36	83.14
44	70.53	86.81
45	73.83	90.65
46	77.26	94.59
47	80.80	98.64
48	84.45	102.76
49	88.13	106.88
50	95.03	114.13
51	98.63	118.06
52	102.15	121.86
53	105.63	125.58
54	109.04	129.18
55	112.38	132.64
56	114.73	134.86
57	116.83	136.79
58	118.84	138.56
59	121.15	140.68
60	124.30	143.66

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	24.70	31.40
21	24.93	31.66
22	25.24	32.00
23	25.59	32.43
24	25.99	32.91
25	26.48	33.50
26	27.01	34.16
27	27.63	34.91
28	28.33	35.76
29	29.10	36.71
30	31.94	40.15
31	32.90	41.34
32	33.99	42.65
33	35.15	44.10
34	36.45	45.70
35	37.89	47.44
36	39.45	49.36
37	41.16	51.44
38	43.04	53.70
39	45.06	56.14
40	51.89	64.13
41	54.29	67.00
42	56.89	70.08
43	59.65	73.34
44	62.55	76.78
45	65.60	80.33
46	68.76	83.98
47	72.03	87.71
48	75.35	91.49
49	78.66	95.23
50	85.15	102.03
51	88.29	105.45
52	91.29	108.70
53	94.19	111.78
54	97.03	114.73
55	99.80	117.59
56	101.74	119.43
57	103.53	121.03
58	105.26	122.58
59	107.31	124.41
60	110.10	127.09

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	22.13	27.71
21	22.31	27.93
22	22.55	28.19
23	22.83	28.53
24	23.15	28.91
25	23.53	29.38
26	23.95	29.90
27	24.44	30.49
28	24.98	31.18
29	25.59	31.93
30	28.25	35.13
31	29.00	36.06
32	29.85	37.10
33	30.79	38.26
34	31.80	39.51
35	32.93	40.89
36	34.16	42.40
37	35.53	44.04
38	37.00	45.81
39	38.59	47.74
40	44.93	55.16
41	46.81	57.43
42	48.85	59.84
43	51.01	62.39
44	53.30	65.08
45	55.69	67.85
46	58.18	70.75
47	60.76	73.70
48	63.39	76.68
49	66.00	79.63
50	71.78	85.64
51	74.19	88.29
52	76.49	90.73
53	78.68	93.03
54	80.76	95.18
55	82.76	97.21
56	84.08	98.39
57	85.23	99.35
58	86.30	100.21
59	87.65	101.34
60	89.68	103.21

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	20.79	25.78
21	20.98	26.01
22	21.21	26.30
23	21.50	26.66
24	21.83	27.06
25	22.20	27.54
26	22.63	28.06
27	23.10	28.65
28	23.63	29.31
29	24.20	30.04
30	26.83	33.21
31	27.55	34.10
32	28.34	35.08
33	29.21	36.15
34	30.15	37.33
35	31.19	38.59
36	32.31	39.95
37	33.51	41.43
38	34.85	43.03
39	36.26	44.74
40	42.43	51.94
41	44.10	53.95
42	45.91	56.08
43	47.83	58.36
44	49.86	60.75
45	52.00	63.21
46	54.21	65.79
47	56.50	68.40
48	58.83	71.04
49	61.11	73.61
50	66.56	79.24
51	68.60	81.45
52	70.50	83.46
53	72.28	85.30
54	73.98	87.01
55	75.63	88.65
56	76.70	89.60
57	77.66	90.40
58	78.68	91.20
59	79.93	92.29
60	81.84	94.05

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.26	19.05	27.06	35.64
21	13.74	19.63	27.78	36.50
22	14.30	20.30	28.63	37.55
23	14.93	21.08	29.63	38.79
24	15.61	21.93	30.69	40.11
25	16.31	22.78	31.79	41.46
26	17.03	23.64	32.88	42.79
27	17.74	24.49	33.94	44.10
28	18.46	25.36	35.00	45.39
29	19.21	26.24	36.09	46.70
30	19.98	27.14	37.18	48.05
31	20.79	28.08	38.34	49.43
32	21.63	29.05	39.51	50.85
33	22.50	30.08	40.75	52.34
34	23.43	31.15	42.05	53.89
35	24.41	32.29	43.43	55.54
36	25.46	33.50	44.89	57.29
37	26.58	34.79	46.45	59.15
38	27.79	36.18	48.10	61.14
39	29.06	37.66	49.90	63.26
40	30.46	39.25	51.81	65.55
41	31.96	40.96	53.89	68.01
42	33.58	42.83	56.11	70.66
43	35.31	44.81	58.49	73.50
44	37.18	46.95	61.03	76.53
45	39.18	49.21	63.73	79.74
46	41.33	51.65	66.61	83.15
47	43.61	54.23	69.69	86.78
48	46.04	56.98	72.94	90.60
49	48.65	59.91	76.39	94.65
50	51.43	63.04	80.05	98.96
51	54.41	66.35	83.94	103.53
52	57.63	69.93	88.11	108.39
53	61.09	73.78	92.58	113.61
54	64.86	77.95	97.44	119.25
55	69.01	82.55	102.76	125.46
56	72.93	86.81	107.65	131.09
57	77.14	91.40	112.89	137.11
58	81.74	96.38	118.56	143.60
59	86.68	101.74	124.63	150.58
60	92.14	107.63	131.30	158.23

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	6.35	9.14	12.96	17.08
21	6.54	9.34	13.21	17.38
22	6.75	9.60	13.53	17.74
23	7.00	9.89	13.89	18.20
24	7.28	10.23	14.31	18.71
25	7.59	10.60	14.79	19.29
26	7.93	11.01	15.31	19.94
27	8.30	11.46	15.89	20.65
28	8.71	11.98	16.53	21.44
29	9.18	12.54	17.25	22.31
30	9.69	13.16	18.05	23.33
31	10.28	13.89	18.95	24.44
32	10.93	14.68	19.96	25.69
33	11.64	15.56	21.08	27.06
34	12.43	16.53	22.29	28.58
35	13.28	17.55	23.61	30.20
36	14.20	18.69	25.04	31.94
37	15.19	19.89	26.55	33.81
38	16.28	21.19	28.18	35.80
39	17.41	22.56	29.89	37.89
40	18.63	24.00	31.68	40.09
41	19.90	25.51	33.55	42.34
42	21.24	27.09	35.50	44.70
43	22.65	28.74	37.53	47.15
44	24.15	30.49	39.64	49.70
45	25.73	32.33	41.86	52.38
46	27.41	34.26	44.20	55.16
47	29.19	36.31	46.66	58.10
48	31.09	38.49	49.26	61.20
49	33.14	40.81	52.03	64.48
50	35.34	43.30	55.00	67.99
51	37.74	46.00	58.21	71.78
52	40.34	48.94	61.68	75.86
53	43.16	52.13	65.41	80.28
54	46.25	55.59	69.49	85.05
55	49.66	59.40	73.96	90.29
56	52.94	63.04	78.15	95.18
57	56.46	66.91	82.63	100.36
58	60.30	71.10	87.46	105.95
59	64.39	75.58	92.58	111.86
60	68.84	80.41	98.11	118.24

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	3.61	5.21	7.39	9.74
21	3.71	5.30	7.50	9.86
22	3.81	5.43	7.65	10.03
23	3.94	5.56	7.83	10.23
24	4.08	5.74	8.03	10.48
25	4.24	5.91	8.25	10.78
26	4.43	6.14	8.53	11.11
27	4.63	6.39	8.84	11.50
28	4.85	6.68	9.21	11.95
29	5.13	7.01	9.64	12.48
30	5.44	7.40	10.14	13.10
31	5.81	7.85	10.73	13.83
32	6.24	8.38	11.40	14.66
33	6.73	8.98	12.18	15.63
34	7.26	9.66	13.04	16.70
35	7.88	10.41	14.01	17.93
36	8.56	11.26	15.10	19.28
37	9.34	12.23	16.31	20.78
38	10.19	13.26	17.64	22.41
39	11.13	14.40	19.09	24.20
40	12.15	15.65	20.66	26.15
41	13.28	17.01	22.38	28.25
42	14.50	18.49	24.21	30.50
43	15.81	20.08	26.19	32.91
44	17.23	21.76	28.30	35.46
45	18.76	23.56	30.53	38.19
46	20.40	25.50	32.90	41.06
47	22.15	27.55	35.40	44.09
48	24.01	29.71	38.05	47.25
49	25.98	32.00	40.80	50.56
50	28.06	34.40	43.69	54.01
51	30.28	36.91	46.70	57.60
52	32.63	39.59	49.89	61.35
53	35.11	42.40	53.23	65.30
54	37.81	45.46	56.83	69.55
55	40.80	48.80	60.75	74.18
56	43.68	51.99	64.45	78.49
57	46.76	55.40	68.41	83.09
58	50.10	59.08	72.66	88.03
59	53.66	62.99	77.16	93.23
60	57.51	67.19	81.98	98.78

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	15.16	21.79	30.94	40.75
21	15.70	22.43	31.73	41.71
22	16.31	23.20	32.70	42.90
23	17.05	24.08	33.83	44.29
24	17.81	25.01	35.04	45.79
25	18.63	26.03	36.29	47.35
26	19.45	27.03	37.56	48.91
27	20.30	28.05	38.84	50.49
28	21.18	29.09	40.15	52.06
29	22.09	30.18	41.49	53.71
30	23.05	31.33	42.91	55.45
31	24.09	32.55	44.43	57.29
32	25.18	33.84	46.03	59.24
33	26.35	35.24	47.74	61.30
34	27.61	36.71	49.56	63.51
35	28.96	38.31	51.54	65.91
36	30.44	40.05	53.66	68.49
37	32.04	41.93	55.98	71.29
38	33.76	43.96	58.48	74.31
39	35.65	46.19	61.20	77.59
40	37.73	48.60	64.16	81.18
41	39.98	51.24	67.39	85.08
42	42.44	54.11	70.90	89.29
43	45.09	57.23	74.69	93.86
44	47.99	60.59	78.76	98.76
45	51.13	64.23	83.16	104.03
46	54.50	68.14	87.89	109.69
47	58.15	72.34	92.95	115.73
48	62.08	76.84	98.34	122.16
49	66.28	81.63	104.08	128.98
50	70.79	86.75	110.18	136.20
51	75.63	92.24	116.68	143.89
52	80.84	98.10	123.60	152.04
53	86.43	104.39	131.00	160.74
54	92.49	111.15	138.95	170.08
55	99.10	118.56	147.59	180.20
56	105.36	125.44	155.54	189.41
57	112.03	132.73	163.93	199.10
58	119.16	140.53	172.84	209.38
59	126.64	148.63	182.06	219.98
60	134.46	157.08	191.64	230.90

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	8.00	11.50	16.34	21.51
21	8.25	11.79	16.68	21.93
22	8.55	12.13	17.11	22.45
23	8.88	12.54	17.61	23.08
24	9.26	13.00	18.19	23.79
25	9.68	13.50	18.84	24.59
26	10.14	14.08	19.56	25.46
27	10.65	14.70	20.35	26.45
28	11.20	15.39	21.25	27.55
29	11.84	16.16	22.24	28.79
30	12.55	17.05	23.35	30.16
31	13.34	18.04	24.61	31.74
32	14.24	19.13	26.03	33.49
33	15.23	20.35	27.59	35.41
34	16.31	21.70	29.29	37.54
35	17.51	23.16	31.18	39.85
36	18.84	24.79	33.21	42.38
37	20.28	26.54	35.44	45.11
38	21.84	28.44	37.83	48.06
39	23.54	30.49	40.40	51.21
40	25.36	32.69	43.13	54.58
41	27.33	35.04	46.05	58.14
42	29.43	37.54	49.18	61.93
43	31.68	40.21	52.48	65.94
44	34.13	43.09	56.00	70.23
45	36.75	46.16	59.78	74.78
46	39.58	49.46	63.80	79.63
47	42.63	53.03	68.11	84.83
48	45.91	56.83	72.73	90.34
49	49.45	60.90	77.65	96.23
50	53.30	65.30	82.94	102.54
51	57.45	70.08	88.64	109.31
52	61.99	75.23	94.79	116.60
53	66.88	80.79	101.39	124.40
54	72.20	86.79	108.48	132.78
55	77.99	93.29	116.15	141.80
56	83.53	99.43	123.29	150.13
57	89.38	105.90	130.78	158.84
58	95.63	112.76	138.69	168.01
59	102.11	119.85	146.83	177.38
60	108.85	127.15	155.14	186.93

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	5.11	7.35	10.45	13.75
21	5.28	7.54	10.66	14.01
22	5.45	7.74	10.93	14.33
23	5.65	8.00	11.24	14.71
24	5.90	8.29	11.60	15.16
25	6.16	8.63	12.03	15.69
26	6.48	8.99	12.50	16.29
27	6.81	9.43	13.06	16.96
28	7.21	9.90	13.68	17.74
29	7.66	10.46	14.39	18.63
30	8.18	11.10	15.20	19.64
31	8.75	11.83	16.15	20.81
32	9.43	12.65	17.21	22.16
33	10.16	13.60	18.43	23.66
34	11.01	14.65	19.78	25.34
35	11.98	15.84	21.30	27.23
36	13.04	17.15	23.00	29.33
37	14.24	18.63	24.86	31.66
38	15.55	20.24	26.94	34.21
39	17.01	22.04	29.21	37.03
40	18.64	24.01	31.71	40.11
41	20.43	26.19	34.45	43.49
42	22.41	28.58	37.43	47.15
43	24.55	31.15	40.66	51.10
44	26.89	33.95	44.14	55.34
45	29.43	36.96	47.86	59.86
46	32.16	40.19	51.85	64.70
47	35.10	43.65	56.10	69.85
48	38.25	47.34	60.59	75.28
49	41.61	51.24	65.34	80.98
50	45.20	55.40	70.34	86.98
51	49.04	59.79	75.63	93.28
52	53.11	64.45	81.20	99.90
53	57.49	69.41	87.13	106.90
54	62.20	74.75	93.45	114.36
55	67.33	80.54	100.28	122.43
56	72.26	86.01	106.66	129.89
57	77.50	91.83	113.40	137.74
58	83.09	97.99	120.53	146.00
59	88.90	104.35	127.83	154.44
60	94.91	110.88	135.28	163.00

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	3.21	4.60	6.55	8.63
21	3.35	4.79	6.79	8.91
22	3.53	5.01	7.06	9.26
23	3.73	5.25	7.39	9.68
24	3.94	5.54	7.76	10.14
25	4.19	5.86	8.16	10.65
26	4.46	6.20	8.63	11.23
27	4.76	6.59	9.11	11.85
28	5.10	7.01	9.68	12.55
29	5.49	7.48	10.29	13.33
30	5.90	8.03	10.99	14.20
31	6.39	8.63	11.78	15.19
32	6.93	9.31	12.68	16.30
33	7.54	10.08	13.66	17.54
34	8.23	10.94	14.76	18.91
35	8.99	11.90	16.00	20.46
36	9.86	12.96	17.39	22.18
37	10.81	14.18	18.91	24.09
38	11.90	15.50	20.61	26.19
39	13.10	16.96	22.49	28.51
40	14.44	18.60	24.55	31.06
41	15.91	20.40	26.83	33.86
42	17.54	22.38	29.31	36.94
43	19.35	24.55	32.04	40.25
44	21.33	26.94	35.01	43.90
45	23.53	29.56	38.28	47.88
46	25.95	32.44	41.85	52.21
47	28.60	35.58	45.71	56.91
48	31.48	38.94	49.85	61.94
49	34.54	42.54	54.24	67.23
50	37.81	46.33	58.85	72.74
51	41.26	50.31	63.65	78.50
52	44.91	54.50	68.68	84.49
53	48.79	58.93	73.94	90.73
54	52.91	63.59	79.49	97.29
55	57.33	68.56	85.38	104.24
56	61.50	73.21	90.79	110.55
57	65.85	78.03	96.36	117.04
58	70.44	83.06	102.18	123.76
59	75.18	88.24	108.10	130.60
60	80.08	93.55	114.14	137.51

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	21.15	29.96	42.08
21	21.79	30.73	43.03
22	22.55	31.64	44.16
23	23.43	32.70	45.53
24	24.38	33.88	47.01
25	25.39	35.13	48.60
26	26.48	36.44	50.28
27	27.61	37.83	52.01
28	28.84	39.30	53.88
29	30.14	40.89	55.86
30	32.36	43.59	59.21
31	33.90	45.45	61.55
32	35.56	47.48	64.09
33	37.38	49.65	66.83
34	39.36	52.05	69.81
35	41.53	54.66	73.09
36	43.90	57.51	76.68
37	46.53	60.65	80.59
38	49.39	64.10	84.89
39	52.54	67.88	89.56
40	58.36	74.84	98.14
41	62.21	79.43	103.83
42	66.45	84.45	110.04
43	71.08	89.91	116.78
44	76.09	95.85	124.09
45	81.58	102.29	131.98
46	87.54	109.25	140.48
47	93.98	116.75	149.59
48	100.88	124.74	159.28
49	108.26	133.25	169.54
50	120.48	147.18	185.89
51	128.84	156.71	197.26
52	137.68	166.74	209.16
53	146.96	177.20	221.53
54	156.53	187.90	234.05
55	166.21	198.64	246.55
56	174.39	207.49	256.59
57	182.19	215.80	265.88
58	189.81	223.83	274.71
59	197.61	231.99	283.64
60	206.06	240.83	293.31

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	13.53	18.99	26.50
21	13.89	19.44	27.06
22	14.34	19.98	27.73
23	14.85	20.60	28.53
24	15.44	21.33	29.44
25	16.09	22.13	30.48
26	16.83	23.04	31.64
27	17.64	24.05	32.91
28	18.53	25.16	34.35
29	19.54	26.41	35.96
30	21.50	28.83	38.98
31	22.76	30.41	41.01
32	24.19	32.18	43.29
33	25.78	34.14	45.80
34	27.54	36.31	48.59
35	29.49	38.73	51.66
36	31.64	41.36	55.03
37	34.01	44.29	58.74
38	36.63	47.46	62.75
39	39.46	50.94	67.13
40	44.93	57.54	75.29
41	48.34	61.63	80.44
42	52.05	66.09	86.00
43	56.08	70.90	91.98
44	60.46	76.13	98.44
45	65.26	81.78	105.43
46	70.46	87.91	112.95
47	76.13	94.54	121.06
48	82.21	101.64	129.70
49	88.75	109.23	138.89
50	100.10	122.24	154.19
51	107.61	130.84	164.53
52	115.59	139.94	175.39
53	124.01	149.49	186.74
54	132.66	159.23	198.21
55	141.40	168.96	209.60
56	148.80	177.03	218.81
57	155.81	184.54	227.28
58	162.60	191.74	235.24
59	169.50	198.99	243.21
60	176.91	206.76	251.76

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	10.39	14.50	20.13
21	10.66	14.83	20.53
22	11.00	15.24	21.04
23	11.39	15.70	21.64
24	11.83	16.24	22.33
25	12.34	16.88	23.14
26	12.89	17.59	24.05
27	13.54	18.39	25.08
28	14.26	19.29	26.25
29	15.09	20.33	27.59
30	16.83	22.50	30.33
31	17.90	23.83	32.04
32	19.10	25.34	33.99
33	20.46	27.03	36.18
34	21.98	28.93	38.60
35	23.68	31.03	41.33
36	25.58	33.40	44.34
37	27.69	36.00	47.69
38	30.04	38.90	51.36
39	32.65	42.10	55.43
40	37.89	48.46	63.33
41	41.13	52.39	68.28
42	44.68	56.69	73.68
43	48.59	61.38	79.55
44	52.84	66.48	85.90
45	57.48	72.00	92.74
46	62.48	77.93	100.08
47	67.90	84.31	107.91
48	73.70	91.10	116.21
49	79.86	98.29	124.94
50	90.75	110.76	139.64
51	97.66	118.71	149.19
52	104.94	127.03	159.13
53	112.55	135.65	169.36
54	120.35	144.43	179.73
55	128.21	153.20	189.98
56	134.90	160.50	198.31
57	141.28	167.33	206.00
58	147.48	173.90	213.30
59	153.76	180.51	220.59
60	160.50	187.60	228.40

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	8.05	11.14	15.36
21	8.31	11.46	15.76
22	8.63	11.84	16.26
23	8.96	12.29	16.85
24	9.36	12.80	17.49
25	9.81	13.35	18.23
26	10.29	13.98	19.03
27	10.84	14.65	19.90
28	11.43	15.39	20.88
29	12.10	16.24	21.99
30	13.69	18.23	24.46
31	14.58	19.35	25.91
32	15.58	20.61	27.55
33	16.73	22.04	29.41
34	18.00	23.64	31.48
35	19.44	25.44	33.80
36	21.05	27.45	36.36
37	22.84	29.68	39.20
38	24.84	32.13	42.36
39	27.06	34.86	45.84
40	31.88	40.73	53.10
41	34.65	44.09	57.35
42	37.70	47.80	62.03
43	41.09	51.88	67.15
44	44.81	56.34	72.73
45	48.91	61.24	78.81
46	53.40	66.59	85.44
47	58.33	72.41	92.63
48	63.65	78.68	100.30
49	69.40	85.40	108.51
50	79.93	97.50	122.78
51	86.54	105.13	132.00
52	93.56	113.21	141.73
53	100.99	121.68	151.84
54	108.59	130.30	162.06
55	116.24	138.86	172.14
56	122.75	146.01	180.35
57	128.86	152.63	187.85
58	134.75	158.90	194.85
59	140.68	165.16	201.79
60	146.98	171.79	209.11

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	7.25	9.99	13.71
21	7.48	10.28	14.09
22	7.78	10.65	14.59
23	8.11	11.08	15.15
24	8.50	11.56	15.78
25	8.91	12.10	16.48
26	9.36	12.69	17.25
27	9.88	13.34	18.10
28	10.45	14.05	19.03
29	11.08	14.85	20.06
30	12.61	16.75	22.45
31	13.43	17.79	23.79
32	14.34	18.95	25.29
33	15.38	20.24	26.96
34	16.54	21.68	28.84
35	17.81	23.30	30.93
36	19.28	25.10	33.23
37	20.88	27.10	35.79
38	22.68	29.31	38.61
39	24.70	31.79	41.75
40	29.29	37.36	48.68
41	31.81	40.46	52.58
42	34.65	43.89	56.90
43	37.76	47.66	61.64
44	41.23	51.81	66.84
45	45.05	56.39	72.53
46	49.25	61.40	78.74
47	53.84	66.84	85.45
48	58.83	72.69	92.66
49	64.16	78.95	100.30
50	74.23	90.51	113.93
51	80.31	97.54	122.40
52	86.73	104.91	131.26
53	93.43	112.56	140.38
54	100.20	120.20	149.44
55	106.84	127.63	158.14
56	112.26	133.53	164.88
57	117.14	138.73	170.68
58	121.61	143.40	175.80
59	126.06	148.01	180.78
60	130.89	153.00	186.18

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	35.79	50.81
21	36.68	51.83
22	37.73	53.06
23	38.93	54.50
24	40.25	56.11
25	41.73	57.89
26	43.31	59.83
27	45.05	61.90
28	46.90	64.16
29	48.93	66.60
30	53.10	71.63
31	55.48	74.50
32	58.06	77.63
33	60.85	81.00
34	63.90	84.65
35	67.20	88.64
36	70.83	92.99
37	74.75	97.70
38	79.01	102.78
39	83.65	108.30
40	93.29	119.63
41	98.76	126.10
42	104.65	133.05
43	110.98	140.45
44	117.61	148.23
45	124.60	156.33
46	131.86	164.70
47	139.36	173.28
48	147.04	181.99
49	154.70	190.61
50	165.49	202.18
51	172.75	210.15
52	179.73	217.68
53	186.44	224.81
54	192.85	231.54
55	198.93	237.78
56	202.85	241.41
57	206.09	244.18
58	208.84	246.35
59	211.84	248.78
60	215.94	252.53

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	27.33	38.65
21	27.95	39.36
22	28.70	40.24
23	29.55	41.26
24	30.50	42.43
25	31.60	43.74
26	32.81	45.20
27	34.14	46.85
28	35.63	48.66
29	37.26	50.68
30	41.06	55.28
31	43.06	57.74
32	45.28	60.45
33	47.73	63.44
34	50.39	66.71
35	53.33	70.30
36	56.56	74.23
37	60.10	78.51
38	63.95	83.15
39	68.10	88.18
40	77.24	98.95
41	82.11	104.78
42	87.38	111.00
43	92.96	117.61
44	98.88	124.54
45	105.05	131.78
46	111.48	139.21
47	118.14	146.89
48	124.94	154.64
49	131.78	162.36
50	141.73	173.06
51	148.23	180.23
52	154.48	187.03
53	160.50	193.49
54	166.25	199.56
55	171.65	205.15
56	175.18	208.45
57	178.00	210.90
58	180.39	212.79
59	182.90	214.85
60	186.40	218.00

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	23.35	32.95
21	23.88	33.55
22	24.51	34.29
23	25.23	35.15
24	26.05	36.15
25	26.98	37.29
26	28.01	38.58
27	29.19	40.01
28	30.50	41.63
29	31.96	43.44
30	35.58	47.81
31	37.38	50.06
32	39.40	52.55
33	41.63	55.31
34	44.09	58.33
35	46.78	61.63
36	49.73	65.24
37	52.96	69.16
38	56.46	73.41
39	60.30	78.05
40	69.09	88.44
41	73.64	93.89
42	78.55	99.76
43	83.81	106.01
44	89.40	112.59
45	95.24	119.44
46	101.33	126.53
47	107.61	133.79
48	114.05	141.15
49	120.43	148.40
50	129.89	158.56
51	135.81	165.10
52	141.43	171.19
53	146.73	176.86
54	151.76	182.16
55	156.51	187.03
56	159.58	189.88
57	162.08	192.04
58	164.20	193.73
59	166.49	195.58
60	169.65	198.44

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	20.26	28.51
21	20.74	29.06
22	21.31	29.75
23	21.96	30.55
24	22.71	31.46
25	23.55	32.50
26	24.49	33.66
27	25.55	34.98
28	26.71	36.43
29	28.01	38.05
30	31.45	42.21
31	33.05	44.21
32	34.84	46.40
33	36.80	48.84
34	38.96	51.49
35	41.34	54.43
36	43.96	57.64
37	46.84	61.16
38	49.99	64.98
39	53.44	69.15
40	61.81	79.06
41	65.91	83.99
42	70.38	89.33
43	75.15	95.00
44	80.21	101.00
45	85.56	107.29
46	91.18	113.83
47	96.96	120.55
48	102.94	127.41
49	108.91	134.21
50	118.01	144.01
51	123.68	150.29
52	129.06	156.20
53	134.24	161.78
54	139.15	167.00
55	143.75	171.76
56	146.73	174.59
57	149.13	176.68
58	151.09	178.25
59	153.15	179.93
60	156.00	182.49

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

MALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	18.01	25.26
21	18.49	25.85
22	19.05	26.54
23	19.70	27.35
24	20.43	28.26
25	21.26	29.30
26	22.18	30.44
27	23.20	31.73
28	24.31	33.11
29	25.55	34.68
30	28.90	38.74
31	30.40	40.63
32	32.06	42.69
33	33.88	44.94
34	35.86	47.40
35	38.05	50.06
36	40.43	52.99
37	43.03	56.16
38	45.85	59.60
39	48.93	63.33
40	56.90	72.74
41	60.56	77.14
42	64.54	81.89
43	68.80	86.94
44	73.31	92.28
45	78.08	97.86
46	83.05	103.66
47	88.19	109.63
48	93.46	115.70
49	98.70	121.65
50	107.01	130.54
51	111.83	135.84
52	116.30	140.70
53	120.53	145.20
54	124.49	149.38
55	128.23	153.21
56	130.65	155.44
57	132.64	157.14
58	134.34	158.50
59	136.18	159.99
60	138.69	162.28

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	24.90	32.31	42.54	53.51
21	25.83	33.49	44.10	55.49
22	26.86	34.85	45.90	57.76
23	28.01	36.35	47.88	60.29
24	29.25	37.93	49.96	62.91
25	30.53	39.53	52.08	65.59
26	31.80	41.16	54.20	68.24
27	33.10	42.79	56.28	70.84
28	34.40	44.39	58.33	73.38
29	35.69	45.94	60.31	75.81
30	36.95	47.46	62.20	78.13
31	38.15	48.88	63.96	80.26
32	39.30	50.23	65.59	82.21
33	40.40	51.48	67.06	83.98
34	41.43	52.61	68.41	85.55
35	42.40	53.66	69.60	86.91
36	43.29	54.60	70.63	88.06
37	44.10	55.43	71.50	89.03
38	44.86	56.18	72.24	89.80
39	45.58	56.84	72.91	90.46
40	46.26	57.49	73.53	91.05
41	46.96	58.14	74.11	91.63
42	47.66	58.76	74.69	92.16
43	48.36	59.39	75.26	92.68
44	49.06	60.00	75.80	93.15
45	49.76	60.61	76.31	93.60
46	50.45	61.21	76.80	94.01
47	51.15	61.81	77.31	94.44
48	51.89	62.45	77.85	94.90
49	52.71	63.18	78.49	95.45
50	53.64	64.04	79.28	96.21
51	54.73	65.06	80.28	97.21
52	55.99	66.30	81.51	98.50
53	57.48	67.76	83.05	100.10
54	59.19	69.51	84.89	102.09
55	61.23	71.61	87.13	104.54
56	63.05	73.45	89.03	106.56
57	65.16	75.58	91.29	108.99
58	67.65	78.13	93.99	111.91
59	70.60	81.18	97.23	115.44
60	74.29	84.98	101.33	119.90

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	16.08	19.63	24.54	29.79
21	16.44	20.10	25.16	30.59
22	16.86	20.63	25.86	31.48
23	17.33	21.24	26.66	32.49
24	17.84	21.89	27.51	33.56
25	18.38	22.58	28.44	34.73
26	18.98	23.34	29.43	35.98
27	19.61	24.14	30.48	37.29
28	20.29	24.99	31.58	38.66
29	21.00	25.89	32.73	40.11
30	21.74	26.81	33.93	41.60
31	22.53	27.79	35.14	43.11
32	23.34	28.76	36.39	44.66
33	24.16	29.78	37.68	46.24
34	25.04	30.80	38.96	47.81
35	25.90	31.85	40.24	49.38
36	26.80	32.89	41.54	50.94
37	27.68	33.94	42.80	52.46
38	28.58	34.98	44.06	53.96
39	29.48	35.98	45.26	55.40
40	30.34	36.95	46.40	56.76
41	31.18	37.88	47.49	58.01
42	31.99	38.78	48.49	59.18
43	32.78	39.61	49.44	60.24
44	33.55	40.43	50.33	61.23
45	34.30	41.20	51.16	62.15
46	35.05	41.98	51.99	63.04
47	35.80	42.73	52.78	63.90
48	36.58	43.50	53.58	64.75
49	37.41	44.34	54.46	65.69
50	38.34	45.28	55.46	66.78
51	39.40	46.38	56.64	68.08
52	40.63	47.66	58.03	69.60
53	42.04	49.13	59.64	71.39
54	43.63	50.81	61.50	73.46
55	45.48	52.78	63.66	75.90
56	47.18	54.55	65.60	78.04
57	49.13	56.58	67.81	80.48
58	51.36	58.93	70.36	83.29
59	53.98	61.66	73.33	86.55
60	57.18	65.01	76.96	90.54

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	12.56	14.59	17.39	20.36
21	12.74	14.80	17.68	20.74
22	12.94	15.05	18.00	21.15
23	13.14	15.33	18.36	21.63
24	13.36	15.63	18.75	22.10
25	13.61	15.94	19.16	22.64
26	13.89	16.29	19.61	23.20
27	14.19	16.64	20.09	23.80
28	14.50	17.05	20.60	24.45
29	14.84	17.48	21.15	25.13
30	15.23	17.94	21.76	25.89
31	15.63	18.45	22.41	26.70
32	16.08	19.01	23.11	27.59
33	16.56	19.60	23.89	28.53
34	17.09	20.24	24.70	29.53
35	17.65	20.93	25.56	30.60
36	18.25	21.65	26.48	31.71
37	18.89	22.43	27.43	32.90
38	19.56	23.23	28.45	34.14
39	20.29	24.09	29.51	35.45
40	21.06	25.01	30.66	36.83
41	21.90	25.99	31.86	38.28
42	22.78	27.03	33.11	39.79
43	23.70	28.11	34.43	41.36
44	24.66	29.19	35.74	42.95
45	25.63	30.29	37.04	44.49
46	26.58	31.38	38.33	45.99
47	27.54	32.44	39.58	47.44
48	28.51	33.51	40.80	48.88
49	29.51	34.60	42.05	50.31
50	30.55	35.74	43.35	51.80
51	31.66	36.94	44.69	53.33
52	32.85	38.21	46.13	54.96
53	34.14	39.59	47.68	56.71
54	35.58	41.14	49.40	58.66
55	37.21	42.89	51.36	60.89
56	38.76	44.53	53.16	62.88
57	40.50	46.36	55.19	65.15
58	42.51	48.49	57.51	67.75
59	44.86	50.95	60.23	70.71
60	47.73	53.96	63.49	74.30

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	26.38	34.43	45.55	57.48
21	27.36	35.71	47.25	59.61
22	28.51	37.18	49.19	62.09
23	29.76	38.80	51.34	64.80
24	31.09	40.51	53.59	67.65
25	32.49	42.28	55.91	70.58
26	33.90	44.08	58.24	73.50
27	35.33	45.86	60.55	76.38
28	36.78	47.64	62.84	79.21
29	38.21	49.40	65.08	81.98
30	39.65	51.14	67.24	84.64
31	41.04	52.80	69.31	87.15
32	42.40	54.40	71.25	89.53
33	43.74	55.93	73.09	91.71
34	45.01	57.38	74.83	93.78
35	46.24	58.75	76.43	95.65
36	47.41	60.04	77.90	97.35
37	48.54	61.24	79.26	98.90
38	49.64	62.39	80.51	100.30
39	50.71	63.50	81.74	101.64
40	51.80	64.63	82.94	102.96
41	52.93	65.79	84.18	104.33
42	54.10	66.98	85.45	105.71
43	55.31	68.21	86.75	107.14
44	56.54	69.46	88.09	108.56
45	57.81	70.73	89.41	110.00
46	59.11	72.03	90.78	111.45
47	60.45	73.38	92.16	112.95
48	61.86	74.78	93.63	114.49
49	63.38	76.31	95.23	116.21
50	65.04	77.99	97.00	118.14
51	66.88	79.89	99.03	120.35
52	68.95	82.03	101.34	122.89
53	71.29	84.45	103.96	125.79
54	73.90	87.19	106.99	129.14
55	76.90	90.35	110.46	133.04
56	79.59	93.14	113.44	136.30
57	82.61	96.26	116.81	139.99
58	86.04	99.81	120.66	144.21
59	89.93	103.85	125.00	148.99
60	94.48	108.59	130.13	154.61

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	17.35	21.48	27.15	33.24
21	17.80	22.05	27.91	34.20
22	18.31	22.70	28.78	35.30
23	18.86	23.41	29.71	36.50
24	19.49	24.20	30.75	37.80
25	20.15	25.05	31.88	39.23
26	20.86	25.98	33.09	40.74
27	21.64	26.95	34.35	42.34
28	22.48	27.99	35.70	44.03
29	23.34	29.09	37.11	45.79
30	24.26	30.23	38.59	47.63
31	25.23	31.41	40.11	49.51
32	26.23	32.65	41.68	51.46
33	27.28	33.93	43.30	53.45
34	28.38	35.24	44.94	55.48
35	29.49	36.58	46.63	57.54
36	30.64	37.95	48.33	59.60
37	31.81	39.34	50.03	61.68
38	33.03	40.75	51.75	63.75
39	34.25	42.15	53.45	65.80
40	35.46	43.56	55.15	67.81
41	36.70	44.96	56.80	69.78
42	37.94	46.36	58.44	71.69
43	39.18	47.74	60.04	73.56
44	40.44	49.11	61.64	75.41
45	41.71	50.50	63.21	77.24
46	43.03	51.93	64.83	79.06
47	44.35	53.36	66.45	80.91
48	45.76	54.86	68.11	82.81
49	47.25	56.45	69.91	84.84
50	48.88	58.20	71.88	87.05
51	50.69	60.14	74.05	89.54
52	52.71	62.31	76.49	92.31
53	54.94	64.71	79.21	95.41
54	57.43	67.39	82.23	98.84
55	60.20	70.40	85.63	102.70
56	62.78	73.11	88.61	106.05
57	65.59	76.08	91.89	109.71
58	68.73	79.39	95.53	113.76
59	72.21	83.06	99.55	118.25
60	76.28	87.33	104.19	123.35

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	13.79	16.34	19.88	23.64
21	14.04	16.66	20.29	24.19
22	14.31	17.01	20.78	24.79
23	14.61	17.41	21.30	25.45
24	14.96	17.85	21.85	26.18
25	15.31	18.31	22.48	26.95
26	15.71	18.83	23.14	27.79
27	16.15	19.36	23.85	28.66
28	16.61	19.94	24.60	29.63
29	17.11	20.56	25.43	30.64
30	17.66	21.25	26.30	31.74
31	18.25	21.99	27.25	32.93
32	18.90	22.79	28.28	34.21
33	19.60	23.64	29.36	35.58
34	20.34	24.58	30.54	37.01
35	21.14	25.55	31.78	38.53
36	21.99	26.58	33.08	40.14
37	22.90	27.68	34.45	41.84
38	23.86	28.84	35.90	43.59
39	24.91	30.08	37.44	45.48
40	26.03	31.40	39.10	47.49
41	27.25	32.84	40.86	49.64
42	28.53	34.35	42.73	51.89
43	29.90	35.96	44.68	54.25
44	31.33	37.61	46.66	56.65
45	32.78	39.26	48.68	59.03
46	34.25	40.95	50.68	61.40
47	35.73	42.63	52.65	63.73
48	37.24	44.33	54.63	66.06
49	38.81	46.06	56.66	68.41
50	40.46	47.88	58.75	70.84
51	42.20	49.78	60.95	73.38
52	44.06	51.80	63.26	76.03
53	46.05	53.98	65.74	78.88
54	48.25	56.36	68.43	81.95
55	50.69	59.01	71.44	85.40
56	52.98	61.46	74.16	88.45
57	55.51	64.15	77.14	91.83
58	58.35	67.16	80.48	95.56
59	61.53	70.51	84.18	99.66
60	65.20	74.36	88.38	104.31

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A	B
20	10.69	11.90	13.56	15.35
21	10.84	12.10	13.83	15.70
22	11.00	12.31	14.14	16.10
23	11.19	12.58	14.48	16.55
24	11.40	12.86	14.86	17.03
25	11.63	13.15	15.29	17.55
26	11.86	13.48	15.71	18.13
27	12.13	13.83	16.18	18.71
28	12.43	14.20	16.68	19.35
29	12.74	14.60	17.20	20.01
30	13.09	15.04	17.79	20.75
31	13.46	15.51	18.40	21.54
32	13.86	16.04	19.09	22.39
33	14.31	16.60	19.81	23.29
34	14.79	17.20	20.59	24.26
35	15.31	17.84	21.40	25.29
36	15.85	18.51	22.26	26.35
37	16.46	19.24	23.18	27.49
38	17.09	20.00	24.15	28.68
39	17.78	20.83	25.19	29.95
40	18.50	21.71	26.29	31.29
41	19.30	22.65	27.48	32.75
42	20.15	23.68	28.73	34.26
43	21.08	24.75	30.06	35.89
44	22.05	25.90	31.45	37.55
45	23.08	27.09	32.90	39.31
46	24.16	28.36	34.43	41.13
47	25.31	29.68	36.00	43.00
48	26.50	31.03	37.63	44.94
49	27.75	32.44	39.30	46.90
50	29.05	33.89	41.00	48.89
51	30.38	35.38	42.73	50.90
52	31.79	36.91	44.50	52.96
53	33.25	38.54	46.35	55.09
54	34.86	40.28	48.33	57.35
55	36.61	42.18	50.49	59.80
56	38.23	43.89	52.39	61.94
57	39.99	45.76	54.44	64.24
58	41.98	47.84	56.75	66.79
59	44.23	50.21	59.29	69.60
60	46.90	52.99	62.31	72.89

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	32.20	42.34	56.25
21	33.35	43.81	58.20
22	34.66	45.50	60.43
23	36.10	47.35	62.88
24	37.65	49.34	65.49
25	39.26	51.41	68.20
26	40.96	53.55	70.98
27	42.70	55.71	73.79
28	44.48	57.91	76.61
29	46.29	60.14	79.46
30	49.39	63.96	84.24
31	51.23	66.18	87.00
32	53.05	68.35	89.73
33	54.88	70.51	92.36
34	56.70	72.65	94.96
35	58.53	74.74	97.48
36	60.33	76.79	99.94
37	62.14	78.83	102.33
38	63.95	80.85	104.71
39	65.81	82.93	107.13
40	70.34	88.10	113.16
41	72.41	90.39	115.80
42	74.59	92.78	118.58
43	76.88	95.30	121.48
44	79.28	97.91	124.46
45	81.75	100.60	127.54
46	84.30	103.36	130.68
47	86.95	106.21	133.89
48	89.70	109.18	137.21
49	92.61	112.26	140.69
50	99.35	119.58	148.70
51	102.63	123.06	152.61
52	106.11	126.78	156.76
53	109.83	130.74	161.13
54	113.70	134.81	165.64
55	117.69	138.99	170.21
56	120.76	142.05	173.35
57	123.75	144.95	176.28
58	126.81	147.90	179.20
59	130.28	151.25	182.55
60	134.60	155.56	186.95

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	22.84	28.89	37.14
21	23.44	29.65	38.18
22	24.13	30.54	39.34
23	24.90	31.53	40.64
24	25.73	32.60	42.06
25	26.66	33.78	43.61
26	27.65	35.06	45.28
27	28.73	36.43	47.05
28	29.88	37.88	48.95
29	31.11	39.43	50.95
30	33.69	42.64	55.01
31	35.06	44.34	57.19
32	36.50	46.13	59.48
33	38.03	47.99	61.84
34	39.61	49.91	64.29
35	41.28	51.93	66.80
36	43.00	53.99	69.40
37	44.80	56.14	72.06
38	46.66	58.35	74.78
39	48.60	60.63	77.58
40	53.19	65.99	83.98
41	55.26	68.40	86.88
42	57.39	70.85	89.85
43	59.61	73.39	92.88
44	61.90	75.99	95.96
45	64.29	78.66	99.11
46	66.74	81.43	102.36
47	69.31	84.29	105.70
48	71.98	87.25	109.15
49	74.81	90.34	112.73
50	81.45	97.65	120.86
51	84.63	101.13	124.85
52	88.00	104.80	129.06
53	91.58	108.69	133.46
54	95.26	112.66	137.95
55	99.04	116.68	142.44
56	101.99	119.70	145.65
57	104.81	122.53	148.56
58	107.66	125.31	151.41
59	110.80	128.41	154.56
60	114.69	132.31	158.58

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	19.18	23.61	29.68
21	19.58	24.14	30.36
22	20.04	24.73	31.14
23	20.54	25.38	32.00
24	21.09	26.10	32.95
25	21.71	26.88	33.96
26	22.36	27.73	35.08
27	23.09	28.64	36.29
28	23.88	29.63	37.56
29	24.71	30.69	38.96
30	26.93	33.44	42.43
31	27.93	34.69	44.04
32	29.00	36.05	45.78
33	30.18	37.49	47.63
34	31.44	39.04	49.59
35	32.76	40.68	51.68
36	34.20	42.40	53.88
37	35.71	44.24	56.18
38	37.34	46.19	58.61
39	39.06	48.28	61.21
40	43.54	53.55	67.55
41	45.55	55.95	70.53
42	47.74	58.54	73.71
43	50.05	61.25	77.05
44	52.48	64.06	80.48
45	54.95	66.94	83.96
46	57.50	69.86	87.45
47	60.09	72.80	90.94
48	62.73	75.76	94.46
49	65.45	78.81	98.04
50	71.93	85.95	106.03
51	74.83	89.16	109.74
52	77.85	92.48	113.54
53	80.99	95.90	117.41
54	84.23	99.38	121.34
55	87.51	102.89	125.28
56	90.14	105.59	128.15
57	92.70	108.18	130.86
58	95.33	110.76	133.51
59	98.24	113.68	136.49
60	101.83	117.28	140.24

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	15.88	18.85	22.91
21	16.15	19.24	23.43
22	16.48	19.68	24.00
23	16.85	20.15	24.65
24	17.23	20.68	25.36
25	17.66	21.24	26.11
26	18.13	21.84	26.90
27	18.63	22.48	27.75
28	19.16	23.16	28.65
29	19.75	23.90	29.63
30	21.66	26.31	32.65
31	22.39	27.21	33.83
32	23.16	28.20	35.11
33	24.03	29.26	36.49
34	24.96	30.41	37.95
35	25.93	31.64	39.51
36	26.98	32.91	41.15
37	28.11	34.28	42.89
38	29.30	35.73	44.69
39	30.59	37.28	46.64
40	34.54	41.98	52.26
41	36.05	43.76	54.50
42	37.68	45.70	56.90
43	39.43	47.75	59.41
44	41.26	49.91	62.06
45	43.19	52.15	64.81
46	45.20	54.50	67.64
47	47.31	56.91	70.54
48	49.51	59.41	73.53
49	51.81	62.03	76.64
50	57.89	68.79	84.20
51	60.44	71.63	87.53
52	63.10	74.58	90.98
53	65.89	77.65	94.53
54	68.74	80.76	98.08
55	71.58	83.84	101.54
56	73.84	86.16	104.08
57	75.95	88.31	106.34
58	78.05	90.40	108.46
59	80.38	92.70	110.80
60	83.26	95.61	113.80

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA	A
20	15.18	17.86	21.51
21	15.44	18.23	21.98
22	15.74	18.63	22.51
23	16.08	19.08	23.14
24	16.44	19.55	23.80
25	16.85	20.09	24.51
26	17.28	20.65	25.25
27	17.74	21.25	26.05
28	18.24	21.90	26.90
29	18.79	22.59	27.81
30	20.66	24.94	30.76
31	21.31	25.76	31.85
32	22.03	26.66	33.01
33	22.81	27.63	34.26
34	23.63	28.66	35.59
35	24.51	29.75	36.98
36	25.44	30.89	38.44
37	26.44	32.10	39.96
38	27.49	33.38	41.59
39	28.65	34.78	43.31
40	32.49	39.31	48.78
41	33.88	40.96	50.83
42	35.38	42.76	53.05
43	37.01	44.69	55.43
44	38.74	46.73	57.95
45	40.58	48.88	60.56
46	42.50	51.10	63.26
47	44.50	53.43	66.05
48	46.59	55.81	68.93
49	48.79	58.30	71.88
50	54.73	64.89	79.26
51	57.09	67.53	82.35
52	59.53	70.24	85.50
53	62.05	73.00	88.70
54	64.56	75.74	91.81
55	67.03	78.38	94.74
56	68.84	80.24	96.70
57	70.46	81.83	98.31
58	72.00	83.26	99.69
59	73.73	84.90	101.25
60	76.01	87.13	103.46

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	46.44	62.46
21	47.99	64.45
22	49.73	66.70
23	51.68	69.19
24	53.76	71.84
25	55.99	74.68
26	58.34	77.63
27	60.76	80.66
28	63.30	83.81
29	65.91	87.04
30	72.01	94.45
31	74.69	97.68
32	77.38	100.89
33	80.08	104.09
34	82.79	107.28
35	85.49	110.41
36	88.19	113.50
37	90.88	116.55
38	93.56	119.58
39	96.30	122.63
40	103.65	130.28
41	106.55	133.46
42	109.54	136.75
43	112.58	140.04
44	115.59	143.26
45	118.50	146.34
46	121.28	149.21
47	123.89	151.84
48	126.35	154.25
49	128.64	156.44
50	131.14	158.93
51	133.00	160.54
52	134.69	161.91
53	136.24	163.11
54	137.69	164.18
55	139.14	165.21
56	139.50	165.21
57	139.78	165.21
58	140.11	165.21
59	140.98	165.21
60	143.04	165.21

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	36.43	48.09
21	37.41	49.36
22	38.54	50.80
23	39.79	52.40
24	41.16	54.15
25	42.65	56.04
26	44.26	58.08
27	45.98	60.24
28	47.81	62.54
29	49.74	64.96
30	55.25	71.65
31	57.35	74.25
32	59.54	76.93
33	61.81	79.68
34	64.16	82.50
35	66.59	85.40
36	69.08	88.36
37	71.64	91.38
38	74.26	94.44
39	76.96	97.58
40	84.26	105.30
41	87.10	108.53
42	89.99	111.80
43	92.90	115.08
44	95.80	118.28
45	98.61	121.34
46	101.30	124.23
47	103.85	126.91
48	106.28	129.40
49	108.53	131.69
50	111.03	134.29
51	112.94	136.06
52	114.65	137.60
53	116.21	138.93
54	117.68	140.13
55	119.10	141.26
56	119.58	141.26
57	119.91	141.26
58	120.29	141.26
59	121.09	141.26
60	122.91	141.26

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	32.45	42.39
21	33.24	43.39
22	34.13	44.53
23	35.10	45.76
24	36.16	47.11
25	37.33	48.59
26	38.58	50.16
27	39.91	51.86
28	41.35	53.69
29	42.90	55.61
30	48.01	61.83
31	49.76	63.99
32	51.60	66.26
33	53.55	68.63
34	55.58	71.09
35	57.68	73.61
36	59.84	76.20
37	62.06	78.84
38	64.36	81.55
39	66.78	84.36
40	73.83	91.85
41	76.48	94.93
42	79.26	98.13
43	82.11	101.39
44	84.98	104.61
45	87.74	107.71
46	90.38	110.59
47	92.84	113.24
48	95.15	115.65
49	97.26	117.81
50	99.58	120.24
51	101.24	121.79
52	102.65	123.04
53	103.89	124.06
54	105.04	124.93
55	106.16	125.78
56	106.50	125.78
57	106.83	125.78
58	107.25	125.78
59	108.05	125.91
60	109.81	127.35

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	28.94	37.35
21	29.59	38.19
22	30.33	39.11
23	31.13	40.15
24	32.00	41.28
25	32.95	42.48
26	33.99	43.80
27	35.08	45.19
28	36.25	46.69
29	37.53	48.25
30	42.31	54.09
31	43.74	55.85
32	45.24	57.69
33	46.81	59.61
34	48.43	61.60
35	50.13	63.64
36	51.86	65.71
37	53.64	67.81
38	55.48	69.98
39	57.39	72.21
40	63.93	79.10
41	66.06	81.56
42	68.29	84.13
43	70.58	86.74
44	72.86	89.33
45	75.09	91.79
46	77.19	94.10
47	79.15	96.21
48	80.99	98.13
49	82.66	99.83
50	84.58	101.86
51	85.86	103.06
52	86.95	104.00
53	87.90	104.74
54	88.74	105.33
55	89.49	105.84
56	89.56	105.84
57	89.56	105.84
58	89.59	105.84
59	89.95	105.84
60	91.13	105.84

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

UP TO $1,000.00

ISSUE AGE	AAA	AA
20	27.04	34.60
21	27.65	35.39
22	28.33	36.26
23	29.09	37.26
24	29.91	38.34
25	30.81	39.51
26	31.79	40.76
27	32.84	42.10
28	33.96	43.51
29	35.15	45.01
30	39.88	50.78
31	41.21	52.44
32	42.63	54.18
33	44.09	55.98
34	45.60	57.83
35	47.16	59.71
36	48.74	61.60
37	50.35	63.51
38	52.00	65.45
39	53.71	67.45
40	60.04	74.09
41	61.93	76.26
42	63.90	78.54
43	65.93	80.85
44	67.95	83.13
45	69.91	85.30
46	71.78	87.34
47	73.51	89.20
48	75.11	90.86
49	76.55	92.31
50	78.23	94.08
51	79.24	94.98
52	80.05	95.61
53	80.66	96.01
54	81.20	96.29
55	81.71	96.54
56	81.71	96.54
57	81.71	96.54
58	81.71	96.54
59	82.10	96.54
60	83.26	96.54

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	18.55	26.64	37.83	49.80
21	19.68	28.10	39.75	52.25
22	20.94	29.75	41.94	55.03
23	22.35	31.55	44.34	58.08
24	23.83	33.48	46.88	61.25
25	25.39	35.45	49.45	64.51
26	26.96	37.44	52.05	67.78
27	28.56	39.44	54.63	70.99
28	30.16	41.43	57.18	74.16
29	31.78	43.39	59.66	77.25
30	33.35	45.31	62.08	80.20
31	34.91	47.16	64.38	83.01
32	36.41	48.94	66.56	85.64
33	37.88	50.63	68.60	88.10
34	39.29	52.24	70.53	90.38
35	40.64	53.75	72.29	92.45
36	41.93	55.16	73.93	94.34
37	43.16	56.50	75.41	96.03
38	44.34	57.74	76.79	97.58
39	45.50	58.94	78.10	99.01
40	46.66	60.13	79.36	100.41
41	47.84	61.34	80.66	101.83
42	49.06	62.58	81.96	103.24
43	50.29	63.83	83.29	104.66
44	51.54	65.08	84.60	106.09
45	52.80	66.34	85.93	107.48
46	54.10	67.63	87.24	108.86
47	55.41	68.94	88.58	110.29
48	56.79	70.28	89.96	111.76
49	58.28	71.76	91.49	113.38
50	59.88	73.39	93.20	115.21
51	61.69	75.23	95.16	117.36
52	63.71	77.33	97.41	119.84
53	65.99	79.68	100.00	122.71
54	68.54	82.36	102.96	126.03
55	71.45	85.48	106.41	129.91
56	74.11	88.23	109.39	133.23
57	77.06	91.30	112.76	136.95
58	80.38	94.78	116.58	141.23
59	84.10	98.70	120.93	146.08
60	88.43	103.30	126.03	151.86

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	8.84	12.69	18.01	23.74
21	9.31	13.30	18.83	24.74
22	9.84	13.99	19.71	25.86
23	10.43	14.74	20.71	27.13
24	11.08	15.55	21.78	28.46
25	11.76	16.43	22.91	29.90
26	12.50	17.38	24.14	31.44
27	13.29	18.36	25.44	33.05
28	14.14	19.43	26.80	34.75
29	15.04	20.54	28.25	36.56
30	16.00	21.74	29.78	38.48
31	17.03	23.01	31.40	40.49
32	18.11	24.34	33.10	42.60
33	19.25	25.75	34.88	44.80
34	20.45	27.19	36.70	47.04
35	21.66	28.66	38.55	49.31
36	22.91	30.16	40.43	51.59
37	24.20	31.68	42.28	53.84
38	25.50	33.19	44.15	56.10
39	26.80	34.71	45.99	58.30
40	28.08	36.19	47.76	60.44
41	29.36	37.65	49.50	62.49
42	30.63	39.06	51.16	64.44
43	31.86	40.44	52.78	66.33
44	33.10	41.80	54.35	68.14
45	34.34	43.15	55.86	69.88
46	35.56	44.46	57.35	71.58
47	36.81	45.78	58.81	73.24
48	38.08	47.11	60.31	74.91
49	39.43	48.54	61.89	76.70
50	40.89	50.11	63.65	78.68
51	42.54	51.88	65.61	80.93
52	44.39	53.85	67.85	83.48
53	46.44	56.08	70.38	86.35
54	48.73	58.55	73.20	89.60
55	51.29	61.36	76.39	93.26
56	53.70	63.93	79.26	96.53
57	56.33	66.74	82.43	100.10
58	59.24	69.85	85.93	104.08
59	62.43	73.28	89.76	108.45
60	66.05	77.16	94.14	113.43

FORM R-451 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 12 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	4.99	7.18	10.19	13.41
21	5.24	7.50	10.60	13.93
22	5.51	7.84	11.05	14.50
23	5.81	8.23	11.54	15.11
24	6.15	8.63	12.09	15.79
25	6.50	9.08	12.65	16.53
26	6.89	9.56	13.29	17.31
27	7.31	10.09	13.99	18.18
28	7.78	10.68	14.73	19.10
29	8.26	11.30	15.53	20.13
30	8.83	11.99	16.43	21.24
31	9.44	12.76	17.41	22.45
32	10.13	13.60	18.50	23.80
33	10.85	14.51	19.66	25.25
34	11.65	15.49	20.91	26.80
35	12.51	16.55	22.25	28.46
36	13.45	17.68	23.69	30.24
37	14.44	18.89	25.23	32.11
38	15.50	20.16	26.83	34.09
39	16.61	21.53	28.53	36.16
40	17.80	22.95	30.29	38.33
41	19.05	24.44	32.13	40.55
42	20.36	25.98	34.03	42.86
43	21.73	27.59	35.99	45.24
44	23.15	29.23	37.99	47.63
45	24.59	30.89	40.01	50.04
46	26.05	32.58	42.01	52.45
47	27.55	34.28	44.04	54.84
48	29.10	36.00	46.08	57.25
49	30.68	37.76	48.15	59.68
50	32.31	39.59	50.29	62.16
51	34.01	41.48	52.48	64.71
52	35.80	43.45	54.76	67.36
53	37.73	45.55	57.18	70.16
54	39.79	47.83	59.79	73.18
55	42.10	50.35	62.68	76.53
56	44.24	52.68	65.33	79.54
57	46.61	55.21	68.20	82.83
58	49.19	58.01	71.35	86.43
59	52.01	61.05	74.79	90.35
60	55.19	64.45	78.64	94.76

FORM R-451 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	21.18	30.41	43.18	56.86
21	22.44	32.05	45.35	59.61
22	23.88	33.93	47.81	62.74
23	25.46	35.96	50.54	66.18
24	27.15	38.14	53.39	69.79
25	28.91	40.38	56.34	73.50
26	30.74	42.69	59.33	77.25
27	32.58	45.00	62.33	80.99
28	34.46	47.34	65.33	84.71
29	36.36	49.69	68.30	88.43
30	38.28	52.00	71.25	92.05
31	40.19	54.30	74.13	95.58
32	42.10	56.58	76.94	99.01
33	43.98	58.80	79.68	102.31
34	45.86	60.99	82.34	105.51
35	47.74	63.13	84.91	108.59
36	49.58	65.23	87.40	111.54
37	51.40	67.29	89.81	114.39
38	53.24	69.31	92.19	117.14
39	55.10	71.38	94.58	119.91
40	57.04	73.51	97.03	122.76
41	59.06	75.74	99.58	125.71
42	61.20	78.05	102.25	128.80
43	63.43	80.50	105.04	132.00
44	65.74	83.00	107.91	135.31
45	68.14	85.60	110.86	138.68
46	70.64	88.29	113.89	142.14
47	73.21	91.06	117.03	145.73
48	75.94	93.99	120.30	149.44
49	78.83	97.09	123.78	153.39
50	81.95	100.43	127.55	157.69
51	85.35	104.08	131.66	162.35
52	89.04	108.06	136.16	167.50
53	93.09	112.43	141.09	173.13
54	97.53	117.21	146.53	179.35
55	102.48	122.56	152.60	186.30
56	106.96	127.34	157.90	192.29
57	111.84	132.50	163.64	198.76
58	117.14	138.14	169.91	205.83
59	122.84	144.18	176.61	213.38
60	129.04	150.75	183.91	221.60

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	11.13	15.98	22.70	29.89
21	11.75	16.79	23.74	31.21
22	12.44	17.66	24.91	32.69
23	13.20	18.65	26.21	34.33
24	14.04	19.71	27.60	36.09
25	14.94	20.86	29.11	37.99
26	15.91	22.10	30.73	40.01
27	16.96	23.43	32.45	42.18
28	18.08	24.84	34.28	44.44
29	19.28	26.34	36.21	46.88
30	20.56	27.94	38.28	49.45
31	21.94	29.64	40.48	52.18
32	23.40	31.45	42.78	55.05
33	24.96	33.36	45.20	58.04
34	26.58	35.36	47.73	61.16
35	28.28	37.41	50.31	64.35
36	30.06	39.55	52.99	67.63
37	31.88	41.73	55.71	70.95
38	33.76	43.96	58.49	74.31
39	35.71	46.26	61.30	77.73
40	37.70	48.60	64.15	81.16
41	39.76	50.96	67.03	84.60
42	41.85	53.38	69.91	88.06
43	43.98	55.81	72.83	91.53
44	46.18	58.30	75.80	95.04
45	48.45	60.85	78.80	98.58
46	50.76	63.46	81.88	102.18
47	53.19	66.15	85.01	105.84
48	55.71	68.95	88.25	109.63
49	58.40	71.93	91.70	113.64
50	61.31	75.14	95.43	117.98
51	64.49	78.66	99.49	122.70
52	67.98	82.49	103.94	127.86
53	71.78	86.69	108.79	133.50
54	75.93	91.25	114.06	139.63
55	80.46	96.26	119.84	146.31
56	84.66	100.79	124.99	152.20
57	89.14	105.61	130.43	158.41
58	93.93	110.76	136.25	165.04
59	99.01	116.21	142.35	171.99
60	104.44	122.00	148.85	179.35

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	7.08	10.19	14.45	19.04
21	7.46	10.66	15.10	19.84
22	7.90	11.23	15.83	20.75
23	8.38	11.83	16.61	21.76
24	8.89	12.49	17.49	22.85
25	9.46	13.21	18.44	24.06
26	10.09	14.00	19.48	25.36
27	10.75	14.86	20.59	26.76
28	11.50	15.79	21.80	28.28
29	12.30	16.81	23.11	29.91
30	13.19	17.91	24.54	31.71
31	14.15	19.11	26.10	33.66
32	15.20	20.43	27.79	35.76
33	16.34	21.85	29.59	38.01
34	17.58	23.36	31.54	40.43
35	18.90	24.99	33.61	42.99
36	20.33	26.74	35.83	45.71
37	21.85	28.59	38.18	48.60
38	23.48	30.56	40.66	51.66
39	25.23	32.66	43.30	54.89
40	27.10	34.93	46.10	58.33
41	29.10	37.30	49.06	61.94
42	31.23	39.84	52.19	65.74
43	33.49	42.50	55.46	69.69
44	35.85	45.26	58.85	73.78
45	38.29	48.10	62.29	77.93
46	40.81	51.03	65.81	82.15
47	43.43	54.01	69.40	86.41
48	46.11	57.06	73.05	90.74
49	48.91	60.24	76.80	95.18
50	51.85	63.54	80.70	99.75
51	54.94	66.99	84.75	104.50
52	58.18	70.60	88.96	109.45
53	61.64	74.45	93.43	114.65
54	65.36	78.56	98.20	120.21
55	69.43	83.05	103.40	126.24
56	73.21	87.15	108.08	131.61
57	77.25	91.53	113.04	137.30
58	81.61	96.23	118.35	143.38
59	86.19	101.15	123.91	149.71
60	91.06	106.38	129.79	156.39

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 24 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A	B
20	4.49	6.43	9.14	12.03
21	4.78	6.83	9.68	12.70
22	5.13	7.30	10.28	13.48
23	5.51	7.80	10.96	14.34
24	5.95	8.36	11.70	15.30
25	6.41	8.96	12.50	16.31
26	6.93	9.63	13.39	17.41
27	7.48	10.34	14.31	18.60
28	8.09	11.11	15.33	19.88
29	8.73	11.93	16.41	21.25
30	9.44	12.83	17.59	22.71
31	10.21	13.81	18.85	24.31
32	11.06	14.86	20.21	26.01
33	11.96	16.00	21.68	27.85
34	12.95	17.23	23.26	29.79
35	14.01	18.55	24.94	31.90
36	15.16	19.95	26.74	34.13
37	16.41	21.48	28.66	36.50
38	17.74	23.10	30.73	39.04
39	19.18	24.85	32.91	41.74
40	20.73	26.70	35.26	44.61
41	22.39	28.71	37.75	47.66
42	24.19	30.85	40.40	50.89
43	26.09	33.10	43.21	54.30
44	28.13	35.51	46.18	57.89
45	30.33	38.08	49.31	61.69
46	32.64	40.80	52.64	65.69
47	35.11	43.68	56.11	69.86
48	37.70	46.66	59.74	74.20
49	40.43	49.79	63.49	78.68
50	43.24	52.99	67.30	83.20
51	46.16	56.28	71.21	87.80
52	49.18	59.66	75.18	92.49
53	52.31	63.18	79.28	97.28
54	55.61	66.84	83.55	102.28
55	59.14	70.75	88.09	107.54
56	62.35	74.23	92.04	112.09
57	65.69	77.84	96.14	116.75
58	69.23	81.63	100.40	121.64
59	72.93	85.58	104.84	126.68
60	76.85	89.79	109.54	131.99

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	29.38	41.75	58.75
21	30.94	43.76	61.40
22	32.70	46.03	64.39
23	34.63	48.51	67.69
24	36.71	51.18	71.19
25	38.91	53.99	74.89
26	41.23	56.93	78.70
27	43.64	59.96	82.64
28	46.14	63.08	86.68
29	48.73	66.30	90.79
30	52.68	71.18	96.94
31	55.40	74.50	101.14
32	58.20	77.89	105.39
33	61.05	81.31	109.68
34	63.98	84.79	114.00
35	66.96	88.31	118.34
36	70.01	91.90	122.73
37	73.15	95.55	127.16
38	76.40	99.30	131.69
39	79.79	103.21	136.40
40	85.98	110.39	144.94
41	89.83	114.79	150.23
42	93.93	119.46	155.83
43	98.26	124.43	161.74
44	102.84	129.60	167.89
45	107.61	135.00	174.26
46	112.61	140.61	180.86
47	117.81	146.41	187.68
48	123.25	152.46	194.71
49	128.96	158.78	202.05
50	138.65	169.43	214.09
51	145.00	176.41	222.13
52	151.68	183.74	230.53
53	158.69	191.35	239.25
54	165.81	199.06	247.98
55	172.95	206.71	256.55
56	178.43	212.31	262.51
57	183.46	217.31	267.71
58	188.24	221.99	272.44
59	193.28	226.91	277.43
60	199.20	232.85	283.58

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	18.71	26.43	37.00
21	19.64	27.61	38.55
22	20.68	28.94	40.30
23	21.83	30.41	42.25
24	23.08	32.03	44.36
25	24.44	33.76	46.66
26	25.91	35.66	49.14
27	27.53	37.70	51.80
28	29.25	39.89	54.66
29	31.11	42.24	57.69
30	34.40	46.33	62.90
31	36.55	49.00	66.34
32	38.84	51.86	70.00
33	41.29	54.88	73.86
34	43.88	58.06	77.91
35	46.61	61.40	82.14
36	49.50	64.89	86.54
37	52.51	68.54	91.10
38	55.69	72.34	95.84
39	59.01	76.31	100.78
40	65.10	83.48	109.44
41	68.79	87.80	114.74
42	72.63	92.31	120.25
43	76.68	97.01	125.98
44	80.91	101.91	131.89
45	85.34	107.01	138.01
46	89.99	112.31	144.36
47	94.84	117.85	150.96
48	99.94	123.61	157.78
49	105.30	129.65	164.90
50	114.65	140.03	176.74
51	120.66	146.74	184.59
52	127.01	153.79	192.79
53	133.64	161.13	201.29
54	140.39	168.50	209.78
55	147.06	175.75	218.01
56	152.26	181.16	223.90
57	156.98	185.94	228.95
58	161.38	190.30	233.46
59	165.93	194.81	238.10
60	171.19	200.10	243.64

FORM R-451 REV. 07/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	14.34	20.14	28.06
21	15.03	21.00	29.21
22	15.76	21.98	30.49
23	16.61	23.05	31.91
24	17.53	24.25	33.49
25	18.55	25.55	35.20
26	19.68	26.98	37.08
27	20.89	28.54	39.13
28	22.23	30.24	41.34
29	23.69	32.08	43.75
30	26.56	35.69	48.33
31	28.30	37.88	51.15
32	30.20	40.24	54.20
33	32.24	42.79	57.48
34	34.45	45.51	60.96
35	36.81	48.43	64.69
36	39.34	51.54	68.64
37	42.06	54.86	72.85
38	44.99	58.40	77.30
39	48.10	62.19	82.04
40	54.08	69.26	90.66
41	57.70	73.61	96.09
42	61.61	78.25	101.84
43	65.75	83.16	107.89
44	70.13	88.30	114.19
45	74.69	93.61	120.68
46	79.41	99.11	127.34
47	84.33	104.76	134.15
48	89.40	110.56	141.09
49	94.66	116.55	148.21
50	103.80	126.73	159.85
51	109.45	133.06	167.30
52	115.30	139.58	174.89
53	121.33	146.24	182.61
54	127.38	152.88	190.24
55	133.39	159.40	197.66
56	138.09	164.29	202.98
57	142.38	168.64	207.60
58	146.41	172.68	211.78
59	150.60	176.83	216.06
60	155.41	181.69	221.15

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	11.14	15.53	21.53
21	11.70	16.26	22.50
22	12.31	17.09	23.60
23	13.03	18.00	24.81
24	13.80	19.01	26.16
25	14.65	20.10	27.60
26	15.56	21.28	29.16
27	16.55	22.55	30.81
28	17.61	23.90	32.60
29	18.79	25.40	34.55
30	21.35	28.63	38.64
31	22.78	30.41	40.96
32	24.34	32.38	43.50
33	26.04	34.51	46.25
34	27.88	36.80	49.20
35	29.88	39.25	52.35
36	32.00	41.89	55.71
37	34.30	44.70	59.29
38	36.80	47.74	63.11
39	39.45	50.96	67.19
40	44.94	57.49	75.11
41	48.06	61.24	79.81
42	51.43	65.28	84.83
43	55.05	69.58	90.15
44	58.91	74.13	95.76
45	63.00	78.95	101.69
46	67.35	84.01	107.86
47	71.94	89.35	114.34
48	76.78	94.93	121.08
49	81.88	100.79	128.11
50	90.90	110.93	139.78
51	96.55	117.34	147.39
52	102.45	124.00	155.26
53	108.59	130.88	163.33
54	114.78	137.74	171.30
55	120.84	144.40	178.98
56	125.64	149.46	184.59
57	129.91	153.89	189.38
58	133.88	157.89	193.59
59	137.89	161.90	197.78
60	142.41	166.49	202.63

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: 60 MONTHS
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA	A
20	10.03	13.94	19.28
21	10.54	14.61	20.16
22	11.13	15.38	21.19
23	11.78	16.24	22.33
24	12.50	17.16	23.59
25	13.29	18.20	24.94
26	14.14	19.30	26.41
27	15.06	20.49	27.98
28	16.05	21.78	29.65
29	17.15	23.15	31.46
30	19.63	26.25	35.40
31	20.93	27.89	37.54
32	22.35	29.69	39.85
33	23.88	31.60	42.33
34	25.53	33.68	44.99
35	27.33	35.89	47.81
36	29.24	38.23	50.83
37	31.29	40.75	54.01
38	33.50	43.45	57.43
39	35.91	46.36	61.09
40	41.13	52.58	68.63
41	43.98	56.01	72.94
42	47.11	59.76	77.60
43	50.49	63.79	82.60
44	54.10	68.08	87.90
45	57.96	72.63	93.49
46	62.08	77.44	99.38
47	66.44	82.50	105.53
48	71.01	87.80	111.94
49	75.80	93.33	118.59
50	84.49	103.08	129.79
51	89.70	108.99	136.84
52	95.10	115.06	144.01
53	100.63	121.25	151.24
54	106.09	127.29	158.24
55	111.29	132.96	164.73
56	115.14	136.96	169.09
57	118.34	140.18	172.44
58	121.08	142.79	175.01
59	123.80	145.36	177.51
60	127.01	148.50	180.68

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 30 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	50.49	71.76
21	52.80	74.74
22	55.39	78.04
23	58.23	81.68
24	61.31	85.60
25	64.61	89.80
26	68.14	94.24
27	71.84	98.90
28	75.75	103.79
29	79.81	108.84
30	87.48	118.20
31	91.81	123.48
32	96.23	128.84
33	100.75	134.28
34	105.38	139.79
35	110.08	145.34
36	114.85	150.95
37	119.71	156.60
38	124.68	162.33
39	129.78	168.16
40	139.63	178.76
41	145.14	185.03
42	150.85	191.48
43	156.71	198.05
44	162.56	204.54
45	168.31	210.83
46	173.86	216.79
47	179.15	222.40
48	184.18	227.61
49	188.89	232.39
50	193.61	237.19
51	197.48	240.84
52	200.88	243.91
53	203.89	246.46
54	206.56	248.60
55	208.91	250.31
56	209.20	250.31
57	209.20	250.31
58	209.20	250.31
59	209.20	250.31
60	209.20	250.31

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 60 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	38.68	54.81
21	40.34	56.91
22	42.18	59.26
23	44.21	61.86
24	46.43	64.69
25	48.84	67.75
26	51.43	71.05
27	54.24	74.59
28	57.24	78.36
29	60.43	82.35
30	67.25	90.71
31	70.80	95.10
32	74.51	99.66
33	78.41	104.40
34	82.46	109.31
35	86.68	114.39
36	91.04	119.63
37	95.56	124.99
38	100.23	130.50
39	105.09	136.18
40	114.64	146.56
41	119.83	152.56
42	125.18	158.73
43	130.64	164.95
44	136.10	171.10
45	141.46	177.08
46	146.65	182.80
47	151.64	188.18
48	156.40	193.23
49	160.89	197.89
50	165.43	202.65
51	169.15	206.30
52	172.48	209.44
53	175.44	212.10
54	178.05	214.33
55	180.34	216.13
56	180.79	216.13
57	180.79	216.13
58	180.79	216.13
59	180.79	216.13
60	180.79	216.13

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 90 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	33.18	46.90
21	34.54	48.65
22	36.06	50.59
23	37.76	52.76
24	39.63	55.14
25	41.65	57.71
26	43.85	60.53
27	46.26	63.58
28	48.85	66.84
29	51.63	70.33
30	58.06	78.21
31	61.21	82.15
32	64.56	86.29
33	68.10	90.64
34	71.81	95.16
35	75.68	99.84
36	79.69	104.68
37	83.85	109.65
38	88.18	114.79
39	92.69	120.11
40	101.95	130.23
41	106.90	136.00
42	112.06	142.00
43	117.39	148.14
44	122.73	154.24
45	128.01	160.19
46	133.15	165.90
47	138.08	171.31
48	142.78	176.36
49	147.16	181.00
50	151.54	185.63
51	155.00	189.04
52	157.95	191.80
53	160.46	194.03
54	162.65	195.79
55	164.51	197.20
56	164.78	197.20
57	164.78	197.20
58	164.78	197.20
59	164.78	197.20
60	164.78	197.20

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 180 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	28.91	40.78
21	30.10	42.31
22	31.45	44.03
23	32.91	45.93
24	34.55	48.01
25	36.33	50.30
26	38.28	52.79
27	40.40	55.48
28	42.69	58.36
29	45.13	61.44
30	51.20	68.88
31	53.96	72.34
32	56.89	75.96
33	59.98	79.78
34	63.24	83.74
35	66.64	87.90
36	70.20	92.19
37	73.93	96.68
38	77.83	101.31
39	81.91	106.16
40	90.74	115.79
41	95.26	121.09
42	99.99	126.59
43	104.88	132.25
44	109.83	137.94
45	114.74	143.51
46	119.56	148.93
47	124.24	154.10
48	128.75	159.01
49	133.03	163.59
50	137.36	168.25
51	140.88	171.83
52	143.98	174.84
53	146.68	177.39
54	149.06	179.49
55	151.11	181.18
56	151.60	181.18
57	151.60	181.18
58	151.60	181.18
59	151.60	181.18
60	152.13	181.18

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM 477

FEMALE SMOKER
MAXIMUM BENEFIT PERIOD: TO AGE 65
WAITING PERIOD: 365 DAYS
ANNUAL PREMIUM PER $100.00 MONTHLY BENEFIT

OVER $1,000.00

ISSUE AGE	AAA	AA
20	25.86	36.39
21	26.96	37.83
22	28.21	39.45
23	29.61	41.26
24	31.15	43.24
25	32.84	45.41
26	34.68	47.78
27	36.68	50.33
28	38.81	53.06
29	41.13	55.98
30	47.03	63.21
31	49.63	66.46
32	52.35	69.86
33	55.23	73.41
34	58.23	77.10
35	61.36	80.91
36	64.61	84.85
37	68.00	88.90
38	71.49	93.08
39	75.15	97.40
40	83.51	106.48
41	87.54	111.19
42	91.75	116.09
43	96.08	121.09
44	100.46	126.11
45	104.81	131.06
46	109.09	135.84
47	113.23	140.39
48	117.18	144.70
49	120.89	148.64
50	124.61	152.63
51	127.46	155.46
52	129.84	157.70
53	131.81	159.41
54	133.49	160.76
55	134.93	161.81
56	135.09	161.81
57	135.09	161.81
58	135.09	161.81
59	135.09	161.81
60	135.45	161.81

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

HOSPITAL CONFINEMENT BENEFIT RIDER
RIDER FORM 8003
ANNUAL PREMIUM RATES PER $100 MONTHLY BENEFIT

ISSUE AGE	MALE	FEMALE
UNDER 30	4.13	5.95
30-39	4.98	7.00
40-49	6.78	8.05
50-60	9.73	9.43

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 8051
ALL BENEFIT PERIODS

OCCUPATION CLASS AAA

ISSUE AGE	FEMALE NON-SMOKER	SMOKER
UNDER 30	7.16	7.95
30-39	10.56	11.74
40-49	15.49	17.21
50-60	18.80	20.89

ISSUE AGE	MALE	
UNDER 30	4.61	5.13
30-39	6.56	7.30
40-49	11.48	12.75
50-60	17.83	19.81

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 8052
MAXIMUM BENEFIT PERIOD: 60 MONTHS

NON-SMOKER

ISSUE AGE	AAA	AA	A
FEMALE			
< 30	1.94	2.60	3.53
30-39	2.83	3.66	4.85
40-49	4.26	5.30	6.79
50-60	6.54	7.78	9.60
MALE			
< 30	1.29	1.69	2.26
30-39	1.80	2.31	3.04
40-49	3.24	4.01	5.13
50-60	6.26	7.44	9.19

SMOKER

ISSUE AGE	AAA	AA	A
FEMALE			
< 30	2.16	2.89	3.91
30-39	3.14	4.08	5.40
40-49	4.74	5.89	7.55
50-60	7.26	8.64	10.68
MALE			
< 30	1.43	1.88	2.51
30-39	2.00	2.58	3.38
40-49	3.60	4.46	5.70
50-60	6.95	8.28	10.21

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

RIDER FORM 8053
MAXIMUM BENEFIT PERIOD: TO AGE 65

	NON-SMOKER		SMOKER	
ISSUE AGE	FEMALE			
	AAA	AA	AAA	AA
<30	7.16	9.70	7.95	10.78
30-39	10.56	13.81	11.74	15.35
40-49	15.49	19.29	17.21	21.43
50-60	18.80	22.44	20.89	24.93

ISSUE AGE	MALE			
	AAA	AA	AAA	AA
<30	4.61	6.19	5.13	6.86
30-39	6.56	8.53	7.30	9.48
40-49	11.48	14.30	12.75	15.89
50-60	17.83	21.23	19.81	23.58

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CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH BOX 34350
OMAHA, NEBRASKA 68134-0350

PREMIUM MODE FACTORS

SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
DA (MONTHLY DEPOSITOR'S AUTHORIZATION)	0.09000
PAC (MONTHLY PRE-AUTHORIZED CHECK)	0.08700

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	filing authorization	Approved-Closed	02/20/2009

Comments:

Attachment:

CSO filing authorization Disability.pdf

CSO

Central States Health & Life Co. of Omaha

AUTHORIZATION FOR FILING

Central States Health & Life Co. of Omaha hereby authorizes Philadelphia American Life Insurance Company to submit, on behalf of Central States Health & Life Co. of Omaha and under applicable insurance statutes, for approval, the disability rate increase filing described in the attached filing.

Jacquelyn C. McCaslin

Jacquelyn C. McCaslin, FSA, MAAA
Vice President and Chief Actuary
Central States Health & Life Co. of Omaha

01-14-09
Dated