

SERFF Tracking Number: METF-126125532 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 42185
 Company Tracking Number: NWG 7/09
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
 Product Name: Whole Life Insurance Policy
 Project Name/Number: /NWG 7/09

Filing at a Glance

Company: Texas Life Insurance Company
 Product Name: Whole Life Insurance Policy
 TOI: L071 Individual Life - Whole

SERFF Tr Num: METF-126125532 State: Arkansas
 SERFF Status: Closed-Approved- Closed State Tr Num: 42185

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
 Filing Type: Form

Co Tr Num: NWG 7/09 State Status: Approved-Closed

Author: Jan Spoede

Reviewer(s): Linda Bird

Date Submitted: 04/24/2009

Disposition Date: 05/07/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number: NWG 7/09
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 05/07/2009

Status of Filing in Domicile: Authorized
 Date Approved in Domicile: 04/15/2009
 Domicile Status Comments:
 Market Type: Individual
 Group Market Size:
 Group Market Type:
 Explanation for Other Group Market Type:
 State Status Changed: 05/07/2009
 Created By: Jan Spoede
 Corresponding Filing Tracking Number:

Deemer Date:
 Submitted By: Jan Spoede
 Filing Description:

Policy form NWG 7/09 is a graded death benefit whole life policy form. The death benefit in year 1 is equal to 30% of the full death benefit and is equal to 70% of the full death benefit in year 2. In years three and later the full death benefit is payable. During years 1 and 2, the full death benefit is payable if the death is the result of an accident. Application form NWGA 7/09 is also being submitted for your approval to be used with this policy.

I have also attached the actuarial memorandum and all other requested documents.

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Company and Contact

Filing Contact Information

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 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company
 P.O. Box 830
 Waco, TX 76703
 (800) 283-9233 ext. [Phone]

 CoCode: 69396 State of Domicile: Texas
 Group Code: Company Type: Life
 Group Name: State ID Number:
 FEIN Number: 74-0940890

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our domiciliary state of Texas charges a \$100.00 filing fee for submissions of this type.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Texas Life Insurance Company	\$100.00	04/24/2009	27414682

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/07/2009	05/07/2009

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	No Illustration Certification		Yes
Supporting Document	NWG CB 7/09 Statement of Policy Cost and Benefit Information for Whole Life		Yes
Supporting Document	Compliance Certification for Bulletin 11-83		Yes
Supporting Document	Certification of Review of Bulletin Number 19		Yes
Supporting Document	Certification for Reg 34		Yes
Form	Graded Whole Life Insurance Policy		Yes
Form	Graded Application		Yes
Form	Application Cover Page		Yes

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Form Schedule

Lead Form Number: NWM 7/09 & NWG 7/09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	NWG 7/09	Policy/Cont Graded Whole Life ract/Fratern Insurance Policy al Certificate	Initial		51.200	NWG 7-09 AR.pdf
	NWGA 7/09	Application/ Graded Application Enrollment Form	Initial		45.300	NWGA 7-09.pdf
	NWGA Cover 7/09	Application/ Application Cover Enrollment Page Form	Initial		45.300	NWGA Cover 7-09.pdf

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830 Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1-866-215-5343

www.texaslife.com

Texas Life Insurance Company agrees to pay the death benefit of this policy as shown in the Table of Policy Values Page to the Beneficiary when We receive proper written claim and due proof of the death of the Insured while this policy is in force. Our payment will be subject to the terms and provisions of this policy.

The insurance under this policy is granted in consideration of the application and payment of a premium due on the policy date. It is a legal contract between You and the Company.

Premiums must be paid while the Insured is alive for the time shown in the Policy Specifications.

30 DAY RIGHT TO EXAMINE POLICY. This life insurance policy is a legal contract between the Owner and Us. PLEASE READ IT CAREFULLY. It is important to Us that You are satisfied with this policy. If You are not satisfied, You may return the policy to Our Home Office or to any agent of the Company within 30 days after You receive it. We will refund all the premiums You have paid. The policy will be deemed void from the Policy Date.

In Witness Whereof **Texas Life Insurance Company** has caused this policy to be executed at its Home Office in Waco, Texas to take effect on the Policy Date.



Secretary



President

GRADED DEATH BENEFIT WHOLE LIFE POLICY

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

NON-PARTICIPATING – NO ANNUAL DIVIDENDS

**THIS IS A LIMITED DEATH BENEFIT POLICY
DURING THE FIRST TWO (2) POLICY YEARS**

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A copy of the Application and any Endorsements or Riders follow page 16.

POLICY SPECIFICATIONS

FORM NO.	DESCRIPTION OF BENEFITS	YEARS PAYABLE	TOTAL ANNUAL PREMIUM
NWG 7/09 AR	Graded Death Benefit - Whole Life	[50]	[\$436.00]

INITIAL MODE PREMIUM: [\$436.00 ANNUALLY]

PREMIUM INCLUDES [\$36.00] ANNUAL POLICY FEE

NAME OF INSURED: [JOHN DOE]

POLICY NUMBER: [123456]

POLICY DATE: [AUGUST 1, 2001]

PREMIUM CLASS: [NON-TOBACCO]

ISSUE AGE: [50]

SEX: [MALE]

DEATH BENEFIT AFTER YEAR 2 : [\$10,000.00]

LIMITED DEATH BENEFIT IN YEARS 1 - 2
SEE TABLE OF POLICY VALUES

OWNER: [JOHN DOE]

MATURITY DATE: [AUGUST 1, 2051]

BENEFICIARY: AS DESIGNATED IN THE APPLICATION UNLESS
CHANGED AS PROVIDED BY THE POLICY.

TABLE OF POLICY VALUES

NAME OF INSURED: [JOHN DOE]

POLICY NUMBER: [123456]

POLICY DATE: [AUGUST 1, 2001]

DEATH BENEFIT AFTER YEAR 2: [\$10,000.00]
LIMITED DEATH BENEFIT IN YEARS 1 - 2

ISSUE AGE: [50]

SEX: [MALE]

END OF POLICY YEAR	CASH VALUE	REDUCED* PAID-UP AMOUNT	DEATH BENEFIT
1	(\$0.00)	(\$0.00)	(\$3,000.00)
2	(50.00)	(0.00)	(7,000.00)
3	(220.00)	(180.00)	(10,000.00)
4	(390.00)	(730.00)	(10,000.00)
5	(570.00)	(1,240.00)	(10,000.00)
6	(750.00)	(1,750.00)	(10,000.00)
7	(940.00)	(2,210.00)	(10,000.00)
8	(1,130.00)	(2,670.00)	(10,000.00)
9	(1,320.00)	(3,100.00)	(10,000.00)
10	(1,520.00)	(3,490.00)	(10,000.00)
11	(1,730.00)	(3,870.00)	(10,000.00)
12	(1,940.00)	(4,260.00)	(10,000.00)
13	(2,150.00)	(4,610.00)	(10,000.00)
14	(2,360.00)	(4,940.00)	(10,000.00)
15	(2,580.00)	(5,250.00)	(10,000.00)
16	(2,790.00)	(5,560.00)	(10,000.00)
17	(3,020.00)	(5,820.00)	(10,000.00)
18	(3,240.00)	(6,110.00)	(10,000.00)
19	(3,470.00)	(6,360.00)	(10,000.00)
20	(3,710.00)	(6,610.00)	(10,000.00)
21	(3,950.00)	(6,860.00)	(10,000.00)
Age 60	(1,520.00)	(3,490.00)	(10,000.00)
Age 65	(2,580.00)	(5,250.00)	(10,000.00)

*Subject to contract minimums

DEFINITIONS

AGE: The Insured's age on the policy date.

BENEFICIARY: The person(s) or entity named in the application to receive the benefits at the Insured's death.

EVIDENCE: Evidence of insurability satisfactory to Us.

INSURED: The person(s) whose life is insured under this policy as shown in the Policy Specifications.

LIMITED DEATH BENEFIT IN YEARS 1-2: During the first 2 years the death benefit is limited to a percentage of the Death Benefit After Year 2 as shown on the policy specification page. The percentage in year 1 is 30% and the percentage in year 2 is 70%.

PAYEE: The designated recipient of the Proceeds under a Settlement Option.

POLICY ANNIVERSARY: The same day and month as Your policy date for each succeeding year Your policy remains in force.

POLICY DATE: The effective date of coverage under this policy. The date from which policy anniversaries, policy years, policy months and premium due dates are determined.

POLICY SPECIFICATIONS: Data showing your benefits, cost, Policy Date and Policy Specifications.

PREMIUM: Money paid for this insurance coverage.

PREMIUM IN DEFAULT: A premium not paid before the end of the Grace Period is in default.

PROCEEDS: The amount We are obligated to pay under the terms of this policy.

WE, OUR, OURS, US: Texas Life Insurance Company.

WRITTEN REQUEST: A request in writing signed by You. We may require that Your policy be sent in with Your Written Request.

YOU, YOUR, YOURS: The owner of this policy as shown on the application unless subsequently changed. The owner may be someone other than the Insured.

OWNERSHIP PROVISION

Unless otherwise stated in the application or later changed, the Owner of the policy will be the person listed as Insured of the policy on the Policy Specification Page. You may name a Contingent Owner for the policy. While this policy is in effect, unless otherwise provided, You as Owner have all the rights of this policy. If you die while this policy is in effect, the Contingent Owner is the new owner. If both the Owner and Contingent Owner die before the Insured, the ownership of this policy will automatically pass to the Insured.

You may change the owner while the Insured is living by Written Request. Such change is subject to

any existing assignment of this policy. The change becomes effective when we record it. When recorded, the effective date is the date the notice was signed. The change is subject to any proceeds paid or other action taken by Us before the change was recorded.

SETTLEMENT PROVISION

If the Insured dies prior to the Maturity Date shown in the Policy Specifications and while this policy is in force, We will pay the Proceeds to the Beneficiary upon receipt of due proof of death of the Insured. The Proceeds will be paid in one sum unless a Settlement Option is chosen. Proceeds are also subject to the Beneficiary provisions and Settlement Option section and will be reduced by any outstanding Indebtedness.

All benefits will be payable at Our Home Office. We may require that you surrender this policy to Us on the date the benefits are paid. We will pay the benefits to the Beneficiary as named on the date of death of the Insured, subject to the rights of any person under an assignment of this policy.

AMOUNT OF PROCEEDS

The Proceeds are the sum of:

1. the death benefit amount shown on the Table of Policy Values page for the applicable Policy Year; **PLUS**
2. any insurance on the Insured's life that may be provided by riders to this policy; **PLUS**
3. that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; **LESS**
4. any unpaid premium if death occurs during the Grace Period; and **LESS**
5. any outstanding Indebtedness.

We will pay interest on the benefits at a rate of 3.25 % per year from the date of the Insured's death to the date of settlement. We will not pay interest for a period less than 30 days.

If this policy is delivered in Arkansas, We will pay interest at the rate of 8.0% per year from the date of receipt of due proof of the Insured's death to the date of settlement. We will not pay interest for a period of less than 30 days. We will immediately pay the Face Amount of this policy, less any premium adjustments, subject to its terms and limits, immediately to the Beneficiary upon receipt of due proof of death. If this policy is in force on a premium-paying basis on the date of the Insured's death, the benefits payable will include premiums paid for any period beyond the end of the policy month in which death occurred.

GENERAL PROVISIONS

CASH VALUE

Your Contract has a cash value while the Insured is alive. The cash value is the total of: The guaranteed cash value; minus any Contract Loan. If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4. There are several ways you can use all or part of the cash value:

take a Contract Loan from us;

surrender the Contract to Us for its full cash value; or,

if You stop paying premiums, the cash value may be used to continue insurance for a limited time or for the Insured's lifetime at a reduced amount.

CONTESTABILITY

Except for nonpayment of premiums and fraud in the procurement of the policy (when permitted by applicable law in the state where this contract is issued for delivery), this Contract will be incontestable after it has been in force during the lifetime of the Insured for two years from the earlier of the Contract Date or the Issue Date. This provision does not apply to any rider that contains its own incontestability clause.

If this policy is reinstated We will not contest the reinstatement after the policy is again in force for two (2) years from the reinstatement date while the Insured is alive. For this purpose, We will only rely on statements made in the application for reinstatement.

SUICIDE

If the Insured commits suicide, while sane or insane, within two (2) years from the date of issue, Our liability under this policy is limited to the premiums paid.

CHANGE IN PLAN

You may change the plan or the amount of insurance or both as long as We both agree.

NON-PARTICIPATING

This policy does not share in our surplus earnings.

BENEFICIARY CHANGE

While this policy is in force, unless otherwise provided: You may change the Beneficiary by Written Request unless the Beneficiary has been designated as irrevocable. We may require You to send the policy to Us. Such change is subject to any existing assignment of this policy. The change becomes effective when We record it. When recorded, the effective date is the date the notice was signed. The change is subject to any proceeds paid or other action taken by Us before the change was recorded.

Death - Unless otherwise provided:

1. If no Beneficiary survives the Insured, the proceeds of the policy will be paid to the Insured's estate or assigns.
2. The interest of any Beneficiary who dies before the Insured will pass to any Beneficiary who survives, share and share alike.
3. If a Beneficiary dies at the same time with the Insured or within 10 days after the death of the Insured, the proceeds will be paid as if the Insured had survived the Beneficiary.

ASSIGNMENT

You may assign this policy if You file the assignment or a certified copy with Us. When filed, Your rights and those of the Beneficiary are subordinate to those of any assignment unless the Beneficiary was effectively designated as an irrevocable Beneficiary prior to the assignment. No assignment is binding unless We receive it in writing and acknowledge such receipt in writing. Unless You specify otherwise, an assignment will take effect on the date You signed the notice of assignment, subject to any payments made or actions taken by Us prior to receipt of such notice. We are not responsible for the validity or sufficiency of any assignment. Any claim is subject to proof of interest of the assignee.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex is misstated, the benefits under this policy are those which the premiums paid would buy for the correct age or sex.

CONTRACT

The policy, any policy endorsements or riders and the statements made in the application attached to this policy constitute the entire contract. All statements made in the application, in the absence of fraud, are deemed representations and not warranties. No such statement or statements shall be used in defense of a claim under the Policy unless contained in a written application and unless a copy of such statement or statements be endorsed upon or attached to the policy when issued.

Only Our President, Vice President or Secretary has the power to change, modify, or waive any provisions of this policy.

UNEARNED PREMIUM REFUND

Upon cancellation of this policy or upon death of the Insured, We will refund the unearned premiums for the remainder of the term for which premiums have been paid.

PREMIUM PAYMENT PROVISION

WHERE PAYABLE

Premium payments are payable to Us at the Home Office. Premiums are payable in advance at Our Home Office. Any check or money order should be made payable only to the Company and not to any representative. A receipt for premium payments, signed by one (1) or more of our officers, will be furnished upon request.

AMOUNT AND FREQUENCY

The first premium is due on the Policy Issue Date and is payable at Our Home Office or to an authorized agent. The Insured must be alive when the first premium is paid. All premiums, after the first premium, shall be payable in advance. Subject to our minimum, premiums may be paid each year, each six (6) months, each three (3) months or, if we agree, each month, while the Insured is alive. You may change the frequency of premium payments by paying the new premium rate on or before the due date. The entire premium paid, on the basis selected, is deemed fully earned on the date due.

A check or draft given for all or any part of a premium, unless paid upon its presentation to the bank or person drawn on, shall not be considered as valid payment.

GRACE PERIOD

A grace period of 31 days will be allowed for payment of each premium after the first. If You or a payor remit sufficient premium within the grace period, but We receive the payment after the grace period, We will accept the payment to keep the Contract in force if You furnish proof of remittance within the grace period such as: (1) a U.S. mail postmark or (2) other evidence acceptable to Us that the remittance had actually begun in a commercially reasonable manner. When the premium is in default, coverage will cease unless otherwise provided for in the Non-Forfeiture Provision. This policy will continue in force during the grace period. If the Insured dies during the grace period, the unpaid premium will be deducted from the proceeds.

POLICY YEARS

The first year will start on the policy date stated in the Policy Specifications. Second and later years will start on the respective anniversaries of the policy date.

REINSTATEMENT

This policy may be reinstated at any time within five (5) years after default in payment of premium, if it has not been surrendered for its cash value. The requirements are:

1. Presentation of evidence to Us that the Insured is still insurable according to our normal rules.
2. Payment of all premiums in arrears including interest at 6.0% per year compounded annually.
3. Payment or reinstatement of any policy loan in effect on the date premiums were defaulted, and payment of all interest due on that loan.

POLICY LOAN PROVISION

AMOUNT OF LOAN AVAILABLE

You may borrow any amount up to the net cash value of the policy. The net cash value is equal to the cash value of the policy on the loan date, less:

1. The loan interest that will accrue on the loan to the next policy anniversary date; and

2. The amount of any existing policy loan and interest accrued thereon.

CASH LOAN

You may obtain the cash loan upon Written Request. Your policy will be the sole security for the loan.

We may defer granting the loan, unless made to pay premiums, for a period not exceeding six (6) months from the date Your Written Request is received by the Home Office.

AUTOMATIC PREMIUM LOAN

This provision will apply if You request it in the application or by Written Request. It may be cancelled at any time by Written Request.

Under this provision, any premium becoming due and remaining unpaid at the end of its grace period will automatically be paid. The premium will be charged as a loan against the policy. It is subject to the following conditions:

1. If premiums are payable each month, the frequency will be changed to a less frequent mode as determined by Our rules in effect at the time.
2. If the loan amount available is not sufficient to pay the premium due, this provision will not apply. The "Non-Forfeiture Provision" of this policy will apply.

While this provision is in effect using premium loans, premium payments may be resumed without furnishing evidence of insurability.

LOAN INTEREST

Interest on a loan will never be greater than a rate of 7.4% per year in advance. Loan interest is payable each year on the policy anniversary or as agreed in writing by You and Us. Interest not paid when due will then be added to the loan and bear interest at the same rate. Interest accrues on a daily basis. It constitutes an additional loan against the policy.

REPAYMENT OF LOAN

A loan may be repaid at any time while this policy is in force. Failure to do so will not void this policy if the loan is less than the net cash value of the policy.

TERMINATION OF THE POLICY

This policy will terminate without value if the loan against the policy is, at any time, equal to or greater than the net cash value at such time. This policy will not terminate until 31 days after notice has been mailed to the last known address of the owner.

NON-FORFEITURE PROVISION

On default in payment of any premium after a cash value is first available, the following options are available for 60 days:

1. **Net Cash Value.** We will pay a net cash value on surrender of this policy. The net cash value is equal to the cash value as shown on page 4 less any policy loans and accrued interest on any loan. If the policy is surrendered within 30 days after a policy anniversary, the net cash value will not be less than the value on that policy anniversary.
2. **Reduced Paid-Up Insurance.** We will grant non-participating reduced paid-up insurance under this policy. The reduced paid-up insurance is payable at the same time and in the same manner as this policy. The amount of paid-up insurance is that which the net cash value will purchase when applied as a net single premium at the Insured's then attained age. The reduced paid-up insurance will not include any benefits provided by riders.

If no option was chosen, any net cash value will be applied to purchase reduced paid-up insurance. In the event the reduced paid-up insurance would provide a benefit of less than [\$250.00] the company reserves the right to discharge its liability in accordance with the Net Cash Value Provision.

Reduced Paid-up insurance may be surrendered at any time for its net cash value. We will grant a loan against the net cash value of any paid-up insurance. The net cash value of paid-up insurance is equal to the present value of the benefits less any policy loans and interest thereon. If the Reduced Paid-up insurance is surrendered within 30 days after a Policy Anniversary, the net cash value will not be less than the value on that policy anniversary.

We may defer payment of any net cash value for a period not to exceed six (6) months from the date of Written Request.

DETERMINATION OF POLICY VALUES

BASIS OF POLICY VALUES

The guaranteed Policy Values applicable to this policy are shown in the Table of Policy Values. Values shown apply only if the policy is free from a policy loan. Values for policy years not shown will be furnished upon request. Values are shown for the end of a policy year when premiums were paid for the full policy year. If premiums were paid for a part of a policy year, values will be calculated on a consistent basis with allowance for the length of time premiums were paid.

All guaranteed minimum cash values, present values and net single premiums are calculated on the following basis:

1. Interest at 5.00% per year.
2. Mortality as provided in the Commissioners 2001 Standard Ordinary Mortality Tables, curtate; male or female whichever applicable, with distinction for non-tobacco or tobacco use, age last birthday.
3. On the assumption that death benefits are payable at the end of the policy year in which the Insured dies and that premiums are paid annually in advance.

The non-forfeiture values are at least equal to those required by law of the state in which this policy is delivered. A detailed statement of the method of computing values has been filed with the insurance

supervisory official of that state. The cash surrender or death benefit that may be available under this policy are not less than the minimum benefits required by any statute of the state in which this policy is issued.

RESERVES

The Actuarial reserves are computed in accordance with the Commissioner's Reserve Valuation Method (CRVM), mortality as provided in the Commissioners 2001 Standard Ordinary Mortality Tables with interest at 4.00%, for male or female, age last birthday, with distinction for non-tobacco or tobacco use, assuming deaths occur throughout the Policy Year and premiums are payable annually. The actuarial reserves are equal to or greater than those required by law of the state in which this Policy is delivered.

SETTLEMENT OPTIONS

Any amount to be paid under this policy will be paid in cash, unless one of the following Settlement Options is chosen. All or part of the amount to be paid may be applied to any Settlement Option.

The amount payable at the Insured's death will earn interest from the date of death until payment is made. Interest will be credited at an effective rate of 3.25% per year or any higher rate We declare.

For all settlement options, systematic payments must be at least \$100.00.

1. **Interest Payments** -- Any amount applied under this option will earn interest that can either be paid to You monthly or left to accumulate. Interest will be credited at an effective rate of 3.25% per year or any higher rate We declare. The first interest payment will be made one (1) month after this option takes effect. The unpaid balance may be withdrawn at any time.
2. **Fixed Period Payments** -- A monthly payment, plus interest, will be made for the number of years chosen, up to a maximum of 30 years. The first payment will be made on the date this option takes effect.
3. **Fixed Amount Payments** -- Payments under this option will be made until the full amount plus interest has been paid. The first payment will be made on the date this option takes effect.
4. **Life Income Payments** -- Monthly payments will be made according to the option chosen below. The first payment will be made on the date this option takes effect.

Payments will be based on the Payee's sex and age on the date the first payment is due. Payment will be subject to satisfactory proof of the Payee's age.

- (a) **Life Income** -- Payments will be made only during the lifetime of the Payee.
- (b) **Life Income with Certain Period** -- Payments will be made for a guaranteed period of either 10 or 20 years. Such payments will be made even if the Payee dies. After the certain period, payments will only be made while the Payee is alive.
- (c) **Life Income with Refund Provision** -- Payments will continue after the Payee dies, until the sum of the payments equals the amount applied under this option. If the Payee is alive when the sum of the payments equals the amount applied under this option, payments will continue until the Payee dies.

We reserve the right to require proof the Payee is alive at any time any payment is made. You may not withdraw any amount applied to any of the life income options.

5. **Other Settlement Options** -- Any amount payable under this policy may be paid in any manner agreed to by Us.

Payment Frequency

Annual, semi-annual or quarterly payments may be made instead of monthly.

Settlement Option Rates

1. **Interest Payments, Fixed Period Payments and Fixed Amount Payments** -- Amounts applied to these options will earn interest at rates declared annually by Us. The minimum effective rate will be 3.25% per year. Interest in excess of 3.25% will increase the amount of payments or, for the Fixed Amount Payments Option, the period of payments will be lengthened. The present value of any unpaid payment will be based on the 3.25% interest rate. We may offer higher guaranteed rates with certain conditions on amounts and withdrawals.
2. **Life Income Options** -- Payments will be based on rates declared by Us. Payment will not be less than the minimums described in the Minimum Income Tables on pages 15 and 16.

Basis of Values

Minimum income rates are based on the Annuity 2000 Male or Female Individual Annuity Mortality Table. Interest is assumed at the rate of 3.25% per year.

SETTLEMENT OPTION TABLES
MINIMUM MONTHLY INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 2 - FIXED PERIOD PAYMENTS					
Number of Years	Monthly payment	Number of Years	Monthly payment	Number of Years	Monthly payment
1	84.56	11	8.97	21	5.44
2	42.96	12	8.35	22	5.27
3	29.09	13	7.82	23	5.11
4	22.16	14	7.37	24	4.97
5	18.01	15	6.99	25	4.84
6	15.24	16	6.65	26	4.71
7	13.27	17	6.35	27	4.60
8	11.79	18	6.08	28	4.50
9	10.64	19	5.84	29	4.40
10	9.72	20	5.63	30	4.31

The equivalent annual, semi-annual and quarterly payments equal 11.813, 5.957 and 2.991 times the monthly payments shown, respectively.

OPTION 4 - LIFE INCOME PAYMENTS						
MALE			Age Last Birthday of Payee when 1st Payment is Payable	FEMALE		
20 Year Certain	10 Year Certain	Life Only		20 Year Certain	10 Year Certain	Life Only
\$2.96	\$2.96	\$2.96	0-5	\$2.91	\$2.91	\$2.91
2.96	2.97	2.97	6	2.92	2.92	2.92
2.97	2.98	2.98	7	2.93	2.93	2.93
2.99	2.99	2.99	8	2.94	2.94	2.94
3.00	3.00	3.00	9	2.94	2.95	2.95
3.01	3.01	3.01	10	2.95	2.96	2.96
3.02	3.02	3.03	11	2.96	2.97	2.97
3.03	3.04	3.04	12	2.98	2.98	2.98
3.04	3.05	3.05	13	2.99	2.99	2.99
3.06	3.06	3.06	14	3.00	3.00	3.00
3.07	3.08	3.08	15	3.01	3.01	3.01
3.08	3.09	3.09	16	3.02	3.02	3.03
3.10	3.11	3.11	17	3.03	3.04	3.04
3.11	3.12	3.12	18	3.05	3.05	3.05
3.13	3.14	3.14	19	3.06	3.06	3.07
3.15	3.15	3.16	20	3.08	3.08	3.08
3.16	3.17	3.17	21	3.09	3.09	3.10
3.18	3.19	3.19	22	3.11	3.11	3.11
3.20	3.21	3.21	23	3.12	3.13	3.13
3.22	3.23	3.23	24	3.14	3.14	3.14
3.24	3.25	3.25	25	3.15	3.16	3.16
3.26	3.27	3.27	26	3.17	3.18	3.18
3.28	3.29	3.29	27	3.19	3.20	3.20
3.30	3.31	3.32	28	3.21	3.22	3.22
3.33	3.34	3.34	29	3.23	3.24	3.24
3.35	3.36	3.37	30	3.25	3.26	3.26
3.38	3.39	3.40	31	3.27	3.28	3.28
3.41	3.42	3.42	32	3.30	3.31	3.31
3.43	3.45	3.45	33	3.32	3.33	3.33
3.46	3.48	3.48	34	3.35	3.36	3.36
3.49	3.51	3.52	35	3.37	3.38	3.39

SETTLEMENT OPTION TABLES
MINIMUM MONTHLY INCOME PAYMENTS FOR EACH \$1,000 OF AMOUNT PAYABLE

OPTION 4 - LIFE INCOME PAYMENTS						
MALE			Age Last Birthday of Payee when 1st Payment is Payable	FEMALE		
20 Year Certain	10 Year Certain	Life Only		20 Year Certain	10 Year Certain	Life Only
\$3.52	\$3.55	\$3.55	36	\$3.40	\$3.41	\$3.41
3.56	3.58	3.59	37	3.43	3.44	3.44
3.59	3.62	3.63	38	3.46	3.47	3.48
3.63	3.66	3.67	39	3.49	3.50	3.51
3.66	3.70	3.71	40	3.52	3.54	3.54
3.70	3.74	3.75	41	3.55	3.57	3.58
3.74	3.79	3.80	42	3.59	3.61	3.62
3.78	3.83	3.85	43	3.63	3.65	3.66
3.83	3.88	3.90	44	3.66	3.69	3.70
3.87	3.93	3.95	45	3.70	3.73	3.74
3.92	3.99	4.01	46	3.74	3.78	3.79
3.96	4.04	4.07	47	3.79	3.83	3.84
4.01	4.10	4.13	48	3.83	3.88	3.89
4.06	4.16	4.19	49	3.88	3.93	3.94
4.12	4.22	4.26	50	3.93	3.98	4.00
4.17	4.29	4.33	51	3.98	4.04	4.06
4.23	4.36	4.40	52	4.03	4.10	4.12
4.28	4.43	4.48	53	4.08	4.17	4.19
4.34	4.51	4.56	54	4.14	4.23	4.26
4.40	4.59	4.65	55	4.20	4.30	4.33
4.47	4.68	4.75	56	4.26	4.38	4.41
4.53	4.77	4.84	57	4.32	4.46	4.50
4.59	4.87	4.95	58	4.39	4.54	4.59
4.66	4.97	5.06	59	4.45	4.63	4.68
4.72	5.07	5.18	60	4.52	4.72	4.78
4.79	5.18	5.31	61	4.59	4.82	4.89
4.85	5.30	5.44	62	4.66	4.92	5.00
4.92	5.43	5.59	63	4.73	5.03	5.12
4.98	5.55	5.75	64	4.80	5.15	5.25
5.04	5.69	5.91	65	4.88	5.27	5.39
5.10	5.83	6.09	66	4.95	5.40	5.54
5.16	5.97	6.28	67	5.02	5.54	5.69
5.21	6.13	6.48	68	5.08	5.68	5.87
5.26	6.28	6.70	69	5.15	5.83	6.05
5.31	6.44	6.93	70	5.21	5.99	6.25
5.36	6.61	7.17	71	5.27	6.16	6.46
5.40	6.77	7.43	72	5.32	6.33	6.69
5.43	6.94	7.71	73	5.37	6.51	6.95
5.47	7.12	8.01	74	5.41	6.70	7.22
5.50	7.29	8.33	75	5.45	6.89	7.51
5.52	7.47	8.67	76	5.48	7.09	7.83
5.54	7.64	9.03	77	5.51	7.29	8.17
5.56	7.81	9.42	78	5.54	7.49	8.54
5.58	7.98	9.84	79	5.56	7.68	8.94
5.59	8.15	10.28	80	5.58	7.88	9.38

Values for other ages will be provided upon request.

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Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830 Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1-866-215-5343

www.texaslife.com

GRADED DEATH BENEFIT WHOLE LIFE POLICY

Premiums payable for the period shown in the Policy Specifications
or until the prior death of the Insured

NON-PARTICIPATING – NO ANNUAL DIVIDENDS

**THIS IS A LIMITED DEATH BENEFIT POLICY
DURING THE FIRST TWO (2) POLICY YEARS**

MEDICAL AUTHORIZATION: I, THE PROPOSED INSURED, AUTHORIZE any physician, medical practitioner, hospital, clinic, pharmacy benefit manager, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc. ("MIB"), consumer reporting agency, employer, relative, friend or neighbor to give to the Texas Life Insurance Company or its reinsurer(s) all information it holds that pertains to medical consultations, treatments, surgeries, prescription drug records, and hospital confinements which relate to the physical and mental condition of myself. This Authorization also includes information about drugs or alcoholism or any other medical history information. I understand that such information will be used to determine eligibility for insurance, or for benefits under existing insurance. I further authorize the Texas Life Insurance Company to release any information obtained only to reinsuring companies, MIB, or other persons or Organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required or as I may further authorize. As to this Authorization, I agree that a photographic copy will be as valid as the original and that it will be valid for 24 months from the date the Authorization is signed and may be revoked by sending written notice to The Texas Life Insurance Company. I know that I, or my representative may request a copy of this Authorization.

APPLICANT'S STATEMENT: I have read the completed Application. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until the initial premium has been paid in full and the policy has been issued by the Texas Life Insurance Company during the lifetime of the Proposed Insured. I understand that the information on this Application will be relied upon to determine insurability and the underwriting class, and that incorrect information may result in coverage being contested, subject to the policy Incontestability Provision. I understand that the agent has no authority to approve the Application, change the policy, or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and the initial premium has been collected and/or honored by your financial institution. I understand that I am applying for a Graded Death Benefit policy with a reduced death benefit during the first two years it is in force. The Death Benefit in the first policy year will be 30% of the Death Benefit Amount, during the second policy year the Death Benefit will be 70% of the Death Benefit Amount, and the Death Benefit in the third and later years will be the full Death Benefit Amount. During the first two policy years, if death is due to an accident, the Death Benefit will be the full Death Benefit Amount. There is no reduction in benefit for a death due to an accident.

Any person who knowingly and with intent to defraud any insurance company submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading may be committing a crime which is subject to criminal and civil penalties.

I Acknowledge receipt of the following notices and disclosures:
 (a) "Description of Information Practices" required by Public Law 91-508 and other information practices statutes,
 (b) Pre Notification - Fair Credit Reporting Act, and
 (c) Notice Concerning the Medical Information Bureau.

I have paid the sum of \$ _____ with this Application, dated at _____ CITY _____ STATE
 this _____ day of _____ 20____.

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

AGENT'S STATEMENT: I did not observe and I am not aware of any other information that might affect the insurability or underwriting class of the proposed insured.
 I certify that I have interviewed the applicant face to face, and witnessed the applicant's signature.
 I further certify, by my signature below, that any information recorded on this application and all statements are true and accurate to the best of my knowledge and belief.

To the best of my knowledge the insurance applied for will will not replace any existing life insurance or annuity.

➔ _____
 Licensed Agent's Signature State License No.

 Print Agent #1 Name Agent # % Split

Section 1.01 IF MONTHLY BANK DRAFT - ATTACH A BLANK VOID CHECK AND SIGN AUTHORIZATION

As a convenience to me, I hereby request and authorize you to initiate debit entries, whether by electronic or paper means, with these debits made to my account and drawn by Texas Life Insurance Company, Nashville, Tennessee provided there are sufficient collected funds in that account to pay the same upon presentation. I agree that your rights in respect to such debit shall be the same as if they were a check drawn on you and signed personally by me. I hereby agree that if any debit is not paid by me for any reason with or without cause or whether such nonpayment is intentional, inadvertent or otherwise, you shall be under no liability whatsoever, even though such nonpayment results in the forfeiture of insurance. This authorization is to remain in full force and effect until revoked by me upon 30 days advance written notice, and until you actually receive such notice, I agree that you shall be fully protected in honoring any such debit to my account.

Transit / Routing #	Account #	Draft Start Date Month____Day____	<input type="checkbox"/> Checking – Attach Void Check (Deposit slip not acceptable)
			<input type="checkbox"/> Savings – Deposit slip acceptable

_____ X _____
 Printed name, as it appears on bank records Signature, as it appears on bank records Date

NWGA 7/09

MAIL TO: Applicant Agent

Texas Life Insurance Company
Administrative Office:
100 Centerview Drive, Suite 100
Nashville, TN 37214
Toll Free: #1-866-215-5343

Graded Death Benefit APPLICATION

DESCRIPTION OF INFORMATION PRACTICES

To Our Policyholders, Applicants and Insured's:

This description of the Information Practices of Texas Life Insurance Company and your agent is being provided in accordance with the requirement of the Insurance Information and Privacy Protection Law in effect in your state of residence.

In order to properly underwrite and administer your insurance coverage we must collect a certain amount of information. You are our most important source of information, but we may also collect or verify information by contacting other sources, such as medical professionals, which have provided care to you or members of your family proposed for coverage. In some circumstances we may disclose personal information to third parties without your specific authorization. You have the right to be told about and obtain access to certain items of personal information in our files. You also have the right to request correction of information you believe to be inaccurate. If you would like to receive a more detailed description of our information practices, please write us at our Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214.

PRE-NOTIFICATION - PUBLIC LAW 91-508 – FAIR CREDIT REPORTING ACT

This is to inform you that as a part of the Company's underwriting procedure for processing applications for insurance, an investigative report by a consumer reporting agency may be made concerning you and any person requesting insurance whereby information is obtained from personal interviews with neighbors, friends, associates or others acquainted with you, and those to be insured, as to character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. This written request should be directed to the Company at 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214.

Leave top portion with the Applicant

Detach On the Dotted Line

If you elect to pay the Initial Advanced Premium with a bank draft

- You must attach a VOID check or the document indicated below.
- If the appropriate documentation is not attached, the application will be held until the required document is received.

Attach VOID CHECK or Deposit Slip Here

- **Checking Accounts** – attach blank VOID check only, deposit slip not acceptable
- **Savings Accounts** – Attach a deposit slip or the top portion of your bank statement showing the account information or complete a Bank Account Verification Form.
- **Debit Card user** – Complete a Bank Account Verification Form. (To draft your account we must have your checking or savings account number, not your Debit Card number.)
- **Credit Cards** – Master Card and Visa only - Complete a Credit Card Authorization Form.
- **Draft for Electronic Check** – Attach the "Echeck" form and follow directions on the form.

Remember to post the Initial Advanced Premium to your check register.

NOTICE CONCERNING THE MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. Texas Life Insurance Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with information in its file.

Upon receipt of a request from you MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting act. The address of MIB's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112.

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

Receipt of Advanced Premium

The following should be completed if an application is taken and the initial advanced premium is given to the agent.

Received from _____ the sum of \$ _____ as an initial advanced premium on an Insurance Application on the life of _____.

No coverage will be in effect until the effective date of the policy and the first premium has been collected during the lifetime of the insured. If for any reason the application is not approved, this payment will be refunded in full.

If the first premium is paid by bank draft the applicant must check the appropriate box on the application, and submit a bank draft authorization. The bank draft authorization must contain the signature of an authorized person for the account. You must attach a VOID check, or complete the Bank Account Verification form

Date _____ Agent's Signature _____

The Company accepts payment by check, draft, or money order subject to its being collected and/or honored by your financial institution. No coverage will be effective if the financial institution does not honor the initial advanced premium. Checks, drafts, or money orders must be made payable to Texas Life Insurance Company. Do NOT leave payee blank or make payable to the agent.

Remember to post the Initial Advanced Premium to your check register.

Leave top portion with the Applicant

SERFF Tracking Number: METF-126125532 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 42185
 Company Tracking Number: NWG 7/09
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design
 Product Name: Whole Life Insurance Policy
 Project Name/Number: /NWG 7/09

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachments: NWG Read_Cert.pdf NWGA and Cover Read_Cert.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: The application that will be used with the policy form is part of this filing. It is under the Form Schedule Tab. Comments:		

	Item Status:	Status Date:
Satisfied - Item: No Illustration Certification Comments: Attachment: NWG 7-09 No Illus.pdf		

	Item Status:	Status Date:
Satisfied - Item: NWG CB 7/09 Statement of Policy Cost and Benefit Information for Whole Life Comments: Attachment: NWG CB 7-09.pdf		

SERFF Tracking Number: METF-126125532 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 42185
Company Tracking Number: NWG 7/09
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level
Premium - Any Policy Design
Product Name: Whole Life Insurance Policy
Project Name/Number: /NWG 7/09

Item Status: **Status
Date:**

Satisfied - Item: Compliance Certification for Bulletin
11-83

Comments:

Attachment:

AR Cert of Bull 11-83.pdf

Item Status: **Status
Date:**

Satisfied - Item: Certification of Review of Bulletin
Number 19

Comments:

Attachment:

AR Cert of Bull 19.pdf

Item Status: **Status
Date:**

Satisfied - Item: Certification for Reg 34

Comments:

Attachment:

AR Cert of Compl.pdf



**CERTIFICATION OF READABILITY
FORM NWG 7/09**

This is to certify that Texas Life Insurance Company Form NWG 7/09 has achieved a Flesch Reading Ease Score of 51.20.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping "y" at the end. It is positioned over a horizontal line that serves as a signature line.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

Date: 17 March 2009



**CERTIFICATION OF READABILITY
FORM NWGA AND NWGA COVER 7/09**

This is to certify that Texas Life Insurance Company Form NWGA and NWGA Cover 7/09
has achieved a Flesch Reading Ease Score of 45.30.

A handwritten signature in black ink that reads "Michael R. Khoury". The signature is written in a cursive style with a large, looping flourish at the end of the name.

Officer Signature

Michael R. Khoury, JD
Director
Product Development, Claims and Records

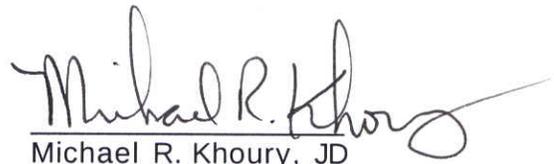
Date: 17 March 2009

TEXASLIFE INSURANCE COMPANY

Notification of policy form to be marketed without illustrations

Form: NWG 7/09

Texas Life Insurance Company herein is providing notification that it intends to market the above referenced form without the use of an illustration.



Michael R. Khoury, JD
Director
Product Development, Claims, &
Records

Date: 17 March 2009

Texas Life Insurance Company

A Stock Company

(Hereinafter called: the Company, We, Our or Us)

Home Office: 900 Washington Avenue, P.O. Box 830, Waco, Texas 76703

Administrative Office: 100 Centerview Drive, Suite 100, Nashville, Tennessee 37214

Customer Service: 1.866.215.5343

www.texaslife.com

Statement of Policy Cost and Benefit Information For Graded Death Benefit Whole Life

Presented to: John Doe

Agent: Joe Agent

Policy #: 123456

Premium Class: Non-Tobacco

Sex: M Attained Age: 50

Date of Statement: November 14, 2008

Policy Values

Policy Year	Annualized Premium	Death Benefit Beginning of Year	Cash Surrender Value End of Year
1	\$574.08	\$3,000.00	0.00
2	\$574.08	\$7,000.00	\$50.00
3	\$574.08	\$10,000.00	\$210.00
4	\$574.08	\$10,000.00	\$380.00
5	\$574.08	\$10,000.00	\$550.00
6	\$574.08	\$10,000.00	\$730.00
7	\$574.08	\$10,000.00	\$910.00
8	\$574.08	\$10,000.00	\$1,090.00
9	\$574.08	\$10,000.00	\$1,280.00
10	\$574.08	\$10,000.00	\$1,480.00
11	\$574.08	\$10,000.00	\$1,680.00
12	\$574.08	\$10,000.00	\$1,880.00
13	\$574.08	\$10,000.00	\$2,080.00
14	\$574.08	\$10,000.00	\$2,290.00
15	\$574.08	\$10,000.00	\$2,490.00
16	\$574.08	\$10,000.00	\$2,700.00
17	\$574.08	\$10,000.00	\$2,920.00
18	\$574.08	\$10,000.00	\$3,130.00
19	\$574.08	\$10,000.00	\$3,350.00
20	\$574.08	\$10,000.00	\$3,570.00
AGE			
60	\$574.08	\$10,000.00	\$1,680.00
65	\$574.08	\$10,000.00	\$2,700.00
70	\$574.08	\$10,000.00	\$3,800.00

Life Insurance Cost Indices

Surrender Cost	10	\$46.20	Net Payment	10	\$57.41
	20	\$47.13		20	\$57.41

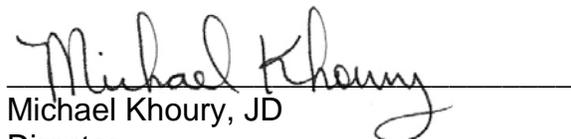
An explanation of the intended use of these indices is provided in the "Life Insurance Buyer's Guide". These indices are useful only for comparison of relative costs of two or more similar policies.

1 Values calculated assume premiums are payable in advance as scheduled, no policy loans are taken.



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form NWG 7/09 does comply with the guidelines of such Bulletin.


Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 23 April 2009



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written over a horizontal line that extends to the right.

Michael Khoury, JD

Director

Product Development, Claims and Records

Date: 23 April 2009

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION OF COMPLIANCE

This is to certify that the actuarial demonstration for policy form NWG 7/09 is in compliance with Regulation 34 for the state of Arkansas (Valuation and Nonforfeiture), and that when calculating reserves under the minimum reserve method in Regulation 34, in no case shall the reserves be less than the actual cash surrender values provided for under the policy contract.



Joseph Barclay Cole, FSA, MAAA
Actuary

Date: 4/24/09