Filing at a Glance

Company: Pioneer American Insurance Company

Product Name: Flexible Premium Adjustable Life Insurance Policy

SERFF Tr Num: AAMC-126178845

State: Arkansas

TOI: L09I Individual Life - Flexible Premium Adjustable Life

SERFF Status: Closed-Approved-Closed

State Tr Num: 42728

Sub-TOI: L09I.001 Single Life

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Traci Baty

Disposition Date: 06/23/2009

Date Submitted: 06/22/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/23/2009

Deemer Date:

Submitted By: Traci Baty

Filing Description:

Cover letter under Supporting Documentations.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in Texas, our State of Domicile.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/23/2009

Created By: Traci Baty

Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Clara Keel, Product Filing Manager and ckeel@aatx.com

Assistant Secretary

425 Austin Avenue 254-297-2794 [Phone]

Waco, TX 76701 254-297-2138 [FAX]

Filing Company Information

Pioneer American Insurance Company	CoCode: 67873	State of Domicile: Texas
425 Austin Avenue	Group Code: 1327	Company Type: LAH
Waco, TX 76701	Group Name:	State ID Number:
(254) 297-2777 ext. [Phone]	FEIN Number: 75-0914374	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pioneer American Insurance Company	$100.00	06/22/2009	28724489

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/23/2009	06/23/2009

Disposition

Disposition Date: 06/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AAMC-126178845*	*State:*	*Arkansas*
Filing Company:	*Pioneer American Insurance Company*	*State Tracking Number:*	*42728*
Company Tracking Number:			
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Flexible Premium Adjustable Life Insurance Policy*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Letter		Yes
Supporting Document	Actuarial Memorandum		No
Supporting Document	Statement of Compliance		Yes
Supporting Document	Exhibit A		Yes
Form	Flexible Premium Adjustable Life Insurance Policy		Yes

Form Schedule

Lead Form Number: 09-9842

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form No. PA09-9842	Policy/Contract/Fraternal Certificate	Flexible Premium Adjustable Life Insurance Policy	Initial		50.000	AR PA09-9842 Flexible Premium Adjustable Life Insurance Policy.pdf

Pioneer American
Insurance Company
P.O. Box 240 / Waco, Texas 76703-0240 / (254) 297-2776

THIS POLICY IS A LEGAL CONTRACT – PLEASE READ IT CAREFULLY.

We will pay the Death Benefit Proceeds provided in this Policy to the Beneficiary if the Insured dies prior to the Maturity Date and while this Policy is in force. Payment is subject to the Policy terms and conditions. Such payment may be reduced by any due and unpaid premium.

We will pay the Cash Surrender Value of this Policy to the Owner on the Maturity Date if the Insured is living.

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 Your agent within 30 days after You receive it. We will refund all the premiums You have paid. The Policy will be deemed void from the Issue Date.

Flexible Premium Adjustable Life Insurance Policy
Adjustable Death Benefit
Cash Surrender Value Payable at Maturity
Flexible Premium Payable during Lifetime of Insured Until Maturity Date
Death Benefit Payable at Death of Insured Prior to Maturity

Non-Participating

SIGNED FOR THE COMPANY BY:

Joe W. Dunlap

Secretary

President

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POLICY SPECIFICATIONS PAGE

DESCRIPTION OF BENEFITS	INITIAL ANNUAL PREMIUM
FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE	$ 625.08

PREMIUM CLASSIFICATION:	NON-TOBACCO
TOTAL INITIAL PREMIUM:	$ 625.08 ANNUALLY
PLANNED PERIODIC PREMIUM:	$ 52.09 MONTHLY
MONTHLY EXPENSE :	$ 5.00
PREMIUM EXPENSE CHARGE:	2% OF PREMIUM IN ALL YEARS
TOTAL MINIMUM PREMIUM:	$ 18.25 MONTHLY
MINIMUM PREMIUM PERIOD:	60 MONTHS *
MINIMUM INCREASE AMOUNT:	$ 5,000

SEE TABLE OF SURRENDER CHARGE FACTORS (PAGE 5) FOR SURRENDER CHARGES

GUARANTEED MINIMUM CASH SURRENDER VALUE INTEREST RATE: 3%

COVERAGE MAY EXPIRE PRIOR TO THE MATURITY DATE SHOWN WHERE EITHER NO PREMIUMS ARE PAID FOLLOWING PAYMENT OF THE INITIAL PREMIUM OR SUBSEQUENT PREMIUMS ARE INSUFFICIENT TO CONTINUE COVERAGE TO SUCH DATE.

* THE POLICY VALUE AT THE END OF THE MINIMUM PREMIUM PERIOD MAY BE INSUFFICIENT TO KEEP THE POLICY IN FORCE UNLESS AN ADDITIONAL PAYMENT IS MADE AT THAT TIME.

INSURED:	JOHN DOE	INITIAL SPECIFIED AMOUNT:	$100,000.00
ISSUE AGE:	35	DEATH BENEFIT OPTION:	1
SEX:	MALE	ISSUE DATE:	JUNE 1, 2009
POLICY NUMBER:	XXXXXXXXXX	MATURITY DATE:	JUNE 1, 2095

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER $1,000 OF NET RISK AMOUNT

Attained Age		Attained Age		Attained Age	
0	0.06	41	0.14	82	7.42
1	0.04	42	0.15	83	8.22
2	0.03	43	0.17	84	9.10
3	0.02	44	0.18	85	10.09
4	0.02	45	0.20	86	11.17
5	0.02	46	0.22	87	12.35
6	0.02	47	0.24	88	13.60
7	0.02	48	0.25	89	14.92
8	0.02	49	0.27	90	16.24
9	0.02	50	0.29	91	17.54
10	0.02	51	0.31	92	18.90
11	0.02	52	0.35	93	20.35
12	0.03	53	0.38	94	21.87
13	0.03	54	0.43	95	23.39
14	0.04	55	0.49	96	24.87
15	0.06	56	0.54	97	26.45
16	0.06	57	0.59	98	28.15
17	0.07	58	0.65	99	29.96
18	0.08	59	0.71	100	31.70
19	0.08	60	0.79	101	33.25
20	0.08	61	0.88	102	34.90
21	0.08	62	0.99	103	36.67
22	0.08	63	1.10	104	38.54
23	0.08	64	1.23	105	40.51
24	0.08	65	1.35	106	42.62
25	0.08	66	1.48	107	44.86
26	0.09	67	1.62	108	47.25
27	0.09	68	1.76	109	49.80
28	0.09	69	1.92	110	52.51
29	0.09	70	2.11	111	55.39
30	0.09	71	2.34	112	58.47
31	0.08	72	2.60	113	61.74
32	0.09	73	2.88	114	65.21
33	0.09	74	3.19	115	68.91
34	0.09	75	3.52	116	72.84
35	0.09	76	3.89	117	77.02
36	0.10	77	4.32	118	81.45
37	0.10	78	4.82	119	86.14
38	0.11	79	5.38	120	90.91
39	0.12	80	6.01		
40	0.13	81	6.70		

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER $1,000 OF NET RISK AMOUNT

Attained Age		Attained Age		Attained Age	
0	0.04	41	0.11	82	4.71
1	0.03	42	0.12	83	5.22
2	0.02	43	0.13	84	5.79
3	0.02	44	0.14	85	6.37
4	0.02	45	0.15	86	7.06
5	0.02	46	0.16	87	7.91
6	0.02	47	0.18	88	8.81
7	0.02	48	0.20	89	9.70
8	0.02	49	0.22	90	10.36
9	0.02	50	0.25	91	10.99
10	0.02	51	0.27	92	12.04
11	0.02	52	0.31	93	13.47
12	0.02	53	0.34	94	15.25
13	0.03	54	0.37	95	17.19
14	0.03	55	0.41	96	19.11
15	0.03	56	0.45	97	20.36
16	0.03	57	0.50	98	21.04
17	0.03	58	0.55	99	22.46
18	0.04	59	0.59	100	24.31
19	0.04	60	0.64	101	26.32
20	0.04	61	0.70	102	28.55
21	0.04	62	0.76	103	30.99
22	0.04	63	0.82	104	33.67
23	0.04	64	0.89	105	36.51
24	0.04	65	0.96	106	39.44
25	0.04	66	1.04	107	42.43
26	0.05	67	1.13	108	45.50
27	0.05	68	1.23	109	48.68
28	0.05	69	1.35	110	51.89
29	0.05	70	1.47	111	55.00
30	0.06	71	1.61	112	57.99
31	0.06	72	1.77	113	61.08
32	0.06	73	1.94	114	64.97
33	0.07	74	2.13	115	68.69
34	0.07	75	2.33	116	72.61
35	0.08	76	2.56	117	76.80
36	0.08	77	2.81	118	80.75
37	0.09	78	3.08	119	84.90
38	0.09	79	3.39	120	90.91
39	0.10	80	3.76		
40	0.10	81	4.22		

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER $1,000 OF NET RISK AMOUNT

Attained Age		Attained Age	
20	0.11	71	3.57
21	0.11	72	3.90
22	0.12	73	4.24
23	0.13	74	4.60
24	0.13	75	5.00
25	0.14	76	5.45
26	0.15	77	5.96
27	0.15	78	6.56
28	0.15	79	7.21
29	0.15	80	7.92
30	0.15	81	8.69
31	0.15	82	9.47
32	0.15	83	10.31
33	0.16	84	11.26
34	0.16	85	12.34
35	0.17	86	13.51
36	0.18	87	14.76
37	0.19	88	16.06
38	0.21	89	17.41
39	0.22	90	18.71
40	0.24	91	19.96
41	0.27	92	21.23
42	0.29	93	22.56
43	0.33	94	23.98
44	0.36	95	25.41
45	0.40	96	26.78
46	0.44	97	28.22
47	0.47	98	29.74
48	0.49	99	31.36
49	0.52	100	32.87
50	0.56	101	34.17
51	0.61	102	35.54
52	0.67	103	36.98
53	0.75	104	38.63
54	0.83	105	40.60
55	0.93	106	42.70
56	1.03	107	44.94
57	1.12	108	47.32
58	1.20	109	49.86
59	1.30	110	52.57
60	1.43	111	55.45
61	1.58	112	58.51
62	1.75	113	61.78
63	1.94	114	65.25
64	2.13	115	68.94
65	2.31	116	72.87
66	2.49	117	77.04
67	2.67	118	81.46
68	2.85	119	86.14
69	3.06	120	90.91
70	3.29		

TABLE OF MONTHLY GUARANTEED COST OF INSURANCE RATES PER $1,000 OF NET RISK AMOUNT

Attained Age		Attained Age	
20	0.05	71	2.83
21	0.05	72	3.08
22	0.06	73	3.35
23	0.06	74	3.64
24	0.06	75	3.94
25	0.07	76	4.26
26	0.07	77	4.61
27	0.07	78	4.99
28	0.08	79	5.39
29	0.08	80	5.90
30	0.09	81	6.52
31	0.10	82	7.16
32	0.10	83	7.82
33	0.11	84	8.50
34	0.12	85	9.13
35	0.13	86	9.86
36	0.14	87	10.77
37	0.15	88	11.68
38	0.16	89	12.52
39	0.17	90	12.99
40	0.18	91	13.38
41	0.20	92	14.23
42	0.21	93	15.42
43	0.23	94	17.10
44	0.25	95	19.08
45	0.27	96	20.97
46	0.30	97	22.09
47	0.34	98	22.55
48	0.38	99	23.77
49	0.43	100	25.42
50	0.48	101	27.21
51	0.53	102	29.17
52	0.59	103	31.29
53	0.65	104	33.74
54	0.72	105	36.58
55	0.79	106	39.50
56	0.87	107	42.49
57	0.95	108	45.55
58	1.03	109	48.73
59	1.12	110	51.93
60	1.21	111	55.04
61	1.31	112	58.03
62	1.41	113	61.11
63	1.52	114	64.99
64	1.64	115	68.72
65	1.76	116	72.63
66	1.90	117	76.82
67	2.05	118	80.76
68	2.21	119	84.90
69	2.39	120	90.91
70	2.60		

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Nontobacco)

(Years 1 through 10)

Issue Age	1	2	3	4	5	6	7	8	9	10
0	12.12	11.44	10.77	10.10	9.42	8.75	8.08	7.40	6.73	6.06
1	12.18	11.50	10.83	10.15	9.47	8.80	8.12	7.44	6.77	6.09
2	12.26	11.58	10.90	10.22	9.54	8.86	8.18	7.49	6.81	6.13
3	12.36	11.67	10.99	10.30	9.61	8.93	8.24	7.55	6.87	6.18
4	12.47	11.78	11.08	10.39	9.70	9.00	8.31	7.62	6.93	6.23
5	12.58	11.88	11.19	10.49	9.79	9.09	8.39	7.69	6.99	6.29
6	12.71	12.00	11.29	10.59	9.88	9.18	8.47	7.76	7.06	6.35
7	12.83	12.12	11.41	10.69	9.98	9.27	8.56	7.84	7.13	6.42
8	12.97	12.25	11.53	10.81	10.09	9.37	8.65	7.93	7.20	6.48
9	13.11	12.38	11.65	10.93	10.20	9.47	8.74	8.01	7.28	6.56
10	13.26	12.52	11.79	11.05	10.31	9.58	8.84	8.10	7.37	6.63
11	13.42	12.67	11.93	11.18	10.44	9.69	8.95	8.20	7.45	6.71
12	13.58	12.83	12.07	11.32	10.56	9.81	9.05	8.30	7.55	6.79
13	13.75	12.99	12.22	11.46	10.70	9.93	9.17	8.40	7.64	6.88
14	13.93	13.15	12.38	11.61	10.83	10.06	9.28	8.51	7.74	6.96
15	14.11	13.32	12.54	11.75	10.97	10.19	9.40	8.62	7.84	7.05
16	14.28	13.49	12.70	11.90	11.11	10.32	9.52	8.73	7.94	7.14
17	14.47	13.66	12.86	12.06	11.25	10.45	9.64	8.84	8.04	7.23
18	14.65	13.84	13.02	12.21	11.40	10.58	9.77	8.95	8.14	7.33
19	14.84	14.02	13.20	12.37	11.55	10.72	9.90	9.07	8.25	7.42
20	15.05	14.21	13.37	12.54	11.70	10.87	10.03	9.20	8.36	7.52
21	15.26	14.41	13.56	12.72	11.87	11.02	10.17	9.33	8.48	7.63
22	15.48	14.62	13.76	12.90	12.04	11.18	10.32	9.46	8.60	7.74
23	15.72	14.85	13.98	13.10	12.23	11.36	10.48	9.61	8.73	7.86
24	15.97	15.09	14.20	13.31	12.42	11.54	10.65	9.76	8.87	7.99
25	16.24	15.34	14.44	13.53	12.63	11.73	10.83	9.92	9.02	8.12
26	16.52	15.60	14.68	13.77	12.85	11.93	11.01	10.10	9.18	8.26
27	16.81	15.88	14.95	14.01	13.08	12.14	11.21	10.28	9.34	8.41
28	17.12	16.17	15.22	14.27	13.32	12.37	11.42	10.46	9.51	8.56
29	17.45	16.48	15.51	14.55	13.58	12.61	11.64	10.67	9.70	8.73
30	17.81	16.82	15.83	14.84	13.85	12.86	11.87	10.88	9.89	8.90
31	18.18	17.17	16.16	15.15	14.14	13.13	12.12	11.11	10.10	9.09
32	18.58	17.54	16.51	15.48	14.45	13.42	12.38	11.35	10.32	9.29
33	19.00	17.94	16.89	15.83	14.78	13.72	12.67	11.61	10.55	9.50
34	19.45	18.37	17.29	16.21	15.12	14.04	12.96	11.88	10.80	9.72
35	19.92	18.82	17.71	16.60	15.49	14.39	13.28	12.17	11.07	9.96
36	20.43	19.29	18.16	17.02	15.89	14.75	13.62	12.48	11.35	10.21
37	20.96	19.79	18.63	17.47	16.30	15.14	13.97	12.81	11.64	10.48
38	21.52	20.33	19.13	17.94	16.74	15.55	14.35	13.15	11.96	10.76
39	22.12	20.89	19.66	18.43	17.21	15.98	14.75	13.52	12.29	11.06
40	22.75	21.49	20.23	18.96	17.70	16.43	15.17	13.91	12.64	11.38
41	23.42	22.12	20.82	19.52	18.22	16.92	15.62	14.31	13.01	11.71
42	24.13	22.79	21.45	20.11	18.77	17.43	16.09	14.75	13.41	12.07
43	24.88	23.50	22.12	20.74	19.35	17.97	16.59	15.21	13.82	12.44
44	25.67	24.25	22.82	21.39	19.97	18.54	17.12	15.69	14.26	12.84
45	26.51	25.03	23.56	22.09	20.62	19.14	17.67	16.20	14.73	13.25
46	27.39	25.87	24.34	22.82	21.30	19.78	18.26	16.74	15.21	13.69
47	28.32	26.74	25.17	23.60	22.02	20.45	18.88	17.30	15.73	14.16
48	29.30	27.67	26.05	24.42	22.79	21.16	19.53	17.91	16.28	14.65
49	30.35	28.67	26.98	25.30	23.61	21.92	20.24	18.55	16.86	15.18
50	31.48	29.73	27.98	26.23	24.48	22.74	20.99	19.24	17.49	15.74

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Nontobacco)

(Years 1 through 10) — (Continued from Front)

Issue Age	1	2	3	4	5	6	7	8	9	10
51	32.68	30.87	29.05	27.24	25.42	23.60	21.79	19.97	18.16	16.34
52	33.96	32.08	30.19	28.30	26.42	24.53	22.64	20.76	18.87	16.98
53	35.32	33.36	31.40	29.44	27.47	25.51	23.55	21.59	19.62	17.66
54	36.77	34.73	32.69	30.64	28.60	26.56	24.52	22.47	20.43	18.39
55	38.31	36.18	34.05	31.92	29.80	27.67	25.54	23.41	21.28	19.15
56	39.93	37.71	35.49	33.28	31.06	28.84	26.62	24.40	22.18	19.97
57	41.65	39.34	37.02	34.71	32.39	30.08	27.77	25.45	23.14	20.82
58	43.48	41.06	38.65	36.23	33.82	31.40	28.98	26.57	24.15	21.74
59	45.43	42.91	40.39	37.86	35.34	32.81	30.29	27.77	25.24	22.72
60	47.53	44.89	42.25	39.61	36.97	34.33	31.69	29.05	26.41	23.76
61	47.35	44.72	42.09	39.46	36.83	34.20	31.57	28.94	26.31	23.68
62	47.08	44.46	41.85	39.23	36.62	34.00	31.39	28.77	26.16	23.54
63	46.81	44.21	41.61	39.01	36.41	33.81	31.21	28.61	26.01	23.41
64	46.52	43.94	41.35	38.77	36.18	33.60	31.01	28.43	25.84	23.26
65	46.22	43.65	41.08	38.52	35.95	33.38	30.81	28.25	25.68	23.11
66	45.91	43.36	40.81	38.26	35.71	33.16	30.61	28.06	25.51	22.96
67	45.61	43.08	40.54	38.01	35.47	32.94	30.41	27.87	25.34	22.81
68	44.83	42.34	39.85	37.36	34.87	32.38	29.89	27.40	24.91	22.42
69	44.57	42.09	39.62	37.14	34.67	32.19	29.71	27.24	24.76	22.29
70	44.34	41.88	39.41	36.95	34.49	32.02	29.56	27.10	24.63	22.17
71	44.14	41.69	39.24	36.78	34.33	31.88	29.43	26.97	24.52	22.07
72	43.97	41.53	39.08	36.64	34.20	31.76	29.31	26.87	24.43	21.99
73	43.79	41.36	38.92	36.49	34.06	31.63	29.19	26.76	24.33	21.90
74	43.60	41.18	38.76	36.33	33.91	31.49	29.07	26.64	24.22	21.80
75	43.38	40.97	38.56	36.15	33.74	31.33	28.92	26.51	24.10	21.69

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Nontobacco)

(Years 11 through 19)

Issue Age	11	12	13	14	15	16	17	18	19
0	5.39	4.71	4.04	3.37	2.69	2.02	1.35	0.67	0.00
1	5.41	4.74	4.06	3.38	2.71	2.03	1.35	0.68	0.00
2	5.45	4.77	4.09	3.41	2.73	2.04	1.36	0.68	0.00
3	5.49	4.81	4.12	3.43	2.75	2.06	1.37	0.69	0.00
4	5.54	4.85	4.16	3.46	2.77	2.08	1.39	0.69	0.00
5	5.59	4.89	4.19	3.50	2.80	2.10	1.40	0.70	0.00
6	5.65	4.94	4.24	3.53	2.82	2.12	1.41	0.71	0.00
7	5.70	4.99	4.28	3.56	2.85	2.14	1.43	0.71	0.00
8	5.76	5.04	4.32	3.60	2.88	2.16	1.44	0.72	0.00
9	5.83	5.10	4.37	3.64	2.91	2.19	1.46	0.73	0.00
10	5.89	5.16	4.42	3.68	2.95	2.21	1.47	0.74	0.00
11	5.96	5.22	4.47	3.73	2.98	2.24	1.49	0.75	0.00
12	6.04	5.28	4.53	3.77	3.02	2.26	1.51	0.75	0.00
13	6.11	5.35	4.58	3.82	3.06	2.29	1.53	0.76	0.00
14	6.19	5.42	4.64	3.87	3.09	2.32	1.55	0.77	0.00
15	6.27	5.49	4.70	3.92	3.13	2.35	1.57	0.78	0.00
16	6.35	5.56	4.76	3.97	3.17	2.38	1.59	0.79	0.00
17	6.43	5.63	4.82	4.02	3.21	2.41	1.61	0.80	0.00
18	6.51	5.70	4.88	4.07	3.26	2.44	1.63	0.81	0.00
19	6.60	5.77	4.95	4.12	3.30	2.47	1.65	0.82	0.00
20	6.69	5.85	5.02	4.18	3.34	2.51	1.67	0.84	0.00
21	6.78	5.93	5.09	4.24	3.39	2.54	1.70	0.85	0.00
22	6.88	6.02	5.16	4.30	3.44	2.58	1.72	0.86	0.00
23	6.99	6.11	5.24	4.37	3.49	2.62	1.75	0.87	0.00
24	7.10	6.21	5.32	4.44	3.55	2.66	1.77	0.89	0.00
25	7.22	6.32	5.41	4.51	3.61	2.71	1.80	0.90	0.00
26	7.34	6.42	5.51	4.59	3.67	2.75	1.84	0.92	0.00
27	7.47	6.54	5.60	4.67	3.74	2.80	1.87	0.93	0.00
28	7.61	6.66	5.71	4.76	3.81	2.85	1.90	0.95	0.00
29	7.76	6.79	5.82	4.85	3.88	2.91	1.94	0.97	0.00
30	7.91	6.92	5.94	4.95	3.96	2.97	1.98	0.99	0.00
31	8.08	7.07	6.06	5.05	4.04	3.03	2.02	1.01	0.00
32	8.26	7.22	6.19	5.16	4.13	3.10	2.06	1.03	0.00
33	8.44	7.39	6.33	5.28	4.22	3.17	2.11	1.06	0.00
34	8.64	7.56	6.48	5.40	4.32	3.24	2.16	1.08	0.00
35	8.85	7.75	6.64	5.53	4.43	3.32	2.21	1.11	0.00
36	9.08	7.94	6.81	5.67	4.54	3.40	2.27	1.13	0.00
37	9.32	8.15	6.99	5.82	4.66	3.49	2.33	1.16	0.00
38	9.57	8.37	7.17	5.98	4.78	3.59	2.39	1.20	0.00
39	9.83	8.60	7.37	6.14	4.92	3.69	2.46	1.23	0.00
40	10.11	8.85	7.58	6.32	5.06	3.79	2.53	1.26	0.00
41	10.41	9.11	7.81	6.51	5.21	3.90	2.60	1.30	0.00
42	10.73	9.39	8.04	6.70	5.36	4.02	2.68	1.34	0.00
43	11.06	9.68	8.29	6.91	5.53	4.15	2.76	1.38	0.00
44	11.41	9.98	8.56	7.13	5.71	4.28	2.85	1.43	0.00
45	11.78	10.31	8.84	7.36	5.89	4.42	2.95	1.47	0.00
46	12.17	10.65	9.13	7.61	6.09	4.56	3.04	1.52	0.00
47	12.58	11.01	9.44	7.87	6.29	4.72	3.15	1.57	0.00
48	13.02	11.39	9.77	8.14	6.51	4.88	3.26	1.63	0.00
49	13.49	11.80	10.12	8.43	6.75	5.06	3.37	1.69	0.00
50	13.99	12.24	10.49	8.74	7.00	5.25	3.50	1.75	0.00

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Nontobacco)

(Years 11 through 19) — (Continued from Front)

Issue Age	11	12	13	14	15	16	17	18	19
51	14.53	12.71	10.89	9.08	7.26	5.45	3.63	1.82	0.00
52	15.09	13.21	11.32	9.43	7.55	5.66	3.77	1.89	0.00
53	15.70	13.74	11.77	9.81	7.85	5.89	3.92	1.96	0.00
54	16.34	14.30	12.26	10.21	8.17	6.13	4.09	2.04	0.00
55	17.03	14.90	12.77	10.64	8.51	6.38	4.26	2.13	0.00
56	17.75	15.53	13.31	11.09	8.87	6.66	4.44	2.22	0.00
57	18.51	16.20	13.88	11.57	9.26	6.94	4.63	2.31	0.00
58	19.32	16.91	14.49	12.08	9.66	7.25	4.83	2.42	0.00
59	20.19	17.67	15.14	12.62	10.10	7.57	5.05	2.52	0.00
60	21.12	18.48	15.84	13.20	10.56	7.92	5.28	2.64	0.00
61	21.04	18.41	15.78	13.15	10.52	7.89	5.26	2.63	0.00
62	20.92	18.31	15.69	13.08	10.46	7.85	5.23	2.62	0.00
63	20.80	18.20	15.60	13.00	10.40	7.80	5.20	2.60	0.00
64	20.68	18.09	15.51	12.92	10.34	7.75	5.17	2.58	0.00
65	20.54	17.97	15.41	12.84	10.27	7.70	5.14	2.57	0.00
66	20.40	17.85	15.30	12.75	10.20	7.65	5.10	2.55	0.00
67	20.27	17.74	15.20	12.67	10.14	7.60	5.07	2.53	0.00
68	19.92	17.43	14.94	12.45	9.96	7.47	4.98	2.49	0.00
69	19.81	17.33	14.86	12.38	9.90	7.43	4.95	2.48	0.00
70	19.71	17.24	14.78	12.32	9.85	7.39	4.93	2.46	0.00
71	19.62	17.17	14.71	12.26	9.81	7.36	4.90	2.45	0.00
72	19.54	17.10	14.66	12.21	9.77	7.33	4.89	2.44	0.00
73	19.46	17.03	14.60	12.16	9.73	7.30	4.87	2.43	0.00
74	19.38	16.96	14.53	12.11	9.69	7.27	4.84	2.42	0.00
75	19.28	16.87	14.46	12.05	9.64	7.23	4.82	2.41	0.00

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Nontobacco)

(Years 1 through 10)

Issue Age	1	2	3	4	5	6	7	8	9	10
0	11.70	11.05	10.40	9.75	9.10	8.45	7.80	7.15	6.50	5.85
1	11.76	11.11	10.45	9.80	9.15	8.49	7.84	7.19	6.53	5.88
2	11.83	11.18	10.52	9.86	9.20	8.55	7.89	7.23	6.57	5.92
3	11.92	11.25	10.59	9.93	9.27	8.61	7.94	7.28	6.62	5.96
4	12.01	11.34	10.67	10.00	9.34	8.67	8.00	7.34	6.67	6.00
5	12.10	11.43	10.75	10.08	9.41	8.74	8.07	7.39	6.72	6.05
6	12.20	11.52	10.84	10.16	9.49	8.81	8.13	7.45	6.78	6.10
7	12.30	11.62	10.93	10.25	9.57	8.88	8.20	7.52	6.83	6.15
8	12.41	11.72	11.03	10.34	9.65	8.96	8.27	7.58	6.89	6.20
9	12.52	11.82	11.13	10.43	9.74	9.04	8.35	7.65	6.96	6.26
10	12.64	11.94	11.23	10.53	9.83	9.13	8.43	7.72	7.02	6.32
11	12.76	12.05	11.34	10.64	9.93	9.22	8.51	7.80	7.09	6.38
12	12.89	12.18	11.46	10.74	10.03	9.31	8.59	7.88	7.16	6.45
13	13.03	12.30	11.58	10.86	10.13	9.41	8.68	7.96	7.24	6.51
14	13.17	12.44	11.70	10.97	10.24	9.51	8.78	8.05	7.32	6.58
15	13.31	12.57	11.83	11.09	10.35	9.61	8.88	8.14	7.40	6.66
16	13.47	12.72	11.97	11.22	10.47	9.73	8.98	8.23	7.48	6.73
17	13.62	12.87	12.11	11.35	10.60	9.84	9.08	8.33	7.57	6.81
18	13.79	13.03	12.26	11.49	10.73	9.96	9.19	8.43	7.66	6.90
19	13.97	13.19	12.41	11.64	10.86	10.09	9.31	8.54	7.76	6.98
20	14.14	13.35	12.57	11.78	11.00	10.21	9.43	8.64	7.86	7.07
21	14.34	13.55	12.75	11.95	11.16	10.36	9.56	8.77	7.97	7.17
22	14.55	13.74	12.93	12.12	11.31	10.51	9.70	8.89	8.08	7.27
23	14.76	13.94	13.12	12.30	11.48	10.66	9.84	9.02	8.20	7.38
24	14.99	14.16	13.32	12.49	11.66	10.82	9.99	9.16	8.33	7.49
25	15.23	14.38	13.53	12.69	11.84	11.00	10.15	9.30	8.46	7.61
26	15.48	14.62	13.76	12.90	12.04	11.18	10.32	9.46	8.60	7.74
27	15.74	14.87	13.99	13.12	12.24	11.37	10.49	9.62	8.75	7.87
28	16.02	15.13	14.24	13.35	12.46	11.57	10.68	9.79	8.90	8.01
29	16.31	15.41	14.50	13.59	12.69	11.78	10.88	9.97	9.06	8.16
30	16.62	15.70	14.78	13.85	12.93	12.01	11.08	10.16	9.23	8.31
31	16.95	16.01	15.06	14.12	13.18	12.24	11.30	10.36	9.42	8.47
32	17.29	16.33	15.37	14.41	13.45	12.49	11.53	10.57	9.61	8.65
33	17.65	16.67	15.69	14.71	13.73	12.75	11.77	10.79	9.81	8.83
34	18.03	17.03	16.03	15.03	14.03	13.02	12.02	11.02	10.02	9.02
35	18.43	17.41	16.38	15.36	14.34	13.31	12.29	11.26	10.24	9.22
36	18.85	17.81	16.76	15.71	14.66	13.62	12.57	11.52	10.47	9.43
37	19.30	18.23	17.15	16.08	15.01	13.94	12.86	11.79	10.72	9.65
38	19.76	18.67	17.57	16.47	15.37	14.27	13.18	12.08	10.98	9.88
39	20.26	19.13	18.01	16.88	15.76	14.63	13.51	12.38	11.26	10.13
40	20.78	19.63	18.47	17.32	16.16	15.01	13.85	12.70	11.55	10.39
41	21.34	20.15	18.97	17.78	16.59	15.41	14.22	13.04	11.85	10.67
42	21.92	20.70	19.49	18.27	17.05	15.83	14.61	13.40	12.18	10.96
43	22.54	21.29	20.04	18.78	17.53	16.28	15.03	13.78	12.52	11.27
44	23.20	21.91	20.62	19.33	18.04	16.75	15.47	14.18	12.89	11.60
45	23.89	22.56	21.24	19.91	18.58	17.25	15.93	14.60	13.27	11.95
46	24.62	23.26	21.89	20.52	19.15	17.78	16.42	15.05	13.68	12.31
47	25.40	23.99	22.58	21.16	19.75	18.34	16.93	15.52	14.11	12.70
48	26.21	24.76	23.30	21.84	20.39	18.93	17.48	16.02	14.56	13.11
49	27.07	25.57	24.07	22.56	21.06	19.55	18.05	16.54	15.04	13.54
50	27.98	26.43	24.87	23.32	21.76	20.21	18.65	17.10	15.54	13.99

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Nontobacco)

(Years 1 through 10) — (Continued from Front)

Issue Age	1	2	3	4	5	6	7	8	9	10
51	28.94	27.33	25.72	24.11	22.51	20.90	19.29	17.68	16.08	14.47
52	29.95	28.28	26.62	24.95	23.29	21.63	19.96	18.30	16.64	14.97
53	31.01	29.28	27.56	25.84	24.12	22.39	20.67	18.95	17.23	15.50
54	32.12	30.34	28.55	26.77	24.98	23.20	21.42	19.63	17.85	16.06
55	33.30	31.45	29.60	27.75	25.90	24.05	22.20	20.35	18.50	16.65
56	34.54	32.63	30.71	28.79	26.87	24.95	23.03	21.11	19.19	17.27
57	35.85	33.86	31.87	29.88	27.89	25.89	23.90	21.91	19.92	17.93
58	37.23	35.16	33.10	31.03	28.96	26.89	24.82	22.75	20.68	18.62
59	38.69	36.54	34.39	32.24	30.09	27.94	25.79	23.64	21.49	19.34
60	40.15	37.92	35.69	33.46	31.23	29.00	26.77	24.54	22.31	20.08
61	41.87	39.54	37.22	34.89	32.56	30.24	27.91	25.59	23.26	20.93
62	43.61	41.18	38.76	36.34	33.92	31.49	29.07	26.65	24.23	21.80
63	45.45	42.93	40.40	37.88	35.35	32.83	30.30	27.78	25.25	22.73
64	47.41	44.78	42.14	39.51	36.87	34.24	31.61	28.97	26.34	23.71
65	47.05	44.44	41.82	39.21	36.59	33.98	31.37	28.75	26.14	23.53
66	46.66	44.07	41.48	38.88	36.29	33.70	31.11	28.51	25.92	23.33
67	46.24	43.67	41.10	38.53	35.96	33.40	30.83	28.26	25.69	23.12
68	45.33	42.81	40.29	37.78	35.26	32.74	30.22	27.70	25.18	22.67
69	44.93	42.43	39.94	37.44	34.95	32.45	29.95	27.46	24.96	22.47
70	44.56	42.08	39.61	37.13	34.66	32.18	29.71	27.23	24.76	22.28
71	44.22	41.76	39.31	36.85	34.39	31.94	29.48	27.02	24.57	22.11
72	43.89	41.45	39.01	36.58	34.14	31.70	29.26	26.82	24.38	21.95
73	43.57	41.15	38.73	36.31	33.89	31.47	29.05	26.63	24.21	21.79
74	43.23	40.83	38.43	36.03	33.62	31.22	28.82	26.42	24.02	21.62
75	42.87	40.49	38.11	35.73	33.34	30.96	28.58	26.20	23.82	21.44

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Nontobacco)

(Years 11 through 19)

Issue Age	11	12	13	14	15	16	17	18	19
0	5.20	4.55	3.90	3.25	2.60	1.95	1.30	0.65	0.00
1	5.23	4.57	3.92	3.27	2.61	1.96	1.31	0.65	0.00
2	5.26	4.60	3.94	3.29	2.63	1.97	1.31	0.66	0.00
3	5.30	4.63	3.97	3.31	2.65	1.99	1.32	0.66	0.00
4	5.34	4.67	4.00	3.33	2.67	2.00	1.33	0.67	0.00
5	5.38	4.70	4.03	3.36	2.69	2.02	1.34	0.67	0.00
6	5.42	4.74	4.07	3.39	2.71	2.03	1.36	0.68	0.00
7	5.47	4.78	4.10	3.42	2.73	2.05	1.37	0.68	0.00
8	5.51	4.82	4.14	3.45	2.76	2.07	1.38	0.69	0.00
9	5.56	4.87	4.17	3.48	2.78	2.09	1.39	0.70	0.00
10	5.62	4.91	4.21	3.51	2.81	2.11	1.40	0.70	0.00
11	5.67	4.96	4.25	3.55	2.84	2.13	1.42	0.71	0.00
12	5.73	5.01	4.30	3.58	2.86	2.15	1.43	0.72	0.00
13	5.79	5.07	4.34	3.62	2.89	2.17	1.45	0.72	0.00
14	5.85	5.12	4.39	3.66	2.93	2.19	1.46	0.73	0.00
15	5.92	5.18	4.44	3.70	2.96	2.22	1.48	0.74	0.00
16	5.98	5.24	4.49	3.74	2.99	2.24	1.50	0.75	0.00
17	6.06	5.30	4.54	3.78	3.03	2.27	1.51	0.76	0.00
18	6.13	5.36	4.60	3.83	3.06	2.30	1.53	0.77	0.00
19	6.21	5.43	4.66	3.88	3.10	2.33	1.55	0.78	0.00
20	6.28	5.50	4.71	3.93	3.14	2.36	1.57	0.79	0.00
21	6.37	5.58	4.78	3.98	3.19	2.39	1.59	0.80	0.00
22	6.47	5.66	4.85	4.04	3.23	2.42	1.62	0.81	0.00
23	6.56	5.74	4.92	4.10	3.28	2.46	1.64	0.82	0.00
24	6.66	5.83	5.00	4.16	3.33	2.50	1.67	0.83	0.00
25	6.77	5.92	5.08	4.23	3.38	2.54	1.69	0.85	0.00
26	6.88	6.02	5.16	4.30	3.44	2.58	1.72	0.86	0.00
27	7.00	6.12	5.25	4.37	3.50	2.62	1.75	0.87	0.00
28	7.12	6.23	5.34	4.45	3.56	2.67	1.78	0.89	0.00
29	7.25	6.34	5.44	4.53	3.63	2.72	1.81	0.91	0.00
30	7.39	6.46	5.54	4.62	3.69	2.77	1.85	0.92	0.00
31	7.53	6.59	5.65	4.71	3.77	2.82	1.88	0.94	0.00
32	7.68	6.72	5.76	4.80	3.84	2.88	1.92	0.96	0.00
33	7.85	6.86	5.88	4.90	3.92	2.94	1.96	0.98	0.00
34	8.01	7.01	6.01	5.01	4.01	3.01	2.00	1.00	0.00
35	8.19	7.17	6.14	5.12	4.10	3.07	2.05	1.02	0.00
36	8.38	7.33	6.28	5.24	4.19	3.14	2.09	1.05	0.00
37	8.58	7.50	6.43	5.36	4.29	3.22	2.14	1.07	0.00
38	8.78	7.69	6.59	5.49	4.39	3.29	2.20	1.10	0.00
39	9.00	7.88	6.75	5.63	4.50	3.38	2.25	1.13	0.00
40	9.24	8.08	6.93	5.77	4.62	3.46	2.31	1.15	0.00
41	9.48	8.30	7.11	5.93	4.74	3.56	2.37	1.19	0.00
42	9.74	8.53	7.31	6.09	4.87	3.65	2.44	1.22	0.00
43	10.02	8.77	7.51	6.26	5.01	3.76	2.50	1.25	0.00
44	10.31	9.02	7.73	6.44	5.16	3.87	2.58	1.29	0.00
45	10.62	9.29	7.96	6.64	5.31	3.98	2.65	1.33	0.00
46	10.94	9.58	8.21	6.84	5.47	4.10	2.74	1.37	0.00
47	11.29	9.88	8.47	7.05	5.64	4.23	2.82	1.41	0.00
48	11.65	10.19	8.74	7.28	5.83	4.37	2.91	1.46	0.00
49	12.03	10.53	9.02	7.52	6.02	4.51	3.01	1.50	0.00
50	12.44	10.88	9.33	7.77	6.22	4.66	3.11	1.55	0.00

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Nontobacco)

(Years 11 through 19) — (Continued from Front)

Issue Age	11	12	13	14	15	16	17	18	19
51	12.86	11.25	9.65	8.04	6.43	4.82	3.22	1.61	0.00
52	13.31	11.65	9.98	8.32	6.65	4.99	3.33	1.66	0.00
53	13.78	12.06	10.34	8.61	6.89	5.17	3.45	1.72	0.00
54	14.28	12.49	10.71	8.92	7.14	5.35	3.57	1.78	0.00
55	14.80	12.95	11.10	9.25	7.40	5.55	3.70	1.85	0.00
56	15.35	13.43	11.51	9.60	7.68	5.76	3.84	1.92	0.00
57	15.93	13.94	11.95	9.96	7.97	5.98	3.98	1.99	0.00
58	16.55	14.48	12.41	10.34	8.27	6.21	4.14	2.07	0.00
59	17.20	15.05	12.90	10.75	8.60	6.45	4.30	2.15	0.00
60	17.84	15.61	13.38	11.15	8.92	6.69	4.46	2.23	0.00
61	18.61	16.28	13.96	11.63	9.30	6.98	4.65	2.33	0.00
62	19.38	16.96	14.54	12.11	9.69	7.27	4.85	2.42	0.00
63	20.20	17.68	15.15	12.63	10.10	7.58	5.05	2.53	0.00
64	21.07	18.44	15.80	13.17	10.54	7.90	5.27	2.63	0.00
65	20.91	18.30	15.68	13.07	10.46	7.84	5.23	2.61	0.00
66	20.74	18.15	15.55	12.96	10.37	7.78	5.18	2.59	0.00
67	20.55	17.98	15.41	12.84	10.28	7.71	5.14	2.57	0.00
68	20.15	17.63	15.11	12.59	10.07	7.56	5.04	2.52	0.00
69	19.97	17.47	14.98	12.48	9.98	7.49	4.99	2.50	0.00
70	19.80	17.33	14.85	12.38	9.90	7.43	4.95	2.48	0.00
71	19.65	17.20	14.74	12.28	9.83	7.37	4.91	2.46	0.00
72	19.51	17.07	14.63	12.19	9.75	7.32	4.88	2.44	0.00
73	19.36	16.94	14.52	12.10	9.68	7.26	4.84	2.42	0.00
74	19.21	16.81	14.41	12.01	9.61	7.21	4.80	2.40	0.00
75	19.05	16.67	14.29	11.91	9.53	7.14	4.76	2.38	0.00

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Tobacco)

(Years 1 through 10)

Issue Age	1	2	3	4	5	6	7	8	9	10
20	16.81	15.87	14.94	14.01	13.07	12.14	11.20	10.27	9.34	8.40
21	17.10	16.15	15.20	14.25	13.30	12.35	11.40	10.45	9.50	8.55
22	17.41	16.44	15.48	14.51	13.54	12.57	11.61	10.64	9.67	8.71
23	17.73	16.75	15.76	14.78	13.79	12.81	11.82	10.84	9.85	8.87
24	18.07	17.07	16.06	15.06	14.06	13.05	12.05	11.04	10.04	9.04
25	18.43	17.40	16.38	15.36	14.33	13.31	12.28	11.26	10.24	9.21
26	18.80	17.75	16.71	15.66	14.62	13.58	12.53	11.49	10.44	9.40
27	19.18	18.12	17.05	15.99	14.92	13.85	12.79	11.72	10.66	9.59
28	19.59	18.50	17.41	16.33	15.24	14.15	13.06	11.97	10.88	9.80
29	20.02	18.91	17.80	16.69	15.57	14.46	13.35	12.24	11.12	10.01
30	20.48	19.35	18.21	17.07	15.93	14.79	13.66	12.52	11.38	10.24
31	20.98	19.81	18.65	17.48	16.31	15.15	13.98	12.82	11.65	10.49
32	21.50	20.31	19.11	17.92	16.72	15.53	14.33	13.14	11.94	10.75
33	22.06	20.83	19.61	18.38	17.16	15.93	14.71	13.48	12.26	11.03
34	22.65	21.39	20.14	18.88	17.62	16.36	15.10	13.84	12.58	11.33
35	23.28	21.99	20.69	19.40	18.11	16.81	15.52	14.23	12.93	11.64
36	23.95	22.62	21.29	19.96	18.63	17.30	15.97	14.64	13.31	11.98
37	24.66	23.29	21.92	20.55	19.18	17.81	16.44	15.07	13.70	12.33
38	25.41	24.00	22.59	21.17	19.76	18.35	16.94	15.53	14.12	12.70
39	26.20	24.75	23.29	21.83	20.38	18.92	17.47	16.01	14.56	13.10
40	27.04	25.54	24.04	22.53	21.03	19.53	18.03	16.52	15.02	13.52
41	27.93	26.38	24.82	23.27	21.72	20.17	18.62	17.07	15.52	13.96
42	28.86	27.26	25.66	24.05	22.45	20.85	19.24	17.64	16.04	14.43
43	29.85	28.19	26.53	24.87	23.22	21.56	19.90	18.24	16.58	14.92
44	30.88	29.17	27.45	25.74	24.02	22.31	20.59	18.87	17.16	15.44
45	31.97	30.19	28.42	26.64	24.86	23.09	21.31	19.54	17.76	15.98
46	33.11	31.27	29.43	27.59	25.75	23.91	22.07	20.23	18.39	16.55
47	34.30	32.40	30.49	28.59	26.68	24.78	22.87	20.96	19.06	17.15
48	35.57	33.59	31.62	29.64	27.67	25.69	23.71	21.74	19.76	17.79
49	36.93	34.87	32.82	30.77	28.72	26.67	24.62	22.57	20.51	18.46
50	38.38	36.25	34.11	31.98	29.85	27.72	25.59	23.45	21.32	19.19
51	39.93	37.71	35.49	33.27	31.06	28.84	26.62	24.40	22.18	19.96
52	41.58	39.27	36.96	34.65	32.34	30.03	27.72	25.41	23.10	20.79
53	43.32	40.92	38.51	36.10	33.70	31.29	28.88	26.47	24.07	21.66
54	45.17	42.66	40.15	37.64	35.13	32.62	30.11	27.60	25.09	22.58
55	47.10	44.49	41.87	39.25	36.64	34.02	31.40	28.79	26.17	23.55
56	48.69	45.99	43.28	40.58	37.87	35.17	32.46	29.76	27.05	24.35
57	48.46	45.77	43.08	40.38	37.69	35.00	32.31	29.61	26.92	24.23
58	48.23	45.55	42.87	40.19	37.51	34.83	32.15	29.47	26.79	24.12
59	48.01	45.34	42.68	40.01	37.34	34.67	32.01	29.34	26.67	24.01
60	47.31	44.68	42.05	39.43	36.80	34.17	31.54	28.91	26.28	23.66
61	47.12	44.50	41.88	39.27	36.65	34.03	31.41	28.80	26.18	23.56
62	46.94	44.33	41.72	39.12	36.51	33.90	31.29	28.69	26.08	23.47
63	46.76	44.16	41.56	38.97	36.37	33.77	31.17	28.58	25.98	23.38
64	46.56	43.97	41.39	38.80	36.21	33.63	31.04	28.45	25.87	23.28
65	46.34	43.77	41.19	38.62	36.04	33.47	30.89	28.32	25.74	23.17
66	46.11	43.55	40.99	38.43	35.86	33.30	30.74	28.18	25.62	23.06
67	45.88	43.33	40.78	38.23	35.68	33.14	30.59	28.04	25.49	22.94
68	45.18	42.67	40.16	37.65	35.14	32.63	30.12	27.61	25.10	22.59
69	45.00	42.50	40.00	37.50	35.00	32.50	30.00	27.50	25.00	22.50
70	44.87	42.38	39.88	37.39	34.90	32.41	29.91	27.42	24.93	22.44

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Tobacco)

(Years 1 through 10) — (Continued from Front)

Issue Age	1	2	3	4	5	6	7	8	9	10
71	44.80	42.31	39.82	37.33	34.84	32.36	29.87	27.38	24.89	22.40
72	44.76	42.27	39.79	37.30	34.81	32.33	29.84	27.35	24.87	22.38
73	44.74	42.25	39.77	37.28	34.80	32.31	29.83	27.34	24.86	22.37
74	44.70	42.22	39.73	37.25	34.77	32.28	29.80	27.32	24.83	22.35
75	44.63	42.15	39.67	37.19	34.71	32.23	29.75	27.27	24.79	22.32

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Tobacco)

(Years 11 through 19)

Issue Age	11	12	13	14	15	16	17	18	19
20	7.47	6.54	5.60	4.67	3.73	2.80	1.87	0.93	0.00
21	7.60	6.65	5.70	4.75	3.80	2.85	1.90	0.95	0.00
22	7.74	6.77	5.80	4.84	3.87	2.90	1.93	0.97	0.00
23	7.88	6.90	5.91	4.93	3.94	2.96	1.97	0.99	0.00
24	8.03	7.03	6.02	5.02	4.02	3.01	2.01	1.00	0.00
25	8.19	7.17	6.14	5.12	4.09	3.07	2.05	1.02	0.00
26	8.35	7.31	6.27	5.22	4.18	3.13	2.09	1.04	0.00
27	8.53	7.46	6.39	5.33	4.26	3.20	2.13	1.07	0.00
28	8.71	7.62	6.53	5.44	4.35	3.27	2.18	1.09	0.00
29	8.90	7.79	6.67	5.56	4.45	3.34	2.22	1.11	0.00
30	9.10	7.97	6.83	5.69	4.55	3.41	2.28	1.14	0.00
31	9.32	8.16	6.99	5.83	4.66	3.50	2.33	1.17	0.00
32	9.56	8.36	7.17	5.97	4.78	3.58	2.39	1.19	0.00
33	9.80	8.58	7.35	6.13	4.90	3.68	2.45	1.23	0.00
34	10.07	8.81	7.55	6.29	5.03	3.78	2.52	1.26	0.00
35	10.35	9.05	7.76	6.47	5.17	3.88	2.59	1.29	0.00
36	10.64	9.31	7.98	6.65	5.32	3.99	2.66	1.33	0.00
37	10.96	9.59	8.22	6.85	5.48	4.11	2.74	1.37	0.00
38	11.29	9.88	8.47	7.06	5.65	4.23	2.82	1.41	0.00
39	11.65	10.19	8.73	7.28	5.82	4.37	2.91	1.46	0.00
40	12.02	10.52	9.01	7.51	6.01	4.51	3.00	1.50	0.00
41	12.41	10.86	9.31	7.76	6.21	4.65	3.10	1.55	0.00
42	12.83	11.22	9.62	8.02	6.41	4.81	3.21	1.60	0.00
43	13.27	11.61	9.95	8.29	6.63	4.97	3.32	1.66	0.00
44	13.73	12.01	10.29	8.58	6.86	5.15	3.43	1.72	0.00
45	14.21	12.43	10.66	8.88	7.10	5.33	3.55	1.78	0.00
46	14.71	12.88	11.04	9.20	7.36	5.52	3.68	1.84	0.00
47	15.25	13.34	11.43	9.53	7.62	5.72	3.81	1.91	0.00
48	15.81	13.83	11.86	9.88	7.90	5.93	3.95	1.98	0.00
49	16.41	14.36	12.31	10.26	8.21	6.15	4.10	2.05	0.00
50	17.06	14.92	12.79	10.66	8.53	6.40	4.26	2.13	0.00
51	17.75	15.53	13.31	11.09	8.87	6.65	4.44	2.22	0.00
52	18.48	16.17	13.86	11.55	9.24	6.93	4.62	2.31	0.00
53	19.25	16.85	14.44	12.03	9.63	7.22	4.81	2.41	0.00
54	20.07	17.57	15.06	12.55	10.04	7.53	5.02	2.51	0.00
55	20.94	18.32	15.70	13.08	10.47	7.85	5.23	2.62	0.00
56	21.64	18.94	16.23	13.53	10.82	8.12	5.41	2.71	0.00
57	21.54	18.85	16.15	13.46	10.77	8.08	5.38	2.69	0.00
58	21.44	18.76	16.08	13.40	10.72	8.04	5.36	2.68	0.00
59	21.34	18.67	16.00	13.34	10.67	8.00	5.33	2.67	0.00
60	21.03	18.40	15.77	13.14	10.51	7.89	5.26	2.63	0.00
61	20.94	18.32	15.71	13.09	10.47	7.85	5.24	2.62	0.00
62	20.86	18.25	15.65	13.04	10.43	7.82	5.22	2.61	0.00
63	20.78	18.18	15.59	12.99	10.39	7.79	5.20	2.60	0.00
64	20.69	18.11	15.52	12.93	10.35	7.76	5.17	2.59	0.00
65	20.60	18.02	15.45	12.87	10.30	7.72	5.15	2.57	0.00
66	20.49	17.93	15.37	12.81	10.25	7.68	5.12	2.56	0.00
67	20.39	17.84	15.29	12.74	10.20	7.65	5.10	2.55	0.00
68	20.08	17.57	15.06	12.55	10.04	7.53	5.02	2.51	0.00
69	20.00	17.50	15.00	12.50	10.00	7.50	5.00	2.50	0.00
70	19.94	17.45	14.96	12.46	9.97	7.48	4.99	2.49	0.00

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Male Tobacco)

(Years 11 through 19) —(Continued from Front)

Issue Age	11	12	13	14	15	16	17	18	19
71	19.91	17.42	14.93	12.44	9.96	7.47	4.98	2.49	0.00
72	19.89	17.41	14.92	12.43	9.95	7.46	4.97	2.49	0.00
73	19.88	17.40	14.91	12.43	9.94	7.46	4.97	2.49	0.00
74	19.87	17.38	14.90	12.42	9.93	7.45	4.97	2.48	0.00
75	19.84	17.36	14.88	12.40	9.92	7.44	4.96	2.48	0.00

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Tobacco)

(Years 1 through 10)

Issue Age	1	2	3	4	5	6	7	8	9	10
20	15.16	14.32	13.48	12.63	11.79	10.95	10.11	9.26	8.42	7.58
21	15.44	14.58	13.72	12.87	12.01	11.15	10.29	9.44	8.58	7.72
22	15.74	14.87	13.99	13.12	12.24	11.37	10.49	9.62	8.74	7.87
23	16.05	15.16	14.27	13.38	12.48	11.59	10.70	9.81	8.92	8.03
24	16.37	15.46	14.55	13.64	12.73	11.82	10.91	10.00	9.09	8.19
25	16.71	15.78	14.85	13.93	13.00	12.07	11.14	10.21	9.28	8.36
26	17.06	16.11	15.16	14.22	13.27	12.32	11.37	10.43	9.48	8.53
27	17.43	16.46	15.49	14.53	13.56	12.59	11.62	10.65	9.68	8.72
28	17.82	16.83	15.84	14.85	13.86	12.87	11.88	10.89	9.90	8.91
29	18.23	17.22	16.20	15.19	14.18	13.17	12.15	11.14	10.13	9.12
30	18.66	17.62	16.59	15.55	14.51	13.48	12.44	11.40	10.37	9.33
31	19.10	18.04	16.98	15.92	14.86	13.79	12.73	11.67	10.61	9.55
32	19.57	18.48	17.40	16.31	15.22	14.13	13.05	11.96	10.87	9.79
33	20.07	18.96	17.84	16.73	15.61	14.50	13.38	12.27	11.15	10.04
34	20.59	19.45	18.30	17.16	16.01	14.87	13.73	12.58	11.44	10.30
35	21.13	19.96	18.78	17.61	16.43	15.26	14.09	12.91	11.74	10.57
36	21.71	20.50	19.30	18.09	16.89	15.68	14.47	13.27	12.06	10.86
37	22.31	21.07	19.83	18.59	17.35	16.11	14.87	13.63	12.39	11.16
38	22.95	21.68	20.40	19.13	17.85	16.58	15.30	14.03	12.75	11.48
39	23.60	22.29	20.98	19.67	18.36	17.04	15.73	14.42	13.11	11.80
40	24.29	22.94	21.59	20.24	18.89	17.54	16.19	14.84	13.49	12.15
41	25.00	23.61	22.22	20.83	19.44	18.06	16.67	15.28	13.89	12.50
42	25.73	24.30	22.87	21.44	20.01	18.58	17.15	15.72	14.29	12.87
43	26.50	25.03	23.56	22.08	20.61	19.14	17.67	16.19	14.72	13.25
44	26.73	25.25	23.76	22.28	20.79	19.31	17.82	16.34	14.85	13.37
45	27.57	26.04	24.51	22.98	21.44	19.91	18.38	16.85	15.32	13.79
46	28.43	26.85	25.27	23.69	22.11	20.53	18.95	17.37	15.79	14.22
47	29.34	27.71	26.08	24.45	22.82	21.19	19.56	17.93	16.30	14.67
48	30.29	28.61	26.92	25.24	23.56	21.88	20.19	18.51	16.83	15.15
49	31.29	29.55	27.81	26.08	24.34	22.60	20.86	19.12	17.38	15.65
50	32.34	30.54	28.75	26.95	25.15	23.36	21.56	19.76	17.97	16.17
51	33.43	31.57	29.72	27.86	26.00	24.14	22.29	20.43	18.57	16.72
52	34.04	32.15	30.26	28.37	26.48	24.58	22.69	20.80	18.91	17.02
53	35.24	33.28	31.32	29.37	27.41	25.45	23.49	21.54	19.58	17.62
54	36.48	34.45	32.43	30.40	28.37	26.35	24.32	22.29	20.27	18.24
55	37.77	35.67	33.57	31.48	29.38	27.28	25.18	23.08	20.98	18.89
56	39.12	36.95	34.77	32.60	30.43	28.25	26.08	23.91	21.73	19.56
57	40.53	38.28	36.03	33.78	31.52	29.27	27.02	24.77	22.52	20.27
58	42.04	39.70	37.37	35.03	32.70	30.36	28.03	25.69	23.36	21.02
59	43.66	41.23	38.81	36.38	33.96	31.53	29.11	26.68	24.26	21.83
60	44.89	42.40	39.90	37.41	34.91	32.42	29.93	27.43	24.94	22.45
61	46.79	44.19	41.59	38.99	36.39	33.79	31.19	28.59	25.99	23.40
62	47.99	45.32	42.66	39.99	37.33	34.66	31.99	29.33	26.66	24.00
63	47.72	45.07	42.42	39.77	37.12	34.46	31.81	29.16	26.51	23.86
64	47.42	44.79	42.15	39.52	36.88	34.25	31.61	28.98	26.34	23.71
65	47.07	44.46	41.84	39.23	36.61	34.00	31.38	28.77	26.15	23.54
66	46.69	44.10	41.50	38.91	36.31	33.72	31.13	28.53	25.94	23.35
67	46.28	43.71	41.14	38.57	36.00	33.42	30.85	28.28	25.71	23.14
68	45.39	42.87	40.35	37.83	35.30	32.78	30.26	27.74	25.22	22.70
69	45.02	42.52	40.02	37.52	35.02	32.51	30.01	27.51	25.01	22.51
70	44.70	42.22	39.73	37.25	34.77	32.28	29.80	27.32	24.83	22.35

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Tobacco)

(Years 1 through 10) — (Continued from Front)

Issue Age	1	2	3	4	5	6	7	8	9	10
71	44.42	41.95	39.48	37.02	34.55	32.08	29.61	27.15	24.68	22.21
72	44.16	41.71	39.25	36.80	34.35	31.89	29.44	26.99	24.53	22.08
73	43.92	41.48	39.04	36.60	34.16	31.72	29.28	26.84	24.40	21.96
74	43.65	41.23	38.80	36.38	33.95	31.53	29.10	26.68	24.25	21.83
75	43.36	40.95	38.54	36.13	33.72	31.32	28.91	26.50	24.09	21.68

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Tobacco)

(Years 11 through 19)

Issue Age	11	12	13	14	15	16	17	18	19
20	6.74	5.90	5.05	4.21	3.37	2.53	1.68	0.84	0.00
21	6.86	6.00	5.15	4.29	3.43	2.57	1.72	0.86	0.00
22	7.00	6.12	5.25	4.37	3.50	2.62	1.75	0.87	0.00
23	7.13	6.24	5.35	4.46	3.57	2.68	1.78	0.89	0.00
24	7.28	6.37	5.46	4.55	3.64	2.73	1.82	0.91	0.00
25	7.43	6.50	5.57	4.64	3.71	2.79	1.86	0.93	0.00
26	7.58	6.63	5.69	4.74	3.79	2.84	1.90	0.95	0.00
27	7.75	6.78	5.81	4.84	3.87	2.90	1.94	0.97	0.00
28	7.92	6.93	5.94	4.95	3.96	2.97	1.98	0.99	0.00
29	8.10	7.09	6.08	5.06	4.05	3.04	2.03	1.01	0.00
30	8.29	7.26	6.22	5.18	4.15	3.11	2.07	1.04	0.00
31	8.49	7.43	6.37	5.31	4.24	3.18	2.12	1.06	0.00
32	8.70	7.61	6.52	5.44	4.35	3.26	2.17	1.09	0.00
33	8.92	7.81	6.69	5.58	4.46	3.35	2.23	1.12	0.00
34	9.15	8.01	6.86	5.72	4.58	3.43	2.29	1.14	0.00
35	9.39	8.22	7.04	5.87	4.70	3.52	2.35	1.17	0.00
36	9.65	8.44	7.24	6.03	4.82	3.62	2.41	1.21	0.00
37	9.92	8.68	7.44	6.20	4.96	3.72	2.48	1.24	0.00
38	10.20	8.93	7.65	6.38	5.10	3.83	2.55	1.28	0.00
39	10.49	9.18	7.87	6.56	5.24	3.93	2.62	1.31	0.00
40	10.80	9.45	8.10	6.75	5.40	4.05	2.70	1.35	0.00
41	11.11	9.72	8.33	6.94	5.56	4.17	2.78	1.39	0.00
42	11.44	10.01	8.58	7.15	5.72	4.29	2.86	1.43	0.00
43	11.78	10.31	8.83	7.36	5.89	4.42	2.94	1.47	0.00
44	11.88	10.40	8.91	7.43	5.94	4.46	2.97	1.49	0.00
45	12.25	10.72	9.19	7.66	6.13	4.60	3.06	1.53	0.00
46	12.64	11.06	9.48	7.90	6.32	4.74	3.16	1.58	0.00
47	13.04	11.41	9.78	8.15	6.52	4.89	3.26	1.63	0.00
48	13.46	11.78	10.10	8.41	6.73	5.05	3.37	1.68	0.00
49	13.91	12.17	10.43	8.69	6.95	5.22	3.48	1.74	0.00
50	14.37	12.58	10.78	8.98	7.19	5.39	3.59	1.80	0.00
51	14.86	13.00	11.14	9.29	7.43	5.57	3.71	1.86	0.00
52	15.13	13.24	11.35	9.46	7.56	5.67	3.78	1.89	0.00
53	15.66	13.70	11.75	9.79	7.83	5.87	3.92	1.96	0.00
54	16.21	14.19	12.16	10.13	8.11	6.08	4.05	2.03	0.00
55	16.79	14.69	12.59	10.49	8.39	6.30	4.20	2.10	0.00
56	17.39	15.21	13.04	10.87	8.69	6.52	4.35	2.17	0.00
57	18.01	15.76	13.51	11.26	9.01	6.76	4.50	2.25	0.00
58	18.68	16.35	14.01	11.68	9.34	7.01	4.67	2.34	0.00
59	19.40	16.98	14.55	12.13	9.70	7.28	4.85	2.43	0.00
60	19.95	17.46	14.96	12.47	9.98	7.48	4.99	2.49	0.00
61	20.80	18.20	15.60	13.00	10.40	7.80	5.20	2.60	0.00
62	21.33	18.66	16.00	13.33	10.66	8.00	5.33	2.67	0.00
63	21.21	18.56	15.91	13.26	10.60	7.95	5.30	2.65	0.00
64	21.08	18.44	15.81	13.17	10.54	7.90	5.27	2.63	0.00
65	20.92	18.31	15.69	13.08	10.46	7.85	5.23	2.62	0.00
66	20.75	18.16	15.56	12.97	10.38	7.78	5.19	2.59	0.00
67	20.57	18.00	15.43	12.86	10.28	7.71	5.14	2.57	0.00
68	20.17	17.65	15.13	12.61	10.09	7.56	5.04	2.52	0.00
69	20.01	17.51	15.01	12.51	10.00	7.50	5.00	2.50	0.00
70	19.87	17.38	14.90	12.42	9.93	7.45	4.97	2.48	0.00

(Continued on Back)

Guaranteed Surrender Charges per $1,000 Specified Amount of Insurance (Female Tobacco)

(Years 11 through 19) —(Continued from Front)

Issue Age	11	12	13	14	15	16	17	18	19
71	19.74	17.27	14.81	12.34	9.87	7.40	4.94	2.47	0.00
72	19.63	17.17	14.72	12.27	9.81	7.36	4.91	2.45	0.00
73	19.52	17.08	14.64	12.20	9.76	7.32	4.88	2.44	0.00
74	19.40	16.98	14.55	12.13	9.70	7.28	4.85	2.43	0.00
75	19.27	16.86	14.45	12.04	9.64	7.23	4.82	2.41	0.00

DEFINITIONS

In this Policy, the following words mean:

Accumulation Value – The amount in this Policy to which We credit interest and from which We deduct the Monthly Deductions on each Monthly Anniversary Date.

Attained Age - The Insured's current age based on last birthday.

Beneficiary – The person, persons or entity named in writing by You to receive the Insurance Proceeds at the Insured's death while this Policy is in force.

Cash Surrender Value – The Accumulation Value less the Surrender Charges less any Indebtedness.

Cash Value – The Accumulation Value less the Surrender Charge, if any.

Current Assumptions – The current Cost of Insurance Rates, Interest Rates, Monthly Expenses, and Premium Expense Charges used in figuring the Accumulation Values. These may be more favorable than the Policy guarantees. The factors We use for Current Assumptions will take into account (a) Policy size, (b) time this Policy has been in force, and (c) any Indebtedness.

Death Benefit Proceeds – The total amount We will pay the Beneficiary at the death of the Insured if this Policy is then in force less any outstanding Indebtedness.

Indebtedness – The sum of any unpaid Policy Loans and any accrued and unpaid Policy Loan interest.

Insurance Proceeds – The amount payable on (a) the Maturity Date, (b) the exercise of the full Surrender benefit, or (c) the Insured's death. The Proceeds on the Maturity Date will be the Cash Surrender Value. The Proceeds on the Insured's death will be the Death Benefit Proceeds.

Insured – The person whose life is insured under the terms of this Policy. See the Policy Specification Page.

Initial Specified Amount – The amount shown on the Policy Specification Page.

Internal Revenue Code – The provisions of the Internal Revenue Code in effect on the Issue Date of this Policy.

Maturity Date – Maturity Date means the Policy Anniversary following the Insured's 120th birthday.

Minimum Premium Period – The period during which minimum premiums paid in advance are required to keep the Policy in force. The Minimum Premium Period is shown on the Policy Specification Page.

Monthly Anniversary Date –The same day shown on the Policy Specification Page under the Issue Date for each succeeding month.

Policy Anniversary Date –The same day and month as the Issue Date shown on the Policy Specification Page for each succeeding year.

Surrender Charge – The amount described on Page 5, which We will deduct from the Accumulation Value if this Policy is surrendered, in whole or in part, or if the Specified Amount is decreased.

We, Our, Us, Company – Pioneer American Insurance Company.

Written Request – A request to exercise Your Rights signed by You and received by Us on forms We supply or that are satisfactory to Us. We may also require that Your Policy be sent to Us with Your Written Request.

You, Your –The Owner of this Policy. The Owner may be someone other than the Insured.

GENERAL PROVISIONS

The Contract

This Policy and a copy of the application attached to it, plus any supplemental applications for increases in the Specified Amount, make up the entire Contract between You and Us. We have relied on the statements made in the application for this Policy. These statements, in the absence of fraud, are considered representations and not warranties. No such statements made shall be used in defense of a claim under the Policy unless it is contained in the application and a copy

of the application is attached to the Policy. This Policy cannot be changed in any way without the written consent of one of Our officers.

Your Rights

You can exercise the rights given by this Policy. These rights include:

- The right to make flexible premium payments according to the Premiums and Reinstatement section.
- The right to change the Death Benefit Option according to the Death Benefits and Death Benefit Options and Changing Your Insurance sections.
- The right to change the Specified Amount according to the Changing Your Insurance section.
- The right to Surrender this Policy according to the Policy Values section.
- The right to borrow money according to the Loan Privileges section.
- The right to change the Beneficiary according to the Ownership, Beneficiary & Assignment Rights section.
- The right to choose how the Insurance Proceeds will be paid according to the Settlement Provisions section.
- The right to assign this Policy according to the General Provisions section.
- The right to transfer ownership according to the General Provisions section.

You can exercise Your Rights under this Policy while the Insured is alive by making a Written Request. If Your Policy is assigned as collateral, We will also require a Written Request from the assignee. If You have not reserved the right to change the Beneficiary, We will also require a Written Request satisfactory to Us from any irrevocable Beneficiary.

Annual Report

We will send You a report, without charge, after each Policy Anniversary. This report will show:

(a) premiums paid since the last report;
(b) the Cash Surrender Value at the beginning of the period;
(c) interest credited since the last report;
(d) Monthly Deductions since the last report;
(e) Partial Surrenders since the last report;
(f) Indebtedness activity;
(g) The Cash Surrender Value at the end of the period; and
(h) Insurance Proceeds at the end of the period.

We will provide a projection of future death benefits and Policy values upon Written Request. The first projection provided each year will be provided at no charge. We will charge a maximum fee of $25.00 for any additional projections provided in a year. The illustration will be based on assumptions as to Specified Amounts, Death Benefit Options and future premium payments which You specify. We will make any other reasonable assumptions which are necessary.

Misstatement of Age or Sex

If the Insured's age or sex is misstated in the application, We will adjust the Insurance Proceeds. The Insurance Proceeds payable shall be adjusted to that which would have been purchased by the most recent mortality charge at the correct age or sex.

Suicide

If the Insured dies by Suicide within two (2) years of the Issue Date, We will not pay the Insurance Proceeds. The amount We will pay will be the total premiums paid minus any Indebtedness, and minus any Partial Surrender amounts paid.

There is a new two-year Suicide period after any Increase in Specified Amount. We will measure this period from the effective date of any increase. If the Insured dies by Suicide during this period, we will not pay the Insurance Proceeds attributable to the increase. The amount We will pay is the sum of the Monthly Deductions for the increase.

Incontestability

After this Policy has been in force during the Insured Person's lifetime for two (2) years from the Issue Date shown on the Policy Specification Page, We cannot contest this Policy, except for the nonpayment of premiums. There is a new two-year incontestability period after any increase in Specified Amount. We will measure this period from the effective date of any increase.

Any Reinstatement of this Policy for which We require an application showing insurability will be incontestable after the Reinstatement has been in force during the Insured Person's lifetime for two (2) years from the Reinstatement effective date, except for nonpayment of premiums. Any contest during the first two years will be based on material misrepresentations on the Reinstatement application.

Termination of Policy
This Policy will terminate when:
(a) You Surrender this Policy for its Accumulation Value minus the Surrender Charge and minus any Indebtedness; or
(b) the Insured dies; or
(c) the Policy reaches the Maturity Date; or
(d) there is not sufficient Cash Surrender Value to cover a Monthly Deduction and the Grace Period ends without payment of required premium.

OWNERSHIP, BENEFICIARY & ASSIGNMENT RIGHTS

Owner
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.

The Owner may exercise all rights under this Policy during the Insured's lifetime by making Written Request satisfactory to Us. All rights of the Owner are subject to the rights of any Assignment and of any Irrevocable Beneficiary We have on record.

Beneficiary
We will pay the Insurance Proceeds to the Beneficiary named by You in the application or in any later request after We receive due proof that the Insured has died. If you name more than one primary Beneficiary, they will share equally, unless You provide otherwise.

If a Beneficiary dies before the Insured dies, that Beneficiary will have no interest in the Insurance Proceeds. Only those Beneficiaries who survive the Insured will share in the Insurance Proceeds. If no Beneficiary survives the Insured, We will pay the Insurance Proceeds to the estate of the Insured unless otherwise designated.

Common Disaster
If We cannot determine whether a Beneficiary or the Insured died first in a Common Disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this Policy provides otherwise.

Change of Owner or Beneficiary
Unless this Policy provides otherwise, while the Insured is living, the Owner and Beneficiary or both, may be changed by filing a Written Request on a form satisfactory to Us. If an Irrevocable Beneficiary has been named in this Policy and is still living, that person's written consent will be needed for any Beneficiary change. The change will not take effect until recorded by Us at Our Administrative Office. Once recorded, the change will be effective, as of the date the request was signed. However, We are not liable for any action We take before Your Written Request.

Assignment
You may assign this Policy. The Assignment must be in writing and filed at the Company. We are not responsible for the validity or effect of any Assignment. Any benefits which become payable to an assignee will be payable in a lump sum. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the Assignment. The rights of the Owner and of any irrevocable Beneficiary are subject to any Assignment.

DEATH BENEFITS AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds
If the Insured dies prior to the Maturity Date and while this Policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to the Death Benefit Option in effect on the date of death, and any increases or decreases made to the specified amount. Guidelines for these types of changes may be found in the "Changing Your Insurance" section. The Initial Specified Amount is shown on the Policy Specification Page. Death Benefit Proceeds are also subject to the "Ownership, Beneficiary & Assignment Rights" and "Settlement Provisions" sections and will be reduced by any outstanding Indebtedness.

If Death Benefit Proceeds under this Policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, we will pay interest on the Death Benefit Proceeds at the rate of 8% per year from the date of death to the date the Death Benefit Proceeds are paid.

Death Benefit Options
There are two Death Benefit Options, Option 1 and Option 2. The Death Benefit Option on the Issue Date is shown on the Policy Specification Page.

Option 1
Under Option1, the amount of insurance is the greater of (a) or (b), where:
(a) is the Specified Amount on the day the Insured dies; or
(b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

Option 2
Under Option 2, the amount of insurance is the greater of (a) or (b), where:
(a) is the Specified Amount on the day the Insured dies plus the Accumulation Value on the day the Insured dies; or
(b) is a percentage of the Accumulation Value on the day the Insured dies. The percentage changes on each Policy Anniversary. The percentage is shown in the table below.

Attained Age	Percentage	Attained Age	Percentage
0-40	250		
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
60	130	95+	100

Effect of Partial Surrender on Insurance Proceeds
A Partial Surrender will decrease the Insurance Proceeds under either Option 1 or Option 2. If the Death Benefit Option in effect is Option 1, We will reduce the Specified Amount by the amount of the Partial Surrender. A Partial Surrender is defined in the "Policy Values" section of this Policy.

CHANGING YOUR INSURANCE

You may request a change in the Specified Amount or Death Benefit Option shown on the Policy Specification Page at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first Policy year. Your request must be submitted to the Company in writing on a form acceptable to Us. This Policy must accompany the request.

Decreases in Specified Amount
You may decrease the Specified Amount. However, the Specified Amount remaining in effect after any decreases cannot be less than $10,000.

Also, You cannot decrease the Specified Amount if, after the decrease, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. We will decrease the Specified Amount in the following order:
(a) increases in Specified Amount in the reverse order in which they occurred; and then
(b) the Initial Specified Amount.

If a decrease occurs during the Minimum Premium Period, a new Policy Specification Page will be mailed to the Owner showing the amount of the new Minimum Monthly Premium, if changed, payable for the remainder of the Minimum Premium Period.

Any decrease will go into effect on the Monthly Anniversary Date on or following the date We receive Your Written Request.

If you decrease the Specified Amount, We will deduct a Surrender Charge from Your Accumulation Value. Such deduction will be the sum of the Surrender Charges computed separately for each Increase in Specified Amount beginning with the most recent increase. These Surrender Charges are described on Page 5.

Increases in Specified Amount
On any date after the first Policy Anniversary Date, You may apply for an Increase in Specified Amount by Written Request. Such increase shall be subject to evidence of insurability satisfactory to Us. Each increase must at least equal the Minimum Increase Amount shown on the Policy Specification Page. The increase will go into effect on the date shown on an endorsement to the Policy Specification Page. This endorsement will define the maximum Cost of Insurance Rates to be applied to the increase based on the risk classification of the Insured at the time of the increase.

Each increase will have a new schedule of Surrender Charges for the first 18 years immediately following the increase. The Surrender Charges for any increase in Specified Amount will be equal to the rates shown on Page 5 for the age that such increase went into effect and year of surrender multiplied by the number of thousands of increase.

Also, the Accumulation Value immediately after the increase must be equal to or greater than the Surrender Charge for this Policy plus any Indebtedness. This may require a premium payment. We will advise You of the amount of premium required, if any. Such premium is due prior to the effective date of the increase.

Changes in Death Benefit Options
If the Death Benefit Option in effect is Option 1, You may request a change to Option 2. We will decrease the Specified Amount by the amount of the Accumulation Value. After the change, the Specified Amount cannot be less than $10,000.

If the Death Benefit Option in effect is Option 2, You may request a change to Option 1. We will increase the Specified Amount by the amount of the Accumulation Value.

The change will go into effect on the Monthly Anniversary Date on or following the date We receive your Written Request.

PREMIUMS AND REINSTATEMENT

Payment of Premiums
An Initial Premium equal to or greater than the Minimum Monthly Premium shown on the Policy Specification Page is due on the Issue Date. This Policy is not in force until the Initial Premium has been paid. Subject to the provisions of this section, you can choose the amount and the frequency of any further premiums.

Premiums are paid when received by Us at the Company and subject to any collection. You may request a receipt signed by one of Our officers.

Minimum Premium Period
On each Monthly Anniversary Date during the Minimum Premium Period as shown on the Policy Specification Page, the sum of the premiums paid in advance must equal or exceed an amount equal to (a) times (b) where:
(a) is the Minimum Monthly Premium shown on the Policy Specification Page; and
(c) is the number of months expired since the Issue Date.

If such premiums due have not been paid, this Policy will terminate, except as provided in the Grace Period provision.

Planned Periodic Premiums
Planned Periodic Premiums are shown on the Policy Specification Page. This is the amount and frequency of premiums You selected on the Issue Date. You may request a change in the amount and frequency. We may limit the amount of any increase.

Each premium payment made must at least be equal to $20 per month or, if greater, the amount needed during the Grace Period to prevent lapse of the Policy.

Additional Premium
You may pay Additional Premiums at any time while this Policy is in force and free of Indebtedness. We may limit the number and amount of Additional Premiums. We may refuse to accept a premium if the amount of insurance under Option 1 or Option 2 is a percentage of the Accumulation Value as defined in the "Death Benefits and Death Benefit Options" and "Definitions" section.

The Company reserves the right not to accept premium payments if, by accepting the premium, the Internal Revenue Code would not treat all of the Insurance Proceeds as life insurance. If We accept any premium in error, We will refund it to You with interest at an annual rate not less than 3% within 60 days after the end of the Policy year in which the error was discovered. The Interest Rate will be that credited to the Accumulation Value attributable to the premium refunded. Any premiums which We accept in error will not be considered premiums paid under this Policy.

Grace Period
Premiums shall be due on the Monthly Anniversary Date. In the event such premium is not paid by this date, and the Cash Surrender Value is sufficient to cover the Monthly Deduction, then the Cash Surrender Value will be used to keep the Policy in force. The Cash Surrender Value will be used to cover the Daily Cost of Insurance until such time the Cash Surrender Value is depleted. Lapse shall occur on the date on which the net Cash Surrender Value first equals zero. Lapse will occur and the Grace Period will begin only after the Surrender Value equals zero. A Grace Period of 61 days after lapse will be given and We will send a written notice to the Policyowner's last known address at least 30 days prior to any termination of coverage. There is no Grace Period for the initial Monthly Deduction. If a claim by death becomes payable under this Policy, any overdue Monthly Deduction will be deducted from the Proceeds.

However, during the Minimum Premium Period if the sum of the premiums paid less any Partial Surrenders and less any Policy Loans equals or exceeds the Minimum Monthly Premium shown on the Policy Specification Page multiplied by the number of months expired since the Issue Date, this Policy will remain in force.

Continuation of Insurance upon Discontinuance of Premium Payments
After premiums are stopped, Monthly Deductions to cover the Cost of Insurance and expenses (defined in the Monthly Deductions provisions) will continue as long as any Cash Surrender Value (defined in the Surrender provision) remains. When the Cash Surrender Value is depleted, the Policy will lapse except as provided in the Grace Period Provision.

Reinstatement
Reinstatement means to place this Policy in force after it terminates because it reached the end of a Grace Period. We will reinstate this Policy if We receive:
(a) Your Written Request within 5 years after this Policy terminates at the end of a Grace Period; and
(b) satisfactory proof that the Insured is still insurable; and
(c) payment or reinstatement of any Indebtedness; and
(d) a premium large enough to cover the Monthly Deduction for 3 months.

If We approve Your Written Request for reinstatement on a Monthly Anniversary Date, this Policy will again be in force on the day We approve the reinstated application. If Our approval occurs on any other day, this Policy will again be in force as of the prior Monthly Anniversary Date from the day We approve the reinstated application.

POLICY VALUES

Accumulation Value

On each Monthly Anniversary Date the Accumulation Value is the sum of (a) plus (b) plus (c) minus (d) minus (e) minus (f), where:

(a) is the Accumulation Value on the Preceding Monthly Anniversary Date;
(b) is the interest for one month on item (a);
(c) is all Net Premiums received since the preceding Monthly Anniversary Date;
(d) is the Monthly Deduction for the ensuing month;
(e) is one month's interest on item (d); and
(f) is the sum of all Partial Surrenders since the preceding Monthly Anniversary Date (plus interest from date of each such Partial Surrender).

On the Issue Date the Accumulation Value is any Net Premium received by Us on or before the Issue Date less the Monthly Deduction for the first Policy month.

On any other day the Accumulation Value is (a) plus interest on the Accumulation Value from the last Monthly Anniversary Date plus (c).

Interest Rate

The guaranteed minimum Interest Rate We will use to calculate the Accumulation Value is .246627% a month, compounded monthly. This is equivalent to 3% a year, compounded yearly. Interest in excess of the guaranteed rate may be applied in the calculation of the Accumulation Value.

Monthly Deductions

The Monthly Deduction is (a) plus (b) where:

(a) is the Cost of Insurance for this Policy and any Riders attached to it; and
(b) is the Monthly Expense.

Cost of Insurance

We calculate the Cost of Insurance for the ensuing month on the Issue Date and on each Monthly Anniversary Date. The Cost of Insurance is found by multiplying (a) times the result of (b) minus (c) where:

(a) is Cost of Insurance rate divided by 1,000;
(b) is the amount of insurance under the Death Benefit Option in effect divided by 1.00246627; and
(c) is the Accumulation Value prior to the deduction of the Cost of Insurance.

If the Death Benefit Option is Option 1, and if there have been any increases to the Specified Amount, then the Accumulation Value shall be first considered a part of the Initial Specified Amount. If the Accumulation Value exceeds the Initial Specified Amount, it shall then be considered a part of the increases in Specified Amount in the order in which they occurred.

Cost of Insurance Rates

The Cost of Insurance Rates depends on the Insured's Attained Age, sex and premium classification of the Insured. During any policy year, the Insured's Attained Age on an age last birthday basis as of the last Policy Anniversary will be used.

Guaranteed Maximum Monthly Cost of Insurance Rates are shown on Page 4. We can use Cost of Insurance Rates that are lower than these rates. The Cost of Insurance Rates We use will apply to all Insureds of the same class.

Net Premium

The Net Premium is the premium paid less the Premium Expense Charge. The Premium Expense Charge shown on the Policy Specification Page is the guaranteed maximum charge. We can use Premium Expense Charge rates that are lower than these guaranteed rates.

Surrender
Subject to the Change of Owner or Beneficiary provision, You may Surrender this Policy on any Monthly Anniversary Date while the Insured is alive for the Accumulation Value minus the Surrender Charge minus any Indebtedness. We will require a Written Request. Surrender Charges are described on Page 5.

If You Surrender this Policy within 30 days after a Policy anniversary, the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, plus any Net Premium paid, minus any Policy Loans or Partial Surrenders made on or after that anniversary.

Partial Surrender
On any Monthly Anniversary Date after the first Policy year and while the Insured is alive, You may make a Partial Surrender. The amount of the Partial Surrender cannot exceed the amount You would receive if You surrendered this Policy. Also, if the then Death Benefit Option is Option 1, the amount of the Partial Surrender cannot exceed an amount which would reduce the Specified Amount below $10,000.

We will decrease Your Accumulation Value by the amount of the Partial Surrender. We will require a Written Request.

A $25.00 processing fee will be charged on each Partial Surrender. Also, a pro rata Surrender Charge will be deducted from the Accumulation Value at the time of any Partial Surrender.

The minimum Partial Surrender amount is $500.00

Nonparticipating
Your Policy is Nonparticipating. This means We do not pay dividends on Your Policy. It will not share in Our profits or surplus earnings.

Basis for Calculations
We have filed in the state where this Policy is delivered a detailed statement showing how Policy benefits and reserves are calculated. All values are at least as great as the values required by that state.

We use the 2001 Commissioners Standard Ordinary Mortality Table for Males or Females, Smoker distinct, age last birthday. Minimum Cash Surrender Values are based on the interest rate shown on Page 3.

The minimum Cash Surrender Values for this Policy are not less than the minimum Cash Surrender Values calculated in accordance with the 2001 Standard Nonforfeiture Law.

We reserve the right to defer payment of any values payable under this Policy for 6 months, or the period allowed by law, whichever is less, after We receive Your Written Request. However, We cannot delay payment of a Partial Surrender if the amount is to be used to pay a premium to Us.

If the Insured is alive on the Maturity Date, We will pay the Cash Surrender Value and this Policy will terminate.

LOAN PRIVILEGES

Policy Loans
While this Policy is in force, You may borrow from Us at any time an amount that does not exceed the Accumulation Value minus any Surrender Charge as of the date You request the loan. We will deduct any Indebtedness that already exists under this Policy from the amount You can borrow. We will require a Written Request and Assignment of the Policy as sole security for the loan. We will have the right to defer a loan for up to 6 months, or the period allowed by law, whichever is less, after application for a loan is made on the Policy, except when made to pay premiums to Us.

Loan Interest Rate
Loans shall bear interest at the rate of 7.4%. On each Policy anniversary, You must pay the loan interest in advance, except at the time the loan is made. At the time the loan is made, interest to the next Policy anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

LOAN PRIVILEGES (Continued)

If You do not repay the Indebtedness under this Policy, this Policy will terminate when the Monthly Deduction is greater than (a) minus (b) minus (c) where:

(a) is the Accumulation Value;
(b) is any Surrender Charge; and
(c) is the Indebtedness.

The effective date that this Policy will so terminate will be 62 days after We mail a notice to Your last known address and any Assignee recorded on Our records.

SETTLEMENT OPTIONS

Election of a Settlement Option. The Owner, by written request satisfactory to the Company, may elect any Settlement Option described below while the Insured is living subject to the provisions of this Policy. If an option is not elected prior to the death of the Insured, the Company will pay the Death Benefit Proceeds in one sum to the Beneficiary or other person lawfully entitled to receive the same, unless such person elects a settlement option.

Payee. The Payee is the person or persons entitled to receive payments under a Settlement Option.

Availability of Options. The Company may pay the then balance of the Death Benefit Proceeds in one sum if:

a. The Death Benefit Proceeds are less than $5,000; or
b. The amount on deposit under Option 1 or 2 below becomes less than $2,000; or
c. Periodic payments are, or become, less than $100; or
d. The Payee is not the person first entitled to payment; or
e. The Payee is an assignee, estate, trustee, partnership, corporation or association.

Effective Date of Settlement Option. If an election has previously been made, the effective date will be the date of death or surrender. If no election is in effect when the Death Benefit Proceeds become payable in one lump sum, the date of election will be the effective date. The first installment, under Options 3, 4, 5, or 6 below, will be paid by the Company upon receipt of proof of the death of the Insured.

Basis of Payment Options. The annual guaranteed interest rate used for each option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options 5 and 6 is the Annuity 2000 Mortality Table.

Life Income and Age . When Death Benefit Proceeds are payable to the Owner as a result of a cash surrender or maturity of the Policy, and the Owner selects a settlement option providing for periodic payments, the continuance of the periodic payments will be based on the life of the Insured. The amount of the periodic payments will be based upon the attained age of the Insured at the time of surrender or maturity. Upon the death of the Insured the life income payable to the Beneficiary will be based on the life and age of that Beneficiary. Age in each instance is the age on the last birthday before the date the first installment is payable. The Company may require evidence of age or of survival.

Option 1 -- Deposit -- Left on deposit with interest to accumulate. Interest is compounded annually. Death Benefit Proceeds and all accumulated interest are payable at the end of a period mutually agreed upon.

Option 2 -- Interest Income -- Left on deposit, with interest payable periodically. Death Benefit Proceeds and any accrued but unpaid interest are payable at the end of a period mutually agreed upon.

Option 3 -- Installments of Specified Amount -- Paid as an income of a specified amount mutually agreed upon, until the Death Benefit Proceeds and interest are exhausted.

Option 4 -- Installments for Specified Period -- Paid as an income for a specified period mutually agreed upon.

Option 5 -- Life Income with Guaranteed Period -- Paid as an income for life. Payments are guaranteed for 120 months.

Option 6 -- Life Income Without Guaranteed Period -- Paid as an income for life. Payments cease with the last payment due prior to death of the person on whose life the income is based.

Death of Payee. After the death of the Payee any amounts remaining under Options 1, 2, 3, or 4 or any amounts remaining under the period certain under Option 5 will be continued to the estate of the Payee or paid in a single commuted sum to the estate of the Payee.

Protection Against Creditor. To the extent permitted by law, Death Benefit Proceeds paid under these options will not be subject to the claims of creditors nor to legal process.

OPTION 2
INTEREST INCOME

Payable	Interest Payable
Monthly	$2.47
Quarterly	7.42
Semi-Annually	14.89
Annually	30.00

OPTION 4
INSTALLMENTS

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	$1,000.00	$84.47	11	$104.93	$8.86	21	$62.98	$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

OPTIONS 5 AND 6
MONTHLY LIFE INCOMES

	Option 5 120 Installments Guaranteed		Option 6 Life Only			Option 5 120 Installments Guaranteed		Option 6 Life Only	
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female
25	$3.08	$2.99	$3.08	$2.99	65	$5.48	$5.07	$5.69	$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

Pioneer American Insurance Company
P.O. Box 240 / Waco, Texas 76703-0240 / (254) 297-2776

Flexible Premium Adjustable Life Insurance Policy
Adjustable Death Benefit
Cash Surrender Value Payable at Maturity
Flexible Premium Payable during Lifetime of Insured Until Maturity Date
Death Benefit Payable at Death of Insured Prior to Maturity

Non-Participating

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
Attachment:
AR PA09-9842 Readability Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
Attachment:
STD PA9818 Life Insurance Application.pdf

Item Status: **Status Date:**

Bypassed - Item: Health - Actuarial Justification
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Bypassed - Item: Outline of Coverage
Bypass Reason: N/A
Comments:

Item Status: **Status Date:**

Satisfied - Item: Letter
Comments:
Letter attached

Attachment:

AR PA09-9842 Cover Letter.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Compliance

Comments:

Attachment:

AR PA09-9842 Statement of Compliance.pdf

Item Status: **Status Date:**

Satisfied - Item: Exhibit A

Comments:

Attachment:

AR PA09-9842 Exhibit A.pdf

ARKANSAS

PIONEER AMERICAN INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Flexible Premium Adjustable Life Insurance Policy, Form Number PA09-9842, has achieved a Flesch Reading Ease Score of 50 and complies with the requirements of Arkansas Statue 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Simplification Act.

Signature

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

June 3, 2009

PIONEER AMERICAN INSURANCE COMPANY
P.O. BOX 240, WACO, TX 76703-0240 • (254) 297-2776

LIFE INSURANCE APPLICATION (Please print in black ink) **Telephone Case No:**

Proposed Insured: John (First) Doe (Last) (Middle)
Address: (No. & Street) 308 Elm Street
City: Waco State: Texas Zip Code: 12345

Telephone interview done (if applicable) ☐ Yes ☐ No
Phone _____ Best time to call _____ ☐ am ☐ pm
E-mail Address @

Sex	Date of Birth Mo. Day Yr	Age	State of Birth	SS#	Height	Occupation
☑ Male ☐ Female	1 / 15 / 74	35	TX	123 – 45 – 6789 DL#	6 ft 1 in Weight: 180 lbs	Accountant Annual Salary: $ 75,000

Owner: Name _____ SS# _____ Address: _____
Payor: Name SS# Address:

Primary Insured: Primary Beneficiary Jane Doe SS# 234-56-7891 Relationship Wife
Contingent Beneficiary SS# Relationship

Plan: SIUL **Face Amount $** 100,000 **Mail Policy To:** ☐ Agent ☑ Insured ☐ Owner **Policy Date Request:** 2 / 1 / 09
During the past 12 months have you used tobacco in any form (excluding occasional pipe and cigar use)? ☐ Yes ☐ No

Riders: ☐ Waiver of Premium ☐ CIA _____ Units ☐ ADB $ _____ ☑ Option 1 (Face Amount Only)
☐ Disability Income $ ☐ FIA Units ☐ Other ☐ Option 2 (Face Amount Plus Cash Value)

Mode: ☐ Bank Draft ☐ Draft 1st Prem on Req. Date ☐ Lump Sum Prem $ _____ **CWA:** ☐ E-Check Immediate 1st Prem
☐ Other Modal Prem $ 618.00 ☑ Collected $ 618.00

Do you have any existing life or disability insurance or annuity contract? ☐ Yes ☑ No Company
Will you replace an existing life or disability insurance policy or an annuity? ☐ Yes ☑ No Policy # Coverage Amount $

Other Proposed Insureds: Name	Rider	Amt.	Sex	Birthdate	St. of Birth	Height	Weight	Relationship

SECTION A: Answer Questions 1 through 5 for all Proposed Insureds.

1. Has any Proposed Insured been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any immune deficiency related disorder or tested positive for the Human Immunodeficiency Virus (HIV)? ☐ Yes ☑ No
2. Within the past 7 years, has any Proposed Insured been diagnosed with, treated for, or taken medication for: *(circle condition that applies)*
   a. high blood pressure, heart attack, angina, arrhythmia, stroke, aneursym, or any heart or circulatory disease or disorder? ☐ Yes ☑ No
   b. diabetes, cirrhosis, hepatitis, pancreatitis, Crohn's disease, ulcerative colitis, or any digestive or liver disease or disorder? ☐ Yes ☑ No
   c. asthma, emphysema, chronic obstructive pulmonary disease (COPD), sleep apnea or any respiratory disease or disorder? ☐ Yes ☑ No
   d. cancer in any form, anemia, seizure, bi-polar disorder, schizophrenia, Alzheimer's, dementia, or mental or nervous disorder? ☐ Yes ☑ No
   e. any disease or disorder of the kidneys, urinary bladder, prostate, reproductive organs, or sexually transmitted disease? ☐ Yes ☑ No
   f. connective tissue disease, systemic lupus (SLE), arthritis, or any disorder of the back, joints, muscles, or nervous system? ☐ Yes ☑ No
   g. any other disease or disorder, injury, surgery, birth defect, or deformity? ☐ Yes ☑ No
3. Within the past 5 years has any Proposed Insured:
   a. been convicted of any misdemeanor or felony charge (including DUI or DWI), had a driver's license suspended or revoked, or is currently on probation or parole, or driver's license is currently suspended or revoked? ☐ Yes ☑ No
   b. used illegal drugs, or been recommended by a medical professional or a licensed counselor to discontinue the use of alcohol or drugs or to have treatment or counseling for alcohol or drugs? ☐ Yes ☑ No
4. Within the past 2 years has any Proposed Insured:
   a. participated in, or intend to participate in parachuting, hang gliding, rock or mountain climbing, rodeo events, sky diving, scuba diving, any professional sport, organized racing of any kind, or any other hazardous sport/activity? ☐ Yes ☑ No
   b. made or contemplated making any flights as a pilot, student pilot, or crew member of any aircraft? ☐ Yes ☑ No
5. Within the past 12 months has any Proposed Insured:
   a. consulted a medical professional, had surgery, been hospitalized, or had diagnostic tests such as EKG, Xray, MRI, CAT scan? ☐ Yes ☑ No
   b. had any diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received? ☐ Yes ☑ No

SECTION B: Give details to all "Yes" answers in Section A and list current medications (use COMMENTS section on back for additional space).

Illness, Injury, Disease, or Symptoms	Dates	Treatment	Name and Address of Physician and/or Hospital
	/ /		
	/ /		
	/ /		
	/ /		

Form No. PA9818

NOTICE
Printed in compliance with Public Law 91-508

Thank you for considering Pioneer American Insurance Company for your insurance needs. This is to inform you that as part of our procedure for processing your insurance application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation and personal characteristics. 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.

MIB PRE-NOTICE

Information regarding your insurability will be treated as confidential. Pioneer American Insurance Company, or its reinsurers, may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another 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 the information about you in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information 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 50 Braintree Hill Park, Suite 400, Braintree, Massachusetts 02184-8734.

Pioneer American Insurance Company, or its reinsurers, may also release information from 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. Information for consumers about MIB may be obtained on its website at www.mib.com.

COMMENTS:_____

AGREEMENT—I agree with Pioneer American Insurance Company (the Company) as follows: (1) To the best of my knowledge and belief, all answers and statements contained in this application are true, complete and correctly recorded; and (2) This application and any policy issued on the basis of such application shall form the entire contract; and (3) No change in this contract shall be effected without my written consent with regard to: (a) the amount of insurance; (b) age at issue; (c) classification of risk; (d) plan of insurance; or (e) benefits. If this application is declined by the Company, I will accept the return of any premium paid. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application containing a false or deceptive statement may be guilty of insurance fraud.

AUTHORIZATION—In order to properly classify my application for life insurance, I authorize any and all licensed physicians, medical practitioners, hospitals, clinics, medical or medically-related facilities, health plans, pharmacy benefit managers, pharmacies or pharmacy-related facilities; insurance companies and their business associates and those persons or entities providing services to the insurer's business associates which are related in any way to their insurance plans; the Medical Information Bureau or other organization that has knowledge or records of me and my health to give such information to: (a) Pioneer American Insurance Company; and (b) its reinsurers. I understand that any information that is disclosed pursuant to this authorization may be redisclosed and no longer covered by federal rules governing privacy and confidentiality of health information. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization or the insurance company exercises a legal right to contest a claim or the policy itself. I may revoke the authorization by sending a written revocation to the Company address of 425 Austin Ave., Waco TX 76701. I understand that if I refuse to sign this authorization to release my complete medical records, my application for insurance with the Company will be rejected.

All said sources, except the Medical Information Bureau, are authorized to give records or knowledge such as statements regarding hobbies, employment, criminal records or medical history that might be required to determine eligibility for insurance to any agency employed by the Company to collect and transmit data. I authorize Pioneer American Insurance Company to disclose any personal data gathered while processing this application. This data may be released to the following: (a) reinsuring companies; (b) the Medical Information Bureau; (c) other persons or groups performing services in connection with this application; or (d) any others to whom it may be lawfully required or authorized. This authorization shall remain valid for two years from this date. A copy of this authorization shall be as valid as the original.

CERTIFICATION—I hereby certify, under penalties of perjury, that (1) the social security number indicated above is my correct taxpayer identification number and (2) that I am not subject to backup withholding under Section 3406 (a) (1) (c) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I acknowledge receiving the Fair Credit Reporting Act Notice and the MIB Pre-Notice. I acknowledge receiving the Terminal Illness Accelerated Benefit Rider Disclosure Form and the Accelerated Benefits Rider-Confined Care Disclosure Form, if applicable.

Signed at (City) Waco (State) Texas Date of Application (MM/DD/YY) 1-23-09

John Doe
SIGNATURE OF PROPOSED INSURED

SIGNATURE OF OWNER (IF OTHER THAN PROPOSED INSURED)

SIGNATURE OF SPOUSE (IF APPLYING FOR COVERAGE)

AGENT'S REPORT

I certify that I have personally asked each question on this application to the proposed insured(s), I have truly and completely recorded on the application the information supplied by him/her, and I witnessed their signature. I certify that the Terminal Illness Accelerated Benefit Rider Disclosure Form and the Accelerated Benefits Rider-Confined Care Disclosure Form have been presented to the applicant, if applicable.

Does the proposed insured have any existing life or disability insurance or annuity contract? ☐ Yes ☑ No

Is the proposed insurance intended to replace or change any existing life or disability insurance or annuity? ☐ Yes ☑ No

Agent Signature Jim Smith Agent Printed Name_____ No: 452 % 100

Agent Signature _____ Agent Printed Name_____ No: ____ % ____

PREAUTHORIZATION CHECK PLAN - AUTHORIZATION TO HONOR CHARGE DRAWN

Insured_____ Account Holder_____

Financial Institution (name/address)_____

Transit / ABA Number_____ Account Number_____ ☐ Checking ☐ Savings Requested Draft Day (1st-28th)____

ATTACH VOIDED CHECK OR DEPOSIT SLIP

As a convenience to me, I hereby request and authorize you to pay and charge to my account amounts drawn on my account, whether by electronic or paper means, by and payable to the order of Pioneer American Insurance Company, for the purpose of paying premiums on life insurance policy, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights with respect to each such charge shall be the same as if it were signed personally by me. This authorization is to remain in effect until revoked by me in writing and until you actually receive such notice. I agree that you shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause, and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

SIGNATURE (As on Financial Institution Records)_____ DATE_____

Form No. PA9818

PIONEER AMERICAN INSURANCE COMPANY
P.O. BOX 240, WACO, TX 76703-0240

CONDITIONAL RECEIPT

NO COVERAGE WILL BECOME EFFECTIVE PRIOR TO POLICY DELIVERY UNLESS AND UNTIL ALL CONDITIONS OF THIS RECEIPT ARE MET. NO AGENT HAS THE AUTHORITY TO ALTER THE TERMS OR CONDITIONS OF THIS RECEIPT. THIS RECEIPT SHALL BE INVALID AND MAY NOT BE ISSUED WITH RESPECT TO PROPOSED PAYMENT OF THE INITIAL PREMIUM TENDERED BY MEANS OF A POST-DATED CHECK.

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

Received from John Doe the sum of $ 618.00 as first payment on this application for Proposed Insured John Doe Date 1-23-09 Agent Jim Smith

If (1) an amount equal to the first full premium is submitted or a payroll deduction authorization, a government allotment authorization, or a bank draft authorization has been fully implemented in an amount sufficient to pay the first full monthly premium, (2) any check or bank draft authorization given in payment of the initial premium is honored when first presented, (3) all underwriting requirements, including any medical examinations required by the Company's rules, are completed, and (4) the proposed insured is, on the date of application, a risk acceptable for insurance exactly as applied for without modification of plan, premium rate, or amount under the Company's rules and practices, **then** insurance under the policy applied for shall become effective on the latest of (a) the date of application, (b) the date the payroll deduction authorization or government allotment authorization is submitted for processing, or (c) the requested draft date specified in the bank draft authorization, or (d) the date of the latest medical exam required by the Company. THE TOTAL AMOUNT OF LIFE INSURANCE, INCLUDING ANY AMOUNT IN FORCE OR BEING APPLIED FOR, WHICH MAY BECOME EFFECTIVE PRIOR TO THE DELIVERY OF THE POLICY SHALL IN NO EVENT EXCEED $150,000.00. (INCLUDING LIFE INSURANCE AND ACCIDENTAL DEATH BENEFITS).

If any of the above conditions are not met exactly, the liability of the Company shall be limited to the return of any amount paid.

Pioneer American Insurance Company
P.O. Box 240 • Waco, Texas 76703-0240 • 254-297-2776

June 22, 2009

NAIC No. 67873

Mr. Joe Musgrove
Policy and Other Form Filings
State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, Arkansas 72201-1904
Attention: Compliance - Life and Health

Re: Form No. PA09-9842 – Flexible Premium Adjustable Life Insurance Policy

Dear Mr. Musgrove:

The above referenced form is being submitted for your consideration and approval. This form is new and will not replace any form previously approved by your department.

Form No. PA09-9842 is a nonparticipating fully underwritten Flexible Premium Adjustable Life Insurance Policy that will mature at age 121. The issue ages are 0-75 for non-tobacco and 20-75 for tobacco. There is an initial no-lapse guarantee based on a specified premium requirement. The initial no-lapse guarantee period is five policy years for all issue ages. The product offers two death benefit options, a level death benefit or an increasing death benefit. There is a surrender charge applied to the accumulation value during the first eighteen policy years. The flesch readability score is 50. A copy of the Actuarial Memorandum is enclosed.

Application, Form No. PA9818, approved by your department on February 19, 2009 will be used with this product.

This product will be marketed on an individual basis through licensed agents in the general market.

The above referenced submission meets the provisions of Arkansas Rule and Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance) as well as all applicable requirements of the department.

The Company is providing, at time of delivery of the policy, the Arkansas Life and Disability Insurance Guaranty Association disclaimer document as provided in Rule and Regulation 49 (Appendix A).

If I may be of assistance in your review, please contact me at 1-800-736-7311, extension 3216, or ckeel@aatx.com.

Sincerely,

Clara Keel

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

CJK:tad
Enc.

"Faithful Protection"

ARKANSAS

PIONEER AMERICAN INSURANCE COMPANY

STATEMENT OF COMPLIANCE

I hereby certify that I have reviewed Arkansas Regulation 34, Universal Life Insurance, in connection with the filing of Policy Form No. PA09-9842. To the best of my knowledge and belief, I certify that the Policy is in compliance with the rules adopted by the Arkansas Department of Insurance.

Clara Keel

Signature

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

June 3, 2009

ARKANSAS

EXHIBIT A (REVISED)
CONSENT TO SUBMIT RATES
AND/OR COST BASES FOR APPROVAL

The Pioneer American Insurance Company

of Waco, Texas does hereby consent and agree

B) that all premium rates and/or cost bases both "maximum" and "current or projected", used in relation to policy form number PA09-9842 must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

or

B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

Pioneer American Insurance Company

BY Clara Keel

Clara Keel, FLMI
Product Filing Manager & Assistant Secretary

June 3, 2009