Filing at a Glance

Company: American National Insurance Company

Product Name: AD - CTR	SERFF Tr Num: AMNA-126513629	State: Arkansas
TOI: L04I Individual Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 45043
Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life	Co Tr Num: AD-CTR	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Tyra Reed	Disposition Date: 03/02/2010
	Date Submitted: 03/01/2010	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 03/02/2010	Explanation for Other Group Market Type:
	State Status Changed: 03/02/2010
Deemer Date:	Created By: Tyra Reed
Submitted By: Tyra Reed	Corresponding Filing Tracking Number:

Filing Description:

RE: American National Insurance Company (NAIC: 60739 FEIN: 74-0484030) Filing Of:
Form CTR09DM – Child Term Life Insurance Rider
10292-AR – Application for Juvenile Life Insurance
SERFF Tracking Number: AMNA- 126513629 Company Tracking Number: AD-CTR

Dear Reviewer:

Please find attached the above listed forms for your department's review and approval. These forms are new, and will not replace any previously approved forms.

Form CTR09DM is the child term life insurance rider used in conjunction with our individual term and whole life products (filing information provided below). This rider provides for term life insurance on the life of any insured child. The amount of coverage is applied as units, and each unit represents $2,000 of coverage. If the Insured of the base policy to which the rider is attached dies, $2,000 for each unit will continue as paid-up term insurance until the earlier of the either the policy anniversary following the child's 25th birthday, or the rider's expiry date. This rider will become a part of the policy to which it is attached. The rider does not have its own specifications page; the information for the rider is added to the base policy's data page. When the rider is added post-issue, an updated data page, along with the rider is delivered to the policy holder.

The rider:
• has an issue age range for the insured child of 0 (15 days) to age 21
• is issued on a sex distinct basis
• has a maximum coverage limitation of 8 units ($16,000)
• is marketed on an individual basis through direct solicitation
• can be added at the time of issue or post-issue

10292-AR is the application for juvenile life insurance and is used to apply for the child term life insurance rider.

Additional information/supporting documentation included in this submission is as follows:
 Actuarial Memoranda
 Statement of Variability
 Certificate of Compliance
 Sample base policy data pages with rider information shown
 Payment of the required filing fee in the amount of $ 100.00 has been submitted via EFT
 Any requirement for a third party authorization has been bypassed, as this is not a third-party filing.

Filing / Approval Information for individual term and whole life products:

Form Number Description Status Date Tracking Number
Form NPWL09DM(10) Individual Whole Life Policy Approved 2/17/2010 44791
AMNA-12648440
Form NPWL09DM-DPVG Specifications Page used with Form NPWL09DM(10) Approved 2/17/2010 44791
AMNA-12648440
Form LCT09DM(10) Individual Term Life Policy Approved 1/11/2010 44510

AMNA0126425223
Form LCT09DM-DPS7 Specifications Page used with Form LCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223
Form LCT09DM-DPS10 Specifications Page used with Form LCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223
Form LCT09DM-DPS15 Specifications Page used with Form LCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223
Form LCT09DM-DPS20 Specifications Page used with Form LCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223
Form LNCT09DM(10) Individual Term Life Policy Approved 1/11/2010 44510
AMNA0126425223
Form LNCT09DM-DPS6 Specifications Page used with Form LNCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223
Form RCT09DM(10) Individual Term Life Policy Approved 1/11/2010 44510
AMNA0126425223
Form RCT09DM-DPS5 Specifications Page used with Form RCT09DM(10) Approved 1/11/2010 44510
AMNA0126425223

Company and Contact

Filing Contact Information

Tyra Reed, Policy Analyst
One Moody Plaza
Product Development--14th Floor
Galveston, TX 77550

tyra.reed@anico.com
409-763-1112 [Phone] 5222 [Ext]
409-766-6933 [FAX]

Filing Company Information

American National Insurance Company
One Moody Plaza
Galveston, TX 77550
(409) 763-4661 ext. [Phone]

CoCode: 60739
Group Code: 408
Group Name:
FEIN Number: 74-0484030

State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00

SERFF Tracking Number:	*AMNA-126513629*	*State:*	*Arkansas*
Filing Company:	*American National Insurance Company*	*State Tracking Number:*	*45043*
Company Tracking Number:	*AD-CTR*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*AD - CTR*		
Project Name/Number:	*/*		
Retaliatory?	No		
Fee Explanation:			
Per Company:	No		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Insurance Company	$100.00	03/01/2010	34501898

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/02/2010	03/02/2010

Disposition

Disposition Date: 03/02/2010
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AMNA-126513629*	*State:*	*Arkansas*
Filing Company:	*American National Insurance Company*	*State Tracking Number:*	*45043*
Company Tracking Number:	*AD-CTR*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name:	*AD - CTR*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Sample Data Pages with CTR rider attached		Yes
Form	Child Term Life Insurance Rider		Yes
Form	Application for Juvenile Life Insurance		Yes

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form CTR09DM	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Child Term Life Insurance Rider	Initial		54.800	Form CTR09DM.pdf
	10292-AR	Application/Enrollment Form	Application for Juvenile Life Insurance	Initial			10292-AR.pdf

AMERICAN NATIONAL INSURANCE COMPANY
A STOCK LIFE INSURANCE COMPANY

CHILD TERM LIFE INSURANCE RIDER

This Rider is a part of the Policy to which it is attached (the "Policy") and issued by American National Insurance Company ("We", "Us", "Our"). All terms and provisions of the Policy that apply will be construed to be a part of this Rider. In the event any terms or provisions of this Rider are inconsistent with the Policy, the terms of the Rider will prevail. We will provide the benefits described below upon receipt of due proof that death occurred while this Rider is in force.

RIDER BENEFIT

BENEFIT - Upon the death of an Insured Child, We will pay $2,000 for each unit of this Rider in force to:

1.) the Insured, if living; otherwise
2.) the Insured's spouse, if living; otherwise
3.) the estate of the Insured Child; or as otherwise indicated in the Application.

Upon the death of the Insured, We will continue $2,000 for each unit if this Rider is in force as paid-up term life insurance on any Insured Child then living until the earlier of:

1.) the Policy anniversary following the Insured Child's 25th birthday; or
2.) the Expiry Date of this Rider.

Paid-up term life insurance will have cash values. If the insurance is surrendered, We will pay the cash value. The cash value is equal to the net single premium for the paid-up insurance based on the mortality table and nonforfeiture interest rate shown on the Data Page. A surrender within 30 days after a Rider anniversary will be for an amount not less than the value on such anniversary.

INTERESTED PERSONS

INSURED CHILD -

1. any child, stepchild, or legally adopted child of the Insured under the age of 21 on the Effective Date of this Rider and specified in the application for this Rider;
2. any child subsequently born of the Insured, from the 15th day after birth; or
3. any child subsequently adopted by the Insured if the child is under 21 years if age at the time of adoption.

INSURED - the person insured under the basic policy to which this Rider is attached.

GENERAL PROVISIONS

EFFECTIVE DATE - This Rider's Effective Date is shown on the Data Page. The consideration for issuing this Rider is:

1.) the completion of the Application for this Rider; and
2.) payment of premium for the Rider.

INCONTESTABILITY - For any Insured Child named in an Application for this Rider, We will not contest this Rider for any reason after it has been in force for 2 years during the lifetime of such Insured Child, except for nonpayment of premiums or fraud (if permitted by jurisdiction in which the Policy and this Rider are delivered). The 2 year period begins with the Effective Date of each Insured Child's coverage.

SUICIDE - If the Insured dies by suicide within 2 years of the Effective Date of this Rider, We will refund the amount of premiums paid for this Rider.

PREMIUMS

PREMIUMS - The Premium and the premium paying period for this Rider are shown on the Data Page. This Premium is payable in addition to the premium for the Policy and is due on the same date.

TERMINATION AND REINSTATEMENT

TERMINATION - This Rider will terminate on the earliest of:

1.) the Expiry Date shown on the Data Page; or
2.) the date the Policy is exchanged, surrendered, converted, or continued under a Nonforfeiture Option or otherwise terminated; or
3.) the due date of any Premium upon written request from the Owner.

In addition, insurance on any Insured Child will terminate not later than the Policy anniversary following the Insured Child's 25th birthday.

REINSTATEMENT - If this Rider lapses, it may be reinstated subject to the following conditions:

1.) the request for reinstatement must be made in writing within 5 years after the date of lapse and before this Rider's Expiry Date;
2.) each Insured Child must continue to be insurable by Our standards;
3.) all overdue premiums must be paid with interest compounded annually at the reinstatement interest rate of 6%;
4.) the Premium due at the time of reinstatement must be paid; and
5.) the Policy to which it is attached is then in force.

Signed at our [Home Office] at [Galveston, Texas] on the Date of Issue

[J. Mark Flippin]
[J. Mark Flippin]
[*Secretary]*

[G. R. Ferdinandtsen]
[G. R. Ferdinandtsen]
[President]

APPLICATION FOR JUVENILE LIFE INSURANCE

Life Insurance Services-Direct Market
P.O. BOX 696700
San Antonio, TX 78269

ABOUT YOU

Parent's Name: _____ Parent's Policy Number (if known): _____

Billing Address: _____ Apt._____ Home Phone._____

City:_____ State:_____ ZIP Code:_____

Persons Proposed for Insurance:

Name of Person*	Social Security No.	Birth Date	Birthplace	Relationship	Height	Weight	Life Ins in Force

* Attach a separate sheet if needed.

AMOUNT OF COVERAGE

Please indicate the number of units of coverage desired:_____ Units (1 Unit = $2000 per child; maximum of 8 units)

Do you intend to replace, discontinue, or change any existing life insurance policy? ☐ Yes ☐ No

If "Yes", Name of company and policy number: _____ Amount: _____

Amount of life insurance in force on proposed insureds': Father:_____Mother: _____

HEALTH

1. Has any person proposed for insurance:

a. In the past 5 years, consulted a physician for, been diagnosed with, or had treatment for: cancer, diabetes, heart disease, paralysis, seizures, mental disorder or retardation; asthma or other disease of the respiratory system; blood (excluding a positive HIV {Human Immunodeficiency Virus} test), liver, or kidney disease; or alcohol or drug abuse? ☐ Yes ☐ No

b. In the past 3 years, been admitted or confined to a hospital, or special treatment facility (other than at birth unless confined for more than 5 days), or had a driver's license suspended or revoked? ☐ Yes ☐ No

c. Been diagnosed by a member of the medical profession as having an immune deficiency disorder, AIDS, AIDS Related Complex (ARC), or received test results indicating exposure to the AIDS virus? ☐ Yes ☐ No

2. Does any person proposed for insurance have a congenital disorder, birth defect, injury or health condition that requires ongoing medical care, or has any such person attempted suicide? ☐ Yes ☐ No

3. Is any person proposed for insurance currently taking any medication(s)? ☐ Yes ☐ No

4. Please explain all "Yes" answers to questions 1, 2 and 3 in the space below. Attach a separate sheet if necessary.

Question No.	Name of Person	Nature of Disorder or Injury	Dates

AGREEMENTS - PLEASE READ AND SIGN

I have read the above questions and declare that the answers and statements are complete and true to the best of my knowledge and belief. I understand and agree that the answers and statements provided are the basis for any policy and rider issued by American National Insurance Company (ANICO), and no information about them will be considered to have been given to ANICO unless it is stated in the application. I understand that ANICO will have no liability until a policy and rider is issued on this application and delivered to and accepted by me; and the first premium due is paid in full while that Person(s) is alive and in the same health condition as described above.

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

Signature of Parent : X _____ **Date X** _____/_____/_____

Signature of Children Age 18 or Older:

X _____ **Date X** _____/_____/_____

X _____ **Date X** _____/_____/_____

X _____ **Date X** _____/_____/_____

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - Certification of Compliance.pdf

Item Status: **Status Date:**

Bypassed - Item: Application

Bypass Reason: application is a part of the submission for approval

Comments:

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachments:

MEMORANDUM OF VARIABLE MATERIAL - CTR09DM.pdf

MEMORANDUM OF VARIABLE MATERIAL - 10292.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample Data Pages with CTR rider attached

Comments:

Attachments:

Sample Data Page - Rider on Term Life.pdf

Sample Data Page - Rider on Whole Life.pdf

AMERICAN NATIONAL

CERTIFICATION OF COMPLIANCE

The Company has reviewed the captioned form(s) below, and certifies that to the best of its knowledge and belief, the form(s) submitted is (are) in compliance with the following:

Rule & Regulation 19
Rule & Regulation 49
ACA 23-79-138 and Bulletin 11-88
ACA 23-80-206 (Flesch Certification, minimum of 40)

Form	Form Name	Scoring(s)
Form CTR09DM	Child Term Life Insurance Rider	54.8
10292	Application for Juvenile Life Insurance	

Rex D. Hemme
Vice President & Actuary
American National Insurance Company

Tyra.Reed@anico.com
Phone: (409) 763-4661 x5222 Fax: (409) 766-6933

MEMORANDUM OF VARIABLE MATERIAL FOR
Form CTR09DM
February 24, 2010

This memorandum was prepared for use with Form CTR09DM, the child term life insurance rider for American National Insurance Company.

Variable material contained within the form denoted by use of brackets.

Variable Material – Rider Form

The form contains the following permissible variable material:

Officer Names, Titles, and Signatures

The above noted items, if changed, will be changed in accordance with department standards. It is understood that the items noted above may be changed without notice or prior approval.

Variable Material – Data Page

The rider does not have its own specifications page. The information regarding the rider is added to the base policy's data page upon addition of the rider.

The following fields are displayed on the base policy's data page when the rider is added to any of the following data pages for term life insurance
Form LCT09DM-DPS7
Form LCT09DM-DPS10
Form LCT09DM-DPS15
Form LCT09DM-DPS20
Form LNCT09DM-DPS6
Form RCT09DM-DPS5

FORM – Will display the rider's form number as approved in your state.

NUMBER OF UNITS – Displays the number of units purchased for the rider. Range is a minimum of 1, maximum of 8.

INITIAL ANNUAL PREMIUM – Will display the annual premium for the rider. The rider's premium is guaranteed and will remain level for the duration of the rider.

YEARS PAYABLE – Will display the number of years premiums for the rider are payable. The number of years displayed will be equal to the number of years from the effective date to the expiry date.

EFFECTIVE DATE – Displays the rider's effective date. The rider is available at the time of application or post-issue.

EXPIRY DATE – Displays the rider's expiry date which is the policy anniversary following the base policy Insured's 65th birthday.

TABLE OF RENEWAL PREMIUMS – RIDER(S) – Displays the rider's annual premium for each policy year. The amount of premium is based on the number of units

The following fields are displayed on the base policy's data page when the rider is added to any of the following data pages for whole life insurance
Form NPWL09DM-DPVG

FORM - Will display the rider's form number as approved in your state.

NUMBER OF UNITS – Displays the number of units purchased for the rider. Range is a minimum of 1, maximum of 8.

INITIAL ANNUAL PREMIUM - Will display the annual premium for the rider. The rider's premium is guaranteed and will remain level for the duration of the rider.

YEARS PAYABLE– Will display the number of years premiums for the rider are payable. The number of years displayed will be equal to the number of years from the effective date to the expiry date.

EFFECTIVE DATE – Displays the rider's effective date. The rider is available at the time of application or post-issue.

EXPIRY DATE – Displays the rider's expiry date which is the policy anniversary following the base policy Insured's 65th birthday.

We certify to the following:

- The final form issued to the consumer will not contain brackets denoting variable text;
- Any variable text included in this Statement of Variability will be effective only for future issues;
- The use of variable text will be administered in a uniform and non-discriminatory manner, and will not result in unfair discrimination;
- Only text included in this Statement will be allowed to be used on the referenced forms received by consumers; and
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

MEMORANDUM OF VARIABLE MATERIAL for 10292
February 24, 2010

This memorandum was prepared for use with 10292, the Application for Juvenile Life Insurance for American National Insurance Company's direct marketing branch. Variable material contained in the application is denoted by the use of brackets and the variable fields are as follows:

RECEIVING DEPARTMENT NAME: This field will display the name of the department to whose attention the completed form may be mailed. The name of the department is denoted as variable to allow for flexibility in our processing procedures.

ADDRESS: (Street and/or PO Box, City, State and Zip Code). This filed will display the physical address and/or the post office box to where the completed form may be mailed. This address will coincide with the appropriate receiving department.

We certify to the following:

- The final form used by the consumer will not contain brackets denoting variable text.
- Any variable text included in this Memorandum of Variable Material will be effective for future applicants.
- The use of variable text will be administered in a uniform basis and non-discriminatory manner, and will not result in unfair discrimination
- Only text included in this Memorandum of Variable Material will be allowed to be used on the referenced form received by consumers
- Any changes to variable or permissible ranges of values will be submitted for approval prior to implementation.

DATA PAGE

POLICY NUMBER	[12345678]	[JANUARY 1, 2009]	**ISSUE DATE**
OWNER	[JOHN OWNER]	$ [100,000]	**FACE AMOUNT**

INSURED

INSURED NAME	[JANE INSURED]	[35]	**ISSUE AGE**
CLASS	[STANDARD NON-SMOKER]	[FEMALE]	**SEX**
[RATING]	[RATING TYPE]	[RATING EXPIRY DATE]	**[RATING EXPIRY DATE]**

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION		**INITIAL ANNUAL PREMIUM**	**YEARS PAYABLE**
BUDGETGUARD 7 YR TERM TO AGE 80		[$ 182.00]	[45]
Form	Form LCT09DM[(XX)]		
Guaranteed Period	7 Years		
Term Expiry Date	[January 1, 2054]		
Conversion Expiry Date	[January 1, 2039]		
CHILDREN'S TERM RIDER		[$ 30.00]	[30]
Form	Form CTR09DM[(XX)]		
Number of Units	[4] (Each Unit = $2,000)		
Effective Date	[January 1, 2009]		
Expiry Date	[January 1, 2039]		
Rider Mortality Table	Nonforfeiture values for the rider are based on the 2001 CSO ALB Ultimate Mortality Table for Insured Child's gender with interest at 5% per year. All calculations assume continuous functions based on age last birthday.		
TOTAL INITIAL ANNUAL PREMIUM		[$ 212.00]	

TOTAL PREMIUMS FOR THE GUARANTEED PERIOD

INCLUDES PREMIUMS FOR Form LCT09DM[(XX] AND ANY RIDERS AND ANNUAL POLICY FEE OF $[48.00]

YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

ANNUAL	**SEMI-ANNUAL**	**QUARTERLY**	**SPECIAL MONTHLY**
[$ 212.00]	[$ 106.00]	[$ 53.52]	[$ 17.48]

PREMIUMS FOR THE GUARANTEED PERIOD ARE GUARANTEED AND ARE NOT SUBJECT TO CHANGE. PREMIUMS AFTER THE GUARANTEED PERIOD ARE SUBJECT TO CHANGE IN ACCORDANCE WITH THE **RENEWABILITY AFTER THE INITIAL LEVEL TERM PERIOD** PROVISION. IN NO EVENT MAY THE PREMIUMS EXCEED THE ANNUAL PREMIUMS SHOWN IN THE TABLE OF RENEWAL PREMIUMS.

BASIS OF CALCULATIONS

RESERVE INTEREST RATE	4.00 %
MORTALITY TABLE	RESERVES ARE CALCULATED USING THE 2001 CSO ALB ULTIMATE MORTALITY TABLE FOR INSURED'S GENDER AND TOBACCO USE CLASS. ALL CALCULATIONS ASSUME CONTINUOUS FUNCTIONS BASED ON AGE LAST BIRTHDAY.

DATA PAGE CONTINUED

POLICY NUMBER [12345678] **INSURED** [JOHN ANICO] [FEMALE] [35]

TABLE OF RENEWAL PREMIUMS

AGE AT RENEWAL	ANNUAL PREMIUM	RIDER(S)	TOTAL
[35	$[182.00	$ [30.00	$[212.00
36	$182.00	$ 30.00	$212.00
37	$182.00	$ 30.00	$212.00
38	$182.00	$ 30.00	$212.00
39	$182.00	$ 30.00	$212.00
40	$182.00	$ 30.00	$212.00
41	$182.00	$ 30.00	$212.00
42	$260.00	$ 30.00	$290.00
43	$390.00	$ 30.00	$420.00
44	$515.00	$ 30.00	$545.00
45	$597.00	$ 30.00	$627.00
46	$649.00	$ 30.00	$679.00
47	$692.00	$ 30.00	$722.00
48	$725.00	$ 30.00	$755.00
49	$768.00	$ 30.00	$798.00
50	$824.00	$ 30.00	$854.00
51	$896.00	$ 30.00	$926.00
52	$984.00	$ 30.00	$1014.00
53	$1,085.00	$ 30.00	$1,115.00
54	$1,214.00	$ 30.00	$1,244.00
55	$1,358.00	$ 30.00	$1,388.00
56	$1,506.00	$ 30.00	$1,536.00
57	$1,650.00	$ 30.00	$1,680.00
58	$1,794.00	$ 30.00	$1,824.00
59	$1,963.00	$ 30.00	$1,993.00
60	$2,168.00	$ 30.00	$2,198.00
61	$2,417.00	$ 30.00	$2,447.00
62	$2,708.00	$ 30.00	$2,738.00
63	$3,025.00	$ 30.00	$3,055.00
64	$3,356.00	$ 30.00	$3,386.00
65	$3700.00	$ 0.00	$3700.00
66	$4,049.00	$ 0.00	$4,049.00
67	$4,413.00	$ 0.00	$4,413.00
68	$4,798.00	$ 0.00	$4,798.00
69	$5,230.00	$ 0.00	$5,230.00
70	$5,734.00	$ 0.00	$5,734.00
71	$6,346.00	$ 0.00	$6,346.00
72	$7,061.00	$ 0.00	$7,061.00
73	$7,815.00	$ 0.00	$7,815.00
74	$8,625.00	$ 0.00	$8,625.00
75	$9,507.00	$ 0.00	$9,507.00
76	$10,502.00	$ 0.00	$10,502.00
77	$11,658.00	$ 0.00	$11,658.00
78	$13,001.00	$ 0.00	$13,001.00
79]	$14,507.00]	$0.00]	$14,507.00]

DATA PAGE

POLICY NUMBER	[12345678]	[JANUARY 1, 2010]	**ISSUE DATE**
OWNER	[JOHN DOE]	[$ 100,000]	**FACE AMOUNT**

INSURED

INSURED NAME	[JOHN DOE]	[35]	**ISSUE AGE**
CLASS	[STANDARD NON-SMOKER]	[MALE]	**SEX**
[RATING]	[NO RATING]	[RATING EXPIRY DATE]	**[RATING EXPIRY DATE]**

PREMIUMS AND RIDERS

BENEFIT DESCRIPTION		**INITIAL ANNUAL PREMIUM**	**PREMIUM PAYING PERIOD (YEARS)**
VALUEGUARD WHOLE LIFE TO AGE 121		[$ 1,787.00]	[86]
Form	ICC10 Form NPWL09DM		
Maturity Date	[January 1, 2096]		
CHILDREN'S TERM RIDER		[$ 30.00]	[30]
Form	Form CTR09DM[(XX)]		
Number of Units	[4] (Each Unit = $2,000)		
Effective Date	[January 1, 2010]		
Expiry Date	[January 1, 2040]		
Rider Mortality Table	Nonforfeiture values for the rider are based on the 2001 CSO ALB Ultimate Composite Mortality Table for Insured Child's gender with interest at 5% per year. All calculations assume continuous functions based on age last birthday.		
TOTAL INITIAL ANNUAL PREMIUM		[$ 1,817.00]	

TOTAL PREMIUMS

INCLUDES PREMIUMS FOR ICC10 Form NPWL09DM, ANY RIDERS, AND ANNUAL POLICY FEE OF $[48.00]
YOUR CURRENT PREMIUM MODE IS: [ANNUAL]

YEARS	**ANNUAL**	**SEMI-ANNUAL**	**QUARTERLY**	**SPECIAL MONTHLY**
[1-30]	[$ 1,817.00]	[$ 908.50]	[$ 454.27]	[$ 151.39]
[31-86] (after a rider drops)	[$ 1,787.00]	[$ 893.50]	[$ 446.75]	[$ 148.91]

MORTALITY TABLES

NONFORFEITURE VALUES ARE CALCULATED USING THE 2001 CSO ALB ULTIMATE MORTALITY TABLE FOR INSURED'S GENDER AND TOBACCO USE CLASS. ALL CALCULATIONS ASSUME THAT ALL PREMIUMS ARE RECEIVED AT THE BEGINNING OF THE POLICY YEAR AND THAT ALL DEATH CLAIMS ARE PAID AT THE END OF THE POLICY YEAR. AGE IS BASED ON AGE LAST BIRTHDAY.

DATA PAGE CONTINUED

POLICY NUMBER [12345678] **INSURED** [JOHN DOE] [MALE] [35]

TABLE OF NONFORFEITURE VALUES

NONFORFEITURE FACTOR: [9.17]

NONFORFEITURE INTEREST RATE: [5.00]%

END OF POLICY YEAR	CASH OR LOAN VALUE	PAID UP INSURANCE	EXTENDED INSURANCE	
			YEARS	DAYS
1	$ [0.00]	$ [0.00]	[0]	[0]
2	$ [0.00]	$ [0.00]	[0]	[0]
3	$ [341.00]	$ [2,074.51]	[2]	[242]
4	$ [1,190.00]	$ [6,939.04]	[7]	[281]
5	$ [2,074.00]	$ [11,592.40]	[11]	[267]
6	$ [2,994.00]	$ [16,043.34]	[14]	[264]
7	$ [3,948.00]	$ [20,285.52]	[16]	[321]
8	$ [4,937.00]	$ [24,331.00]	[18]	[205]
9	$ [5,959.00]	$ [28,177.83]	[19]	[295]
10	$ [7,014.00]	$ [31,834.18]	[20]	[272]
11	$ [8,104.00]	$ [35,316.85]	[21]	[180]
12	$ [9,230.00]	$ [38,634.33]	[22]	[37]
13	$ [10,398.00]	$ [41,808.85]	[22]	[213]
14	$ [11,615.00]	$ [44,861.53]	[22]	[347]
15	$ [12,880.00]	$ [47,789.43]	[23]	[71]
16	$ [14,191.00]	$ [50,590.14]	[23]	[126]
17	$ [15,546.00]	$ [53,264.35]	[23]	[155]
18	$ [16,941.00]	$ [55,807.56]	[23]	[160]
19	$ [18,374.00]	$ [58,222.23]	[23]	[143]
20	$ [19,841.00]	$ [60,512.70]	[23]	[105]

AT AGE	CASH OR LOAN VALUE	PAID UP INSURANCE	EXTENDED INSURANCE	
			YEARS	DAYS
55	$ [19,841.00]	$ [60,512.70]	[23]	[105]
60	$ [27,699.00]	$ [70,343.62]	[22]	[40]
62	$ [31,088.00]	$ [73,635.60]	[21]	[157]
65	$ [36,304.00]	$ [77,919.24]	[20]	[96]