

SERFF Tracking Number: STFL-126424480 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45045
Company Tracking Number: SFL09161
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: ST Riders Term / 09161
Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: ST Riders Term / 09161

TOI: L04I Individual Life - Term

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

SERFF Tr Num: STFL-126424480 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45045

Co Tr Num: SFL09161

State Status: Approved-Closed

Author: Steve Crum

Date Submitted: 03/01/2010

Reviewer(s): Linda Bird

Disposition Date: 03/02/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 07/25/2010

Implementation Date:

State Filing Description:

General Information

Project Name: ST Riders Term / 09161

Project Number: ST Riders Term / 09161

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: These new forms
were filed with the Illinois Department of
Insurance on January 19, 2010; approval is
pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/02/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/02/2010

Deemer Date:

Submitted By: Rhonda Brackman

Filing Description:

NAIC #: 69108

FEIN #37-0533090

Created By: Steve Crum

Corresponding Filing Tracking Number:

Dear Sir or Madam:

SERFF Tracking Number: STFL-126424480 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45045
Company Tracking Number: SFL09161
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: ST Riders Term / 09161
Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

Enclosed for your consideration are the following new individual life insurance forms:

09161 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years
09162 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years
09163 Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years
09181 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums
Adjustable After 10 Years
09182 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums
Adjustable After 20 Years
09183 Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums
Adjustable After 30 Years

These riders have a minimum size of \$100,000 with issue ages varying by form. The issue ages for forms 09161 and 09181 are 20-75, ages 20-65 for forms 09162 and 09182, and ages 20-45 for forms 09163 and 09183. The maximum premiums are shown in the policy. The premiums are level until end of the period specified in Adjustment of Premium provision. After the end of that level premium period, premiums increase each year and are subject to the Adjustment of Premium provision.

These riders will not be illustrated. These forms are participating, but we do not expect to pay dividends. Reserves for these forms will be based on the 2001 CSO Mortality Table. Enclosed is a certification indicating that cash values are not required under the standard nonforfeiture law using the 2001 CSO Mortality Table.

These forms will be attached to form 06020, Adjustable Premium Level Term to Age 95 Term Life Insurance Policy, which was approved by your Department on September 13, 2005. Since the premiums for the level premium period are changing for the policy, enclosed is a certification for form 06020 indicating that cash values are not required under the standard nonforfeiture law using the 2001 CSO Mortality Table. Enclosed are revised sample pages 3 and 4 for form 06020 with a ".1" added to the form number.

Application for Individual Life Insurance, 1000704 AR.1 will be used with these forms; a copy of form 1000704 AR.1 is attached to the Supporting Documentation tab. Form 1000704 AR.1 was submitted to your Department on March 1, 2010 under SERFF Tracking #STFL-126423717; approval is pending.

These new forms were filed with the Illinois Department of Insurance on January 19, 2010; approval is pending.

These forms will be marketed exclusively through State Farm agents.

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 Fixed/Indeterminate Premium - Single Life
 Product Name: ST Riders Term / 09161
 Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

The effective date for these new forms will be July 25, 2010.

Company and Contact

Filing Contact Information

Rhonda Brackman, Analyst - Contracts & Compliance rhonda.brackman.aim3@statefarm.com
 1 State Farm Plaza 309-766-6896 [Phone]
 Bloomington, IL 61710-0001 309-766-8483 [FAX]

Filing Company Information

State Farm Life Insurance Company CoCode: 69108 State of Domicile: Illinois
 1 State Farm Plaza Group Code: Company Type:
 Bloomington, IL 61710-0001 Group Name: State ID Number:
 (309) 766-4541 ext. [Phone] FEIN Number: 37-0533090

Filing Fees

Fee Required? Yes
 Fee Amount: \$300.00
 Retaliatory? Yes
 Fee Explanation: 6 forms @ \$50.00 = \$300.00
 (EFT Voucher ID# 14518281)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$300.00	03/01/2010	34504405

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Product Name: ST Riders Term / 09161
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Correspondence Summary

Dispositions

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

SERFF Tracking Number: STFL-126424480 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45045
Company Tracking Number: SFL09161
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
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Product Name: ST Riders Term / 09161
Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

Disposition

Disposition Date: 03/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-126424480 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Sample Specification Pages 3&4		Yes
Supporting Document	Regulation 19 Certification		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years		Yes
Form	Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 10 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 20 Years		Yes
Form	Additional Insured's Level Term to Age 95 Life Insurance Benefit Rider with Premiums Adjustable After 30 Years		Yes

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Form Schedule

Lead Form Number: 09161

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	09161	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 10 Years t, Insert Page, Endorsement or Rider	Initial			09161 ST PI Rider 20090923_Bracketed.pdf
	09162	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 20 Years t, Insert Page, Endorsement or Rider	Initial			09162 ST PI Rider 20090923_Bracketed.pdf
	09163	Policy/Contract	Level Term to Age 95 Life Insurance Benefit Rider with Certificate: Premiums Adjustable Amendmen After 30 Years t, Insert Page, Endorsement or Rider	Initial			09163 ST PI Rider 20090923_Bracketed.pdf
	09181	Policy/Contract	Additional Insured's Level Term to Age 95 Life Insurance	Initial			09181 ST AI Rider 20090923_Bracketed.pdf

SERFF Tracking Number: STFL-126424480 State: Arkansas
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 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life

Product Name: ST Riders Term / 09161
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	Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 10 Years Page, Endorseme nt or Rider	acketed.pdf
09182	Policy/Cont Additional Insured's Initial ract/Fratern Level Term to Age 95 al Life Insurance Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 20 Years Page, Endorseme nt or Rider	09182 ST AI Rider 20090923_Br acketed.pdf
09183	Policy/Cont Additional Insured's Initial ract/Fratern Level Term to Age 95 al Life Insurance Certificate: Benefit Rider with Amendmen Premiums Adjustable t, Insert After 30 Years Page, Endorseme nt or Rider	09183 ST AI Rider 20090923_Br acketed.pdf

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 10 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 10 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS (CONTINUED)**

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Basic Plan or Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward R. Ruet Jr.*]
President

SAMPLE

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS
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General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 20 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 20 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS (CONTINUED)**

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Basic Plan or Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward R. Ruet Jr.*]
President

SAMPLE

LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS
--

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Dividend" is modified by "Dividend Modification." The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value.

Level Term to Age 95 Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Insured died before this Rider terminated. The Insurance Amount on the Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 30 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 30 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Conversion. You may convert this Rider by Request to a new policy on the Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) If this Policy has a waiver of premium benefit, the new policy will have such benefit unless the Insured is age 60 or over or is totally disabled as defined in this Policy.
- (6) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Automatic Conversion. If the Premium for this Rider is being waived on the Policy Anniversary when the Insured is age 75, this Rider will be converted to a Whole Life Basic Plan. The premium for that policy will be waived while the Insured's total disability continues.

**LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER
WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS (CONTINUED)**

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 95. We will terminate this Rider before this date when:

- (1) the Basic Plan or Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward R. Rust Jr.*]
President

SAMPLE

ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 10 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 10 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force, You may change this Rider by Request to a new policy without evidence of insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 10 YEARS (CONTINUED)**

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Benefit Period Ends on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) the Basic Plan or this Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 20 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 20 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force, You may change this Rider by Request to a new policy without evidence of insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 20 YEARS (CONTINUED)**

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Benefit Period Ends on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) the Basic Plan or this Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Bruner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS

General. This Rider is part of this Policy. It is based on the Application for this Rider and the payment of premiums. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Payment of Benefits," "Premiums," "Dividend," "The Contract," "Assignment," and "Error in Age or Sex." "Ownership" is modified by "Ownership Modification." "Dividend" is modified by "Dividend Modification." "Additional Insured" is used in place of "Insured" in the Reinstatement, The Contract, and Error in Age or Sex provisions when they apply to this Rider. The provisions of this Rider apply in lieu of any other Policy provisions to the contrary. This Rider does not have Cash Value or Loan Value. The Additional Insured is named on page 3 of this Policy.

Additional Insured's Level to Age 95 Term Life Insurance Benefit. The amount of this Benefit is shown on page 3 of this Policy. This amount will be paid when due proof is received that the Additional Insured died before this Rider terminated. The Insurance Amount on the Additional Insured on page 4 of this Policy includes the Benefit provided by this Rider.

Ownership Modification. If the Insured is the Owner, the Additional Insured will become the Owner when the Insured dies.

Dividend Modification. We do not expect to pay dividends on this Rider; however, We may apportion and pay dividends on this Rider.

Premium for this Rider. The Premium for this Rider is level for 30 Policy Years after the Effective Date of this Rider. After the end of this period, the Premium for this Rider increases each year and is subject to the Adjustment of Premium provision. Before each Policy Anniversary, We will send You a notice showing the Premium due for this Rider for that Policy Year.

Adjustment of Premium. After the first 30 Policy Years following the Effective Date of this Rider, the Premium for this Rider due can be adjusted based on projected changes in investment earnings, mortality, persistency, and expenses. The Premium for this Rider will be the same for all riders of the same age, sex, duration, and Class of Risk. Change in the Additional Insured's insurability is not considered. The Premium for this Rider due in any Policy Year cannot exceed the Premium for this Rider shown on page 3 of this Policy for that Policy Year.

Beneficiary. When the Additional Insured dies, We will make payment to You, if then living. Otherwise, We will make payment in equal shares to any surviving children born to or legally adopted by the Insured and Additional Insured. Otherwise, We will make payment to the Additional Insured's estate. We will make the payment in one sum. You may change this provision by Request.

Continuation of Term Life Insurance. If the Insured dies while this Rider is in force, You may change this Rider by Request to a new policy without evidence of insurability. The Request and a prorata premium must be sent to Us within 90 days after the Insured's death. Coverage under this Rider will terminate after 90 days or when the new policy is issued, if earlier. The prorata premium will be for the period from the Insured's date of death to the next premium Due Date based on the Payment Period chosen for the new policy. The new policy will be subject to the following conditions at the time of the change:

- (1) It must be the same term insurance plan as this Rider.
- (2) The amount of insurance will be the same as provided by this Rider at the Insured's death.
- (3) The Effective Date of this Rider will be the Policy Date.
- (4) The premium rates will be the premium rates for this Rider increased by the Policy Fee included in the premium for the Basic Plan.
- (5) The Class of Risk will be the same as for this Rider.
- (6) All limitations of this Rider will be part of the new policy.
- (7) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

**ADDITIONAL INSURED'S LEVEL TERM TO AGE 95 LIFE INSURANCE BENEFIT
RIDER WITH PREMIUMS ADJUSTABLE AFTER 30 YEARS (CONTINUED)**

Conversion. You may convert this Rider to a new policy by Request on the Additional Insured without evidence of insurability subject to the following:

- (1) This Rider must be in force.
- (2) The conversion must occur on or before the later of the Policy Anniversary when the Additional Insured is age 75 or the fifth Policy Anniversary after the Effective Date of this Rider.
- (3) The Request must include the first premium for the new policy.

The Effective Date of the new Policy is the date We receive the Request. Any premium paid for this Rider for a period past that Effective Date will be refunded. Pages 3 and 4 of this Policy will then be revised. Coverage under this Rider will terminate when the conversion occurs. The new policy will be subject to the following conditions at the time of conversion:

- (1) It must be a whole life plan then available. At least one plan will be made available.
- (2) The amount of insurance can be no more than the amount then provided by this Rider.
- (3) The premium will be based on the Additional Insured's attained age, sex, and Class of Risk. The Class of Risk will be the same as for this Rider. Change in insurability is not considered.
- (4) All limitations of this Rider will be part of the new policy.
- (5) The Incontestability and Limited Death Benefit provisions in the new policy will not extend beyond the period set by this Rider.

Termination. This Rider will terminate on the earlier of the Policy Anniversary shown for the Basic Plan under Benefit Period Ends on page 3 of this Policy or the Policy Anniversary when the Additional Insured is age 95. We will terminate this Rider before either of those dates when:

- (1) the Basic Plan or this Rider is converted,
- (2) this Policy is terminated by surrender or lapse, or
- (3) We receive Your Request.

If We do not receive a Request under the Continuation of Term Life Insurance provision, We will terminate this Rider 90 days after the Insured's death.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise pages 3 and 4 of this Policy to show this change. Any premium paid for the Payment Period beyond the date this Rider terminates will be paid to You.

Incontestability. Except for nonpayment of premiums, We will not contest this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of this Rider. Except for nonpayment of premiums, We will not contest any reinstatement of this Rider after it has been in force during the lifetime of the Additional Insured for 2 years from the Effective Date of any reinstatement. Any contest will be based on material statements contained in the Application.

Limited Death Benefit. If the Additional Insured dies by suicide while sane or self-destruction while insane within 2 years from the Effective Date of this Rider, the Benefit will be limited to the premiums paid on this Rider.

Effective Date of This Rider. This is the Policy Date unless a different date for this Rider is shown on page 3 of this Policy.

State Farm Life Insurance Company

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

SERFF Tracking Number: STFL-126424480 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45045
 Company Tracking Number: SFL09161
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: ST Riders Term / 09161
 Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification
Comments:
 See attached Flesch Certification for the forms being submitted.
Attachment:
 ARFLESCH 09161 et al.pdf

Item Status: **Status Date:**

Satisfied - Item: Application
Comments:
 See attached Application for Individual Life Insurance, form 1000704 AR.1, which will be used with the forms being submitted. Form 1000704 AR.1 was submitted to your Department on March 1, 2010 under SERFF Tracking #STFL-126423717; approval is pending.
Attachment:
 AR Life App_1000704 AR.1_bracketed.pdf

Item Status: **Status Date:**

Satisfied - Item: Sample Specification Pages 3&4
Comments:
 See attached sample specification page displaying the new rider information.
Attachments:
 06020.1 04 S10 Pg 3&4 with Select Term Riders NonT_bracketed FINAL.pdf
 06020.1 04 S20 Pg 3&4 with Select Term Riders NonT_bracketed FINAL.pdf
 06020.1 04 S30 Pg 3&4 with Select Term Riders NonT_bracketed FINAL.pdf

Item Status: **Status Date:**

Satisfied - Item: Regulation 19 Certification
Comments:

SERFF Tracking Number: STFL-126424480 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45045
Company Tracking Number: SFL09161
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: ST Riders Term / 09161
Project Name/Number: ST Riders Term / 09161/ST Riders Term / 09161

See attached Regulation 19 certification.

Attachment:

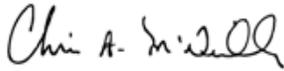
ARREG19 09161 et al.pdf

STATE OF ARKANSAS

CERTIFICATE

This is to certify that the attached forms have achieved a Flesch Reading Ease Score indicated below and comply with the requirements of Ark. Stat. Ann. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form #</u>	<u>Flesch Score</u>
09161	56
09162	56
09163	56
09181	55
09182	55
09183	55



Chris A McNeilly

Assistant Secretary

Title

February 24, 2010

Date



Application for Individual Life Insurance

1. Type of Application *(Check one)*

- a. New Business
- b. Change of Plan/Added Benefits Universal Life Increase Existing Plan Number(s): _____
 Term Conversion with Increase in Amount Select Term Re-entry

2. Proposed Insured 1 *(Print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial				
a. <input type="radio"/> Ms [Doe]		[John]		[J]				
b. Mailing Address		City		State	ZIP Code			
[123 Main St.]		[Bloomington]		[IL]	[61701]			
c. Social Security or Tax Identification Number		Driver's License Number		State	Sex	Birth Date (mm/dd/yyyy)	Age	
[000-00-0000]		[D000-0000-0000]		[IL]	[M]	[08-22-1974]	[35]	
d. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?		Yes	No
[Married]		[5 10]	[195]	[IL]	[<input checked="" type="radio"/> <input type="radio"/>]		<input checked="" type="radio"/>	<input type="radio"/>
e. Occupation		Employer's Name						
[Attorney]		[Self]						
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>							Yes	No
							[<input type="radio"/> <input checked="" type="radio"/>]	

f.

3. Proposed Insured 2 *(Additional Insured or Payor, print name in full)*

<input checked="" type="radio"/> Mr Last Name		First Name		Middle Initial				
a. <input type="radio"/> Ms [Doe]		[Jane]		[A]				
b. Social Security or Tax Identification Number		Driver's License Number		State	Sex	Birth Date (mm/dd/yyyy)	Age	
[000-00-0000]		[D000-0000-0000]		[IL]	[F]	[06-07-1974]	[35]	
c. Marital Status		Height	Weight	State of Birth	United States or Canadian Citizen?		Yes	No
[Married]		[5 6]	[130]	[IL]	[<input checked="" type="radio"/> <input type="radio"/>]		<input checked="" type="radio"/>	<input type="radio"/>
d. Occupation		Employer's Name						
[Attorney]		[Self]						
Do job duties involve work in one of the following occupation categories: amusement, sports, construction, explosives, diving, liquor, logging, mining, gas, or oil? <i>(If yes, explain exact duties.)</i>							Yes	No
							[<input type="radio"/> <input checked="" type="radio"/>]	

e.

4. Applicant/Owner *(Complete 4 if not Proposed Insured 1, print name in full)*

Last Name		First Name		Middle Initial	Social Security or Tax Identification Number
a. [Doe]		[Jane]		[A]	[000-00-0000]
b. Mailing Address		City		State	ZIP Code
[123 Main St.]		[Bloomington]		[IL]	[61701]

Successor Owner *(Required unless the Applicant/Owner is a Trust or Corporation)*

Last Name		First Name		Middle Initial
c. [Doe]		[Jill]		[A]

9. Universal Life / Second to Die

a. **Initial Basic Amount:** \$ _____ Universal Life Second to Die

b. **Death Benefit:** (Complete for new policy only.) If no option is chosen, policy provisions determine the option.

Option 1 - Basic Amount Option 2 - Basic Amount plus Account Value

c. **Riders/Benefits applied for:** (Check Ratebook for availability of riders.)

Waiver of Monthly Deduction (PI 1 only) Yes No

Universal Life ONLY

- Guaranteed Insurability Option \$ _____
- Children's Term Rider _____ Units
- Level Term (PI 2) \$ _____
- Accelerated Death Benefit for Long-Term Care

Second to Die ONLY

- Level Term (PI 1) \$ _____
- Level Term (PI 2) \$ _____
- Second to Die 4-Year Level Term

d. **Dividend Option:** (If no option is chosen, policy provisions determine the option.)

Addition to Account Value Cash

e. **Planned Premium:**

Mode chosen: Annual SFPP Existing SFPP Account Number: _____
 Other Special Monthly: _____

Amount to be billed each payment date: \$ _____

Amount of premium submitted with Application: \$ _____

f. **Increase in Basic Amount for Universal Life only:** (Do not complete for new policy.) \$ _____

10. Beneficiary Designation - Proposed Insured 1

Completion of this section will replace all previous rider and policy designations for this policy. If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 1 is the Survivor or insured under a Level Term (PI 1) rider.

Primary Beneficiary - Full Name [Jane A. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

11. Beneficiary Designation - Proposed Insured 2

Complete for Additional Insured's rider only if the Beneficiary provision in the rider is NOT desired. If this section is completed, the Payment of Benefit provision of the policy will control rather than the Beneficiary provision of such rider. "Additional Insured" would be used in place of the "Insured". If a Change of Plan or an addition in coverage, this designation will replace previous designations for this insured. If the Basic Plan is Second to Die, this designation applies only if Proposed Insured 2 is the Survivor or insured under a Level Term (PI 2) rider.

Primary Beneficiary - Full Name [John J. Doe]	Relationship [Spouse]
Successor Beneficiary - Full Name [Jill A. Doe]	Relationship [Child]

12. Complete 12 if CTR applied for. List children under age 18 (if none, so state)

Last Name, First Name, MI <i>(If last name different, explain.)</i>	Relationship to Proposed Insured 1	Birthdate			Amount Now Insured For
		Month	Day	Year	
					\$

Complete 13-15 if CTR applied for OR Proposed Insured 1 is under age 16.

13. In the last 10 years, has Proposed Insured 1 or any children named in question 12, been diagnosed, treated, or been given advice by a member of the medical profession for: *(If yes, check all that apply and explain.)* Yes No

- a. birth defect
- b. asthma
- c. kidney disease
- d. leukemia
- e. mental disorder
- f. seizure
- g. heart murmur
- h. cancer
- i. impairment of sight, hearing, or speech
- j. diabetes
- k. anemia

14. Has Proposed Insured 1 or any children named in question 12, ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? *(If yes, explain.)* Yes No

15. In the last 3 years, has Proposed Insured 1 or any children named in question 12, seen a doctor for any reason not previously explained excluding any routine physical examination with normal findings? *(If yes, explain.)*

16. Complete for all Applications

Proposed Insured 1 or Applicant, if other than Proposed Insured 1: Yes No

- a. Do you own any life insurance or annuities on yourself or others? [Yes No]
- b. If yes, is this policy a replacement of any of those policies? [Yes No]

c. What is the total amount of life insurance in force on you from all companies (excluding group insurance)?
 PI 1 \$ _____ PI 2 \$ _____

d. Is anyone now applying for life or health insurance on you with any other company? *(If yes, in Explanations state company and amounts.)*
 PI 1: Yes No PI 2: Yes No

Applications (Ages 16 & up): Complete 17-23

	PI 1		PI 2													
	Yes	No	Yes	No												
<p>17. Have you used tobacco or other nicotine products in any form in the last 36 months? <i>(If yes, please provide month/year last used: PI 1 _____ / _____ PI 2 _____ / _____)</i> <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year Month Year </div> </p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>18. In the last 10 years, have you been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i> <i>(Check all that apply)</i> <i>(Check all that apply)</i></p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> <td style="width: 25%;">PI 1</td> <td style="width: 25%;">PI 2</td> </tr> <tr> <td>a. <input type="checkbox"/></td> <td><input type="checkbox"/> cancer or tumor</td> <td>c. <input type="checkbox"/></td> <td><input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure</td> </tr> <tr> <td>b. <input type="checkbox"/></td> <td><input type="checkbox"/> diabetes</td> <td>d. <input type="checkbox"/></td> <td><input type="checkbox"/> stroke or transient ischemic attack (TIA)</td> </tr> </table>	PI 1	PI 2	PI 1	PI 2	a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure	b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
PI 1	PI 2	PI 1	PI 2													
a. <input type="checkbox"/>	<input type="checkbox"/> cancer or tumor	c. <input type="checkbox"/>	<input type="checkbox"/> heart disease or disorder, chest pain, high blood pressure													
b. <input type="checkbox"/>	<input type="checkbox"/> diabetes	d. <input type="checkbox"/>	<input type="checkbox"/> stroke or transient ischemic attack (TIA)													
<p>19. Have you ever been diagnosed by a member of the medical profession or tested positive for Human Immunodeficiency Virus (AIDS virus) or Acquired Immune Deficiency Syndrome (AIDS)? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>20. In the last 5 years, have you for any reason not previously explained: <i>(If yes, explain.)</i></p> <p>a. seen a doctor or psychologist?</p> <p>b. had medication prescribed other than medications for cold, flu, seasonal allergies (i.e. hay fever), or birth control? <i>(If yes, list and explain.)</i></p> <p>c. had or been advised by a member of the medical profession to have treatment or a test (except for Human Immunodeficiency Virus) in any lab, clinic, or hospital?</p> <p>d. been told by a member of the medical profession surgery was necessary?</p>	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>21. In the last 3 years, have you: <i>(If yes, explain.)</i></p> <p>a. been convicted of or pleaded guilty to any felony or any moving violations or driving under the influence of alcohol or drugs?</p> <p>b. engaged in any type of aviation activity (other than as a passenger); or is any such activity planned in the next 6 months?</p> <p>c. engaged in avocations such as mountain/rock climbing, vehicle racing, SCUBA/skin diving, sky diving, ballooning, or hang gliding; or is any such activity planned in the next 6 months?</p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>22. Do you plan to leave or travel from the United States or Canada in the next 6 months? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												

23. Proposed Insured 1 or Applicant, if other than Proposed Insured 1:

	Yes	No
<p>a. Have you entered into or made any plans to enter into any agreement or contract to sell or assign the ownership of, or a beneficial interest in the policy you are applying for? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>b. Have you received or do you anticipate receiving any type of inducement, fee, or compensation as an incentive to purchase the policy you are applying for? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>c. Have you ever received any inducement, fee or compensation as an incentive to purchase, sell, transfer or assign a life insurance or annuity policy? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<p>d. Have you ever sold, transferred or assigned any life insurance or annuity policy to a third party, such as a viatical settlement entity, life settlement entity, insurance company, other secondary market provider, or premium financing entity? <i>(If yes, explain.)</i></p>	[<input type="radio"/>]	[<input checked="" type="radio"/>]

Applications (Ages 16 & up if NO medical exam is required): Complete 24-26

		PI 1		PI 2	
		Yes	No	Yes	No
24. In the last 10 years, have you for any reason not previously explained, been diagnosed, treated, or been given advice by a member of the medical profession for: <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
<i>(Check all that apply)</i>					
PI 1	PI 2			PI 1	PI 2
a. <input type="checkbox"/>	<input type="checkbox"/> respiratory disorder			c. <input type="checkbox"/>	<input type="checkbox"/> mental or nervous disorder
b. <input type="checkbox"/>	<input type="checkbox"/> liver or intestinal disorder			d. <input type="checkbox"/>	<input type="checkbox"/> blood disorder
25. In the last 5 years, have you applied for or received disability benefits; had an injury to your neck, back, arm, or leg; or had any loss of sight or hearing? <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]
26. In the last 5 years, have you used cocaine, marijuana, methamphetamine, or any other controlled substance or narcotic not prescribed by a member of the medical profession; had medical treatment or counseling for use of alcohol or prescribed or non-prescribed drugs; or been advised by a member of the medical profession to discontinue use of alcohol or prescribed or non-prescribed drugs? <i>(If yes, explain.)</i>		[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]

27. Explanations:

If space below is insufficient, use additional sheets which will be part of this application. Sheets must be signed and dated by Proposed Insured(s), and/or Applicant, and witnessed by Agent.

[Q20 a. Annual physical with Dr. William Carter, Bloomington, IL]

28. Agreements

Coverage will be effective as of the Policy Date if the following conditions are met: the first premium is paid when this policy is delivered; the Proposed Insureds are living on the delivery date; and, on that delivery date, the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

For changes in Basic Amount for a Universal Life Policy, the change will be effective on the Deduction Date on or next following acceptance of the change by the Company if on such Deduction Date the following conditions are met: there is enough Cash Surrender Value to make the required monthly deduction; the Proposed Insureds are all living; and the information given to the Company is true and complete to the best of the Proposed Insureds' and Applicant's knowledge and belief.

However, if a binding receipt has been given and is in effect, its terms apply.

All Proposed Insureds and the Applicant state that the information in this Application and any medical history is true and complete to the best of their knowledge and belief. Information is not true and complete to the best of their knowledge and belief if it misrepresents or omits a fact which a Proposed Insured or the Applicant knew or should have known, regardless whether the misrepresentation or omission was intentional. It is agreed that the Company can investigate the truth and completeness of such information while this policy is contestable.

By accepting this Policy, the Owner agrees to the beneficiaries named and corrections made. No change in plan, amount, benefits, or age at issue may be made on the Application unless the Owner agrees in writing. Only an authorized company officer may change the policy provisions. Neither the agent nor a medical examiner may pass on insurability.

Any policy issued on this Application will be owned by Proposed Insured 1 or the Applicant, if other than Proposed Insured 1.

Insurance laws may prohibit the owner of a life insurance policy from entering into any agreement to sell, transfer or assign a life insurance policy prior to the date the policy was issued, or within a period of time specified by state law after the date the policy was issued. The Owner should consult with legal advisors for any questions about these matters.

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

Social Security or Tax Identification Number (TIN) Certification

By signing this application, I certify under penalties of perjury that (1) the TIN shown above is correct, and (2) I am exempt from backup withholding, or that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, (If you are subject to backup withholding, cross out item 2.) and (3) I am a U.S. person (Including a U.S. resident alien).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (See instructions.)

SAMPLE

Date Signed [August 15, 2010]

Signature of Proposed Insured 1 X [John J. Doe]
Not required if Proposed Insured is under age 16.

at [Bloomington] [IL]
City State

Signature of Proposed Insured 2 X [Jane A. Doe]

Signature of Agent as Witness to all Signatures X [Mark Smith]

Signature of Applicant X [Jane A. Doe]
Not required unless applicant is other than Proposed Insured 1. If a firm or corporation is to be the owner, give its name and signature of authorized officer.

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Basic Plan Amount \$[100,000]
 Policy Date [August 15, 2010]
 Issue Date [August 15, 2010]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Form	Description	Initial Amount	Benefit Period Ends	Annual Premium	Premiums Payable
06020	Basic Plan (Adjustable Premium Level Term to Age 95)	\$[100,000]	In [2070]	\$[212.00]*	To [2020]*

* Subsequent premiums included below
 Class of Risk: [Standard Male Non-Tobacco]
 Initial Premium Guarantee Period: 10 Years
 Level Premium Period: 10 Years

See Adjustment of Basic Plan Premiums provision on page 7 for Basic Plan Premiums after the Initial Premium Guarantee Period.

S C H E D U L E O F P R E M I U M S

The Basic Plan Premiums are included below. Monthly premiums must be paid under one of the monthly payment plans made available.

Beginning	Annual	Monthly
[August 15, 2010]	\$ 212.00	\$ 18.44]
[August 15, 2011]	212.00	18.44]
[August 15, 2012]	212.00	18.44]
[August 15, 2013]	212.00	18.44]
[August 15, 2014]	212.00	18.44]
[August 15, 2015]	212.00	18.44]
[August 15, 2016]	212.00	18.44]
[August 15, 2017]	212.00	18.44]
[August 15, 2018]	212.00	18.44]

S C H E D U L E O F P R E M I U M S

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2019	\$ 212.00	\$ 18.44]
[August 15, 2020	782.00	68.03]
[August 15, 2021	851.00	74.04]
[August 15, 2022	908.00	79.00]
[August 15, 2023	953.00	82.91]
[August 15, 2024	1,010.00	87.87]
[August 15, 2025	1,085.00	94.40]
[August 15, 2026	1,181.00	102.75]
[August 15, 2027	1,298.00	112.93]
[August 15, 2028	1,433.00	124.67]
[August 15, 2029	1,604.00	139.55]
[August 15, 2030	1,796.00	156.25]
[August 15, 2031	1,994.00	173.48]
[August 15, 2032	2,186.00	190.18]
[August 15, 2033	2,378.00	206.89]
[August 15, 2034	2,603.00	226.46]
[August 15, 2035	2,876.00	250.21]
[August 15, 2036	3,209.00	279.18]
[August 15, 2037	3,596.00	312.85]
[August 15, 2038	4,019.00	349.65]
[August 15, 2039	4,460.00	388.02]
[August 15, 2040	4,919.00	427.95]
[August 15, 2041	5,384.00	468.41]
[August 15, 2042	5,870.00	510.69]
[August 15, 2043	6,383.00	555.32]
[August 15, 2044	6,959.00	605.43]
[August 15, 2045	7,631.00	663.90]
[August 15, 2046	8,447.00	734.89]
[August 15, 2047	9,401.00	817.89]
[August 15, 2048	10,406.00	905.32]
[August 15, 2049	11,486.00	999.28]
[August 15, 2050	12,662.00	1,101.59]
[August 15, 2051	13,988.00	1,216.96]
[August 15, 2052	15,530.00	1,351.11]
[August 15, 2053	17,321.00	1,506.93]
[August 15, 2054	19,328.00	1,681.54]
[August 15, 2055	21,566.00	1,876.24]
[August 15, 2056	23,999.00	2,087.91]
[August 15, 2057	26,576.00	2,312.11]
[August 15, 2058	29,390.00	2,556.93]
[August 15, 2059	32,519.00	2,829.15]
[August 15, 2060	35,999.00	3,131.91]
[August 15, 2061	39,827.00	3,464.95]
[August 15, 2062	43,964.00	3,824.87]
[August 15, 2063	48,362.00	4,207.49]
[August 15, 2064	52,976.00	4,608.91]
[August 15, 2065	57,572.00	5,008.76]
[August 15, 2066	62,096.00	5,402.35]
[August 15, 2067	66,836.00	5,814.73]

Continued on Next Page

SCHEDULE OF PREMIUMS

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2068	\$ 71,834.00	\$ 6,249.56]
[August 15, 2069	77,099.00	6,707.61]

If the premium paid is not the annual premium, the total amount of premium due each year is greater than the annual premium. Premiums other than the annual premium are increased to reflect the time value of money.

Initial Payment of \$[212.00] will provide coverage to [August 15, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00] and for the monthly premium is \$[4.35].

S C H E D U L E O F I N S U R A N C E

- Insurance Amount -

On Insured	[August 15],
\$[100,000	2010]
[100,000	2011]
[100,000	2012]
[100,000	2013]
[100,000	2014]
[100,000	2015]
[100,000	2016]
[100,000	2017]
[100,000	2018]
[100,000	2019]
[100,000	2020]
[100,000	2021]
[100,000	2022]
[100,000	2023]
[100,000	2024]
[100,000	2025]
[100,000	2026]
[100,000	2027]
[100,000	2028]
[100,000	2029]
[100,000	2030]
[100,000	2031]
[100,000	2032]
[100,000	2033]
[100,000	2034]
[100,000	2035]
[100,000	2036]
[100,000	2037]
[100,000	2038]
[100,000	2039]
[100,000	2040]
[100,000	2041]
[100,000	2042]
[100,000	2043]
[100,000	2044]
[100,000	2045]
[100,000	2046]
[100,000	2047]
[100,000	2048]
[100,000	2049]
[100,000	2050]

SCHEDULE OF INSURANCE

Continued From Page 4

- Insurance Amount -

On
Insured

[August 15],

[100,000	2051]
[100,000	2052]
[100,000	2053]
[100,000	2054]
[100,000	2055]
[100,000	2056]
[100,000	2057]
[100,000	2058]
[100,000	2059]
[100,000	2060]
[100,000	2061]
[100,000	2062]
[100,000	2063]
[100,000	2064]
[100,000	2065]
[100,000	2066]
[100,000	2067]
[100,000	2068]
[100,000	2069]
[0	2070]

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Basic Plan Amount \$[100,000]
 Policy Date [August 15, 2010]
 Issue Date [August 15, 2010]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Form	Description	Initial Amount	Benefit Period Ends	Annual Premium	Premiums Payable
06020	Basic Plan (Adjustable Premium Level Term to Age 95)	\$[100,000]	In [2070]	\$[243.00]*	To [2030]*

* Subsequent premiums included below

Class of Risk: [Standard Male Non-Tobacco]
 Initial Premium Guarantee Period: 20 Years
 Level Premium Period: 20 Years

See Adjustment of Basic Plan Premiums provision on page 7 for Basic Plan Premiums after the Initial Premium Guarantee Period.

S C H E D U L E O F P R E M I U M S

The Basic Plan Premiums are included below. Monthly premiums must be paid under one of the monthly payment plans made available.

Beginning	Annual	Monthly
[August 15, 2010]	\$ 243.00	\$ 21.14]
[August 15, 2011]	243.00	21.14]
[August 15, 2012]	243.00	21.14]
[August 15, 2013]	243.00	21.14]
[August 15, 2014]	243.00	21.14]
[August 15, 2015]	243.00	21.14]
[August 15, 2016]	243.00	21.14]
[August 15, 2017]	243.00	21.14]
[August 15, 2018]	243.00	21.14]

S C H E D U L E O F P R E M I U M S

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2019	\$ 243.00	\$ 21.14]
[August 15, 2020	243.00	21.14]
[August 15, 2021	243.00	21.14]
[August 15, 2022	243.00	21.14]
[August 15, 2023	243.00	21.14]
[August 15, 2024	243.00	21.14]
[August 15, 2025	243.00	21.14]
[August 15, 2026	243.00	21.14]
[August 15, 2027	243.00	21.14]
[August 15, 2028	243.00	21.14]
[August 15, 2029	243.00	21.14]
[August 15, 2030	1,796.00	156.25]
[August 15, 2031	1,994.00	173.48]
[August 15, 2032	2,186.00	190.18]
[August 15, 2033	2,378.00	206.89]
[August 15, 2034	2,603.00	226.46]
[August 15, 2035	2,876.00	250.21]
[August 15, 2036	3,209.00	279.18]
[August 15, 2037	3,596.00	312.85]
[August 15, 2038	4,019.00	349.65]
[August 15, 2039	4,460.00	388.02]
[August 15, 2040	4,919.00	427.95]
[August 15, 2041	5,384.00	468.41]
[August 15, 2042	5,870.00	510.69]
[August 15, 2043	6,383.00	555.32]
[August 15, 2044	6,959.00	605.43]
[August 15, 2045	7,631.00	663.90]
[August 15, 2046	8,447.00	734.89]
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[August 15, 2055	21,566.00	1,876.24]
[August 15, 2056	23,999.00	2,087.91]
[August 15, 2057	26,576.00	2,312.11]
[August 15, 2058	29,390.00	2,556.93]
[August 15, 2059	32,519.00	2,829.15]
[August 15, 2060	35,999.00	3,131.91]
[August 15, 2061	39,827.00	3,464.95]
[August 15, 2062	43,964.00	3,824.87]
[August 15, 2063	48,362.00	4,207.49]
[August 15, 2064	52,976.00	4,608.91]
[August 15, 2065	57,572.00	5,008.76]
[August 15, 2066	62,096.00	5,402.35]
[August 15, 2067	66,836.00	5,814.73]

Continued on Next Page

SCHEDULE OF PREMIUMS

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2068	\$ 71,834.00	\$ 6,249.56]
[August 15, 2069	77,099.00	6,707.61]

If the premium paid is not the annual premium, the total amount of premium due each year is greater than the annual premium. Premiums other than the annual premium are increased to reflect the time value of money.

Initial Payment of \$[243.00] will provide coverage to [August 15, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00] and for the monthly premium is \$[4.35].

S C H E D U L E O F I N S U R A N C E

- Insurance Amount -

On Insured	[August 15],
\$[100,000	2010]
[100,000	2011]
[100,000	2012]
[100,000	2013]
[100,000	2014]
[100,000	2015]
[100,000	2016]
[100,000	2017]
[100,000	2018]
[100,000	2019]
[100,000	2020]
[100,000	2021]
[100,000	2022]
[100,000	2023]
[100,000	2024]
[100,000	2025]
[100,000	2026]
[100,000	2027]
[100,000	2028]
[100,000	2029]
[100,000	2030]
[100,000	2031]
[100,000	2032]
[100,000	2033]
[100,000	2034]
[100,000	2035]
[100,000	2036]
[100,000	2037]
[100,000	2038]
[100,000	2039]
[100,000	2040]
[100,000	2041]
[100,000	2042]
[100,000	2043]
[100,000	2044]
[100,000	2045]
[100,000	2046]
[100,000	2047]
[100,000	2048]
[100,000	2049]
[100,000	2050]

SCHEDULE OF INSURANCE

Continued From Page 4

- Insurance Amount -

On
Insured

[August 15],

[100,000	2051]
[100,000	2052]
[100,000	2053]
[100,000	2054]
[100,000	2055]
[100,000	2056]
[100,000	2057]
[100,000	2058]
[100,000	2059]
[100,000	2060]
[100,000	2061]
[100,000	2062]
[100,000	2063]
[100,000	2064]
[100,000	2065]
[100,000	2066]
[100,000	2067]
[100,000	2068]
[100,000	2069]
[0	2070]

P O L I C Y I D E N T I F I C A T I O N

Insured [JOHN J DOE] Age [35]
 [(Male)]
 Policy Number LF-[0000-0000] Basic Plan Amount \$[100,000]
 Policy Date [August 15, 2010]
 Issue Date [August 15, 2010]
 Additional Insured [JANE A DOE] Age [35]
 [(Female)]
 Owner [JANE A DOE]

S C H E D U L E O F B E N E F I T S

Form	Description	Initial Amount	Benefit Period Ends	Annual Premium	Premiums Payable
06020	Basic Plan (Adjustable Premium Level Term to Age 95)	\$[100,000]	In [2070]	\$[382.00]*	To [2040]*
	* Subsequent premiums included below Class of Risk: [Standard Male Non-Tobacco] Initial Premium Guarantee Period: 30 Years Level Premium Period: 30 Years				
	See Adjustment of Basic Plan Premiums provision on page 7 for Basic Plan Premiums after the Initial Premium Guarantee Period.				
09161	Adjustable Premium Level Term to Age 95	\$[100,000]	In [2070]	\$[162.00]*	To [2020]*
	*Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco]				
	See Adjustment of Premium provision in this Rider for Premiums for this Rider after 10 years.				
09162	Adjustable Premium Level Term to Age 95	\$[100,000]	In [2070]	\$[193.00]*	To [2030]*
	*Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco]				
	See Adjustment of Premium provision in this Rider for Premiums for this Rider after 20 years.				
09163	Adjustable Premium Level Term to Age 95	\$[100,000]	In [2070]	\$[332.00]*	To [2040]*
	*Subsequent premiums included below Class of Risk: [Standard Male Non-tobacco]				
	See Adjustment of Premium provision in this Rider for Premiums for this Rider after 30 years.				

S C H E D U L E O F P R E M I U M S

Continued From Page 3

09181 Additional Insured's \$[100,000] In [2070] \$[127.00]* To [2020]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 10 years.

09182 Additional Insured's \$[100,000] In [2070] \$[162.00]* To [2030]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 20 years.

09183 Additional Insured's \$[100,000] In [2070] \$[264.00]* To [2040]*
 Adjustable Premium Level
 Term to Age 95

*Subsequent premiums included below
 Class of Risk: [Standard Female Non-tobacco]

See Adjustment of Premium provision in this Rider for Premiums for this Rider after 30 years.

S C H E D U L E O F P R E M I U M S

The Basic Plan Premiums are included below. Monthly premiums must be paid under one of the monthly payment plans made available.

Beginning	Annual	Monthly
[August 15, 2010	\$ 1,622.00	\$ 141.10]
[August 15, 2011	1,622.00	141.10]
[August 15, 2012	1,622.00	141.10]
[August 15, 2013	1,622.00	141.10]
[August 15, 2014	1,622.00	141.10]
[August 15, 2015	1,622.00	141.10]
[August 15, 2016	1,622.00	141.10]
[August 15, 2017	1,622.00	141.10]
[August 15, 2018	1,622.00	141.10]

Continued on Next Page

S C H E D U L E O F P R E M I U M S

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2019	\$ 1,622.00	\$ 141.10]
[August 15, 2020	2,602.00	226.36]
[August 15, 2021	2,725.00	237.06]
[August 15, 2022	2,845.00	247.50]
[August 15, 2023	2,959.00	257.42]
[August 15, 2024	3,094.00	269.17]
[August 15, 2025	3,256.00	283.26]
[August 15, 2026	3,451.00	300.23]
[August 15, 2027	3,679.00	320.06]
[August 15, 2028	3,931.00	341.99]
[August 15, 2029	4,225.00	367.56]
[August 15, 2030	7,428.00	646.23]
[August 15, 2031	8,130.00	707.30]
[August 15, 2032	8,838.00	768.90]
[August 15, 2033	9,558.00	831.54]
[August 15, 2034	10,350.00	900.44]
[August 15, 2035	11,256.00	979.27]
[August 15, 2036	12,318.00	1,071.66]
[August 15, 2037	13,512.00	1,175.54]
[August 15, 2038	14,802.00	1,287.77]
[August 15, 2039	16,170.00	1,406.78]
[August 15, 2040	29,894.00	2,600.78]
[August 15, 2041	32,636.00	2,839.33]
[August 15, 2042	35,561.00	3,093.81]
[August 15, 2043	38,702.00	3,367.07]
[August 15, 2044	42,194.00	3,670.88]
[August 15, 2045	46,223.00	4,021.40]
[August 15, 2046	51,017.00	4,438.48]
[August 15, 2047	56,507.00	4,916.11]
[August 15, 2048	62,354.00	5,424.80]
[August 15, 2049	68,699.00	5,976.81]
[August 15, 2050	75,626.00	6,579.46]
[August 15, 2051	83,369.00	7,253.10]
[August 15, 2052	92,237.00	8,024.62]
[August 15, 2053	102,344.00	8,903.93]
[August 15, 2054	113,603.00	9,883.46]
[August 15, 2055	126,569.00	11,011.50]
[August 15, 2056	141,233.00	12,287.27]
[August 15, 2057	156,761.00	13,638.21]
[August 15, 2058	173,498.00	15,094.33]
[August 15, 2059	192,125.00	16,714.88]
[August 15, 2060	212,237.00	18,464.62]
[August 15, 2061	234,866.00	20,433.34]
[August 15, 2062	260,450.00	22,659.15]
[August 15, 2063	287,573.00	25,018.85]
[August 15, 2064	315,515.00	27,449.81]
[August 15, 2065	340,883.00	29,656.82]
[August 15, 2066	365,657.00	31,812.16]
[August 15, 2067	395,687.00	34,424.77]

Continued on Next Page

SCHEDULE OF PREMIUMS

Continued From Page 3

Beginning	Annual	Monthly
[August 15, 2068	\$430,682.00	\$37,469.33]
[August 15, 2069	470,426.00	40,927.06]

If the premium paid is not the annual premium, the total amount of premium due each year is greater than the annual premium. Premiums other than the annual premium are increased to reflect the time value of money.

Initial Payment of \$[1,622.00] will provide coverage to [August 15, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00] and for the monthly premium is \$[4.35].

S C H E D U L E O F I N S U R A N C E

- Insurance Amount -

On Insured	On Additional Insured	[August 15],
\$[400,000	\$300,000	2010]
[400,000	300,000	2011]
[400,000	300,000	2012]
[400,000	300,000	2013]
[400,000	300,000	2014]
[400,000	300,000	2015]
[400,000	300,000	2016]
[400,000	300,000	2017]
[400,000	300,000	2018]
[400,000	300,000	2019]
[400,000	300,000	2020]
[400,000	300,000	2021]
[400,000	300,000	2022]
[400,000	300,000	2023]
[400,000	300,000	2024]
[400,000	300,000	2025]
[400,000	300,000	2026]
[400,000	300,000	2027]
[400,000	300,000	2028]
[400,000	300,000	2029]
[400,000	300,000	2030]
[400,000	300,000	2031]
[400,000	300,000	2032]
[400,000	300,000	2033]
[400,000	300,000	2034]
[400,000	300,000	2035]
[400,000	300,000	2036]
[400,000	300,000	2037]
[400,000	300,000	2038]
[400,000	300,000	2039]
[400,000	300,000	2040]
[400,000	300,000	2041]
[400,000	300,000	2042]
[400,000	300,000	2043]
[400,000	300,000	2044]
[400,000	300,000	2045]
[400,000	300,000	2046]
[400,000	300,000	2047]
[400,000	300,000	2048]
[400,000	300,000	2049]
[400,000	300,000	2050]

Continued on Next Page

SCHEDULE OF INSURANCE

Continued From Page 4

- Insurance Amount -

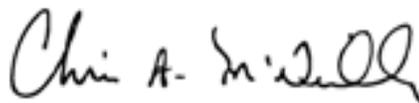
On Insured	On Additional Insured	[August 15],
[400,000	300,000	2051]
[400,000	300,000	2052]
[400,000	300,000	2053]
[400,000	300,000	2054]
[400,000	300,000	2055]
[400,000	300,000	2056]
[400,000	300,000	2057]
[400,000	300,000	2058]
[400,000	300,000	2059]
[400,000	300,000	2060]
[400,000	300,000	2061]
[400,000	300,000	2062]
[400,000	300,000	2063]
[400,000	300,000	2064]
[400,000	300,000	2065]
[400,000	300,000	2066]
[400,000	300,000	2067]
[400,000	300,000	2068]
[400,000	300,000	2069]
[0		2070]

STATE OF ARKANSAS

CERTIFICATION

This is to certify that the forms contained in this submission are in compliance with Arkansas Regulation No. 19:

Form # 09161, 09162, 09163, 09181, 09182, 09183



Chris A. McNeilly
Assistant Secretary

March 1, 2010

Date