

SERFF Tracking Number: STFL-126461619 State: Arkansas  
Filing Company: State Farm Life Insurance Company State Tracking Number: 45044  
Company Tracking Number: SFL10200  
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life  
Product Name: WPD Whole Life / 10200  
Project Name/Number: WPD Whole Life / 10200/WPD Whole Life / 10200

## Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: WPD Whole Life / 10200

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate  
Premium - Single Life

Filing Type: Form

SERFF Tr Num: STFL-126461619 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45044

Co Tr Num: SFL10200

State Status: Approved-Closed

Author: Rhonda Brackman

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: WPD Whole Life / 10200

Project Number: WPD Whole Life / 10200

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/02/2010

Deemer Date:

Submitted By: Rhonda Brackman

Filing Description:

NAIC #: 69108

FEIN #37-0533090

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This new form was  
filed with the Illinois Department of Insurance  
on February 7, 2010; approval is pending.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/02/2010

Created By: Rhonda Brackman

Corresponding Filing Tracking Number:

Dear Sir or Madam:

SERFF Tracking Number: STFL-126461619 State: Arkansas  
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Enclosed for your consideration is the following new individual life insurance form:

10200 Waiver of Premium Benefit Rider

Form 10200 provides a waiver of premium benefit if the Insured is totally disabled as defined in the form. The issue ages are 0-59. Form 10200 can be attached to Limited Payment Whole Life Insurance Policy forms 07000, 07002, and 07003, which were approved by your Department on February 7, 2007.

Form 10200 will provide a limited waiver benefit for total disabilities starting on and after the policy anniversary when the Insured is age 60 and before the policy anniversary when the Insured is age 65.

Form 10200 will replace form 07200, which was approved by your Department on February 7, 2007.

This new form was filed with the Illinois Department of Insurance on February 7, 2010; approval is pending.

Application for Individual Life Insurance, 1000704 AR.1 will be used with this form; 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.

This form will be marketed exclusively through State Farm agents.

The effective date for this form is 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

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 form @ \$50.00 = \$50.00  
(EFT Voucher ID# 14518448)  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$50.00	03/01/2010	34505324

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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-126461619      *State:* Arkansas  
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*Product Name:* WPD Whole Life / 10200  
*Project Name/Number:* WPD Whole Life / 10200/WPD Whole Life / 10200

## **Disposition**

Disposition Date: 03/02/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Regulation 19 Certification		Yes
<b>Supporting Document</b>	Sample Specification Pages 3&4		Yes
<b>Form</b>	Waiver of Premium Benefit Rider		Yes

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## Form Schedule

**Lead Form Number: 10200**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10200	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			10200 WPD Whole Life 15 Pay Life 20100111 FINAL _bracketed.pdf

<b>WAIVER OF PREMIUM BENEFIT RIDER</b>
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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. The premiums for this Rider are shown on page 3. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Premium," "The Contract," "Assignment," and "Error in Age or Sex." 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.

**Waiver of Premium Benefit.** We will waive each premium due as defined below if the Insured becomes totally disabled while this Rider is in force and such Total Disability has existed for 6 continuous months during the lifetime of the Insured as follows:

- (1) If the Insured becomes totally disabled prior to the Policy Anniversary when the Insured is age 60, We will waive each premium due until the Policy Anniversary when the Insured is age 65 as long as the Total Disability continues. If the Insured is totally disabled as defined below on the Policy Anniversary when the Insured is age 65, We will waive all future premiums due.
- (2) If the Insured becomes totally disabled on or after the Policy Anniversary when the Insured is age 60 and prior to the Policy Anniversary when the Insured is age 62, We will waive each premium due until the Policy Anniversary when the Insured is age 65 as long as the Total Disability continues. We will not waive any premium due on or after the Policy Anniversary when the Insured is age 65.
- (3) If the Insured becomes totally disabled on or after the Policy Anniversary when the Insured is age 62 and prior to the Policy Anniversary when the Insured is age 65, We will waive each premium due until the third Policy Anniversary after Total Disability starts as long as the Total Disability continues. We will not waive any premium due on or after the third Policy Anniversary after Total Disability starts.

We will only waive premiums due on and after Total Disability starts. No premium will be waived which was due more than one year prior to the date We receive notice of claim. While premiums are waived, all benefits continue as though You had paid the premiums.

A recurrence of a Total Disability for which We had been waiving premiums will be deemed a continuation of the prior period of Total Disability if the recurrence:

- (1) results from the same injury or disease that caused the previous Total Disability;
- (2) starts within 6 months of the date the previous Total Disability ended; and
- (3) starts while this Rider is still in force.

Such recurrent Total Disability will not be subject to a new requirement that the Total Disability must first exist for 6 continuous months during the Insured's lifetime.

**Total Disability Defined.** Total Disability is a condition caused by injury or disease. During the first 24 months after Total Disability starts, this condition must prevent the Insured from performing substantially all of the work of the Insured's regular occupation. After the first 24 months after Total Disability starts, the condition must prevent the Insured from performing substantially all of the work in any occupation for which the Insured is, or becomes, reasonably qualified based upon education, training, or experience. The Insured's total and irrecoverable loss, caused by injury or disease, of any of the following will be considered Total Disability even if the Insured is able to work:

- (1) sight in both eyes.
- (2) use of both hands.
- (3) use of both feet.
- (4) use of one hand and one foot.

**Disabilities Not Covered.** We will not waive premiums if Total Disability:

- (1) starts before the Effective Date of this Rider unless such disability was disclosed in the Application,
- (2) starts before the Policy Anniversary when the Insured is age 5,
- (3) results from an intended self-injury, or
- (4) results from any act due to war whether or not the Insured is in the military service. "War" means declared or undeclared war or conflict involving the armed forces of one or more countries, governments, or international organizations.

**WAIVER OF PREMIUM BENEFIT RIDER (CONTINUED)**

**Notice and Proof of Total Disability.** We must receive notice of a claim and due proof of Total Disability while the Insured is alive and totally disabled. If this is not done, You should submit such notice and proof as soon as reasonably possible. We may also require You to submit proof of the Insured's continuing Total Disability at reasonable intervals, but no more frequently than once every 30 days during the first 24 months after Total Disability starts. If You do not submit proof when We require it, no further premiums will be waived. Failure to give such proof will not invalidate or diminish any claim if it can be shown that proof was given as soon as was reasonably possible. We will not require proof more than once a year after the Total Disability has lasted more than 2 years. We will not require proof after the Policy Anniversary when the Insured is age 65.

**Premium Payments.** If the Insured's Total Disability starts during a Grace Period, the unpaid premium must be paid before a claim will be approved. We may charge interest on that premium from the end of the Grace Period to the date paid at 6% a year. You must pay all premiums that come due until We approve the claim. We will refund any premium that You paid after Total Disability starts which is later waived. If the Insured dies before such refund is made, We will include that amount in the Proceeds.

**Termination.** This Rider will terminate on the Policy Anniversary shown on page 3 under Benefit Period Ends. We will terminate this Rider before that date when:

- (1) this Policy is terminated by surrender or lapse or
- (2) the Basic Plan is continued as Extended Term or Paid-up Insurance.

You may terminate this Rider by Request. This Rider will terminate on the date We receive Your Request. We will revise page 3 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.

Termination will not affect any claim for Total Disability which starts before termination.

**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 unless the Insured becomes totally disabled within that period. 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 unless the Insured becomes totally disabled within that period. Any contest will be based on material statements contained in the Application.

**Effective Date of This Rider.** This is the date coverage starts. It is the same as the Policy Date of this Policy unless a different date for this Rider is shown on page 3.

**State Farm Life Insurance Company**

  
Secretary

  
President

**SAMPLE**

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## Supporting Document Schedules

**Item Status:** **Status Date:**

**Satisfied - Item:** Flesch Certification

**Comments:**

See attached Flesch Certification for the form submitted.

**Attachment:**

ARFLESCH 10200.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 form 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:** Regulation 19 Certification

**Comments:**

See attached Regulation 19 certification.

**Attachment:**

ARREG19 10200.pdf

**Item Status:** **Status Date:**

**Satisfied - Item:** Sample Specification Pages 3&4

**Comments:**

See attached sample specification pages 3&4, displaying the new rider information.

**Attachments:**

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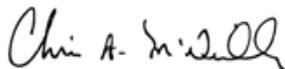
*Product Name:* WPD Whole Life / 10200  
*Project Name/Number:* WPD Whole Life / 10200/WPD Whole Life / 10200  
07000 AR with 10200 Pg 3 & 4 bracketed FINAL.pdf  
07002 AR with 10200 Pg 3 & 4 FINAL\_bracketed.pdf  
07003 AR with 10200 Pg 3 & 4 bracketed FINAL.pdf

**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>
10200	48



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Chris A McNeilly

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Assistant Secretary

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Title

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February 24, 2010

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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]

**5. Complete 5 if Proposed Insured is under age 16**

- a. Is Proposed Insured to be Owner at and after age 21?      Yes      No
- b. Give amount of insurance in force on: (If none, so indicate.)  
 Father \$      Mother \$

**6. Coverages Applied For** (Do not complete 6-8 if applying for Universal Life.)

- a. Amount Applied For: \$ \_\_\_\_\_ [100,000]  
**Basic Plan coverage applied for:**  
 Whole Life      ]       Term to Age 95 - 10      ]       5 Year Term      ]       Decreasing Term - 15      ]  
 15 Pay Life      ]       Term to Age 95 - 20      ]       Return of Premium Term - 20      ]       Decreasing Term - 30      ]  
 Single Premium Life      ]       Term to Age 95 - 30      ]       Return of Premium Term - 30      ]

- b. Riders/Benefits applied for: (Check Ratebook for availability of riders.)  
 Waiver of Premium (PI 1 only)       Yes       No      ]
- |  |  |
|--|--|
| <input type="checkbox"/> Guaranteed Insurability Option \$ _____ ]           |  |
| <input type="checkbox"/> Children's Term Rider _____ Units ]                 |  |
| <input type="checkbox"/> Payor (Complete PI 2) _____ ]                       |  |
| <input type="checkbox"/> 5 Year Term (PI 1) \$ _____ ]                       | <input type="checkbox"/> 5 Year Term (PI 2) \$ _____ ]                       |
| <input checked="" type="checkbox"/> Term to Age 95 - 10 (PI 1) \$ [162.00] ] | <input checked="" type="checkbox"/> Term to Age 95 - 10 (PI 2) \$ [127.00] ] |
| <input checked="" type="checkbox"/> Term to Age 95 - 20 (PI 1) \$ [193.00] ] | <input checked="" type="checkbox"/> Term to Age 95 - 20 (PI 2) \$ [162.00] ] |
| <input checked="" type="checkbox"/> Term to Age 95 - 30 (PI 1) \$ [332.00] ] | <input checked="" type="checkbox"/> Term to Age 95 - 30 (PI 2) \$ [264.00] ] |
| <input type="checkbox"/> Decreasing Term - 15 (PI 1) \$ _____ ]              | <input type="checkbox"/> Decreasing Term - 15 (PI 2) \$ _____ ]              |
| <input type="checkbox"/> Decreasing Term - 30 (PI 1) \$ _____ ]              | <input type="checkbox"/> Decreasing Term - 30 (PI 2) \$ _____ ]              |

- c. Amount of premium submitted with Application: \$ \_\_\_\_\_ [2,741.00]  
 Mode of premium payment: \_\_\_\_\_ [annual]

**7. Dividend Option**

- If the dividend option chosen is not available or no option is chosen, policy provisions determine the option.
- Paid-up Additions  
 Accumulate  
 Reduce Premium  
 Cash

**8. Complete if policy applied for has an APL provision.**

- Do you want the Automatic Premium Loan provision to apply, if applicable?      Yes      No

**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**

**Second to Die ONLY**

Guaranteed Insurability Option \$ \_\_\_\_\_

Level Term (PI 1) \$ \_\_\_\_\_

Children's Term Rider \_\_\_\_\_ Units

Level Term (PI 2) \$ \_\_\_\_\_

Level Term (PI 2) \$ \_\_\_\_\_

Second to Die 4-Year Level Term

Accelerated Death Benefit for Long-Term Care

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><b>17.</b> 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: x-small; margin-top: 5px;"> <span>Month      Year</span> <span>Month      Year</span> </div> </p>	[ <input type="radio"/> ]	[ <input checked="" type="radio"/> ]	[ <input type="radio"/> ]	[ <input checked="" type="radio"/> ]												
<p><b>18.</b> 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> <span style="margin-left: 100px;"><i>(Check all that apply)</i></span></p> <table border="0" style="width: 100%; font-size: small;"> <tr> <td style="width: 25%;"><b>PI 1</b></td> <td style="width: 25%;"><b>PI 2</b></td> <td style="width: 25%;"><b>PI 1</b></td> <td style="width: 25%;"><b>PI 2</b></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>	<b>PI 1</b>	<b>PI 2</b>	<b>PI 1</b>	<b>PI 2</b>	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"/> ]
<b>PI 1</b>	<b>PI 2</b>	<b>PI 1</b>	<b>PI 2</b>													
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><b>19.</b> 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><b>20.</b> 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 <b>other than</b> 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><b>21.</b> 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><b>22.</b> 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>					
<b>PI 1</b>	<b>PI 2</b>			<b>PI 1</b>	<b>PI 2</b>
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 ]

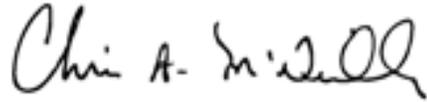
Signature of Applicant X [ Jane A. Doe ]  
Not required unless applicant is other than Proposed Insured 1. If a firm or corporation is to be the owner, give its name and signature of authorized officer.

**STATE OF ARKANSAS**

**CERTIFICATION**

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

Form # 10200



Chris A. McNeilly  
Assistant Secretary

March 1, 2010

Date

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

Insured	[JOHN J DOE] [(Male)]	Age	[35]
Policy Number	LF-[0000-0000]	Basic Plan Amount	[\$25,000]
Policy Date	[July 25, 2010]	Total Initial Amount	[\$25,000]
Issue Date	[July 25, 2010]	Policy Class	[1]
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
07000	Basic Plan (Whole Life Paid-up at Age 100) Class of Risk: [Standard Male Non-tobacco]	[\$25,000]	With Life	[\$436.75]	To [2075]
10200	Waiver of Premium		In [2040]	\$ [11.25]	To [2040]

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

Beginning	Annual	Semi-Annual	Quarterly	Monthly
[July 25, 2010]	[\$448.00]	[\$229.38]	[\$116.04]	[\$38.98]
[July 25, 2040]	[\$436.75]	[\$223.62]	[\$113.12]	[\$38.00]

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. Monthly premiums must be paid under one of the monthly payment plans made available.

Initial payment of \$[448.00] will provide coverage to [July 25, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00], for the semi-annual premium is \$[25.60], for the quarterly premium is \$[12.95], and for the monthly premium is \$[4.35].

SCHEDULE OF INSURANCE AND VALUES

- Insurance Amount -	-----Guaranteed Values-----					
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs	Days
\$[25,000	2010]					
[25,000	2011	1	.00	0	0	0]
[25,000	2012	2	82.00	375	2	131]
[25,000	2013	3	349.25	1,475	8	59]
[25,000	2015	5	909.75	3,575	15	132]
[25,000	2016	6	1,203.00	4,575	17	187]
[25,000	2017	7	1,505.00	5,525	19	68]
[25,000	2018	8	1,815.25	6,450	20	152]
[25,000	2019	9	2,133.75	7,325	21	122]
[25,000	2020	10	2,459.50	8,150	22	20]
[25,000	2021	11	2,793.75	8,975	22	231]
[25,000	2022	12	3,136.25	9,750	23	36]
[25,000	2023	13	3,488.75	10,475	23	166]
[25,000	2024	14	3,852.75	11,200	23	257]
[25,000	2025	15	4,228.00	11,900	23	315]
[25,000	2026	16	4,613.75	12,575	23	345]
[25,000	2027	17	5,009.50	13,225	23	352]
[25,000	2028	18	5,413.75	13,850	23	339]
[25,000	2029	19	5,826.00	14,450	23	306]
[25,000	2030	20	6,245.00	15,000	23	255]
[25,000	2031	21	6,656.50	15,225	23	175]
[25,000	2032	22	7,073.25	16,000	23	81]
[25,000	2033	23	7,497.25	16,475	22	340]
[25,000	2034	24	7,929.75	16,925	22	224]
[25,000	2035	25	8,396.50	17,350	22	99]
[25,000	2036	26	8,814.75	17,775	21	332]
[25,000	2037	27	9,262.75	18,175	21	194]
[25,000	2038	28	9,712.00	18,550	21	49]
[25,000	2039	29	10,161.75	18,900	20	265]
[25,000	2040	30	10,612.50	19,225	20	110]
[25,000	2041	31	11,065.25	19,550	19	314]
[25,000	2042	32	11,521.00	19,850	19	152]
[25,000	2043	33	11,981.00	20,150	18	347]
[25,000	2044	34	12,445.50	20,450	18	181]
[25,000	2045	35	12,914.50	20,700	18	4]
[25,000	2046	36	13,386.50	20,975	17	200]
[25,000	2047	37	13,857.25	21,225	17	20]
[25,000	2048	38	14,324.00	21,475	16	213]
[25,000	2049	39	14,788.25	21,700	16	33]
[25,000	2050	40	15,250.00	21,900	15	227]

Continued on Next Page

SCHEDULE OF INSURANCE AND VALUES

Continued from Page 4

- Insurance Amount -	-----Guaranteed Values-----				
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
[25,000	2035	Age 60	8,369.50	17,350	22 99]
[25,000	2037	Age 62	9,262.75	18,175	21 194]
[25,000	2040	Age 65	10,612.50	19,225	20 110]
[25,000	2045	Age 70	12,914.50	20,700	18 4]

Guaranteed values at the end of any Policy Year presume payment of all specified premiums to the end of such Policy Year. The interest rate for guaranteed values and single premiums is 4.0% a year. The mortality table used is the 2001 CSO mortality table.

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

Insured	[JOHN J DOE] [(Male)]	Age	[35]
Policy Number	LF-[0000-0000]	Basic Plan Amount	[\$25,000]
Policy Date	[July 25, 2010]	Total Initial Amount	[\$25,000]
Issue Date	[July 25, 2010]	Policy Class	[1]
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
07002	Basic Plan (15 Pay Whole Life) Class of Risk: [Standard Male Non-tobacco]	[\$25,000]	With Life	[\$734.00]	To [2025]
10200	Waiver of Premium		In [2025]	\$ [5.25]	To [2025]

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

Beginning	Annual	Semi-Annual	Quarterly	Monthly
[July 25, 2010]	[\$739.25]	[\$378.50]	[\$191.47]	[\$64.32]

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. Monthly premiums must be paid under one of the monthly payment plans made available.

Initial payment of \$[739.25] will provide coverage to [July 25, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00], for the semi-annual premium is \$[25.60], for the quarterly premium is \$[12.95], and for the monthly premium is \$[4.35].

SCHEDULE OF INSURANCE AND VALUES

- Insurance Amount -	-----Guaranteed Values-----				
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
\$[25,000	2010]				
[25,000	2011	1	.00	0	0 0]
[25,000	2012	2	179.25	800	4 346]
[25,000	2013	3	715.50	3,025	14 205]
[25,000	2014	4	1,271.50	5,175	20 143]
[25,000	2015	5	1,848.25	7,250	24 101]
[25,000	2016	6	2,446.00	9,275	27 40]
[25,000	2017	7	3,065.25	11,250	29 174]
[25,000	2018	8	3,706.50	13,125	31 158]
[25,000	2019	9	4,370.25	14,975	33 46]
[25,000	2020	10	5,056.75	16,750	34 227]
[25,000	2021	11	5,767.50	18,500	36 3]
[25,000	2022	12	6,503.75	20,175	37 160]
[25,000	2023	13	7,267.75	21,825	39 30]
[25,000	2024	14	8,061.75	23,450	41 165]
[25,000	2025	15	8,886.75	25,000	] ]
[25,000	2026	16	9,178.25	25,000	] ]
[25,000	2027	17	9,477.25	25,000	] ]
[25,000	2028	18	9,782.50	25,000	] ]
[25,000	2029	19	10,093.50	25,000	] ]
[25,000	2030	20	10,409.25	25,000	] ]
[25,000	2031	21	10,729.25	25,000	] ]
[25,000	2032	22	11,053.50	25,000	] ]
[25,000	2033	23	11,383.50	25,000	] ]
[25,000	2034	24	11,719.75	25,000	] ]
[25,000	2035	25	12,062.00	25,000	] ]
[25,000	2036	26	12,408.50	25,000	] ]
[25,000	2037	27	12,757.00	25,000	] ]
[25,000	2038	28	13,106.50	25,000	] ]
[25,000	2039	29	13,456.50	25,000	] ]
[25,000	2040	30	13,807.25	25,000	] ]
[25,000	2041	31	14,159.25	25,000	] ]
[25,000	2042	32	14,514.00	25,000	] ]
[25,000	2043	33	14,871.75	25,000	] ]
[25,000	2044	34	15,233.25	25,000	] ]
[25,000	2045	35	15,598.00	25,000	] ]
[25,000	2046	36	15,965.00	25,000	] ]
[25,000	2047	37	16,331.25	25,000	] ]
[25,000	2048	38	16,694.50	25,000	] ]
[25,000	2049	39	17,055.50	25,000	] ]
[25,000	2050	40	17,414.50	25,000	] ]

SCHEDULE OF INSURANCE AND VALUES

Continued from Page 4

- Insurance Amount -	-----Guaranteed Values-----				
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
[25,000	2035	Age 60	12,062.00	25,000	]
[25,000	2037	Age 62	12,757.00	25,000	]
[25,000	2040	Age 65	13,807.25	25,000	]
[25,000	2045	Age 70	15,598.00	25,000	]

Guaranteed values at the end of any Policy Year presume payment of all specified premiums to the end of such Policy Year. The interest rate for guaranteed values and single premiums is 4.0% a year. The mortality table used is the 2001 CSO mortality table.

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

Insured	[JOHN J DOE] [(Male)]	Age	[35]
Policy Number	LF-[0000-0000]	Basic Plan Amount	[\$10,000]
Policy Date	[July 25, 2010]	Total Initial Amount	[\$10,000]
Issue Date	[July 25, 2010]	Policy Class	[1]
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
07003	Basic Plan (Whole Life Paid-up at Age 85) Class of Risk: [Standard Male Non-tobacco]	[\$10,000]	With Life	[\$261.50]	To [2060]
10200	Waiver of Premium		In [2040]	[\$6.30]	To [2040]

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

Beginning	Annual	Semi-Annual	Quarterly	Monthly
[July 25, 2010]	[\$267.80]	[\$137.11]	[\$69.36]	[\$23.30]
[July 25, 2040]	[\$261.50]	[\$133.89]	[\$67.73]	[\$22.75]

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. Monthly premiums must be paid under one of the monthly payment plans made available.

Initial payment of \$[267.80] will provide coverage to [July 25, 2011].

The premiums shown above include a policy fee. The policy fee for the annual premium is \$[50.00], for the semi-annual premium is \$[25.60], for the quarterly premium is \$[12.95], and for the monthly premium is \$[4.35].

SCHEDULE OF INSURANCE AND VALUES

- Insurance Amount -	-----Guaranteed Values-----				
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
\$[10,000	2010]				
[10,000	2011	1	.00	0	0 0]
[10,000	2012	2	33.70	150	2 154]
[10,000	2013	3	141.80	600	8 95]
[10,000	2014	4	253.30	1,030	12 154]
[10,000	2015	5	368.50	1,450	15 182]
[10,000	2016	6	487.20	1,850	17 241]
[10,000	2017	7	609.40	2,240	19 123]
[10,000	2018	8	735.00	2,610	20 208]
[10,000	2019	9	863.90	2,960	21 180]
[10,000	2020	10	995.90	3,300	22 81]
[10,000	2021	11	1,131.20	3,630	22 296]
[10,000	2022	12	1,270.00	3,940	23 104]
[10,000	2023	13	1,412.80	4,250	23 236]
[10,000	2024	14	1,560.30	4,540	23 329]
[10,000	2025	15	1,712.40	4,820	24 24]
[10,000	2026	16	1,868.80	5,100	24 56]
[10,000	2027	17	2,029.30	5,360	24 66]
[10,000	2028	18	2,193.30	5,610	24 55]
[10,000	2029	19	2,360.70	5,850	24 25]
[10,000	2030	20	2,530.80	6,080	23 341]
[10,000	2031	21	2,698.10	6,290	23 263]
[10,000	2032	22	2,867.60	6,490	23 172]
[10,000	2033	23	3,040.30	6,680	23 69]
[10,000	2034	24	3,216.40	6,870	22 321]
[10,000	2035	25	3,395.70	7,040	22 201]
[10,000	2036	26	3,577.40	7,210	22 73]
[10,000	2037	27	3,760.40	7,370	21 305]
[10,000	2038	28	3,944.20	7,530	21 167]
[10,000	2039	29	4,128.60	7,680	21 21]
[10,000	2040	30	4,313.70	7,820	20 239]
[10,000	2041	31	4,499.90	7,950	20 86]
[10,000	2042	32	4,687.90	8,080	19 295]
[10,000	2043	33	4,878.00	8,210	19 139]
[10,000	2044	34	5,070.40	8,330	18 340]
[10,000	2045	35	5,265.30	8,440	18 184]
[10,000	2046	36	5,462.00	8,560	18 18]
[10,000	2047	37	5,659.20	8,670	17 228]
[10,000	2048	38	5,855.90	8,770	17 69]
[10,000	2049	39	6,052.70	8,880	16 281]
[10,000	2050	40	6,250.00	8,980	16 134]

Continued on Next Page

SCHEDULE OF INSURANCE AND VALUES

Continued from Page 4

- Insurance Amount -	-----Guaranteed Values-----				
On Insured	[July 25],	End of Policy Year	Cash Value Dollars	Paid up Insurance Dollars	Extended Term Ins Yrs Days
[10,000	2035	Age 60	3,395.70	7,040	22 201]
[10,000	2037	Age 62	3,760.40	7,370	21 305]
[10,000	2040	Age 65	4,313.70	7,820	20 239]
[10,000	2045	Age 70	5,265.30	8,440	18 184]

Guaranteed values at the end of any Policy Year presume payment of all specified premiums to the end of such Policy Year. The interest rate for guaranteed values and single premiums is 4.0% a year. The mortality table used is the Commissioners 2001 Standard Ordinary Composite Ultimate Mortality Table.