

SERFF Tracking Number: STFL-126465937 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45060
Company Tracking Number: SFL10201
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: WPD Term / 10201
Project Name/Number: WPD Term / 10201/WPD Term / 10201

Filing at a Glance

Company: State Farm Life Insurance Company

Product Name: WPD Term / 10201

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-126465937 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 45060

Co Tr Num: SFL10201

State Status: Approved-Closed

Author: Steve Crum

Date Submitted: 03/01/2010

Reviewer(s): Linda Bird

Disposition Date: 03/04/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 07/25/2010

Implementation Date:

State Filing Description:

General Information

Project Name: WPD Term / 10201

Project Number: WPD Term / 10201

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/04/2010

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: These forms were
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: 03/04/2010

Created By: Steve Crum

Corresponding Filing Tracking Number:

Dear Sir or Madam:

SERFF Tracking Number: STFL-126465937 State: Arkansas
Filing Company: State Farm Life Insurance Company State Tracking Number: 45060
Company Tracking Number: SFL10201
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: WPD Term / 10201
Project Name/Number: WPD Term / 10201/WPD Term / 10201

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

10201 Waiver of Premium Benefit Rider
10202 Waiver of Premium Benefit Rider
10205 Waiver of Premium Benefit Rider
10208 Waiver of Premium Benefit Rider

Form 10201 provides a waiver of premium benefit if the Insured is totally disabled as defined in the form. The issue ages are 20-59. The sample page 3 includes this optional benefit. Form 10201 can be attached to Adjustable Premium Level Term to Age 95 Term Life Insurance Policy, form 06020, which was approved by your Department on September 13, 2005. Form 10201 will replace form 06200, which was approved by your Department on September 13, 2005.

Form 10202 provides a waiver of premium benefit if the Insured is totally disabled as defined in the form. The issue ages are 16 -59. The sample page 3 includes this optional benefit. Form 10202 can be attached to an Adjustable Premium Five Year Renewable Term Life Insurance Policy, form 07021, which was approved by your Department on February 7, 2007. Form 10202 will replace form 07202, which was approved by your Department on February 7, 2007.

Form 10205 provides a waiver of premium benefit if the Insured is totally disabled as defined in the form. The issue ages are 20-59. The sample page 3 includes this optional benefit. Form 10205 can be attached to a Level Term Life Insurance For 5 Years Annually Decreasing Thereafter Life Insurance Policy, form 08022, which was approved by your Department on October 26, 2007, under SERFF Tracking Number STFL-125313613, State Tracking #37118. Form 10205 will replace form 08205, which was approved by your Department on October 30, 2007, under SERFF Tracking Number STFL-125314343, State Tracking #37121.

Form 10208 provides a waiver of premium benefit if the Insured is totally disabled as defined in the form. The issue ages are 20-59. The sample page 3 includes this optional benefit. Form 10208 can be attached to an Adjustable Premium Level Term Life Insurance to Age 95 Policy, form 08025, which was approved by your Department on August 11, 2008, under SERFF Tracking Number STFL-125630121, State Tracking #38911. Form 10208 will replace form 08208, which was approved by your Department on May 13, 2008, under SERFF Tracking Number STFL-125630121, State Tracking Number, State Tracking #38911.

The life insurance application that will be used with this form will be 1000704 AR.1, Application for Individual Life Insurance, which was submitted to your Department on March 1, 2010 under SERFF Tracking #STFL-126423717; approval is pending.

These forms were filed with the Illinois Department of Insurance on February 7, 2010; approval is pending.

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 Product Name: WPD Term / 10201
 Project Name/Number: WPD Term / 10201/WPD Term / 10201

These forms will be marketed exclusively through State Farm agents.

The effective date for these forms 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

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? Yes
 Fee Explanation: 4 forms @ \$50.00 = \$200.00
 (via EFT Voucher ID#14518802)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Life Insurance Company	\$200.00	03/01/2010	34509967

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Product Name: WPD Term / 10201
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	03/04/2010	03/04/2010

SERFF Tracking Number: STFL-126465937 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45060
Company Tracking Number: SFL10201
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: WPD Term / 10201
Project Name/Number: WPD Term / 10201/WPD Term / 10201

Disposition

Disposition Date: 03/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STFL-126465937 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Life & Annuity - Actuarial Memo	No	No
Supporting Document	Sample Specification Pages 3&4	Yes	Yes
Supporting Document	Regulation 19 Certification	Yes	Yes
Form	Waiver of Premium Benefit Rider	Yes	Yes
Form	Waiver of Premium Benefit Rider	Yes	Yes
Form	Waiver of Premium Benefit Rider	Yes	Yes
Form	Waiver of Premium Benefit Rider	Yes	Yes

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Form Schedule

Lead Form Number: 10201

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	10201	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			10201 WPD Select Term 20100122 FINAL_brack eted.pdf
	10202	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			10202 WPD 5 Year Term 20100111 FINAL_brack eted.pdf
	10205	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			10205 WPD Decreasing Term 201001011 FINAL_brack eted.pdf
	10208	Policy/Cont Waiver of Premium ract/Fratern Benefit Rider al	Initial			10208 WPD ROP 20100111

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Product Name: WPD Term / 10201
Project Name/Number: WPD Term / 10201/WPD Term / 10201

Certificate:
Amendment,
Insert
Page,
Endorsement
or Rider

FINAL_bracketed.pdf

WAIVER OF PREMIUM BENEFIT RIDER
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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. These premiums are not subject to adjustment. 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) results from an intended self-injury, or
- (3) 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.

Conversion. When the Basic Plan is converted and this Rider is in force, a waiver of premium benefit will be included in the new policy without evidence of insurability unless the Insured is then age 60 or over or is totally disabled as defined in this Rider.

The benefit on the new policy will be subject to the following conditions at the time of conversion:

- (1) 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.
- (2) All limitations of this Rider will be part of the new policy.
- (3) The Incontestability provision in the new benefit will not extend beyond the period set by this Rider.

Automatic Conversion. If the premiums for this Policy are being waived on the Policy Anniversary when the Insured is age 75, this Basic Plan will be converted to a Whole Life Insurance Basic Plan. The premiums will be waived while the Insured's Total Disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 65. We will terminate this Rider before that date when:

- (1) the Basic Plan or Rider is not renewed; or
- (2) this Policy is terminated by lapse or conversion or by Request.

You may terminate this Rider by Request. This Rider will terminate the later of the date We receive Your Request or the termination date You choose. 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.

WAIVER OF PREMIUM BENEFIT RIDER (CONTINUED)

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

[*Kim M. Brunner*]
Secretary

[*Edward B. Rust Jr.*]
President

SAMPLE

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WAIVER OF PREMIUM BENEFIT RIDER
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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. These premiums are not subject to adjustment. 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) results from an intended self-injury, or
- (3) 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.

Renewal. This Rider may be renewed. The Renewal Dates are the Policy Anniversaries shown on page 3 of this Policy. The premium required for renewal must be paid no later than 31 days after a Renewal Date. Premiums for this Rider are shown in the Schedule of Premiums as though this Rider is renewed on each Renewal Date.

Automatic Renewal. If the premium for this Policy is being waived on a Renewal Date, renewal will be automatic.

Conversion. When the Basic Plan is converted and this Rider is in force, a waiver of premium benefit will be included in the new policy without evidence of insurability unless the Insured is then age 60 or over or is totally disabled as defined in this Rider.

The benefit on the new policy will be subject to the following conditions at the time of conversion:

- (1) 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.
- (2) All limitations of this Rider will be part of the new policy.
- (3) The Incontestability provision in the new benefit will not extend beyond the period set by this Rider.

Automatic Conversion. If the premiums for this Policy are being waived on the Policy Anniversary when the Insured is age 75, this Basic Plan will be converted to a Whole Life Insurance Basic Plan. The premiums will be waived while the Insured's Total Disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 65. We will terminate this Rider before that date when:

- (1) the Basic Plan or Rider is not renewed; or
- (2) this Policy is terminated by lapse or conversion.

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.

WAIVER OF PREMIUM BENEFIT RIDER (CONTINUED)

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

[*Kim M. Brunner*]
Secretary

[*Edward B. Rust Jr.*]
President

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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) results from an intended self-injury, or
- (3) 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.

Conversion. When the Basic Plan is converted and this Rider is in force, a waiver of premium benefit will be included in the new policy without evidence of insurability unless the Insured is then age 60 or over or is totally disabled as defined in this Rider.

The benefit on the new policy will be subject to the following conditions at the time of conversion:

- (1) 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.
- (2) All limitations of this Rider will be part of the new policy.
- (3) The Incontestability provision in the new benefit will not extend beyond the period set by this Rider.
- (4) The Insured will not be requested to provide evidence of insurability.

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 lapse or conversion; or
- (2) 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 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.

WAIVER OF PREMIUM BENEFIT RIDER (CONTINUED)

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

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

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WAIVER OF PREMIUM BENEFIT RIDER
--

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. These premiums are not subject to adjustment. Only certain policy provisions are a part of this Rider. They are "Definitions," "Ownership," "Premium," "The Contract," "Assignment," "Error in Age or Sex," and "Return of Premium." 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) results from an intended self-injury, or
- (3) 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.

Conversion. When the Basic Plan is converted and this Rider is in force, a waiver of premium benefit will be included in the new policy without evidence of insurability unless the Insured is then age 60 or over or is totally disabled as defined in this Rider.

The benefit on the new policy will be subject to the following conditions at the time of conversion:

- (1) 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.
- (2) All limitations of this Rider will be part of the new policy.
- (3) The Incontestability provision in the new benefit will not extend beyond the period set by this Rider.

Automatic Conversion. If the premiums for this Policy are being waived on the Policy Anniversary when the Insured is age 75, this Basic Plan will be converted to a Whole Life Insurance Basic Plan. The premiums will be waived while the Insured's Total Disability continues.

Termination. This Rider will terminate on the Policy Anniversary when the Insured is age 65. We will terminate this Rider before that date when:

- (1) this Policy is terminated by surrender, lapse, conversion or by Request, or
- (2) the Basic Plan is continued as Extended Term 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.

WAIVER OF PREMIUM BENEFIT RIDER (CONTINUED)

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

[*Kim M. Brunner*]
Secretary

[*Edward Bruner Jr.*]
President

SAMPLE

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SERFF Tracking Number: STFL-126465937 State: Arkansas
 Filing Company: State Farm Life Insurance Company State Tracking Number: 45060
 Company Tracking Number: SFL10201
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
 Product Name: WPD Term / 10201
 Project Name/Number: WPD Term / 10201/WPD Term / 10201

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: See attached Flesch Certification for the forms being submitted.		
Attachment: ARFLESCH 10201 et al.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: The life insurance application that will be used with this form will be 1000704 AR.1, Application for Individual Life Insurance, which 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 pages 3&4, displaying the new rider information.		
Attachments: 06020 AR S30 Pg 3&4 with WPD 10201 bracketed FINAL.pdf 07021 04 WPD 5 Year Term Pg 3 & 4 bracketed FINAL.pdf 08022(15) WPD Decreasing Term Pg 3&4 bracketed FINAL.pdf 08025.2(R20) WPD Pg 3&4 2010 bracketed FINAL.pdf		

	Item Status:	Status Date:
Satisfied - Item: Regulation 19 Certification		

SERFF Tracking Number: STFL-126465937 *State:* Arkansas
Filing Company: State Farm Life Insurance Company *State Tracking Number:* 45060
Company Tracking Number: SFL10201
TOI: L041 Individual Life - Term *Sub-TOI:* L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: WPD Term / 10201
Project Name/Number: WPD Term / 10201/WPD Term / 10201

Comments:

See attached Regulation 19 Certification.

Attachment:

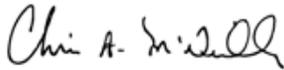
ARREG19 10201 et al.pdf

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>
10201	49
10202	50
10205	49
10208	49



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]

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 \$ _____

PI 1 | PI 2
 Yes No | Yes No
 [] | []

d. Is anyone now applying for life or health insurance on you with any other company?
(If yes, in Explanations state company and amounts.)

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>a. 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>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<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>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<p>d. been told by a member of the medical profession surgery was necessary?</p>	[<input type="radio"/>]	[<input checked="" 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>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>	[<input type="radio"/>]	[<input checked="" type="radio"/>]	[<input type="radio"/>]	[<input checked="" type="radio"/>]												
<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 [July 25, 2010]
 Issue Date [July 25, 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]	\$[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.				
	Dividends are not expected on this policy.				
10201	Waiver of Premium		In [2040]	\$[29.00]	To [2040]
	Class of Risk: [Standard Male Non-Tobacco]				

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
[July 25, 2010]	\$ 411.00	\$ 35.76]
[July 25, 2011]	411.00	35.76]
[July 25, 2012]	411.00	35.76]
[July 25, 2013]	411.00	35.76]
[July 25, 2014]	411.00	35.76]
[July 25, 2015]	411.00	35.76]
[July 25, 2016]	411.00	35.76]
[July 25, 2017]	411.00	35.76]
[July 25, 2018]	411.00	35.76]

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
[July 25, 2019	411.00	35.76]
[July 25, 2020	411.00	35.76]
[July 25, 2021	411.00	35.76]
[July 25, 2022	411.00	35.76]
[July 25, 2023	411.00	35.76]
[July 25, 2024	411.00	35.76]
[July 25, 2025	411.00	35.76]
[July 25, 2026	411.00	35.76]
[July 25, 2027	411.00	35.76]
[July 25, 2028	411.00	35.76]
[July 25, 2029	411.00	35.76]
[July 25, 2030	411.00	35.76]
[July 25, 2031	411.00	35.76]
[July 25, 2032	411.00	35.76]
[July 25, 2033	411.00	35.76]
[July 25, 2034	411.00	35.76]
[July 25, 2035	411.00	35.76]
[July 25, 2036	411.00	35.76]
[July 25, 2037	411.00	35.76]
[July 25, 2038	411.00	35.76]
[July 25, 2039	411.00	35.76]
[July 25, 2040	4,919.00	427.95]
[July 25, 2041	5,384.00	468.41]
[July 25, 2042	5,870.00	510.69]
[July 25, 2043	6,383.00	555.32]
[July 25, 2044	6,959.00	605.43]
[July 25, 2045	7,631.00	663.90]
[July 25, 2046	8,447.00	734.89]
[July 25, 2047	9,401.00	817.89]
[July 25, 2048	10,406.00	905.32]
[July 25, 2049	11,486.00	999.28]
[July 25, 2050	12,662.00	1,101.59]
[July 25, 2051	13,988.00	1,216.96]
[July 25, 2052	15,530.00	1,351.11]
[July 25, 2053	17,321.00	1,506.93]
[July 25, 2054	19,328.00	1,681.54]
[July 25, 2055	21,566.00	1,876.24]
[July 25, 2056	23,999.00	2,087.91]
[July 25, 2057	26,576.00	2,312.11]
[July 25, 2058	29,390.00	2,556.93]
[July 25, 2059	32,519.00	2,829.15]
[July 25, 2060	35,999.00	3,131.91]
[July 25, 2061	39,827.00	3,464.95]
[July 25, 2062	43,964.00	3,824.87]
[July 25, 2063	48,362.00	4,207.49]
[July 25, 2064	52,976.00	4,608.91]
[July 25, 2065	57,572.00	5,008.76]
[July 25, 2066	62,096.00	5,402.35]
[July 25, 2067	66,836.00	5,814.73]

Continued on Next Page
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SCHEDULE OF PREMIUMS

Continued From Page 3

Beginning	Annual	Monthly
[July 25, 2068	71,834.00	6,249.56]
[July 25, 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 \$[411.00] 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] and for the monthly premium is \$[4.35].

SCHEDULE OF INSURANCE

- Insurance Amount -

On Insured	[July 25],
\$[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]

Continued on Next Page
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SCHEDULE OF INSURANCE

Continued From Page 4

- Insurance Amount -

On
Insured

[July 25],

[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] [(Male)]	Age	[35]
Policy Number	LF-[0000-0000]	Basic Plan Amount	[\$50,000]
Policy Date	[July 25, 2010]	Total Initial Amount	[\$50,000]
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
07021	Basic Plan (Adjustable Premium 5 Year Renewable Term) Class of Risk: [Standard Male Non-tobacco]	[\$50,000]	In [2015]*	[\$202.50]*	To [2015]*
			*Unless renewed in: [2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055]		
	See Adjustment of Basic Plan Premiums provision on page 8 for Basic Plan Premiums after the end of the first 5 Policy Years.				
10202	Waiver of Premium Class of Risk: [Standard Male Non-tobacco] Basic Plan		In [2040]	*	To [2040]
			*Shown below for each life insurance benefit		
				[\$9.50]**	
			**Increasing premiums on each life insurance benefit's renewal date		

SCHEDULE OF PREMIUMS

Beginning	Annual	Semi-Annual	Quarterly	Monthly
[July 25, 2010	\$212.00	\$108.55	\$54.91	\$18.45]
[July 25, 2015	\$257.50	\$131.84	\$66.70	\$22.41]
[July 25, 2020	\$331.50	\$169.73	\$85.86	\$28.84]
[July 25, 2025	\$469.00	\$240.13	\$121.47	\$40.81]
[July 25, 2030	\$724.50	\$370.95	\$187.65	\$63.03]
[July 25, 2035	\$960.50	\$491.78	\$248.77	\$83.57]
[July 25, 2040	\$1496.50	\$766.21	\$387.60	\$130.20]
[July 25, 2045	\$3238.50	\$1658.11	\$838.77	\$281.75]
[July 25, 2050	\$5570.50	\$2852.10	\$1442.76	\$484.64]
[July 25, 2055	\$8438.00	\$4320.26	\$2185.44	\$734.11]

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 \$[212.00] 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

- Insurance Amount -

On Insured	[July 25],
\$[50,000	2010]
[50,000	2011]
[50,000	2012]
[50,000	2013]
[50,000	2014]
[50,000	2015]
[50,000	2016]
[50,000	2017]
[50,000	2018]
[50,000	2019]
[50,000	2020]
[50,000	2021]
[50,000	2022]
[50,000	2023]
[50,000	2024]
[50,000	2025]
[50,000	2026]
[50,000	2027]
[50,000	2028]
[50,000	2029]
[50,000	2030]
[50,000	2031]
[50,000	2032]
[50,000	2033]
[50,000	2034]
[50,000	2035]
[50,000	2036]
[50,000	2037]
[50,000	2038]
[50,000	2039]
[50,000	2040]
[50,000	2041]
[50,000	2042]
[50,000	2043]
[50,000	2044]
[50,000	2045]
[50,000	2046]
[50,000	2047]
[50,000	2048]
[50,000	2049]
[50,000	2050]
[50,000	2051]
[50,000	2052]
[50,000	2053]
[50,000	2054]
[50,000	2055]

Continued on Next Page

SCHEDULE OF INSURANCE

Continued from Page 4

- Insurance Amount -

On Insured	[July 25],
[50,000	2056]
[50,000	2057]
[50,000	2058]
[50,000	2059]
[0	2060]

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] Initial Basic Plan Amount \$[50,000]

Policy Date [July 25, 2010] Total Initial Amount \$[50,000]

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
08022	Basic Plan (Adjustable Premium Level Term Life Insurance for 5 Policy Years Annual Decreasing Term Life Insurance Thereafter) Class of Risk: [Standard Male Non-tobacco]	\$[50,000]	In [2025]	\$[176.00] \$[188.50]	To [2015] To [2025]
See Adjustment of Basic Plan Premiums provision on page 8 for Basic Plan Premiums after the end of the first 5 Policy Years.					
10205	Waiver of Premium Class of Risk: [Standard Male Non-tobacco] Basic Plan		In 2025	* \$[5.50]	To 2025
* Shown below for each life insurance benefit					

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]	\$[181.50]	\$[92.93]	\$[47.01]	\$[15.79]
[July 25, 2015]	\$[194.00]	\$[99.33]	\$[50.25]	\$[16.88]

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 \$[181.50] 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].

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

- Insurance Amount -

On Insured	[Jul 25,]
\$[50,000]	[2010]
[50,000]	[2011]
[50,000]	[2012]
[50,000]	[2013]
[50,000]	[2014]
[47,350]	[2015]
[44,350]	[2016]
[41,100]	[2017]
[37,500]	[2018]
[33,550]	[2019]
[29,200]	[2020]
[24,450]	[2021]
[19,150]	[2022]
[13,400]	[2023]
[10,000]	[2024]
[0]	[2025]

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 [July 25, 2010]
 Issue Date [July 25, 2010]

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
08025	Basic Plan (Adjustable Premium Level Term to Age 95 With Return of Premium Benefit)	\$[100,000]	In [2070]	\$[672.00]*	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 8 for Basic Plan Premiums after the Initial Premium Guarantee Period.				
10208	Waiver of Premium for Disability (Class of Risk-[Standard Male Non-Tobacco])		In [2040]	\$[84.00]*	To [2030]*
	* Subsequent premiums included below				

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
[July 25, 2010]	\$[756.00]	\$[65.77]
[July 25, 2011]	[756.00]	[65.77]
[July 25, 2012]	[756.00]	[65.77]
[July 25, 2013]	[756.00]	[65.77]
[July 25, 2014]	[756.00]	[65.77]
[July 25, 2015]	[756.00]	[65.77]
[July 25, 2016]	[756.00]	[65.77]
[July 25, 2017]	[756.00]	[65.77]
[July 25, 2018]	[756.00]	[65.77]
[July 25, 2019]	[756.00]	[65.77]
[July 25, 2020]	[756.00]	[65.77]
[July 25, 2021]	[756.00]	[65.77]
[July 25, 2022]	[756.00]	[65.77]
[July 25, 2023]	[756.00]	[65.77]
[July 25, 2024]	[756.00]	[65.77]
[July 25, 2025]	[756.00]	[65.77]
[July 25, 2026]	[756.00]	[65.77]
[July 25, 2027]	[756.00]	[65.77]
[July 25, 2028]	[756.00]	[65.77]
[July 25, 2029]	[756.00]	[65.77]

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
[July 25, 2030]	[1,912.00]	[166.34]
[July 25, 2031]	[2,129.00]	[185.23]
[July 25, 2032]	[2,342.00]	[203.75]
[July 25, 2033]	[2,557.00]	[222.46]
[July 25, 2034]	[2,810.00]	[244.47]
[July 25, 2035]	[2,880.00]	[250.56]
[July 25, 2036]	[3,214.00]	[279.62]
[July 25, 2037]	[3,602.00]	[313.37]
[July 25, 2038]	[4,026.00]	[350.26]
[July 25, 2039]	[4,468.00]	[388.72]
[July 25, 2040]	[4,919.00]	[427.95]
[July 25, 2041]	[5,384.00]	[468.41]
[July 25, 2042]	[5,870.00]	[510.69]
[July 25, 2043]	[6,383.00]	[555.32]
[July 25, 2044]	[6,959.00]	[605.43]
[July 25, 2045]	[7,631.00]	[663.90]
[July 25, 2046]	[8,447.00]	[734.89]
[July 25, 2047]	[9,401.00]	[817.89]
[July 25, 2048]	[10,406.00]	[905.32]
[July 25, 2049]	[11,486.00]	[999.28]
[July 25, 2050]	[12,662.00]	[1,101.59]
[July 25, 2051]	[13,988.00]	[1,216.96]
[July 25, 2052]	[15,530.00]	[1,351.11]
[July 25, 2053]	[17,321.00]	[1,506.93]
[July 25, 2054]	[19,328.00]	[1,681.54]
[July 25, 2055]	[21,566.00]	[1,876.24]
[July 25, 2056]	[23,999.00]	[2,087.91]
[July 25, 2057]	[26,576.00]	[2,312.11]
[July 25, 2058]	[29,390.00]	[2,556.93]
[July 25, 2059]	[32,519.00]	[2,829.15]
[July 25, 2060]	[35,999.00]	[3,131.91]
[July 25, 2061]	[39,827.00]	[3,464.95]
[July 25, 2062]	[43,964.00]	[3,824.87]
[July 25, 2063]	[48,362.00]	[4,207.49]
[July 25, 2064]	[52,976.00]	[4,608.91]
[July 25, 2065]	[57,572.00]	[5,008.76]
[July 25, 2066]	[62,096.00]	[5,402.35]
[July 25, 2067]	[66,836.00]	[5,814.73]
[July 25, 2068]	[71,836.00]	[6,249.73]
[July 25, 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.

This Policy is eligible for annual dividends; however, we do not expect to pay dividends on this Policy. Dividends are not guaranteed. See the Dividend Provision on page 7.

Initial payment of \$[756.00] 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] and for the monthly premiums is \$[4.35].

Continued From Page 3

C U M U L A T I V E P R E M I U M
P E R C E N T A G E T A B L E

[Jul 25,] Percentage

[2010]	[0.0]%
[2011]	[0.0]%
[2012]	[0.0]%
[2013]	[11.0]%
[2014]	[28.3]%
[2015]	[39.4]%
[2016]	[47.4]%
[2017]	[53.6]%
[2018]	[58.8]%
[2019]	[63.2]%
[2020]	[67.2]%
[2021]	[70.9]%
[2022]	[74.4]%
[2023]	[77.7]%
[2024]	[80.9]%
[2025]	[84.1]%
[2026]	[87.2]%
[2027]	[90.4]%
[2028]	[93.5]%
[2029]	[96.7]%
[2030]	[100.0]%

SCHEDULE OF INSURANCE AND VALUES

- Insurance Amount -	----- Guaranteed Values -----			
On Insured	[Jul 25,]	Cash Value* Dollars	Extended Term Ins* Yrs Days	
\$[100,000	2010	0.00	0	0]
[100,000	2011	0.00	0	0]
[100,000	2012	0.00	0	0]
[100,000	2013	249.48	1	328]
[100,000	2014	855.79	5	210]
[100,000	2015	1,489.32	8	94]
[100,000	2016	2,150.06	10	198]
[100,000	2017	2,836.51	12	116]
[100,000	2018	3,556.22	13	225]
[100,000	2019	4,300.13	14	224]
[100,000	2020	5,080.32	15	156]
[100,000	2021	5,896.04	16	22]
[100,000	2022	6,749.57	16	185]
[100,000	2023	7,636.36	16	300]
[100,000	2024	8,562.46	17	10]
[100,000	2025	9,536.94	17	61]
[100,000	2026	10,547.71	17	88]
[100,000	2027	11,618.21	17	107]
[100,000	2028	12,723.48	17	107]
[100,000	2029	13,889.99	17	98]
[100,000	2030	15,120.00	17	81]

The Cash Value is zero after the last Policy Anniversary shown above.

*Cash Values and Extended Term Periods shown above on the Policy Anniversary presume payment of the annual premium shown in the Schedule of Premiums on page 3 to the end of the prior Policy Year, no changes to this Policy as shown on page 3, the Cumulative Premium Percentage shown for each Policy Year on page 3, no Policy Loan or accrued Loan Interest, and no Annual Dividends.

The Cash Value shown on the Policy Anniversary after the end of the Level Premium Period is the amount of the Return of Premium Benefit and presumes payment of the annual premium shown in the Schedule of Premiums on page 3 until the end of the Level Premium Period, no Policy Loan or accrued Loan Interest, and no Annual Dividends. The Extended Term Period shown on the Policy Anniversary after the end of the Level Premium Period assumes the Owner sends Us a Request to use the Return of Premium Benefit as a single premium to provide Extended Term Insurance on that Policy Anniversary. The interest rate for single premiums and minimum cash values is 4.0% a year. The mortality table for Extended Term Insurance and minimum cash values is the Commissioners 2001 CSO Standard Ordinary [Nonsmoker] Ultimate Age Last Birthday Mortality Table.

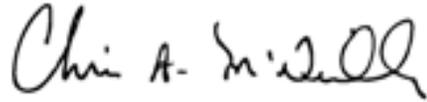
Note: The Cash Value and Return of Premium Benefit will vary based on the actual Cumulative Premium.

STATE OF ARKANSAS

CERTIFICATION

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

Form # 10201, 10202, 10205, and 10208



Chris A. McNeilly
Assistant Secretary

March 1, 2010

Date