

SERFF Tracking Number:	IHLI-126652310	State:	Arkansas
Filing Company:	Investors Heritage Life Insurance Company	State Tracking Number:	45962
Company Tracking Number:	PUR-SPWL-AR		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.111 Single Premium - Single Life
Product Name:	Single Premium Whole Life		
Project Name/Number:	PUR-SPWL/		

Filing at a Glance

Company: Investors Heritage Life Insurance Company

Product Name: Single Premium Whole Life	SERFF Tr Num: IHLI-126652310	State: Arkansas
TOI: L071 Individual Life - Whole	SERFF Status: Closed-Approved-Closed	State Tr Num: 45962

Sub-TOI: L071.111 Single Premium - Single Life Co Tr Num: PUR-SPWL-AR	State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Linda Bird
Authors: Julie Hunsinger, Karen Jones, Brad Shepherd	Disposition Date: 06/18/2010
Date Submitted: 06/16/2010	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: PUR-SPWL

Project Number:

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Filed in Kentucky as part of our Compact Filing on 05/28/2010, pending approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2010

Explanation for Other Group Market Type:

State Status Changed: 06/18/2010

Deemer Date:

Created By: Karen Jones

Submitted By: Karen Jones

Corresponding Filing Tracking Number:

Filing Description:

We are submitting the attached numbered forms for your consideration for approval. These forms have not previously been filed in the state of Arkansas and do not replace any current forms. They are submitted in final print format.

Form ICC10-SPWL-AR (4-2010) is a single premium non-participating whole life insurance policy with level death benefits. In addition to having access to the cash value through policy loans, this policy allows the owner to take partial withdrawals after the first policy year. This policy will be marketed to potential insureds aged 50-85 using face-to-face

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contact, and normal underwriting methods. There are no non-guaranteed elements, so this policy will not be illustrated.

Form ICC10-ABR-AR (4-2010) is an Accelerated Death Benefit Payment Rider. This rider will be attached to form ICC10-SPWL-AR (4-2010) if the face amount is greater than or equal to \$10,000. There is no premium for this rider. Form ICC10-ABR-DISC (4-2010) is a disclosure form to be used at point of sale. Form ICC10-ABR-CLDISC (4-2010) is the disclosure required on or before a claim for benefits is paid.

Form ICC10-PURAPP (4-2010) is the application that will be used to apply for the policy and rider above.

Company and Contact

Filing Contact Information

Karen Jones, Filing Administrator kjoness@ihlic.com
 P.O. Box 717 800-422-2011 [Phone] 1007 [Ext]
 Frankfort, KY 40602-0717 502-875-7084 [FAX]

Filing Company Information

Investors Heritage Life Insurance Company CoCode: 64904 State of Domicile: Kentucky
 P.O. Box 717 Group Code: Company Type: LAH
 200 Capital Avenue Group Name: State ID Number:
 Frankfort, KY 40602-0717 FEIN Number: 61-0574893
 (502) 209-1007 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: 5 forms x \$50.00 = \$250.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Investors Heritage Life Insurance Company	\$250.00	06/16/2010	37248648

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/18/2010	06/18/2010

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Disposition

Disposition Date: 06/18/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Form	Single Premium Whole Life Policy		Yes
Form	Accelerated Death Benefit Rider		Yes
Form	Single Premium Whole Life Application		Yes
Form	Accelerated Death Benefit Disclosure		Yes
Form	Accelerated Death Benefit Rider Claim Disclosure		Yes

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Form Schedule

Lead Form Number: ICC10-SPWL-AR (4-2010)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ICC10-SPWL-AR (4-2010)	Policy/Contract	Single Premium Whole Life Policy	Initial		53.100	ICC10-SPWL-AR (4-2010).pdf
	ICC10-ABR-AR (4-2010)	Policy/Contract	Accelerated Death Benefit Rider	Initial		50.500	ICC10-ABR-AR (4-2010).pdf
	ICC10-PURAPP (4-2010)	Application/Enrollment Form	Single Premium Whole Life Application	Initial		52.500	ICC10-PURAPP (4-2010).pdf
	ICC10-ABR-DISC (4-2010)	Other	Accelerated Death Benefit Disclosure	Initial		50.100	ICC10-ABR-DISC 4-2010.pdf
	ICC10-ABR-CLDISC (4-2010)	Other	Accelerated Death Benefit Rider Claim Disclosure	Initial		51.800	ICC10-ABR-CLDISC 4-2010.pdf

INVESTORS HERITAGE

Life Insurance Company

200 CAPITAL AVENUE
PO BOX 717
FRANKFORT, KY 40602-0717
PHONE 1.800.422.2011

We will pay the proceeds of this policy to the beneficiary upon receipt of due proof of death of the insured while this policy is in force.

We will pay the cash surrender value of this policy to you upon its surrender.

This policy is a legal contract between you and us. It is issued in consideration of the application and the payment of the single premium on or before the date of policy delivery.

PLEASE READ YOUR POLICY CAREFULLY!

Signed at our home office at 200 Capital Avenue, Frankfort, Kentucky 40601.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

30 DAY EXAMINATION PERIOD

You may return this policy within 30 days after receiving it by mailing it to us, taking it to the agent through whom it was purchased, or by taking it to any other agent of Investors Heritage Life Insurance Company. It will then be void as of the date of issue. Any premium paid will be returned.

Surrender of this Policy may result in a substantial penalty because the cash value may be less than the premiums paid.

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

Proceeds payable at death of insured and prior to the maturity date;
Cash surrender value payable on the maturity date;
Non-participating - no dividends.

TABLE OF CONTENTS	PAGE
POLICY SCHEDULE	3
TABLE OF POLICY VALUES	4
DEFINITIONS	5
GENERAL PROVISIONS	6
OWNERSHIP AND BENEFICIARY PROVISIONS	7
INSURANCE PROVISIONS	7
POLICY VALUE PROVISIONS	8
LOAN PROVISIONS	9
REINSTATEMENT PROVISIONS	10
SETTLEMENT PROVISIONS	10

**POLICY SCHEDULE
SINGLE PREMIUM WHOLE LIFE INSURANCE**

POLICY NUMBER: 999888

INSURED: John Doe

OWNER: John Doe

FACE AMOUNT: \$ 106,000

ISSUE DATE: May 1, 2010

ISSUE AGE: 55

SEX: Male

RISK CLASSIFICATION: Non-Tobacco

SINGLE PREMIUM: \$ 50,000.20

MATURITY DATE: May 1, 2075

BENEFICIARY: As stated in the application unless changed by you.

The owner and beneficiary are subject to change as described in this policy.

Guaranteed cash values are based on the 2001 CSO Mortality Table, Male or Female, Non-Tobacco or Tobacco, Age Last Birthday, and 5.00% interest per year, compounded annually.

The maximum policy loan interest rate is 7.4% per year, payable in arrears, compounded annually.

TABLE OF GUARANTEED POLICY VALUES
DEATH BENEFITS SHOWN AS OF BEGINNING OF POLICY YEAR
CASH VALUES SHOWN AS OF END OF POLICY YEAR
VALUES ASSUME NO POLICY LOANS OR PARTIAL SURRENDERS

ISSUE AGE 55

Policy Year	Attained Age	Guar. Death Benefit	Basic Cash Value	Policy Year	Attained Age	Guar. Death Benefit	Basic Cash Value	Policy Year	Attained Age	Guar. Death Benefit	Basic Cash Value
1	56	\$ 106,000	\$ 33,711.18	23	78	\$ 106,000	\$ 70,950.04	45	100	\$ 106,000	\$ 94,018.82
2	57	106,000	35,199.42	24	79	106,000	72,602.58	46	101	106,000	94,467.20
3	58	106,000	36,719.46	25	80	106,000	74,213.78	47	102	106,000	94,907.10
4	59	106,000	38,279.78	26	81	106,000	75,755.02	48	103	106,000	95,336.40
5	60	106,000	39,884.62	27	82	106,000	77,247.50	49	104	106,000	95,755.10
6	61	106,000	41,521.26	28	83	106,000	78,695.46	50	105	106,000	96,162.14
7	62	106,000	43,178.04	29	84	106,000	80,096.78	51	106	106,000	96,558.58
8	63	106,000	44,846.48	30	85	106,000	81,444.04	52	107	106,000	96,945.48
9	64	106,000	46,530.82	31	86	106,000	82,727.70	53	108	106,000	97,321.78
10	65	106,000	48,227.88	32	87	106,000	83,939.28	54	109	106,000	97,687.48
11	66	106,000	49,941.90	33	88	106,000	85,072.42	55	110	106,000	98,041.52
12	67	106,000	51,662.28	34	89	106,000	86,126.06	56	111	106,000	98,384.96
13	68	106,000	53,394.32	35	90	106,000	87,097.02	57	112	106,000	98,716.74
14	69	106,000	55,146.50	36	91	106,000	88,001.20	58	113	106,000	99,036.86
15	70	106,000	56,912.46	37	92	106,000	88,854.50	59	114	106,000	99,346.38
16	71	106,000	58,680.54	38	93	106,000	89,660.10	60	115	106,000	99,644.24
17	72	106,000	60,451.80	39	94	106,000	90,413.76	61	116	106,000	99,930.44
18	73	106,000	62,228.36	40	95	106,000	91,110.18	62	117	106,000	100,208.16
19	74	106,000	64,004.92	41	96	106,000	91,761.02	63	118	106,000	100,490.12
20	75	106,000	65,765.58	42	97	106,000	92,384.30	64	119	106,000	100,952.28
21	76	106,000	67,516.70	43	98	106,000	92,974.72	65	120	106,000	106,000.00
22	77	106,000	69,249.80	44	99	106,000	93,525.92				

DEFINITIONS

ATTAINED AGE

The issue age of the insured plus the number of completed policy years.

EVIDENCE OF INSURABILITY

Proof of the good health of the insured that is satisfactory to us.

INDEBTEDNESS

Unpaid policy loans and unpaid policy loan interest, if any.

INSURED

The individual named as the insured in the policy schedule.

ISSUE AGE

Age on the insured's last birthday on or preceding the issue date.

ISSUE DATE

The date from which policy anniversaries, policy years and policy months are determined.

MATURITY DATE

The final date on which any proceeds are payable under this policy if the insured is still alive.

POLICY ANNIVERSARY

The same day and month as the issue date for each succeeding year this policy remains in force.

POLICY SCHEDULE

On the issue date, page 3 of this policy. An updated policy schedule will be provided after the exercise of a partial withdrawal option.

PROCEEDS

The amount we are obligated to pay under the terms of this policy.

RIDER

A rider is an attachment to this policy which provides additional benefits.

TABLE OF GUARANTEED POLICY VALUES

On the issue date, page 4 of this policy. An updated table of guaranteed policy values will be provided after the exercise of a partial withdrawal option.

WE, OUR, US

Investors Heritage Life Insurance Company.

WRITTEN REQUEST

A notification or request received from the owner in a form satisfactory to us. Written requests are recorded at our home office. We will not be responsible for the validity of any written request.

YOU, YOURS

The owner of this policy. The owner is designated in the application unless later changed by written notice to us.

GENERAL PROVISIONS

CONTRACT

The entire contract between you and us consists of this policy, any riders or endorsements, and the written application, a copy of which is attached at issue or delivery. All statements between you and us in the application, in the absence of fraud, are representations and not warranties. No statement shall be used in defense of a claim under this policy unless it is contained in a written application that is attached to the policy when issued or delivered.

SINGLE PREMIUM

The single premium as shown in the policy schedule is due on the issue date. It is payable to us on or before the delivery of this policy. There is no insurance coverage in effect until the single premium is paid. The single premium may be paid to our authorized agent who will provide a receipt. The receipt must be signed by the agent who received payment on our behalf.

AUTHORITY TO CHANGE

Only our officers may change the terms of this policy. Any change must be made in writing.

INCONTESTABILITY

We will not contest the validity of this policy after it has been in force during the lifetime of the insured for a period of two (2) years from the issue date as shown in the policy schedule, except for non-payment of premium.

A reinstatement of this policy will be incontestable after it has been in force during the lifetime of the insured for two (2) years from the effective date of reinstatement. Contest of a reinstatement may be made only with respect to material misrepresentations made in the application for reinstatement.

No statement made by the owner or by the insured related to the insured's insurability may be used in a contest or to reduce benefits unless (a) it is contained in a written instrument signed by the owner or the insured, and (b) the statement on which the contest is based is material to the risk accepted by us, and (c) a copy of such instrument has been given to the owner, the insured, or the beneficiary.

SUICIDE

If the insured commits suicide, while sane or insane, within two (2) years from the issue date, the proceeds under the policy will be an amount equal to the premiums paid.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the insured is misstated, any amount of proceeds payable will be adjusted to that amount which the premiums paid would have purchased at the true age and sex of the insured.

NON-PARTICIPATING

This policy will not share in our surplus earnings. No dividends will be paid.

TERMINATION

This policy will terminate and all coverage will cease on the earliest of the following dates:

1. The date we receive your written request to surrender this policy;
2. The date of death of the insured;
3. If indebtedness equals or exceeds the cash value, the date that falls thirty (30) days after notice of termination has been mailed to your last known address and to any assignee of record; or
4. The maturity date shown on the policy schedule.

OWNERSHIP AND BENEFICIARY PROVISIONS

OWNER

The owner of this policy is the person or party designated to exercise the rights and receive the benefits of ownership. The insured is the owner unless otherwise stated in the application or later changed.

Subject to the terms of any beneficiary designation or assignment, the owner may, during the lifetime of the insured:

1. Assign or surrender this policy;
2. Obtain a policy loan;
3. Obtain a partial surrender;
4. With our consent, make a change in this policy;
5. Transfer the ownership of this policy; and
6. Exercise other rights and receive other benefits as defined in this policy.

If the owner has not named a successor owner, at the death of the owner, the insured becomes the owner of this policy unless the insured is a minor or otherwise legally incompetent, in which case the owner will be the legally appointed guardian of the insured.

BENEFICIARY

The beneficiary is as shown in the application. The beneficiary will receive the amount of proceeds payable at the death of the insured subject to any assignment made by you. The interest of a beneficiary terminates if the beneficiary dies before the insured. If no beneficiary survives at the death of the insured, payment may be made to you or to your estate or successors.

If more than one beneficiary survives at the death of the insured, proceeds will be allocated according to written instructions from the owner of this policy received by us prior to the death of the insured. If no allocation of proceeds between beneficiaries is specified, proceeds will be divided equally among all surviving beneficiaries.

CHANGE OF OWNER OR BENEFICIARY

You may change the designations of owner and beneficiary while the insured is alive. Any change is subject to the consent of an irrevocable beneficiary. Written request of change must be filed at our home office. Unless otherwise specified by you, the new designation will then take effect as of the date you signed the notice. Such a change does not affect any payment made or other action taken by us before we received the notice.

ASSIGNMENT

You may assign this policy by written request. We are not responsible for the validity or effect of any assignment of this policy. No assignment will bind us until it is received at our home office. Unless otherwise specified, any assignment will take effect on the date the notice of assignment is signed by you, subject to any payments made or actions taken by us prior to receipt of the assignment.

INSURANCE PROVISIONS

DEATH BENEFIT

The death benefit payable under this policy is equal to:

1. The face amount as shown in the policy schedule; plus
2. The amount of insurance on the life of the insured provided by riders; less
3. Any policy loan balance.

PROCEEDS AT DEATH

The amount of proceeds payable at death of the insured while this policy is in force will be the death benefit described above adjusted for any misstatement of age or sex.

INTEREST ON PROCEEDS

Interest on proceeds will be paid from the date of death of the insured to the date of payment. Interest will accrue at a rate which is the greater of (a) the rate declared by us for proceeds left on deposit, or (b) the rate required by law.

Additional interest will accrue at an annual rate of ten (10) percent from date of death to thirty-one (31) days after the latest of the following:

1. The date we receive due proof of death;
2. The date we receive sufficient information to determine the amount of payment and the appropriate payee legally entitled to the proceeds; and
3. The date that any legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of the same is provided to us. Legal impediments include, but are not limited to (a) the establishment of guardianships and conservatorships, or (b) the appointment and qualification of trustees, executors and administrators, or (c) the submission of information required to satisfy a state and federal reporting requirement.

PAYMENT OF PROCEEDS

To claim the proceeds, due proof of death must be furnished. Due proof of death will consist of a certified copy of the death certificate of the insured, or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds.

POLICY VALUE PROVISIONS

CASH SURRENDER VALUE

The cash surrender value at the end of any policy year is equal to the cash value as shown in the policy schedule, less any indebtedness. The cash surrender value at any other point in time will be calculated with allowance for lapse of time from the last preceding policy anniversary.

EXERCISING THE CASH SURRENDER POLICY OPTION

You may surrender this policy by returning it to our home office and filing a written request in a form acceptable to us. The date of surrender will be the date you signed the request provided the insured was then living. The amount that will be paid is the cash surrender value. With written permission from the Commissioner of the state in which this policy was delivered, the payment of the cash surrender value may be deferred for a period up to six (6) months after the request is received at our home office.

If surrender is requested within thirty (30) days after a policy anniversary, the cash surrender value will not be less than the cash surrender value on the policy anniversary. This policy will terminate as of the date of surrender.

BASIS OF POLICY VALUES

Cash value calculations are based on the Commissioners 2001 Standard Ordinary Mortality Table, Male or Female, Non-Tobacco or Tobacco, Age Last Birthday, with interest as shown in the policy schedule. Policy benefits are not less than the minimum values required on the issue date by the NAIC Standard Nonforfeiture Law for Life Insurance as adopted by the state in which this policy was issued. A detailed statement of the method of computing policy values and benefits has been filed with the insurance department of the state in which this policy was delivered.

PARTIAL SURRENDERS

A partial surrender may be made at any time after the first policy year and prior to the termination of this policy. The minimum partial surrender is \$500. The maximum partial surrender varies by policy year, and is equal to the smaller of:

1. The available partial surrender amount on the date the partial surrender is requested, minus \$1,000; and
2. The available partial surrender amount on the date the partial surrender is requested, multiplied by the percentage as set forth in the table below.

Policy Year	Maximum Partial Surrender Percentage
1	0%
2	10%
3	20%
4	30%
5	40%
6+	100%

The available partial surrender amount is:

1. The cash surrender value; less
2. Indebtedness; less
3. The policy loan interest from the calculation date of the partial surrender amount to the next policy anniversary.

Only one partial surrender is allowed in any policy year.

A surrender fee of \$25 will be deducted from each partial surrender amount. With written permission from the Commissioner of the state in which this policy was delivered, the payment of the partial surrender may be deferred for a period up to six (6) months after the request is received at our home office.

When a partial surrender is made, the face amount of this policy will be reduced by (a) the face amount just prior to the partial surrender, multiplied by (b) the partial surrender amount (including the partial surrender fee); divided by (c) the cash value just prior to the partial surrender.

We will amend this policy to show the face amount after the partial surrender. We will send you a new policy schedule and a new table of guaranteed policy values to attach to your policy.

LOAN PROVISIONS

POLICY LOAN

We will make a loan to you upon the sole security and assignment of this policy. You may obtain a loan at any time while this policy is in force. The amount of the loan may not exceed the loan value, as defined below. We may defer making a policy loan up to six months after written request is received at our home office unless the loan is used to pay a premium to us.

You may repay the loan in full or in part while your policy is in force prior to the death of the insured. Any payments received will be credited as loan repayments only if so designated.

LOAN VALUE

The loan value is equal to the cash surrender value on the date of the loan. The amount advanced as a policy loan may not exceed (a) the loan value, less (b) the amount of any existing loan, less (c) loan interest to the end of the current policy year. Unless it is paid in cash at the date of the loan, any existing policy loan, along with interest to the date of the loan, will be added to and become a part of the new policy loan.

LOAN INTEREST

Policy loan interest accrues from the date of the loan. It is payable in arrears on each policy anniversary and on the date the loan is settled. If interest is not paid when due, it will be added to the loan and will bear interest at the policy loan interest rate.

The maximum annual interest rate for loans is stated in the policy schedule. Interest is compounded annually.

INDEBTEDNESS

Indebtedness means all outstanding policy loans on this policy including interest accrued and accruing from day to day. Indebtedness may be repaid in full or in part while the insured is alive. If not repaid, it will be deducted in one sum from the proceeds of this policy.

If indebtedness exceeds the cash surrender value, this policy will terminate thirty (30) days after notice of termination has been mailed to your last known address and to any assignee of record.

REINSTATEMENT PROVISIONS

REINSTATEMENT

If this policy terminated because indebtedness exceeded the cash surrender value, it may be reinstated within five (5) years after termination if:

1. This policy was not surrendered for its cash surrender value; and
2. You submit a written request and application during the lifetime of the insured; and
3. You provide evidence of insurability satisfactory to us; and
4. You pay or reinstate any indebtedness which existed at the date of termination at the policy loan interest rate stated in the policy schedule.

The date of reinstatement will be the latest of (a) the date we approve your application for reinstatement, or (b) the date we receive all past amounts due.

SETTLEMENT PROVISIONS

POLICY PROCEEDS

Proceeds payable under this policy may be paid in a single sum or left with us for payment under any settlement option we then provide. The amount applied under an option must be at least \$5,000.

ELECTION OF OPTIONS

With the consent of any irrevocable beneficiary, you may elect or revoke a settlement option at any time before the proceeds are payable. If no settlement option election is in effect at the time the proceeds become payable, the payee may make an election. Written notice of election or revocation must be filed at our home office in a form acceptable to us. The notice will then take effect as of the date you or the payee signed the notice. An election does not affect any payment made or other action taken by us before the notice is received. A payee who is not a natural person may elect a settlement option only with our consent. An assignee cannot elect a settlement option. Change of owner or beneficiary automatically revokes any election in effect.

EFFECTIVE DATE

The first payment under options 1, 2, and 4 is payable on the effective date of the option. The effective date is (a) the date of the death of the insured, or (2) any later date agreeable with us.

DEATH OF PAYEE

Unless otherwise specified, at the death of the last payee a final payment will be made to the estate of the payee. For options 1 and 2 the final payment will be the commuted value of the remaining unpaid installments certain. Such value will be computed based on the rate of interest used in the calculation of payments. For options 3 and 4 the final payment will be the unpaid proceeds with any unpaid interest to the date of death of the payee.

SETTLEMENT OPTION INTEREST RATE

The guaranteed interest rate for options 1, 2, 3, and 4 is 3% per year, compounded annually. Additional interest may be declared by us from time to time.

OPTION 1

Proceeds will be paid for a fixed period. The amount of each payment is determined from the option 1 table on the following page.

OPTION 2

Proceeds will be paid in equal installments throughout the certain period. After the certain period, payments will continue to be made throughout the lifetime of the payee. The amount and certain period of the payments are determined from the option 2 table on the following page. Satisfactory proof of the age and sex of the payee is required. We may require evidence that the payee is living on the due date of any payment.

OPTION 3

Interest on the proceeds will be paid in the manner agreed upon when the option is elected.

OPTION 4

Proceeds will be paid in fixed installments at regular intervals until the proceeds, together with interest on the unpaid balance, are exhausted.

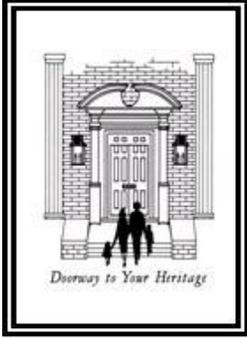
OPTION 5

Proceeds will be used to purchase any single premium annuity we offer at the time proceeds are applied.

OPTION 1 TABLE							
Monthly payments for a fixed number of years for each \$1,000 of proceeds							
Number of years	Monthly payment	Number of years	Monthly payment	Number of years	Monthly payment	Number of years	Monthly payment
1	84.48	6	15.16	11	8.88	16	6.55
2	42.87	7	13.18	12	8.26	17	6.25
3	29.01	8	11.70	13	7.73	18	5.98
4	22.08	9	10.55	14	7.28	19	5.75
5	17.92	10	9.63	15	6.89	20	5.53
The amount of monthly payment for other periods will be furnished on request.							

OPTION 2 TABLE											
Monthly payments are shown for each \$1,000 of proceeds. Age is the age last birthday of the payee when the first installment is payable.											
Number of Years Certain											
None						10 years					
Age	Male	Female	Age	Male	Female	Age	Male	Female	Age	Male	Female
46	3.83	3.61	66	5.85	5.31	46	3.81	3.61	66	5.64	5.20
47	3.88	3.66	67	6.03	5.47	47	3.86	3.65	67	5.79	5.34
48	3.94	3.71	68	6.23	5.63	48	3.92	3.70	68	5.94	5.48
49	4.01	3.76	69	6.44	5.81	49	3.98	3.75	69	6.10	5.63
50	4.07	3.82	70	6.66	6.00	50	4.04	3.81	70	6.26	5.79
51	4.14	3.88	71	6.90	6.20	51	4.11	3.86	71	6.43	5.96
52	4.21	3.94	72	7.15	6.43	52	4.18	3.92	72	6.60	6.13
53	4.29	4.01	73	7.42	6.67	53	4.25	3.99	73	6.78	6.32
54	4.37	4.08	74	7.70	6.93	54	4.33	4.05	74	6.96	6.51
55	4.46	4.15	75	8.01	7.21	55	4.41	4.12	75	7.15	6.71
56	4.55	4.22	76	8.34	7.51	56	4.49	4.20	76	7.33	6.91
57	4.64	4.31	77	8.69	7.84	57	4.58	4.27	77	7.52	7.12
58	4.75	4.39	78	9.07	8.20	58	4.68	4.36	78	7.71	7.33
59	4.85	4.48	79	9.47	8.58	59	4.78	4.44	79	7.89	7.54
60	4.97	4.58	80	9.90	9.00	60	4.88	4.53	80	8.07	7.76
61	5.09	4.68	81	10.36	9.45	61	4.99	4.63	81	8.25	7.97
62	5.23	4.79	82	10.85	9.94	62	5.11	4.73	82	8.42	8.17
63	5.37	4.91	83	11.37	10.47	63	5.23	4.84	83	8.59	8.37
64	5.52	5.04	84	11.92	11.04	64	5.36	4.96	84	8.74	8.56
65	5.68	5.17	85	12.52	11.66	65	5.50	5.08	85	8.89	8.73

Values were calculated using the Annuity 2000 Mortality Table, male or female, and 3.0% interest per year. Satisfactory proof of the age and sex of the payee is required. The amount of monthly payments for other ages and certain periods will be furnished on request.



INVESTORS HERITAGE

Life Insurance Company

TO OBTAIN INFORMATION, MAKE A CLAIM, OR MAKE A COMPLAINT

Call us toll-free:

1.800.422.2011

Or write to us:

**INVESTORS HERITAGE LIFE INSURANCE COMPANY
PO BOX 717
FRANKFORT KY 40602-0717**

Or email us:

ihlic@investorsheritage.com

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY

Proceeds payable at death of insured and prior to the maturity date;

Cash surrender value payable on the maturity date;

Non-participating - no dividends.

INVESTORS HERITAGE LIFE INSURANCE COMPANY ACCELERATED DEATH BENEFIT RIDER

NOTICE: Death benefits and cash surrender values will be reduced upon payment of an accelerated benefit. The accelerated benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, accelerated benefit payments may be taxable by your state. Tax laws relating to accelerated benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit payment may adversely affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

GENERAL PROVISIONS

This rider is made part of this policy. It is subject to all applicable terms of the policy as well as the terms of this rider. Rider provisions apply in lieu of any policy provisions to the contrary. The consideration is the application.

RIDER EFFECTIVE DATE

The effective date of this rider is the effective date of the policy to which it is attached, unless otherwise stated.

OWNER

The owner of this rider is the owner of the policy to which this rider is attached, unless otherwise provided. The owner of this rider may exercise all the rights under this rider during the lifetime of the insured by making written request to us. All the rights of the owner are subject to the rights of any assignee or any irrevocable beneficiary we have on record.

NON-PARTICIPATING

This rider will not share in our surplus earnings. No dividends will be paid.

CASH VALUES

This rider does not provide cash or loan values.

TERMINATION

Benefits under this rider will terminate on the earliest of the following dates:

1. The date we receive your request to surrender the policy;
2. The date you request cancellation of this rider, in writing;
3. The date of termination of the policy to which this rider is attached.

DEFINITIONS

ACCELERATED BENEFIT

A benefit that may be requested by the owner if the insured is terminally ill or if the insured is chronically ill and is either confined to a nursing home or requires home health care. Terminal illness and chronic illness are defined below.

ACCELERATED PERCENTAGE

The accelerated percentage is equal to the requested accelerated benefit divided by the face amount immediately prior to the request.

ACCELERATION DATE

The date the accelerated benefits are paid.

ADJUSTED CASH VALUE

The cash value, adjusted for any accelerated benefits paid.

ADJUSTED FACE AMOUNT

The face amount, adjusted for any accelerated benefits paid.

CHRONIC ILLNESS

A disease or illness, certified by a physician, such that the insured:

1. Is unable to perform at least two activities of daily living and has been unable to do so for the previous ninety (90) days due to a loss of functional capacity. The activities of daily living are eating, toileting, transferring, bathing, dressing, and continence; or
2. Requires substantial supervision to protect the person from threats to health and safety because of severe cognitive impairment. Severity of cognitive impairment is measured by impairment in short or long term memory, orientation to people, places, or time, and deductive or abstract reasoning.

HOME HEALTH CARE

Skilled services, including custodial care, that are performed by an RN or an LPN in the home of the insured. These services must be medically necessary to maintain or improve the health of the insured.

LICENSED PRACTICAL NURSE OR LPN

A licensed practical nurse, performing within the scope of his/her current license. The person cannot be you, the insured, a beneficiary, or a family member of any of these individuals.

NURSING HOME

A facility that is a Medicare certified skilled nursing facility whose primary function is to provide continuous, 24-hours-per-day nursing care, and room and board. The facility must charge for these services. The care must be performed under the direction of a physician, RN, or an LPN. It may not be, other than incidentally, a home for the aged, a hospital, a retirement home, a rest home, a community living center, or a place mainly for the treatment of drug abuse, alcoholism or mental illness.

PHYSICIAN

A licensed medical doctor performing within the scope of his/her current license. This person cannot be you, the insured, a beneficiary, or a family member of any of these individuals.

REGISTERED NURSE OR RN

A licensed professional nurse, performing with the scope of his/her current license. This person cannot be you, the insured, a beneficiary, or a family member of any of these individuals.

TERMINAL ILLNESS

A disease or illness that is expected to result in the death of the insured within twelve (12) months. We will require satisfactory proof that the insured is terminally ill. This proof will include, but is not limited to, a physician's statement.

ACCELERATED BENEFIT PROVISIONS

MAXIMUM ACCELERATED DEATH BENEFIT

The sum of all accelerated benefits payments may not exceed the lesser of \$250,000 or 80% of the face amount, subject to the additional requirement that the remaining death benefit be no less than \$10,000.

TERMINAL ILLNESS BENEFIT

If the insured is diagnosed as being terminally ill, you may request the acceleration of an amount not to exceed that described by the maximum accelerated death benefit.

NURSING HOME BENEFIT

If the insured is diagnosed as being chronically ill, is confined to a nursing home, and has been for the previous ninety (90) days, you may request the acceleration of an amount not to exceed that described by the maximum accelerated death benefit.

HOME HEALTH CARE BENEFIT

If the insured is diagnosed as being chronically ill and has required home health care for the previous ninety (90) days, you may request the acceleration of an amount not to exceed that described by the maximum accelerated death benefit.

ACCELERATED BENEFIT PAYMENT AMOUNT

The accelerated benefit payment amount will be equal to the sum of:

1. The accelerated amount requested subject to the maximum amount allowed;
2. Any premium paid on the accelerated amount beyond the end of the policy month in which payment is made;
3. Any loan interest paid for the time beyond the acceleration date on loan amounts reduced on payment.

Less the sum of:

1. An interest charge for twelve (12) months at an interest rate declared by the Board of Directors;
2. The applicable percentage times the outstanding loan balance;
3. Any premium due and unpaid during the grace period of the policy that applies to the period before the date of acceleration;
4. An administrative expense charge, not to exceed \$100.

If the insured dies after an accelerated benefit has been elected but before any such benefits are received, the election shall be cancelled and the death benefit will be paid as stated in the policy.

INTEREST CHARGE

The interest rate used to calculate the interest charge will not exceed the greater of:

1. The current yield on 90-day treasury bills on the acceleration date; and
2. The maximum statutory adjustable policy loan interest rate effective on the acceleration date.

POLICY ADJUSTMENTS AFTER PAYMENT OF AN ACCELERATED BENEFIT

Policy Values will be adjusted as follows:

1. The adjusted face amount will be equal to the face amount immediately prior to the accelerated benefit date reduced by the accelerated percentage.
2. The adjusted cash value will be equal to the cash value immediately prior to the accelerated benefit payment reduced by the accelerated percentage.
3. Any premium payable in the future on the adjusted face amount will be equal to the premium immediately prior to the accelerated benefit date reduced by the accelerated percentage.
4. Indebtedness will be reduced by the accelerated percentage.

A statement of the accelerated benefit payable and the resulting adjusted policy values will be sent to you prior to the payment of any accelerated benefit. Updated policy pages will be sent to you after the payment of any accelerated benefit.

CONDITIONS FOR PAYMENT OF AN ACCELERATED BENEFIT

Before an accelerated benefit is paid we must receive, in writing on a form acceptable to us:

1. A properly completed proof of eligibility claim form. If we do not provide the proof of eligibility claim form to you within 15 days after you request it, it is considered that you complied with the claim requirements if you submit written proof covering the occurrence, and the character and extent of the occurrence for which the claim is made.
2. A physician's certification that the insured:
 - a. Has a terminal illness; or
 - b. Is chronically ill and is confined to a nursing home, and has been so confined for the previous ninety (90) days; or
 - c. Is chronically ill and is currently receiving home health care, and has been receiving such care for the previous ninety (90) days.
3. The consent of any irrevocable beneficiary or assignee of record.

We reserve the right to a second or third medical opinion to confirm benefit eligibility, at our expense. The second medical opinion may include a physical examination by a physician designated by us. In the case of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion that is provided by a physician that is mutually acceptable to the insured and the company.

Payment of an accelerated benefit is due immediately upon receipt of due written proof of eligibility. Accelerated benefit payments will be paid as a lump sum, or upon request, in equal monthly installments for a fixed period. The annual guaranteed interest rate for computing any monthly payment is 3.0%. If the insured dies prior to the termination of the monthly payments, the present value of the remaining payments will be paid in a lump sum to the beneficiary.

Interest will accrue prior to payment of any accelerated benefit amount as described in the policy. Payment will be made to the owner or the owners's estate, unless the accelerated benefit has been otherwise assigned or designated by the owner.

Signed at our home office: 200 Capital Avenue, Frankfort, Kentucky 40601.



Jane S. Jackson
Secretary



Harry Lee Waterfield II
President

**APPLICATION FOR
INDIVIDUAL LIFE INSURANCE AND ANNUITY**

INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 • Frankfort, KY 40602-0717 • Phone: 800.422.2011 • Fax: 502.875.7084
E-mail: investorsheritage@ihlic.com • www.investorsheritage.com

PRINT USING BLACK INK. ALL SECTIONS MUST BE COMPLETED.

1. PROPOSED INSURED / PROPOSED ANNUITANT										
Name (First, Middle Initial, Last)										
Birth Date	Month	Day	Year	State/Country of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height:	ft.	in.	Weight:	lbs.
Primary Mailing Address			City			State		Zip Code		
Social Security Number					E-mail Address					
Phone Number ()			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		Phone Number ()			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
2. SECONDARY ADDRESSEE										
(Provide name and mailing address of person to receive grace and lapse notification on behalf of the Proposed Insured.)										
Secondary Addressee Name (First, Middle Initial, Last)										
Mailing Address			City			State		Zip Code		
3. BENEFICIARY INFORMATION										
Primary Beneficiary Name (First, Middle Initial, Last)				Social Security Number		% Benefit if not equal		Relationship to Proposed Insured		
Contingent Beneficiary Name (First, Middle Initial, Last)				Social Security Number		% Benefit if not equal		Relationship to Proposed Insured		
4. OWNER (If other than Proposed Insured / Annuitant)										
Name (First, Middle Initial, Last)						Birth Date	Month	Day	Year	
Social Security Number			Relationship to Proposed Insured			Phone Number ()		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		
Mailing Address			City		State		Zip Code		E-mail Address	
5. INSURANCE AND ANNUITY INFORMATION										
Mark plans applying for:										
<input type="checkbox"/> Single Premium Whole Life Insurance				Face Amount		\$ _____				
<input type="checkbox"/> Flexible Premium Adjustable Universal Life Insurance				Face Amount		\$ _____				
<input type="checkbox"/> Single Premium Immediate Annuity				Single Premium		\$ _____		<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified		
Annual payments for 10 years or until the annuitant's death, whichever is earlier. <i>SPIA only available with the Flexible Premium Adjustable Universal Life Insurance.</i>										
6. RIDER INFORMATION										
Mark riders applying for:										
<input type="checkbox"/> Accelerated Death Benefit Rider			<input type="checkbox"/> Yes <input type="checkbox"/> No		Automatically included unless "NO" is marked.					
<input type="checkbox"/> Other _____										

7. HEALTH INFORMATION

1. Do you need assistance with the normal activities of daily living (eating, bathing, dressing, taking medications, etc.) or are you currently hospitalized, confined to a bed or nursing facility or receiving hospice care? Yes No
2. Have you been diagnosed with Diabetes prior to age 20 or taken insulin injections prior to age 40? Have you ever been treated for insulin shock, diabetic coma or hospitalized two or more times for diabetic complications within the last 18 months? Yes No
3. Have you been medically treated or diagnosed by a medical professional as having Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex (ARC), or any immune deficiency related disorder or tested positive for the human immunodeficiency virus (HIV)? Yes No
4. Have you had or been medically advised to have an organ transplant, hospice care, or been diagnosed as having a terminal medical condition that is expected to result in death within the next 12 months? Yes No
5. Have you ever been medically diagnosed, treated or taken medication for: congestive heart disease, cardiomyopathy, end stage kidney (renal) disease, kidney (renal) insufficiency, chronic kidney disease (including dialysis), kidney or liver failure, Alzheimer's disease, dementia, Lou Gehrig's disease (ALS), schizophrenia, bipolar disorder, brain disease or attempted suicide? Yes No
6. In the last 5 years have you been convicted of a felony or are you currently on probation, been treated or advised by a medical professional to have treatment for alcohol, drugs or medication abuse? Yes No
7. Within the past 3 years have you been diagnosed with leukemia, lymphoma, melanoma or internal cancer or have you had more than one occurrence of any cancer in your lifetime (excluding basal or squamous cell skin cancer), had a recurrence of any cancer, or are you currently being treated for cancer, had an amputation caused by cancer or an amputation caused by any disease? Yes No
8. Within the past 2 years have you:
 - a. Been medically diagnosed, treated or taken medication for: angina, chronic hepatitis, cirrhosis, liver disease, Hodgkin's disease, chronic obstructive pulmonary or lung disease (COPD/COLD), emphysema, chronic bronchitis, respiratory failure, or required oxygen to assist in breathing? Yes No
 - b. Been diagnosed as having, been treated for or hospitalized for: heart disease, heart attack, peripheral vascular disease, heart or vascular surgery (including coronary artery bypass, angioplasty, stent placement (cardio or vascular), pacemaker or replacement pacemaker, heart valve replacement, abdominal aortic aneurysm, or any procedure to improve circulation to the heart, brain or extremities, neuromuscular disease (including multiple sclerosis, cerebral palsy, muscular dystrophy, Parkinson's disease), systematic lupus (SLE) or paralysis of two or more extremities? Yes No
 - c. Been medically diagnosed, treated or taken medication for stroke, transient ischemic attack (TIA), or been diagnosed as having uncontrolled high blood pressure? Yes No
 - d. Been confined more than twice to a hospital, nursing facility, convalescent care facility, assisted living facility, mental facility or hospice care? Yes No
 - e. Been convicted of operating a motor vehicle while intoxicated, impaired or reckless driving? Yes No
 - f. Been declined or postponed for life or health insurance? Yes No

8. ADDITIONAL INFORMATION

Proposed Insured's Driver's License Number

State of Issue

1. Have you used nicotine or tobacco based products in the past 12 months? Yes No
2. Have you applied for life insurance with any other company in the past two years? Yes No
3. Are you taking medication for any impairment listed in Question 5 of Section 7 Health Information? Yes No

9. OTHER INSURANCE / REPLACEMENT INFORMATION

1. Does Proposed Insured now have any life insurance or annuity (includes personal, business or group life) (a) in force or applications pending with any company? or (b) which will be replaced, changed, or borrowed against because of this application?
 Yes No Provide details to "Yes" answers below and submit appropriate replacement forms.

2. Name of Company	Date of Issue	Life Amount	Personal/Business	Accidental Death Amount	To be replaced?
			<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Personal <input type="checkbox"/> Business		<input type="checkbox"/> Yes <input type="checkbox"/> No

If there is additional insurance beyond those listed, please provide on a separate sheet of paper.

10. AGREEMENT & AUTHORIZATION

I have read the completed application. I am not currently taking and I am not under the influence of any medications or drugs that would affect my ability to fully understand and to fully and accurately complete this application. I agree that this application will be the basis for, and will become part of, the policy that is issued. The above representations are true to the best of my knowledge and belief. I agree the policy shall not be in effect until it has been issued by Investors Heritage Life Insurance Company ("the Company") and the initial premium has been paid. I understand that the information on this application will be relied upon to determine insurability and that incorrect information may result in coverage being voided, subject to the policy's incontestability provision. I understand that the agent has no authority to approve the application, change the policy or waive any policy provisions. I understand no insurance will be effective until the date stated in the policy and all eligibility requirements are met. I understand that the USA Patriot Act requires all financial institutions, including insurance companies, to verify the identity of their customers. I am providing my name, address, date of birth and taxpayer identification number to allow verification of identity. I understand the verification process may include the use of third-party sources to verify the information provided. I am not being paid cash and have not been promised services as an inducement to enter into this application for life insurance. The purpose of this insurance application is not to sell or assign it to any type of viatical settlement, senior settlement, or life settlement company. I acknowledge receipt of a copy of the Information Practices Notice, MIB Pre-Notice and Fair Credit Reporting Act Notice.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I authorize any physician, medical practitioner, hospital, medical care facility, the Veteran's Administration, insurance company, MIB, Inc., pharmacy manager, pharmacy, insurance laboratory, a consumer reporting agency, my employer or any other person or organization that has any record of information about me to give Investors Heritage Life Insurance Company, its reinsurers or its authorized representative, information about my health, other insurance coverage, employment, age, general character, finances, participation in hazardous activities, medical care or advice about any physical or mental condition, including information about drugs, alcoholism, or other information Investors Heritage Life Insurance Company requires to determine insurability or eligibility of benefits. I further authorize the sources listed above, except MIB, Inc., to give such information to a consumer reporting agency acting on behalf of Investors Heritage Life Insurance Company. This authorization may be revoked; however, it may not be revoked during the contestability period of the policy or to the extent the company has taken action in reliance on this authorization. Notice or revocation may be sent, in writing, to the Company at its administrative office address. I agree that a copy of this authorization is as valid as the original and I can obtain a copy on request. This authorization is valid for 30 months from the date signed.

11. SIGNATURES OF PROPOSED INSURED / OWNER

X) _____ X) _____
 Signature of Proposed Insured Signature of Owner if other than Proposed Insured

Signed at _____ On _____
 (City, State) (Month, Day, Year)

12. AGENT'S STATEMENT AND SIGNATURE

To the best of my knowledge and belief the Proposed Insured and / or Owner does does not have any existing life insurance or annuity coverage and the life insurance applied for will will not replace any existing life insurance or annuity coverage.

I certify that I have verified the personal information of the applicant(s) by viewing a state issued driver's license, state issued I.D. card, military I.D. card, Permanent U.S. Resident Card (Green Card), passport or other government issued picture I.D. card.

I certify that the Owner, Proposed Insured or any person or entity is not being paid cash or promised services as an inducement to enter into this insurance transaction and that this insurance transaction will not be sold or assigned for any type of viatical settlement, senior settlement, life settlement or any other secondary market.

I further certify that all questions on the application were asked and any information recorded by me on this application is true and accurate to the best of my knowledge and that I witnessed the signing of the application by the Owner and Proposed Insured who appeared to me to be lucid and able to fully understand all of the questions on this application.

X) _____ Date

Licensed Agent's Signature

Agent's Printed Name

Agent's Code Number

Agent's Phone Number

X) _____ Date

Second Licensed Agent's Signature

Agent's Printed Name

Agent's Code Number

Agent's Phone Number

Investors Heritage Life Insurance Company
ACCELERATED DEATH BENEFIT PAYMENT RIDER DISCLOSURE

NOTICE: Death benefits and cash surrender values will be reduced upon payment of an accelerated benefit. The accelerated benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, accelerated benefit payments may be taxable by your state. Tax laws relating to accelerated benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit payment may adversely affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

PREMIUMS

There is no premium charge for the accelerated death benefit rider.

EFFECT ON POLICY VALUES

After payment of the accelerated death benefit, the death benefit of the policy will be reduced by the amount of accelerated death benefit. Any premium payments, cash values, and other obligations and benefits under this policy, excluding that for riders, will be reduced proportionately.

AMENDED POLICY SCHEDULE

An amended policy schedule will be sent to you upon payment of this benefit. The schedule will show the reduced death benefit, cash value and premium amounts.

MAXIMUM ACCELERATED DEATH BENEFIT

The sum of all accelerated benefit payments may not exceed the smaller of \$250,000 or 80% of the face amount. This is subject to the additional requirement that the remaining death benefit be no less than \$10,000.

CONDITION OF PAYMENT

We will pay an amount up to the maximum accelerated death benefit if we receive proof that the insured has been (a) diagnosed with a terminal illness; or (b) is chronically ill and for the past ninety (90) days has either been confined to a nursing home or has required home health care.

DEFINITION OF TERMINAL ILLNESS

Terminal illness is considered a disease or illness that is expected to result in the death of the insured within twenty-four (24) months.

DEFINITION OF CHRONIC ILLNESS

Chronic illness is considered a disease or illness such that the insured is unable to perform at least two activities of daily living or requires substantial supervision as protections from threats to health or safety.

CERTIFICATION OF PHYSICIAN

The certification by a physician must include documentation supported by clinical, radiological, histological, or laboratory evidence of the condition.

PHYSICIAN OF OUR CHOICE

We may require an additional examination by a physician of our choice, and at our expense. If there is a conflict of medical opinion as to the life expectancy of the insured, a third medical opinion that is provided by a physician that is mutually acceptable to the insured and the company will govern.

I have received a copy of this disclosure.

Applicant

Date

Agent

Date

Investors Heritage Life Insurance Company

STATEMENT DEMONSTRATING THE EFFECT OF AN ACCELERATED DEATH BENEFIT PAYMENT

Policy Number: 999888 Insured: John Doe

You have requested payment under the Accelerated Death Benefit Rider attached to the above policy. This disclosure is to help you decide whether or not payment of this benefit is right for you.

NOTICE: Death benefits and cash surrender values will be reduced upon payment of an accelerated benefit. The accelerated benefits offered under this rider may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the acceleration of benefits qualifies for favorable tax treatment, the benefits will be excluded from your income and not subject to federal taxation. However, accelerated benefit payments may be taxable by your state. Tax laws relating to accelerated benefits are complex. You should consult a qualified tax advisor for specific information. Receipt of an accelerated benefit payment may adversely affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance or other public assistance programs. You should consult with a qualified advisor and with social services agencies regarding how receipt of such payment may affect eligibility for such programs.

The accelerated percentage you requested is 25%.
 The face amount of your policy just prior to the accelerated benefit date is \$106,000.
 You requested an acceleration date of May 1, 2020.

After payment of an accelerated benefit, policy values will be adjusted as follows:

	<u>Immediately prior to accelerated benefit date</u>	<u>After payment of <u>accelerated</u> benefit</u>
Face amount	\$106,000.00	\$79,500.00
Cash Value	\$48,227.88	\$36,170.91
Annual Premium	\$0.00	\$0.00
Indebtedness	\$0.00	\$0.00

The accelerated benefit payment will be equal to:

The Accelerated amount		\$26,500.00
Plus premium paid for periods beyond the acceleration date	+	\$0.00
Plus loan interest paid for periods beyond the acceleration date	+	\$0.00
Less An interest charge for twelve (12) months	-	\$795.00
Less the applicable percentage of the outstanding loan balance	-	\$0.00
Less an administrative expense charge	-	\$100.00
-----		-----
Total accelerated benefit payment		\$25,605.00

The interest charge is computed using an annual interest rate of 3.00%.

Signature of Policy Owner

Date

SERFF Tracking Number: IHLI-126652310 State: Arkansas
Filing Company: Investors Heritage Life Insurance Company State Tracking Number: 45962
Company Tracking Number: PUR-SPWL-AR
TOI: L071 Individual Life - Whole Sub-TOI: L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life
Project Name/Number: PUR-SPWL/

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

See attached.

Attachments:

Readability Certification SPWL.pdf

AR Compliance Certification.pdf

Item Status: **Status**
Date:

Satisfied - Item: Application

Comments:

The application to be used with this product is part of this filing and attached to the form schedule.

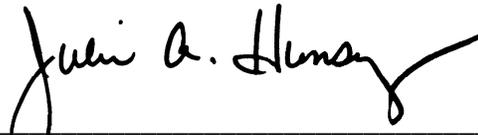
READABILITY CERTIFICATION

INVESTORS HERITAGE LIFE INSURANCE COMPANY
SERFF Tracking Number IHLI-126652310
NAIC Number 64904

I have reviewed or supervised the preparation of the forms listed below and certify that the forms comply with the applicable readability requirements of the Arkansas Code.

Form Number	Description	Flesch Score
ICC10-SPWL-AR (4-2010)	Single Premium Whole Life Insurance Policy	53.1
ICC10-ABR-AR (4-2010)	Accelerated Death Benefit Rider	50.5
ICC10-PURAPP (4-2010)	Application for Individual Life Insurance and Annuity	52.5
ICC10-ABR-CLDISC (4-2010)	Statement Demonstrating the Effect of an Accelerated Death Benefit Payment	51.8
ICC10-ABR-DISC (4-2010)	Accelerated Death Benefit Payment Rider Disclosure	50.1

June 11, 2010
Date



Signature of President or designated representative

Julie Hunsinger, FSA, MAAA
Name of Person signing above

Vice President & Chief Actuary
Title of person signing above



INVESTORS HERITAGE *Life Insurance Company*

PO Box 717 Frankfort KY 40602-0717

1-800-422-2011

investorsheritage@ihlic.com

Certificates of Compliance

Re: Forms: ICC10-SPWL-AR (4-2010), ICC10-ABR-AR (4-2010), ICC10-PURAPP (4-2010),
ICC10-ABR-DISC (4-2010) and ICC10-ABR-CLDISC (4-2010)

I hereby certify that the submitted forms listed above meet all applicable Arkansas requirements including the requirements of Rule and Regulation 19 and the requirements of Rule and Regulation 49.

I also hereby certify that the submitted forms listed above meet with the applicable readability requirements of the Arkansas Code.

I also certify that the Consumer Information Notice as required by ACA 23-79-138 is attached to every policy at policy issue.

Julie A. Hunsinger, FSA, MAAA
Vice President & Chief Actuary
June 11, 2010