

SERFF Tracking Number: SEFL-126600754 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 46071
Company Tracking Number: WL+
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: WL+
Project Name/Number: WL+/WL+

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: WL+

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: SEFL-126600754 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 46071

Co Tr Num: WL+

State Status: Approved-Closed

Author: Kristi Hendrickson

Date Submitted: 06/28/2010

Reviewer(s): Linda Bird

Disposition Date: 06/29/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: WL+

Project Number: WL+

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/29/2010

Deemer Date:

Submitted By: Kristi Hendrickson

Filing Description:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/22/2010

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/29/2010

Created By: Kristi Hendrickson

Corresponding Filing Tracking Number:

FILING DESCRIPTION

Form Numbers Form Title

W L1001 (AR) Whole Life Insurance

R W1001 Charitable Benefit Rider

SERFF Tracking Number: SEFL-126600754 State: Arkansas
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R W1002 Children's Term Insurance Rider
R W1003 Level Term Insurance Rider
R W1004 Spouse Term Insurance Rider
R W1005 Waiver of Premium Rider
R WH232 Amend Critical Illness Benefit Rider Amendment
47-420-05053 Worksite Individual Life Insurance Application
47-421-05053 Life Insurance Coverage
47-422-05053 Simplified Issue Health Section
47-423-05053 Primary Proposed Insured's Agreement and Agent's Statement and Agreement

Form W L1001 (AR) is a non-participating, unisex, whole life insurance policy.

Form R W1001 is a rider that provides an additional benefit, equal to 10% of the policy's face amount, to a charity upon the death of the insured. It is only available with policy form W L1001 and only available at time of policy issue.

Form R W1002 is a rider that provides term insurance on dependent children. It is only available with policy form W L1001 and is available at time of policy issue or later.

Form R W1003 is a rider that provides term insurance. It is only available with policy form W L1001 and is available at time of policy issue or later.

Form R W1004 is a rider that provides term insurance on the spouse. It is only available with policy form W L1001 and is available at time of policy issue or later.

Form R W1005 is a rider that provides for the waiver of premiums if the insured on the policy is totally disabled. It is only available with policy form W L1001 and is available at time of policy issue or later.

Form R WH232 Amend is an amendment that will be printed with all new issues of form R WH232. It amends the Termination section and includes Claims Procedures and General Provisions sections.

Application pages used to apply for the whole life coverage provided by W L1001 above below. This application can be taken as paper or electronically.

Form 47-420-05053 is the application page used to obtain general information.

Form 47-421-05053 is utilized to indicate life insurance being applied for.

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Form 47-422-05053 will be used for those cases, based on issue limits, that require simplified underwriting instead of guaranteed issue.

Form 47-423-05053 is the application page signed by the insured(s) and agent.

All applications that are taken through an electronic application required the agent and proposed insured to accept the Terms of Use and Esignature consent before proceeding. There are three points through the process in which the proposed insured is able to reject the process. The three points are Terms of Use, Esignature consent, and after reviewing the completed application. The only type of signature allowed through this electronic application is the topaz signature pad. There are no additional drop downs, scripts, questions, questionnaires or supplements used through the electronic application process.

Please note that the following riders will also be available with form W L1001 (AR):

Form No. Form Title Approval Date
R I0761 Accelerated Benefit Rider 04/10/2008
A-R 130 (AR) Accidental Death Benefit Rider 06/13/2000
R WA201 (AR) Short-Term Disability Income Rider 05/03/2006
R WH232 Critical Illness Benefit Rider 05/12/2008

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
1526 K Street 402-437-3452 [Phone]
Lincoln, NE 68508 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company CoCode: 71439 State of Domicile: Nebraska
1526 K Street Group Code: -99 Company Type: Life/Health
P.O. Box 82533 Group Name: State ID Number:
Lincoln, NE 68501-2533 FEIN Number: 38-1843471
(800) 276-7619 ext. [Phone]

Filing Fees

SERFF Tracking Number: SEFL-126600754 *State:* Arkansas
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Product Name: WL+
Project Name/Number: WL+/WL+

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	06/28/2010	37601010
Assurity Life Insurance Company	\$500.00	06/28/2010	37613200

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 Product Name: WL+
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/29/2010	06/29/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/28/2010	06/28/2010	Kristi Hendrickson	06/28/2010	06/28/2010

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Disposition

Disposition Date: 06/29/2010

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		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification		Yes
Supporting Document	Statement of Policy Cost		Yes
Form	Whole Life Insurance		Yes
Form	Charitable Benefit Rider		Yes
Form	Children's Term Insurance Rider		Yes
Form	Level Term Insurance Rider		Yes
Form	Spouse Term Insurance Rider		Yes
Form	Waiver of Premium Rider		Yes
Form	Worksite Individual Life Insurance Application		Yes
Form	Life Insurance Coverage		Yes
Form	Simplified Issue Health Section		Yes
Form	Primary Proposed Insured's Agreement/Agent's Statement and Agreement		Yes
Form	CRITICAL ILLNESS BENEFIT RIDER AMENDMENT		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/28/2010
Submitted Date 06/28/2010
Respond By Date 07/28/2010

Dear Kristi Hendrickson,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$500.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/28/2010
Submitted Date 06/28/2010

Dear Linda Bird,

Comments:

Thank you for your correspondence.

Response 1

Comments: Sorry for the confusion. I have added the additional filing fees.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$500.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your time and consideration.

Sincerely,

Kristi Hendrickson

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Form Schedule

Lead Form Number: W L1001 (AR)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	W L1001 (AR)	Policy/Cont Whole Life Insurance Initial ract/Fratern al Certificate	Initial		50.200	AR_W L1001.pdf
	R W1001	Policy/Cont Charitable Benefit ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		54.000	R W1001.pdf
	R W1002	Policy/Cont Children's Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.300	R W1002.pdf
	R W1003	Policy/Cont Level Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme	Initial		50.900	R W1003.pdf

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R W1004	Policy/Cont Spouse Term ract/Fratern Insurance Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	51.100	R W1004.pdf
R W1005	Policy/Cont Waiver of Premium ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	52.700	R W1005.pdf
47-420-05053	Application/Worksite Individual Enrollment Life Insurance Form Application	Initial	50.100	47-420-05053.pdf
47-421-05053	Application/Life Insurance Enrollment Coverage Form	Initial	65.000	47-421-05053.pdf
47-422-05053	Application/Simplified Issue Enrollment Health Section Form	Initial	50.100	47-422-05053.pdf
47-423-05053	Application/Primary Proposed Enrollment Insured's Form Agreement/Agent's Statement and Agreement	Initial	50.200	47-423-05053.pdf
R WH232 Amend	Policy/Cont CRITICAL ILLNESS ract/Fratern BENEFIT RIDER al AMENDMENT Certificate:	Initial	55.800	R WH232 Amend_CI Amend.pdf

<i>SERFF Tracking Number:</i>	<i>SEFL-126600754</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46071</i>
<i>Company Tracking Number:</i>	<i>WL+</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>WL+</i>		
<i>Project Name/Number:</i>	<i>WL+/WL+</i> Amendmen t, Insert Page, Endorseme nt or Rider		



READ YOUR POLICY CAREFULLY! This is a legal contract between You (the Owner) and Us (Assurity Life Insurance Company, a stock company). It is issued in return for Your approved application and Initial Premium.

We will pay Proceeds to the Beneficiary if:

- an Insured Person dies while this policy is in force;
- We receive due proof of an Insured Person's death; and
- all policy provisions are met.

The provisions of this policy apply to any riders attached to this policy unless otherwise stated in the riders.

RIGHT TO EXAMINE

You may cancel this policy within 30 days of receiving it by returning this policy to Our administrative office. As soon as You deliver or mail this policy to Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this policy.

RIGHT TO CANCEL

After the 30-day period, You may cancel this policy by notifying Us in writing that You wish to do so. This policy will be cancelled on the date We receive Your written notice unless Your notice specifies a later date.

Assurity Life Insurance Company has signed this policy on the Issue Date.

[ President
 Secretary]

Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (866) 289-7337
www.assurity.com

WHOLE LIFE INSURANCE
Premiums payable to age 121
Nonparticipating Policy

Representative name: [Alex Assurity]
Address: [1526 K Street]
[Lincoln NE 68501]
Telephone: [(402) 476-6500]

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POLICY SCHEDULE

FORM NO.	FORM NAME	FACE AMOUNT	ANNUAL PREMIUM	YEARS PAYABLE	EXPIRATION DATE
W L1001 (AR)	Whole Life Insurance	[\$100,000]	[\$1,020.00]	[86]	[March 1, 2096]
R I0761	Accelerated Benefits Rider		Included		[March 1, 2096]
A-R 130	Accidental Death Benefit Rider	[\$100,000]	[\$82.00]	[35]	[March 1, 2045]
R W1001	Charitable Benefit Rider	[\$10,000]	Included		[March 1, 2096]
R W1002	Children's Term Insurance Rider	[\$10,000]	[\$55.00]	[86]	[March 1, 2096]
R WH232	Critical Illness Benefit Rider		[\$16.32]	[35]	[March 1, 2045]
R W1003	Level Term Insurance Rider	[\$100,000]	[\$230.00]	[10]	[March 1, 2045]
R WA201	Short-Term Disability Income Rider		[\$114.48]	[30]	[March 1, 2040]
R W1004	Spouse Term Insurance Rider	[\$100,000]	[\$230.00]	[10]	[March 1, 2045]
R W1005	Waiver of Premium Rider		[\$71.68]	[25]	[March 1, 2035]

Owner: [John A Doe]

Policy Number: [4750123456]

Insured Person: [John A Doe]

Issue Date: [April 1, 2010]

Issue Age: [35]

Initial Premium: [\$1,819.48]

Class: [Non-Tobacco]

Premium Period: [12 months]

DEFINITIONS

Attained Age means the Issue Age shown on the Policy Schedule plus the number of Policy Years elapsed.

Beneficiary(ies) means the person(s) named by You in the application, or later changed as described in the Change of Beneficiary section, to receive this policy's Proceeds, if any.

Cash Value means the value of this policy as determined from the Table of Guaranteed Values.

Due Date means the date renewal premiums are due.

Face Amount means the amount of this policy's insurance as shown on the Policy Schedule or by later endorsement.

Grace Period means the 31-day period after the Due Date in which premiums can still be paid and are considered to have been paid on time.

Injury means an accidental bodily injury independent of all other causes.

Insured means the policy's Insured Person named on the Policy's Schedule.

Insured Person means the person named on the Policy Schedule or Rider Schedule.

Loan Balance means the total amount of all unpaid loans and all unpaid Loan Interest on a given date.

Loan Interest means interest on the amount loaned.

Loan Interest Rate means the rate at which Loan Interest is charged.

Loan Value means the maximum amount You may borrow at any one time.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's immediate family or business associate and must be providing services within the scope of his or her licensed or specialty. Practitioners other than those named above are not Physicians.

Policy Anniversary means the month and day of the Issue Date in succeeding calendar years.

Policy Year means a period of 12 consecutive calendar months, the first of which begins on the Issue Date. Policy Years after the first year begin on each successive Policy Anniversary thereafter.

Proceeds means the amount payable upon the death of an Insured Person.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Surrender Value means the amount payable if You elect to surrender this policy.

We, Us, Our means Assurity Life Insurance Company.

You, Your means the Owner of this policy.

PREMIUMS

Premium Payments. The Initial Premium is due on the Issue Date. Premiums will include rider premiums, if any. Premiums paid after the Initial Premium are renewal premiums.

Renewal premiums are due on the Due Date. Except as provided by the Grace Period, this policy will lapse (will not be in force) if a renewal premium is not paid by the Due Date. All premiums are considered paid when they are received at Our administrative office.

Grace Period. Your premium must be paid on or before the Due Date or post-marked during the Grace Period. This policy will remain in force during this time. The Grace Period does not apply if You request termination of this policy.

Reinstatement. If You do not pay Your premium by the end of the Grace Period, this policy will lapse (will not be in force). If You want this policy reinstated (to be in force again), You must apply for reinstatement within three years of the lapse in writing to Our administrative office. The reinstatement application must be signed by the policy's Insured Person and Owner, if different. Your application for reinstatement requires Our approval.

If Your application for reinstatement is approved, this policy may be reinstated with payment of any premium due plus 6% interest compounded annually from each Due Date. Any Loan Balance as of the lapse date must be paid or reinstated. Loan Interest will be charged at the applicable policy Loan Interest Rate to the date of reinstatement during the period of lapse. This policy will be reinstated on the Reinstatement Date.

You cannot reinstate Your policy:

- if You requested surrender under the Right to Examine or Right to Cancel section; or
- after the Policy Anniversary following the policy's Insured Person's 121st birthday (shown as the Expiration Date on the Policy Schedule).

BENEFITS

Payment of Proceeds. If an Insured Person dies while this policy and any applicable riders are in force and all policy provisions have been met, We will pay Proceeds to the Beneficiary. Payment will be made within two months of receiving due proof of death at Our administrative office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Proceeds are equal to:

- the Face Amount in force;
- plus any premiums paid beyond the date of an Insured Person's death;
- less any Loan Balance; and
- less any premiums due but unpaid.

Payment will include interest on the Proceeds from the date of an Insured Person's death until the date payment is made. The interest paid on Proceeds will be the higher of the rate payable under Payment Option 3 or the rate required by state law, if any. An additional interest rate of 10% annually will begin 31 days after the latest of the date:

- We receive due proof of death;
- We receive sufficient information to determine Our liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and

- 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 to payment include, but are not limited to (a) the establishment of guardianships and conservatorships; (b) the appointment and qualification of trustees, executors and administrators; and (c) the submission of information required to satisfy a state and federal reporting requirements.

Optional Payment of Proceeds. Upon the death of an Insured Person, We will pay Proceeds in a lump sum or under a payment option. We will not pay Proceeds under a payment option unless requested to do so in a written statement sent to Our administrative office. All or part of the Proceeds may be applied to a payment option if the amount applied is at least \$5,000 and will provide an installment payment of at least \$50. We will protect Proceeds paid under a payment option from creditor's claims and legal process to the extent allowed by law.

You may elect a payment option during an Insured Person's lifetime. A Beneficiary may also elect a payment option if Proceeds are payable to the Beneficiary.

The person receiving payments under a payment option is the payee. If a payee chooses lifetime payments, We may require proof of a payee's age. We must agree to a payment option if the payee is an assignee or if the payee is other than a natural person (such as a corporation or a partnership). If Your policy is assigned as payment of a loan, We will pay the assignee in a lump sum.

We will provide the payee with a payment contract that explains how We make payments under the chosen payment option. The payment contract will control payments if a payee dies before We make all payments. Payment contracts cannot be assigned.

Payment Option 1 – Payment for a Fixed Period. Payments are in equal installments for a fixed period of years not to exceed 30 years. Payments will not be less than as shown in the Payment Option 1 table and may be increased by additional interest.

Payment Option 2 – Payment of Fixed Amount. Fixed payments are made in installments until the Proceeds and interest at 3% are depleted. Additional interest may be paid which will extend the number of payments. Yearly payments must be at least \$60 for each \$1,000 of Proceeds applied.

Payment Option 3 – Left at Interest. We will pay interest periodically on amounts left with Us. The interest rate paid will not be less than 3% per year. Additional interest may be paid.

Other Options. We may offer additional payment options on the date You elect a payment option. At Your request, We will provide the payment terms for any available payment option.

Withdrawal of Proceeds. Unless restricted, unpaid balances on Payment Option 1, 2 or 3 can be withdrawn. We will discount any Payment Option 1 Proceeds at the Payment Option 1 interest rate.

POLICY VALUES

The values of this policy meet or exceed those required by law. We have filed a detailed statement explaining the calculation of these values with the insurance regulator of the state in which this policy is issued. Calculations of minimum policy values, reserves and premiums are based on all of the following:

- 2001 Commissioner's Standard Ordinary, smoker distinct, 55% Female/45% Male, ultimate only mortality table age last birthday;
- premium paid annually and Proceeds paid immediately;
- the policy's Insured Person's Attained Age; and
- an interest rate of 5.0% per year.

Your policy's Cash Value is determined from the Table of Guaranteed Values. We use the Standard Nonforfeiture Value Method to set Cash Values.

Surrender Value. You may surrender Your policy for its Surrender Value while this policy is in force, during the policy's Insured Person's lifetime and before the Expiration Date on the Policy Schedule.

The policy's Surrender Value is equal to the Cash Value on the date of surrender. The Surrender Value is increased by any premiums paid beyond the date of surrender and reduced by any Loan Balance and any premiums due but unpaid. We may defer payment of the Surrender Value up to six months.

Maturity Value. If, on the Expiration Date shown on the Policy Schedule, the policy's Insured Person is alive and this policy is in force, We will pay You the policy's Cash Value, increased by any premiums paid beyond the date of surrender and reduced by any Loan Balance and premiums due but unpaid.

The payments for a payment option for either the Surrender Value or Maturity Value will never be greater than the payments for a payment option upon death of the Insured Person.

LOANS

Loan Value. Unless Your policy has processed to extended term insurance, You may take loans against Your policy's Loan Value as cash. The Loan Value is equal to the policy's Cash Value on the date of the loan reduced by:

- any due but unpaid premiums;
- any Loan Balance; and
- Loan Interest to the next Policy Anniversary.

We may defer cash loans up to six months.

Loan Interest. Interest is charged from the date of the loan and is payable annually in arrears each Policy Anniversary. Interest not paid when due will be added to the Loan Balance and will itself bear interest. The Loan Interest Rate may vary, but will not exceed the greater of:

- the Published Monthly Average for the calendar month ending two months before the rate is determined;
or
- the rate used to compute this policy's Cash Value plus 1% per annum.

Published Monthly Average means Moody's Corporate Bond Yield Average – Monthly Average Corporates as published by Moody's Investors Service, Inc. or any successor thereto. If this Average is no longer published, We will use a similar average established under the law of the state in which this policy is issued.

We must determine the Loan Interest Rate at least once every 12 months. We can change the Loan Interest Rate no more frequently than once every three months. If Our determination of the Loan Interest Rate results in an annual rate increase of 0.5% or more, We may increase the Loan Interest Rate. However, if Our determination results in an annual rate reduction of 0.5% or more, We will reduce this policy's Loan Interest Rate by at least 0.5%.

When You take a loan, We will tell You the initial Loan Interest Rate. If Your policy has a Loan Balance, We will give You reasonable advance notice of any increase in the Loan Interest Rate. Your policy will not terminate in a Policy Year solely because We increased the Loan Interest Rate during that Policy Year. Your policy will remain in force during the Policy Year until it would otherwise terminate.

Loan Repayment. You may repay all or part of a Loan Balance at any time during the policy's Insured Person's lifetime while this policy is in force, but You are not obligated to do so. However, the Loan Balance must not equal

or exceed the Loan Value. If this happens, We will inform You of the payment required to reduce the Loan Balance below the Loan Value. We will also inform You that the Grace Period applies. If You do not make the required payment by the end of the Grace Period, Your policy will terminate.

BENEFICIARY

Unless otherwise stated in this policy, in any payment contract in effect under this policy or in a Beneficiary designation in effect under this policy, the following applies to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond an Insured Person.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiaries. Proceeds are payable to the contingent Beneficiaries only if no primary Beneficiaries survive an Insured Person.
3. We will pay the Proceeds to the Beneficiaries surviving at the time of an Insured Person's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine the identity of any Beneficiaries not identified by name or whether any Beneficiaries not identified by name are living.
4. All surviving Beneficiaries in the same class (primary or contingent) will share equally unless You specify otherwise.
5. After the death of all designated Beneficiaries, We will pay any Proceeds payable to You or Your successors, transferees or estate.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claim and legal process.

TERMINATION

Your policy will terminate on the earliest of the following:

- when any premium due for this policy is not paid before the end of the Grace Period;
- the Expiration Date listed in the Policy Schedule;
- the date We receive Your written notice to terminate this policy unless Your notice specifies a later date;
- or
- upon the policy's Insured Person's death.

TERMINATION OPTIONS

You may choose a termination option by providing written notice of Your choice to Our administrative office. If You do not pay a premium by the end of the Grace Period, Your policy will terminate on the premium's Due Date. If You do not choose a termination option within 60 days of the unpaid premium's Due Date, Termination Option 3, extended term insurance, applies.

Termination Option 1: Surrender Your policy for its Surrender Value.

Termination Option 2: You may use Your policy's Surrender Value to continue Your policy as reduced paid-up insurance by applying Your policy's Surrender Value as a net single premium at the policy's Insured Person's Attained Age at the time the request is processed. If the amount of reduced paid-up insurance exceeds the amount of extended term insurance under Termination Option 3, We will pay You the excess Surrender Value in

cash. You may surrender reduced paid-up insurance for its Surrender Value. The Surrender Value within 30 days of a Policy Anniversary will not be less than the Surrender Value on the Policy Anniversary.

Termination Option 3: You may use Your policy's Surrender Value to continue Your policy as extended term insurance. The amount of extended term insurance will equal the Face Amount in force. Extended term insurance remains in force for the period that can be purchased with the Surrender Value as a net single premium at the policy's Insured Person's Attained Age at the time the request is processed. Extended term insurance may be surrendered for its Surrender Value. The Surrender Value within 30 days of a Policy Anniversary will not be less than the Surrender Value on the Policy Anniversary.

GENERAL PROVISIONS

Application Statements. No statement will void this policy or any attached riders, or be used to defend a claim unless You made the statement in Your application. We can only use application statements if We attach a copy of Your application to this policy.

Statements made in Your application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel Your policy for any inaccuracy – even an honest mistake. Therefore, in the absence of fraud, We regard the statements made in Your application as representations, not as warranties.

Assignment. You can transfer, or assign, some or all of Your policy rights, while the policy's Insured Person is alive, to someone else by making a contract with that person by:

- completing and signing a form provided by Us; and
- returning the form to Our administrative office for Our written acknowledgement.

We are not responsible for the validity of any assignment of this policy.

When We furnish You written acknowledgement of the assignment, the assignment becomes effective on the date You signed Our form unless You specify a later date. We are not liable for payments made or action taken prior to Our written acknowledgement of the assignment.

Change of Beneficiary. The Beneficiary may be changed while an Insured Person is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless otherwise stated in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Change of Ownership. Policy ownership may be changed while the policy's Insured Person is alive by:

- completing and signing a form provided by Us for changing ownership; and
- returning the form to Our administrative office for Our written acknowledgement.

Naming a new Owner voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of a change of ownership, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgement of the ownership change. An ownership change will not change the Beneficiary or the payment option chosen.

Contestable Period. We have the right to contest the validity of this policy and any attached riders based on material misrepresentations made in the initial application. However, We cannot contest the validity of this policy or any attached riders after it has been in force during an Insured Person's lifetime for two years from the Issue Date, except for fraudulent misstatements in the application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

We have the right to contest the validity of a change or reinstatement of this policy and any attached riders based on material misrepresentations made in the application for change or reinstatement. However, We cannot contest a change or reinstatement after this policy has been changed or reinstated and in force during an Insured Person's lifetime for two years from the change effective date or Reinstatement Date, except for fraudulent misstatement in the change or reinstatement application when permitted by applicable law in the state where the policy is delivered or issued for delivery.

Entire Contract; Changes. The entire contract between You and Us includes:

- this policy, which is the contract of insurance;
- Your application and any attached papers; and
- any riders, endorsements or amendments attached to this policy.

No change in this policy will be effective until approved by one of Our officers and unless such approval be endorsed and attached to this policy. No sales representative has authority to change this policy or to waive any of its provisions.

Minimum Benefit. This policy's benefits will not be less than the minimum benefits required by law in the state in which the policy was issued.

Misstatement of Age. If an Insured Person's age has been misstated, an adjustment in premiums, coverage, or both, will be based on that Insured Person's correct age.

Ownership. This policy belongs to You and all policy rights may be exercised by You.

Suicide. If an Insured Person dies by suicide within two years of the Issue Date or last Reinstatement Date, Our liability is limited to a refund of premiums paid for coverage provided for that Insured Person.

PAYMENT OPTION 1

Fixed Period (Years)	<i>Amount of Each Payment</i>				Fixed Period (Years)	<i>Amount of Each Payment</i>			
	Annual	Semi- Annual	Quarterly	Monthly		Annual	Semi- Annual	Quarterly	Monthly
5	211.99	106.78	53.59	17.91	20	65.26	32.87	16.50	5.51
6	179.22	90.27	45.30	15.14	21	62.98	31.72	15.92	5.32
7	155.83	78.49	39.39	13.16	22	60.92	30.68	15.40	5.15
8	138.31	69.66	34.96	11.68	23	59.04	29.74	14.92	4.99
9	124.69	62.81	31.52	10.53	24	57.33	28.88	14.49	4.84
10	113.82	57.33	28.77	9.61	25	55.76	28.08	14.09	4.71
11	104.93	52.85	26.52	8.86	26	54.31	27.36	13.73	4.59
12	97.54	49.13	24.65	8.24	27	52.97	26.68	13.39	4.47
13	91.29	45.98	23.08	7.71	28	51.74	26.06	13.08	4.37
14	85.95	43.29	21.73	7.26	29	50.60	25.49	12.79	4.27
15	81.33	40.96	20.56	6.87	30	49.53	24.95	12.52	4.18

*Payments are shown for each \$1,000 applied under the payment option.
Figures not shown will be furnished on request.*

WHOLE LIFE INSURANCE
Premiums payable to age 121
Nonparticipating Policy

READ YOUR POLICY CAREFULLY!



CHARITABLE BENEFIT RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application.

RIDER SCHEDULE

Insured Person	[John Doe]
Issue Date	[April 1, 2010]
Face Amount	[\$10,000]
Expiration Date	[April 1, 2096]

DEFINITIONS

Beneficiary means the person(s) or entity(ies) named in the application or later changed as provided in the policy's Change of Beneficiary section, to receive this rider's Face Amount.

BENEFIT

If the Insured Person's death occurs while this rider is in force and prior to the Expiration Date shown in the Rider Schedule, We will pay the Face Amount to the Beneficiary.

Payment of the Face Amount will be made:

- in addition to policy Proceeds otherwise payable; and
- after due proof of the Insured Person's death is received at Our administrative office.

If no Beneficiary survives the Insured Person, We will pay the benefit of this rider in accordance with the policy's Beneficiary.

Changes in Face Amount. If the policy to which this rider is attached allows for changes in coverage, the Face Amount under this rider may change to correspond to the changes in coverage of the policy. We will notify You of changes to the Face Amount, if any, at the time We notify You of changes in coverage for the policy.

TERMINATION

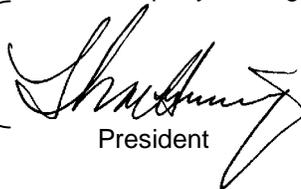
This rider will terminate on the earlier of the following:

- the date the policy terminates for any reason;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

GENERAL PROVISIONS

Rider Values. This rider has no cash value or loan value.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

**Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533**

Toll-free (866) 289-7337



CHILDREN'S TERM INSURANCE RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's premium which is included in the Initial Premium on the Policy Schedule page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

RIDER SCHEDULE

Insured Person	Dependent Child(ren) of policy's Insured Person
Issue Date	[April 1, 2010]
Face Amount	[\$10,000]
Expiration Date	[same as policy Exp Date]

DEFINITIONS

Dependent Child(ren) means any child who: (a) is unmarried; (b) is younger than age 26 and (c) is financially dependent of the policy's Insured Person.

A child born to the policy's Insured Person while this rider is in force becomes insured at 15 days of age. Any other child that meets the definition of a Dependent Child after this rider is in force shall become insured as of the date they meet the definition.

Beneficiary means the Owner of the policy to which this rider is attached, or later changed as described in the Change of Beneficiary section who is to receive this rider's Face Amount.

BENEFIT

We will pay the Face Amount to this rider's Beneficiary if a Dependent Child's death occurs while this rider is in force and they meet the definition of Dependent Child.

Payment of the Face Amount will be made:

- in the same manner as We pay policy Proceeds; and
- after due proof of the Dependent Child's death is received at Our administrative office.

At the death of the policy's Insured Person, any unearned premium will be paid to the policy's Beneficiary. Also, each living Dependent Child will have paid-up term insurance in an amount equal to the Face Amount. A premium will not be due on this insurance. The paid-up insurance will continue until the earlier of:

- the Policy Anniversary following the Dependent Child's 25th birthday; or
- the rider's Expiration Date.

There is a cash value of this paid-up term insurance. The cash value is equal to the net single premium for the remaining benefits, using the 2001 Commissioner's Standard Ordinary ultimate only mortality table, smoker distinct, 55% female/45% male, age last birthday, and 4.0% interest as its basis of calculation. The paid-up insurance can be surrendered at any time for its cash value. If the surrender occurs within 30 days after a Policy Anniversary, the surrender value will not be less than the cash value as of the Policy Anniversary.

CONVERSION

All or part of the Face Amount may be converted to a new policy of insurance without submitting evidence of the Dependent Child's insurability. The new policy will be a permanent plan of insurance offered by Us at the time of conversion.

Conversion Requirements. Conversion will be subject to the following conditions:

- the amount converted cannot be less than \$2,500 or more than five times the Face Amount on the date of conversion;
- conversion is requested while the Dependent Child is living, considered to be a Dependent Child as defined in this rider and this rider is in force; and
- all renewal premiums have been paid.

Converted Policy. Conversion will be processed upon Our receipt of Your written request and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Dependent Child's Attained Age. The converted policy will be subject to the remainder of periods stated in the Contestable Period and Suicide sections as measured from this rider's Issue Date.

TERMINATION

Coverage will terminate for a Dependent Child under this rider on the Policy Anniversary following their 25th birthday or the date any portion of their Face Amount is converted.

This rider will terminate on the earlier of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

GENERAL PROVISIONS

Change of Beneficiary. The Beneficiary may be changed while a Dependent Child is alive by:

- completing and signing a form provided by Us for changing a Beneficiary; and
- returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless otherwise stated in the new designation.

When We furnish You written acknowledgment of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Rider Values. This rider has no cash value or loan value except as described in the Benefit section for a Dependent Child's paid-up term insurance.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (866) 289-7337



LEVEL TERM INSURANCE RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's which is included in the Initial Premium on the Policy Schedule page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

RIDER SCHEDULE

Insured Person	[John Doe]
Issue Date	[April 1, 2010]
Face Amount	[\$50,000]
Term Period	10 years
Expiration Date	[April 1, 2045]

DEFINITIONS

Injury means an accidental bodily injury independent of all other causes which occurs while this rider is in force.

Sickness means an illness, disease or physical condition which starts while this rider is in force.

Totally Disabled means a disability due to Sickness or Injury which:

- for the first two years after the start of disability, keeps You from doing all the substantial and material duties of Your own occupation; and
- after premiums have been waived for two years, keeps You from doing all the substantial and material duties of any occupation which fits You by education, training or experience.

Total Disability must require a Physician's regular care.

RENEWAL

The renewal dates and premium rates for each Term Period are shown in the premium schedule for this rider.

BENEFIT

We will pay this rider's Face Amount to the policy's Beneficiary if the Insured Person's death occurs while this rider is in force.

Payment of the Face Amount will be made:

- in the same manner as We pay policy Proceeds;
- in addition to policy Proceeds otherwise payable; and
- after due proof of the Insured Person's death is received at Our administrative office.

CONVERSION

All or part of the Face Amount may be converted to a new policy of insurance without submitting evidence of the Insured Person's insurability. The new policy will be a permanent plan of insurance offered by Us at the time of conversion.

Conversion Requirements. Conversion will be subject to the following conditions:

- the amount converted cannot be less than \$5,000 or more than the Face Amount on the date of conversion;
- conversion is requested at least 60 days prior to the Expiration Date, while the Insured Person is living and this rider is in force; and
- all renewal premiums have been paid.

Converted Policy. Conversion will be processed upon Our receipt of Your written request and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Insured Person's Attained Age. The converted policy will be subject to the remainder of periods stated in the Contestable Period and Suicide sections as measured from this rider's Issue Date.

The converted policy may include a waiver of premium rider without submitting evidence of insurability if:

- the policy to which this rider is attached includes a waiver of premium rider at the time of conversion;
- You request to include the rider;
- the Insured Person is not Totally Disabled; and
- the Insured Person is age 55 or less on the date of conversion.

TERMINATION

This rider will terminate on the earlier of the following:

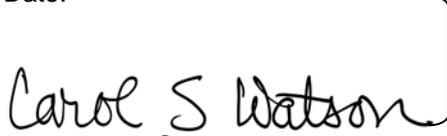
- the date any portion of this rider's Face Amount is converted;
- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

GENERAL PROVISIONS

Rider Values. This rider has no cash value or loan value.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (866) 289-7337



SPOUSE TERM INSURANCE RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's premium which is included in the Initial Premium on the Policy Schedule page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

RIDER SCHEDULE

Insured Person	[Jane Doe]
Issue Age	[35]
Class	[Non-Tobacco]
Issue Date	[April 1, 2010]
Face Amount	[\$25,000]
Term Period	10 years
Expiration Date	[April 1, 2045]

DEFINITIONS

Beneficiary means the Owner of the policy to which this rider is attached, or later changed as described in the Change of Beneficiary Section who is to receive this rider's Face Amount.

Spouse means the person to whom the policy's Insured Person is lawfully married, including Civil Unions and Domestic Partnerships if applicable in Your state, and is named on the application. You may never have more than one spouse insured under this rider at any given time.

RENEWAL

The renewal dates and premium rates for each Term Period are shown in the premium schedule for this rider.

BENEFIT

We will pay this rider's Face Amount to the rider's Beneficiary if the Insured Person's death occurs while this rider is in force.

Payment of the Face Amount will be made:

- in the same manner as We pay policy Proceeds; and
- after due proof of the Insured Person's death is received at Our administrative office.

CONVERSION

All or part of the Face Amount may be converted to a new policy of insurance without submitting evidence of the Insured Person's insurability. The new policy will be a permanent plan of insurance offered by Us at the time of conversion.

Conversion Requirements. Conversion will be subject to the following conditions:

- the amount converted cannot be less than \$5,000 or more than the Face Amount on the date of conversion;
- conversion is requested at least 60 days prior to the Expiration Date, while the Insured Person is living and this rider is in force; and
- all renewal premiums have been paid.

Converted Policy. Conversion will be processed upon Our receipt of Your written request and payment of the new policy's initial premium. The converted policy's issue date is the date on which the coverage under this rider terminates due to conversion. Premiums for the new policy will be based on Our then current rates and the Insured Person's Attained Age. The converted policy will be subject to the remainder of periods stated in the Contestable Period and Suicide sections as measured from this rider's Issue Date.

At the death of the policy's Insured Person, any unearned premiums for this rider will be paid to the policy's Beneficiary. Also, this rider's Insured Person may convert all or part of the Face Amount by applying for conversion within 90 days of the date of the policy's Insured Person's death. If this rider's Insured Person dies within that 90-day period and this rider has not been converted, We will pay the Face Amount to the Beneficiary when due proof of this rider's Insured Person's death is received at Our administrative office. Payment of the Face Amount will be made in the same manner as policy Proceeds are paid.

TERMINATION

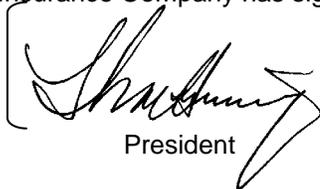
This rider will terminate on the earlier of the following:

- the date any portion of this rider's Face Amount is converted;
- the date of the Insured Person's death;
- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date; or
- the Expiration Date listed in the Rider Schedule.

GENERAL PROVISIONS

Rider Values. This rider has no cash value or loan value.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (866) 289-7337



WAIVER OF PREMIUM RIDER

This rider is attached to and part of Your policy. The terms of Your policy apply to this rider unless otherwise stated in this rider. This rider is issued in return for Your approved application and this rider's premium which is included in the Initial Premium on the Policy Schedule page. Rider premiums are paid to Our administrative office at the same time as policy premiums.

RIDER SCHEDULE

Insured Person	[John Doe]
Issue Date	[April 1, 2010]
Expiration Date	[April 1, 2035]

DEFINITIONS

Injury means an accidental bodily injury independent of all other causes.

Sickness means an illness, disease or physical condition.

Totally Disabled and Total Disability mean a disability due to Sickness or Injury which:

- for the first two years after the start of disability, keeps You from doing all the substantial and material duties of Your own occupation; and
- after premiums have been waived for two years, keeps You from doing all the substantial and material duties of any occupation which fits You by education, training or experience.

BENEFIT

We will waive premiums due for the policy and any attached riders until such time as stated in the Termination section.

Prior to waiving premiums, We must know that the Total Disability:

- started while this rider and Your policy were in force;
- started before the Expiration Date shown in the Rider Schedule; and
- has existed at least six consecutive months.

Premiums waived by Us will not be deducted from any policy Proceeds.

LIMITATIONS

The premium waived will correspond to the Premium Period. If premiums are paid monthly, a monthly premium is waived. If premiums are paid quarterly, a quarterly premium is waived, etc.

Premiums will only be waived while Total Disability continues and the Insured Person is alive.

Premiums will be refunded from the date of Total Disability, but in no event will premiums be refunded more than one year prior to the date notice of claim is received at our administrative office.

You must continue to pay premiums when due until the Insured Person's Total Disability claim is approved.

If Total Disability starts during a Grace Period, the premium due must be paid before subsequent premiums will be waived.

EXCLUSIONS

This rider does not cover any Total Disability caused by:

- war or any act of war, declared or undeclared; or
- intentionally self-inflicting injury or sickness.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name, Insured Person's name, if different, and policy number as shown on the Policy Schedule. When We receive the notice of claim, We will send the Insured Person forms for filing proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after the start of Total Disability. If it is not possible to give written proof of loss in the time required, We will not reduce or deny the claim for this reason if the proof of loss is filed as soon as reasonably possible. In any event, the proof of loss required must be given no later than one year after any premium is unpaid or one year after the Insured Person's 60th birthday unless the Insured Person was legally incapacitated. While premiums are being waived and not more frequently than once every 30 days, We may periodically require additional documentation of the Insured Person's disability at Your expense. We may also have the Insured Person examined by a Physician designated by Us at Our expense. After the Insured Person's Total Disability has continued for two years, We can only request proof of continued Total Disability annually. If proof is not provided when We request it, We will stop waiving premiums.

TERMINATION

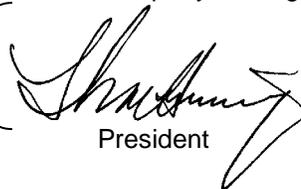
This rider will terminate on the earlier of the following:

- the date the policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date;
- the Expiration Date listed in the Rider Schedule;
- when the Insured Person is no longer Totally Disabled after the Policy Anniversary following the Insured Person's 65th birthday, if the Total Disability starts prior to the Policy Anniversary following the Insured Person's 60th birthday; or
- the Policy Anniversary after the Insured Person's 65th birthday, if the Total Disability starts after the Policy Anniversary following the Insured's Person 60th birthday.

GENERAL PROVISIONS

Rider Values. This rider has no cash value or loan value.

Assurity Life Insurance Company has signed this rider on the Issue Date.


President


Secretary

Assurity Life Insurance Company
Administrative Office
P.O. Box 82533, Lincoln, Nebraska 68501-2533
Toll-free (866) 289-7337

**ASSURITY® LIFE INSURANCE COMPANY**Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (866) 289-7337 • FAX (887) 864-6630**Worksite Individual
LIFE INSURANCE APPLICATION****PLEASE PRINT WITH BLACK INK**

Entire application form must be completed for new applications and for additions or increases to existing coverage; please check the appropriate box.

 New application Addition or increase to existing coverage; Policy No. _____**1. PRIMARY PROPOSED INSURED**

Legal Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	Date of Birth	(MM/DD/YYYY) / /
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Social Security No.	<input type="checkbox"/> Male <input type="checkbox"/> Female	E-mail	Age
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Home Address	<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP+4</i>
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Personal Phone No. ()	Birth State/Country	Height	ft.	in.	Weight	lbs.
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Primary Employer	Gross monthly income \$	Full-time Hire Date	(MM/DD/YYYY) / /
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Title/Occupation	Duties
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2. OTHER PROPOSED INSURED—SPOUSE

Legal Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	Date of Birth	(MM/DD/YYYY) / /
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Personal Phone No. ()	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Height	ft.	in.	Weight	lbs.
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3. OTHER PROPOSED INSURED—CHILD(REN) (If additional space is needed, attach a separate sheet of paper.)

Legal Name (<i>First, Middle, Last</i>)	Gender	Age	Date of Birth
	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /
	<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /

4. BENEFICIARIES (If additional space is needed, attach a separate sheet of paper.)

Primary Beneficiary Name (<i>First, Middle, Last</i>)	Relationship	Date of Birth	Share %
		/ /	
		/ /	
Contingent Beneficiary Name (<i>First, Middle, Last</i>)	Relationship	Date of Birth	Share %
		/ /	
		/ /	

5. FOR ALL COVERAGES, please answer the following questions.

1. Are you currently working less than 30 hours per week in your primary occupation? Yes No
If YES, indicate hours worked per week _____

2. During the past **90 days**, have you been unable to perform any of the duties of your primary occupation? Yes No
If YES, please explain _____

3. Has any Proposed Insured been diagnosed or treated by a medical professional for acquired immune deficiency syndrome (AIDS) or AIDS-related complex (ARC); or had a positive test for human immunodeficiency virus (HIV) antibodies? Yes No
If YES, provide name(s) of person(s) _____

4. a. Does any Proposed Insured have other insurance coverage in force? Yes No
If YES, provide details below.

b. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No
If either a or b is answered YES, complete any applicable State Replacement form.

Company Name	Type of Coverage	Amount of Coverage



LIFE INSURANCE COVERAGE

If applying for a spouse and/or child policy, the employee is the owner and beneficiary. All children insured receive the same amount of coverage.

Contingent Owner's Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	Contingent Owner's Relationship to Insured
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WHOLE LIFE

Insured Option	Face Amount	Riders	Premium Amount
<input type="checkbox"/> Employee	\$ _____	<p>TERM LIFE RIDERS</p> <p><input type="checkbox"/> Level Term Insurance Rider \$ _____</p> <p><input type="checkbox"/> Spouse Term Insurance Rider \$ _____ <i>(not available if spouse policy selected)</i></p> <p><input type="checkbox"/> Children's Term Insurance Rider <i>(not available if child policy selected)</i></p> <p style="padding-left: 40px;"> <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 </p> <p>OTHER RIDERS</p> <p><input type="checkbox"/> Accidental Death Benefit Rider</p> <p><input type="checkbox"/> Waiver of Premium Rider</p> <p><input type="checkbox"/> Short-Term Disability Income Rider <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months</p> <p><input type="checkbox"/> Critical Illness Benefit Rider <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000</p> <p><input type="checkbox"/> Other <i>(specify)</i> _____</p> <p>_____</p>	
<input type="checkbox"/> Spouse	\$ _____	<p><input type="checkbox"/> Accidental Death Benefit Rider</p> <p><input type="checkbox"/> Level Term Insurance Rider \$ _____</p>	
<input type="checkbox"/> Child	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000		

During the past **12 months**, has any Proposed Insured used any form of tobacco or nicotine-based products, or substitutes such as patches or gum? Employee: Yes No
 Spouse: Yes No



SIMPLIFIED ISSUE HEALTH SECTION

1. During the past **12 months**, has any Proposed Insured been hospitalized, disabled or advised by a medical professional to have diagnostic tests or any medical or surgical procedures that have not been completed or for which results have not yet been received? If YES, please provide details in no. 8 below. Yes No
2. During the past **5 years**, has any Proposed Insured consulted with or been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder, shortness of breath, chest pain*), circulatory system, liver, lungs (*including emphysema, chronic obstructive lung or pulmonary disease*) or kidneys; hepatitis (*other than type A*); stroke; transient ischemic attack (*TIA*); dizziness; insulin dependent diabetes; cancer (*excluding skin*); Hodgkin's disease; leukemia; dementia; multiple sclerosis; or muscular dystrophy? If YES, please provide details in no. 8 below. Yes No
3. During the past **6 months**, has any Proposed Insured had any blood pressure readings of 160/100 or higher? If YES, please provide details in no. 8 below. Yes No
4. During the past **5 years**, has any Proposed Insured been treated or been advised to receive treatment for alcohol or drug use, or used illegal or controlled substances not prescribed by a physician? If YES, please provide details in no. 8 below. Yes No
5. During the past **5 years**, has any Proposed Insured had their driver's license suspended or revoked, or been convicted of or entered a plea of "guilty" or "no contest" to driving under the influence (*DUI/DWI*)? Yes No
If YES, identify name(s) of person(s) _____
6. **If applying for Short-Term Disability Income Rider:** During the past **6 months**, has the Proposed Insured missed work for more than five consecutive days due to personal injury or illness (*except pregnancy*)? If YES, please provide details in no. 8 below. Yes No

Question 7 MUST be answered in all cases (Simplified Issue and Guarantee-to-Issue) if applying for the Critical Illness Benefit Rider.

7. **If applying for Critical Illness Benefit Rider:** During the past **10 years**, has the Proposed Insured been diagnosed, treated, hospitalized or prescribed medication by a medical professional for any of the following: disease or disorder of the heart (*including heart attack, heart condition, heart valve disorder, congestive heart failure, shortness of breath, chest pain*) or circulatory system; stroke; transient ischemic attack (*TIA*); dizziness; peripheral vascular disease; carotid artery disease; insulin dependent diabetes; internal cancer, leukemia, lymphoma, Hodgkin's disease, melanoma, malignant tumors or carcinoma in situ? If YES, please provide details in no. 8 below. Yes No

8. **DETAILS: Enter any details from questions 1-4 and 6-7, if applicable.**
(If additional space is needed, attach a separate sheet of paper.)

Question No.	Name (First, Middle, Last)	Onset Date (MM/DD/YYYY)	Duration (Days, Mos, Yrs)	Health Condition and Details	Medical Care Provider's Name/Address/Phone
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			
		/ /			



PRIMARY PROPOSED INSURED'S AGREEMENT

I (We) agree that:

- a. I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief. I (We) agree that this application shall form a part of the policy if attached thereto.
- b. No agent is authorized or has power to change or waive any term, provision or condition of this application, or the policy applied for, or to pass upon or approve insurability of any person for whom insurance is applied for.
- c. Insurance coverage shall not take effect unless: i) the application is approved by the Company at its home office, and ii) the first full modal premium is paid during the Proposed Insured's lifetime and continued good health and the life and continued good health of any other person(s) covered under the policy. If the Proposed Insured dies after the application is signed, Assurity will only pay the death benefit if the policy applied for would otherwise have been issued.
- d. If no policy is issued and delivered and no benefit is paid, all premiums paid will be returned. If the policy is issued as applied for or a policy amendment is accepted by the proposed owner, premium paid will be applied to that policy.

I understand Assurity Life Insurance Company and/or its authorized representatives may obtain medical and other information in order to evaluate my application for insurance. Some information may come from you, and some may come from other sources. I hereby authorize the Medical Information Bureau, Inc. ("MIB") to furnish information regarding me or my health to the Company. I authorize the Company to release information to the MIB. I know that I may request a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I have also received a copy of the MIB Notice. I agree that this Authorization shall be valid for two years from the date shown below.

Any person to be covered for specified disease may not be covered by any Medicaid program.

Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a substantial civil penalty where and to the extent allowed by state law.

Issue Date ____ / ____ / ____

Signed at _____ on ____ / ____ / ____
City State Date (MM/DD/YYYY)

Signature of Primary Proposed Insured

Signature of Spouse/Legal Union/Domestic Partner (if applicable)

Signature of Dependent Child (if applicable)

Signature of Dependent Child (if applicable)

AGENT'S STATEMENT AND AGREEMENT

- 1. Does any Proposed Insured have other insurance coverage in force? Yes No
- 2. If this insurance is issued, will it replace, modify or borrow against existing or pending coverage? Yes No
- 3. Was sales material used in soliciting this application? Yes No
- 4. Was the sales material left with the applicant? Yes No
- 5. Was the sales material approved by Assurity Life Insurance Company? Yes No

I hereby certify that I have accurately recorded in this application all information supplied by the Proposed Insured. The Proposed Insured has read the completed application, or has had the completed application read to them.

Signature of Licensed Agent

Date (MM/DD/YYYY)

(____) _____ / (____) _____
Business Phone No. and Fax No.

Agent's Printed Name

Agent No.

Group No.





CRITICAL ILLNESS BENEFIT RIDER AMENDMENT

The rider entitled "CRITICAL ILLNESS BENEFIT RIDER" is hereby amended as follows:

CLAIMS PROCEDURES

Notice of Claim. Written notice of a claim must be given to Us within 20 calendar days after the date of the First Ever Diagnosis. If notice is not given within that time, it must be given as soon as reasonably possible. Notice must be received at Our administrative office at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. It should include Your name, the Insured Person's name, if different, and policy number as shown on the Policy Schedule.

Claim Forms. When We receive the notice of claim, We will send forms for filing proof of loss. If these forms are not sent within 15 calendar days, it shall be deemed that the proof of loss requirement has been met by giving Us a written statement of the cause, nature and extent of the Diagnosis within the time limit as provided under proof of loss.

Proof of Loss. Written proof of loss must be given to Us within 120 calendar days after the First Ever Diagnosis. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than one year after the First Ever Diagnosis unless an Insured Person was legally incapacitated.

Time of Payment of Claims. The Benefit Amount payable under this rider will be paid promptly after We receive notice and satisfactory proof of loss. We only need to pay the Benefit Amount once if We pay it in good faith.

Payment of Claims. All benefits will be paid to You or Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

GENERAL PROVISIONS

Physical Examination and Autopsy. We have the right to have an Insured Person examined as often as reasonably necessary while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

TERMINATION

This rider will terminate on the earlier of the following:

- when the policy's primary Insured Person establishes residence in a foreign country;
- upon the policy's primary Insured Person's Death;
- the date Your policy terminates for any reason;
- when any premium due for this rider is not paid before the end of the Grace Period;
- the date We receive Your written notice to terminate this rider unless Your notice specifies a later date; or
- the policy anniversary following the 70th birthday of the policy's primary Insured Person.

This amendment does not change any of the terms of the rider except as stated in this amendment issued by Assurity Life Insurance Company.


President


Secretary

<i>SERFF Tracking Number:</i>	<i>SEFL-126600754</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46071</i>
<i>Company Tracking Number:</i>	<i>WL+</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>WL+</i>		
<i>Project Name/Number:</i>	<i>WL+/WL+</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	application is being submitted on forms schedule	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Certification	
Comments:		
Attachment:		
AR NEW Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Policy Cost	
Comments:		
Attachments:		
Policy pages - Stmt of PC with CBR.pdf		
Level Term Stmt of PC.pdf		
Spouse Term Stmt of PC.pdf		



READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 97-2003 program and achieved the following test results:

Form No.	Description	Flesch Score
W L1001 (AR)	Whole Life Insurance Policy	50.2
R W1001	Charitable Benefit Rider	54.0
R W1002	Children's Term Insurance Rider	50.3
R W1003	Level Term Insurance Rider	50.9
R W1004	Spouse Term Insurance Rider	51.1
R W1005	Waiver of Premium Rider	52.7
47-420-05053	Worksite Individual Life Insurance Application	50.1
47-421-05053	Life Insurance Coverage	65.0
47-422-05053	Simplified Issue Health Section	50.1
47-423-05053	Primary Proposed Insured's Agreement/ Agent's Statement and Agreement	50.2

Carol S Watson

Signature

June 23, 2010

Date

Carol Watson
Vice President, General Counsel and Secretary



Company Name:

Assurity Life Insurance Company

Form Title(s) and Numbers:

W L1001 (AR)	Whole Life Insurance Policy
R W1001	Charitable Benefit Rider
R W1002	Children's Term Insurance Rider
R W1003	Level Term Insurance Rider
R W1004	Spouse Term Insurance Rider
R W1005	Waiver of Premium Rider
47-420-05053	Worksite Individual Life Insurance Application
47-421-05053	Life Insurance Coverage
47-422-05053	Simplified Issue Health Section
47-423-05053	Primary Proposed Insured's Agreement/ Agent's Statement and Agreement

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style and is positioned above a horizontal line.

Carol S. Watson
Vice President, General Counsel & Secretary

June 23, 2010

ASSURITY LIFE INSURANCE COMPANY

PO Box 82533, Lincoln, Nebraska 68501-2533

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured:
[John Doe]
[123 Insured Blvd]
[Lincoln, NE 68508]

Issue Date: [April 1, 2010]

Policy Number: [1234567890]
Producer: [Assurity Agent]
[123 Agent Blvd]
[Lincoln, NE 68508]

Age		Face Amount Payable Upon Death	Annual Premium	Years Payable
[35]	1. Whole Life Policy	[\$100,000.00]	[\$1,020.00]	[86]
[35]	2. Charitable Benefit Rider	[\$10,000.00]	[\$0.00]	[86]

The policy owner has an unconditional right to return the policy to the company or its authorized producer within 30 days after receipt for full refund of any premium paid.

The loan interest rate may vary, but it will not exceed the greater of (1) the published monthly average for the calendar month ending two months before the rate is determined; or (2) the rate used to compute the cash surrender value under the policy plus 1% per annum. Interest is payable in arrears on the policy anniversary date.

Benefit Information

Policy Year	Cash Surrender Value End of Year	Death Benefit Payable at Beginning of Policy Year
1	[\$0.00]	[\$110,000.00]
2	[0.00]	[110,000.00]
3	[293.70]	[110,000.00]
4	[1,177.00]	[110,000.00]
5	[2,097.70]	[110,000.00]
10	[7,269.90]	[110,000.00]
20	[20,638.20]	[110,000.00]
Age 65	[37,801.50]	[110,000.00]
Age 121	[110,000.00]	[110,000.00]

An explanation of the intended use of the following indices are included in the Life Insurance Buyer's Guide.

	Surrender Cost Index		Net Payment Cost Index	
	10 YR.	20 YR.	10 YR.	20 YR.
Whole Life Policy with Charitable Benefit Rider	[4.70]	[4.26]	[10.20]	[10.20]

ASSURITY LIFE INSURANCE COMPANY

PO Box 82533, Lincoln, Nebraska 68501-2533

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured:
[John Doe]
[123 Insured Blvd]
[Lincoln, NE 68508]

Issue Date: [April 1, 2010]

Policy Number: [1234567890]
Producer: [Assurity Agent]
[123 Agent Blvd]
[Lincoln, NE 68508]

Age		Face Amount Payable Upon Death	Annual Premium	Years Payable
[35]	10 Year Level Term Insurance Rider	[\$100,000]	[\$230.00]	10

The policy owner has an unconditional right to return the policy to the company or its authorized producer within 30 days after receipt for full refund of any premium paid.

Benefit Information

Policy Year	Rider Annual Premium	Death Benefit Payable at Beginning of Policy Year
1	[\$230.00]	[\$100,000]
2	[\$230.00]	[\$100,000]
3	[\$230.00]	[\$100,000]
4	[\$230.00]	[\$100,000]
5	[\$230.00]	[\$100,000]
10	[\$230.00]	[\$100,000]
20	[\$455.00]	[\$100,000]

An explanation of the intended use of the following indices are included in the Life Insurance Buyer's Guide.

	Surrender Cost Index		Net Payment Cost Index	
	10 YR.	20 YR.	10 YR.	20 YR.
10 Year Level Term Insurance Rider	[2.30]	[3.16]	[2.30]	[3.16]

ASSURITY LIFE INSURANCE COMPANY

PO Box 82533, Lincoln, Nebraska 68501-2533

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Insured:
[Jane Doe]
[123 Insured Blvd]
[Lincoln, NE 68508]

Issue Date: [April 1, 2010]

Policy Number: [1234567890]
Producer: [Assurity Agent]
[123 Agent Blvd]
[Lincoln, NE 68508]

Age		Face Amount Payable Upon Death	Annual Premium	Years Payable
[35]	10 Year Spouse Term Insurance Rider	[\$100,000]	[\$230.00]	10

The policy owner has an unconditional right to return the policy to the company or its authorized producer within 30 days after receipt for full refund of any premium paid.

Benefit Information

Policy Year	Rider Annual Premium	Death Benefit Payable at Beginning of Policy Year
1	[\$230.00]	[\$100,000]
2	[\$230.00]	[\$100,000]
3	[\$230.00]	[\$100,000]
4	[\$230.00]	[\$100,000]
5	[\$230.00]	[\$100,000]
10	[\$230.00]	[\$100,000]
20	[\$455.00]	[\$100,000]

An explanation of the intended use of the following indices are included in the Life Insurance Buyer's Guide.

	Surrender Cost Index		Net Payment Cost Index	
	10 YR.	20 YR.	10 YR.	20 YR.
10 Year Spouse Term Insurance Rider	[2.30]	[3.16]	[2.30]	[3.16]