

SERFF Tracking Number: AEGB-126772757 State: Arkansas
 Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46615
 Company Tracking Number: (WRL:10000233, 30822730)
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: TL16 AR, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 AR (WRL), U326 0510 AR (WRL)
 Project Name/Number: TL16, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 (WRL), U326 0510 (WRL)/Term to Age 105 Life Insurance
 Policy

Filing at a Glance

Company: Western Reserve Life Assurance Co. of Ohio

Product Name: TL16 AR, AIR12, CONVR02, SERFF Tr Num: AEGB-126772757 State: Arkansas
 CR11, RPR05, WPR13, IPO01, U325 0510 AR
 (WRL), U326 0510 AR (WRL)

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved- State Tr Num: 46615
 Closed

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

Co Tr Num: (WRL:10000233, State Status: Approved-Closed
 30822730)

Filing Type: Form

Author: Craig Hopkins

Reviewer(s): Linda Bird

Date Submitted: 08/25/2010

Disposition Date: 09/08/2010

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: TL16, AIR12, CONVR02, CR11, RPR05, WPR13,
 IPO01, U325 0510 (WRL), U326 0510 (WRL)

Status of Filing in Domicile: Pending

Project Number: Term to Age 105 Life Insurance Policy

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: Filed concurrently
 with ICC - our states of domicile (IA, OH) are
 ICC members.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/08/2010

Explanation for Other Group Market Type:

State Status Changed: 09/08/2010

Deemer Date:

Created By: Craig Hopkins

Submitted By: Craig Hopkins

Corresponding Filing Tracking Number:

SERFF Tracking Number: AEGB-126772757 State: Arkansas
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Policy

Filing Description:

RE: WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO NAIC#468-91413

Form Numbers:

TL16 AR– Term Insurance with Level Death Benefit Payable at Death before the Expiry Date
AIR12 – Additional Insured Rider
CONVR02 – Conversion Option Endorsement
CR11 – Children’s Benefit Rider
RPR05 – Intermediate Endowment Benefit Rider
WPR13 – Waiver of Premium Benefit Rider
IPO01 – Fixed Settlement Endorsement
U325 0510 AR – WRL Fixed Express Application Part I
U326 0510 AR– Life Application

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department. These forms have been submitted in final printed form in which they will be distributed to Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers’ signatures. These forms are also being filed on our sister company of Transamerica Life Insurance Company.

Term Insurance Policy - This policy contains a level death benefit. Guaranteed premiums remain level for an initial period selected of 10, 15, 20, or 30 years, thereafter increasing annually up to age 105. Coverage will expire at the end of the benefit period. This policy is for general use and will be sold on an individual basis by licensed agents. This policy form will not be illustrated. An actuarial memorandum is attached. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Additional Insured Rider - If the owner elects this rider and pays the applicable premium, we will pay a death benefit for the additional person who is insured under this rider if he/she dies while this rider is In Force. This rider will be available for issue ages 18 to a maximum age 80 based on duration and will automatically terminate on the earlier of the Additional Insured’s Age 105 or the Base Insured’s Age 105 or when all or part of such insurance is converted. The owner may elect to convert coverage on an Additional Insured to a new plan of permanent insurance at any time prior to

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the earliest of the Additional Insured's 70th birthday or the First Premium Increase Date shown in the Policy Data. The maximum number of Additional Insured riders made available under one policy is five.

Conversion Option Endorsement – This endorsement allows the owner to convert their existing policy to any plan of permanent insurance made available by us for such purpose when certain criteria are met. This endorsement prints automatically and attaches to all policies issued at the time of sale if the insured is young enough to still have a conversion option.

Children's Benefit Rider – If the owner elects this rider and pays the applicable premium, we will pay a death benefit for each insured child who dies before age 25. This rider will be available for issue on an insured child who is a minimum of 15 days old to a maximum of 18 years old. This rider allows for a child to become an insured child after the date of application as long as the guidelines within the rider are met. This rider may be converted at any time while this rider is In Force; however, the face amount of the new policy may not be greater than the amount of insurance provided on that child under this rider. In addition, insurance on a covered child may be converted up to five times the amount of insurance on that child under this rider or \$50,000 (whichever is less), provided qualifying conditions are met as outlined in the rider.

Intermediate Endowment Benefit Rider - This rider provides an Endowment Benefit equal to the Net Rider Value on the Endowment Date. The Net Rider Value is shown on the table of rider values for the Intermediate Endowment Benefit Rider in the Policy Data. We will pay the Endowment Benefit to the owner on the Endowment Date if the insured is living and the rider is still In Force. On the death of the Insured prior to the Endowment Date, we will pay the death benefit of the base policy to which the rider is attached. At that time, the rider will terminate and no other benefits or rider values will be payable under the rider. If the rider is surrendered prior to the Endowment Date we will pay the Net Rider Value and the base policy will remain In Force so long as the premiums are paid. There is a loan feature as part of this benefit, as described in the rider.

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The Intermediate Endowment Benefit Rider and the Waiver of Premium Benefit Rider will not be available at the same time in the same base policy. We have enclosed samples of the policy and rider data pages for your review.

Waiver of Premium Benefit Rider - This rider will be available to Insureds who are ages 18 to 55. If the owner elects this rider and pays the applicable premium, we will waive each premium due for the policy and any attached riders after we receive satisfactory proof that the Insured is Totally Disabled as defined in this rider and while the Insured continues to be Totally Disabled. In order to qualify for this benefit, the Insured must become Totally Disabled while this rider is in force and the Total Disability must continue for at least six months. We will waive the premiums while the Insured's Total Disability continues, subject to the Benefit Period outlined in this rider.

The Intermediate Endowment Benefit Rider and the Waiver of Premium Benefit Rider will not be available at the same time in the same base policy. We have enclosed samples of the policy and rider data pages for your review.

Fixed Settlement Endorsement –This endorsement, when elected at issue, provides fixed monthly payments based on a guaranteed interest rate declared by the company, not to be less than 1%. The current rate of interest will be determined at the time of settlement, but will not be less than the company declared rate at the time of policy issue.

WRL Express Application Part I – This is an individual life insurance application that will be used with our life portfolio. This application will be used with previously state approved Medical Supplement Part II of WRL Fixed Express Application as listed on the mix and match certification.

Life Application – This is an individual life insurance application that will be used with our life portfolio.

These applications will be used via paper by licensed agents. We intend to use these forms in a traditional manner whereby the Owner/applicant signs the application in ink and submits the application to the Company.

We also plan to make these application forms available electronically. It is our intent to use these application forms in a variety of electronic environments, including a laptop and web based application process. Regardless of the application process used, we intend to adopt measures to secure both the integrity of the document once signed, and the confidentiality of any information transmitted, including transmission of information via a secured socket layer/secured line. The information contained in the application will be transmitted to our administrative office electronically as well as the electronic signature of the Owner/Applicant. Current technology will be used to ensure that the confidential information is not compromised. All processes used will comply with the Uniform Electronic Transactions act, and to the extent applicable, the Federal ESIGN Act.

We hereby certify that any electronic signature we obtain will be linked to the date on the electronic application in such a

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 Project Name/Number: TL16, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 (WRL), U326 0510 (WRL)/Term to Age 105 Life Insurance
 Policy

Filing Contact Information

Craig Hopkins, Craig.Hopkins@Transamerica.com
 1150 S Olive Street 213-742-2409 [Phone]
 Los Angeles, CA 90015

Filing Company Information

Western Reserve Life Assurance Co. of Ohio CoCode: 91413 State of Domicile: Ohio
 4333 Edgewood Road NE Group Code: 468 Company Type:
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-7888 ext. [Phone] FEIN Number: 43-1162657

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50.00 Filing fee for policy & related filed together
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Western Reserve Life Assurance Co. of Ohio	\$50.00	08/25/2010	39015635
Western Reserve Life Assurance Co. of Ohio	\$400.00	08/25/2010	39018505

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 Policy

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/08/2010	09/08/2010

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	08/30/2010	08/30/2010	Craig Hopkins	09/07/2010	09/07/2010
Pending Industry Response	Linda Bird	08/26/2010	08/26/2010			
Pending Industry Response	Linda Bird	08/25/2010	08/25/2010	Craig Hopkins	08/25/2010	08/25/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
RE: The Objection Dated 8-26-10	Note To Reviewer	Craig Hopkins	08/26/2010	08/26/2010

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Disposition

Disposition Date: 09/08/2010

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		No
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	SOV		No
Form (revised)	Term to Age 105 Life Insurance Policy		No
Form	Term to Age 105 Life Insurance Policy	Replaced	No
Form	Waiver of Premium Benefit Rider		No
Form	Additional Insured Rider		No
Form	Children's Benefit Rider		No
Form	Intermediate Endowment Benefit Rider		No
Form	Conversion Option Endorsement		No
Form	Fixed Settlement Endorsement		No
Form	WRL Fixed Express Application for Individual Life Insurance Part 1		No
Form	Life Application		No
Rate	Base Level Period Rates		No
Rate	Base Renewal Premium Rates		No
Rate	WPR Level Period Rates		No
Rate	WPR Renewal Rates		No
Rate	Child Rider Premiums		No
Rate	AIR Level Period Rates		No
Rate	AIR Renewal Rates		No

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Policy

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/30/2010
Submitted Date 08/30/2010
Respond By Date 09/30/2010

Dear Craig Hopkins,

This will acknowledge receipt of the captioned filing.

Objection 1

- Term to Age 105 Life Insurance Policy, TL16 AR (Form)

Comment: Ark. Code Ann. 23-81-118 requires for the payment of 8% interest on delayed claim payments.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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 Policy

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/07/2010
 Submitted Date 09/07/2010

Dear Linda Bird,

Comments:

Thank you for the letter of 8-30-10.

Response 1

Comments: The language has been updated pursuant to this note. We trust that you will now be able to approve our filing. Thank you, Craig Hopkins, 9-7-10.

Related Objection 1

Applies To:

- Term to Age 105 Life Insurance Policy, TL16 AR (Form)

Comment:

Ark. Code Ann. 23-81-118 requires for the payment of 8% interest on delayed claim payments.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Term to Age 105 Life Insurance Policy	TL16 AR		Policy/Contract/Fraternal Certificate	Initial		51.300	TL16 AR WRL.pdf
Previous Version							
Term to Age 105 Life Insurance Policy	TL16 AR		Policy/Contract/Fraternal Certificate	Initial		51.300	TL16 AR WRL.pdf

SERFF Tracking Number: *AEGB-126772757* *State:* *Arkansas*
Filing Company: *Western Reserve Life Assurance Co. of Ohio* *State Tracking Number:* *46615*
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No Rate/Rule Schedule items changed.

Sincerely,
Craig Hopkins

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Policy

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/26/2010
Submitted Date 08/26/2010
Respond By Date 09/27/2010

Dear Craig Hopkins,

This will acknowledge receipt of the captioned filing.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/25/2010
Submitted Date 08/25/2010
Respond By Date 09/27/2010

Dear Craig Hopkins,

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 \$400.00 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 08/25/2010
Submitted Date 08/25/2010

Dear Linda Bird,

Comments:

Thank you for your response

Response 1

Comments: I apologize for this error - I looked at an older fee sheet. The additional fees will now be set up on EFT.
Craig Hopkins, 8-25-10

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 \$400.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Craig Hopkins

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Policy

Note To Reviewer

Created By:

Craig Hopkins on 08/26/2010 12:23 PM

Last Edited By:

Craig Hopkins

Submitted On:

08/26/2010 12:23 PM

Subject:

RE: The Objection Dated 8-26-10

Comments:

Were you only acknowledging the filing or was an objection letter meant to be attached? Thanks

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TL16 AR	Policy/Cont	Term to Age 105 Life Initial ract/Fratern Insurance Policy al Certificate	Initial		51.300	TL16 AR WRL.pdf
	WPR13	Policy/Cont	Waiver of Premium Initial ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		50.200	WPR13 WRL.pdf
	AIR12	Policy/Cont	Additional Insured Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		52.000	AIR12 WRL.pdf
	CR11	Policy/Cont	Children's Benefit Initial ract/Fratern Rider al Certificate: Amendmen t, Insert Page,	Initial		51.400	CR11 WRL.pdf

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Code	Description	Initial	Amount	File Name
RPR05	Policy/Cont Intermediate Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	51.200	RPR05 WRL.pdf
CONVR02	Policy/Cont Conversion Option Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	56.600	CONVR02 WRL.pdf
IPO01	Policy/Cont Fixed Settlement Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	51.300	IPO01 WRL.pdf
U325 0510 AR	Application/WRL Fixed Express Enrollment Application for Form Individual Life Insurance Part 1	Initial	52.100	U325 0510 AR.pdf
U326 0510 AR	Application/Life Application Enrollment Form	Initial	52.600	U326 0510 AR.pdf



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

(Referred to as the Company, we, our or us)

Policy Number: [SPECIMEN]

Face Amount: \$[100,000]

Insured: [John Doe]

Policy Date: [SEPTEMBER 01, 2010]

Owner: [John Doe]
 [Jane Doe]

While this policy is In Force, we will pay the death benefit to the Beneficiary if the Insured dies before the Expiry Date. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.

Secretary

President

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

**Term Insurance with
Level Death Benefit Payable at Death Before the Expiry Date**

Premiums Payable During Life of Insured or until the Expiry Date

**Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data**

Nonparticipating – No Dividends

This policy is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

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POLICY DATA

POLICY NUMBER:	[SPECIMEN]	POLICY DATE:	[SEPTEMBER 01, 2010]
FACE AMOUNT:	[\$100,000]	DATE OF ISSUE:	[SEPTEMBER 01, 2010]
AGE OF INSURED:	[35]	FIRST PREMIUM INCREASE DATE:	[SEPTEMBER 01, 2030]
SEX OF INSURED:	[MALE]	EXPIRY DATE:	[SEPTEMBER 01, 2080]
		[LAST DATE TO CONVERT:	SEPTEMBER 01, 2030]
INSURED:	[JOHN DOE]		
CLASS OF RISK:	[PREFERRED PLUS]		
OWNER:	[JOHN DOE]		
	[JANE DOE]		

SCHEDULE OF BENEFITS

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	*PREMIUM PAYMENTS (ANNUAL)
**BASIC POLICY LEVEL TERM INSURANCE TO AGE 105	\$ [100,000.00]	TO AGE 105	\$ [122.00]
**[ADDITIONAL INSURED RIDER] ADDITIONAL INSURED: [JANE DOE] ISSUE AGE: [35] SEX: [FEMALE] CLASS OF RISK:[STANDARD NON-TOBACCO]	\$ [25,000.00]	TO THE EARLIER \$ [56.75] OF THE ADDITIONAL INSURED'S AGE 105 OR THE INSURED'S AGE 105	
[CHILDREN'S BENEFIT RIDER]	\$ [10,000.00]	TO AGE 65	\$ [60.00]
[INTERMEDIATE ENDOWMENT BENEFIT RIDER]		[20]	\$ [263.52]
***[FIXED SETTLEMENT ENDORSEMENT] INITIAL LUMP SUM MONTHLY PAYMENTS FOR [5] YEARS FINAL LUMP SUM PAYMENT AFTER [5] YEARS GUARANTEED ANNUAL INTEREST RATE:[3%]	\$ [10,000.00] \$ [100.00] \$ [97,861.00]		

SEE FOOTNOTES ON NEXT PAGE.

POLICY DATA

SCHEDULE OF PREMIUMS

Policy Year	Annually	Semi-Annually	Quarterly	Monthly
Years 1-[20]	\$ [502.27]	\$ [256.16]	\$ [130.59]	\$ [43.95]
TOTAL PAYMENTS PER YEAR	\$ [502.27]	\$ [512.32]	\$ [522.36]	\$ [527.40]

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

*Total Annual Premium on Policy Date.....\$[502.27]

Initial Premium Payment Amount and Mode.....\$[502.27] [ANNUALLY] [DIRECTBILL]

Total Payments Per Year.....\$[502.27]

*THE "PREMIUM PAYMENTS (ANNUAL)" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**PREMIUMS ARE LEVEL FOR THE FIRST [20] YEARS AND WILL INCREASE ANNUALLY THEREAFTER.

***THE NUMBER OF YEARS SHOWN FOR MONTHLY PAYMENTS IS THE GUARANTEED PERIOD. ANY DEATH BENEFIT IN EXCESS OF THE FACE AMOUNT WILL BE ADDED OR PAID AS AN INITIAL LUMP SUM.

POLICY DATA

***SCHEDULE OF NON-GUARANTEED PREMIUMS
** ANNUAL PREMIUMS**

POLICY NUMBER: [123456789]
INSURED: [JOHN DOE]

***BASE POLICY PLUS			***BASE POLICY PLUS		
POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS	POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS
[21]	\$ [818.00]	\$ [1,103.50]	[46]	\$ [10,780.00]	\$ [13,338.50]
[22]	[896.00]	[1,202.25]	[47]	[11,858.00]	[14,631.50]
[23]	[981.00]	[1,310.00]	[48]	[13,212.00]	[16,249.75]
[24]	[1,072.00]	[1,426.00]	[49]	[14,722.00]	[18,060.00]
[25]	[1,170.00]	[1,551.25]	[50]	[16,419.00]	[20,181.00]
[26]	[1,274.00]	[1,685.00]	[51]	[18,507.00]	[22,693.50]
[27]	[1,385.00]	[1,827.75]	[52]	[20,691.00]	[25,383.75]
[28]	[1,502.00]	[1,979.00]	[53]	[23,208.00]	[28,520.50]
[29]	[1,661.00]	[2,172.50]	[54]	[24,856.00]	[30,717.50]
[30]	[1,856.00]	[2,404.50]	[55]	[27,193.00]	[33,606.75]
[31]	[2,052.00]	[2,580.25]	[56]	[28,900.00]	[36,040.50]
[32]	[2,236.00]	[2,808.50]	[57]	[31,899.00]	[39,273.75]
[33]	[2,446.00]	[3,067.00]	[58]	[32,369.00]	[40,687.25]
[34]	[2,686.00]	[3,362.00]	[59]	[34,155.00]	[42,965.00]
[35]	[2,938.00]	[3,673.50]	[60]	[35,976.00]	[45,574.50]
[36]	[3,220.00]	[4,021.50]	[61]	[39,399.00]	[50,263.50]
[37]	[3,598.00]	[4,471.25]	[62]	[42,662.00]	[54,700.50]
[38]	[4,193.00]	[5,147.00]	[63]	[46,172.00]	[59,405.00]
[39]	[4,900.00]	[5,949.00]	[64]	[49,949.00]	[63,216.50]
[40]	[5,681.00]	[6,884.25]	[65]	[54,012.00]	[67,825.75]
[41]	[6,531.00]	[7,932.00]	[66]	[58,380.00]	[73,149.75]
[42]	[7,175.00]	[8,810.50]	[67]	[63,013.00]	[79,197.25]
[43]	[7,680.00]	[9,575.00]	[68]	[67,989.00]	[85,740.00]
[44]	[8,463.00]	[10,640.00]	[69]	[73,328.00]	[92,779.25]
[45]	[9,654.00]	[12,044.75]	[70]	[79,059.00]	[100,212.75]

*THE SCHEDULE ON THIS PAGE SHOWS THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**INCLUDES ANNUAL POLICY FEE OF \$[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMNS INCLUDE PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER IF ELECTED. INITIAL PREMIUMS FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER, IF ELECTED, ARE SHOWN IN THE SCHEDULE OF BENEFITS.

POLICY DATA

***SCHEDULE OF GUARANTEED PREMIUMS
** ANNUAL PREMIUMS**

POLICY NUMBER: [123456789]
INSURED: [JOHN DOE]

***BASE POLICY PLUS			***BASE POLICY PLUS		
POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS	POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS
[21]	\$ [1,472.00]	\$ [1,840.50]	[46]	\$ [18,654.00]	\$ [21,532.50]
[22]	[1,641.00]	[2,040.75]	[47]	[20,419.00]	[23,782.50]
[23]	[1,819.00]	[2,248.75]	[48]	[22,427.00]	[26,352.00]
[24]	[1,963.00]	[2,415.25]	[49]	[24,681.00]	[29,140.50]
[25]	[2,131.00]	[2,607.25]	[50]	[27,301.00]	[32,241.25]
[26]	[2,338.00]	[2,842.00]	[51]	[30,284.00]	[35,765.75]
[27]	[2,607.00]	[3,143.75]	[52]	[33,348.00]	[39,321.00]
[28]	[2,944.00]	[3,521.75]	[53]	[36,662.00]	[43,374.50]
[29]	[3,319.00]	[3,948.25]	[54]	[40,178.00]	[47,663.00]
[30]	[3,713.00]	[4,403.25]	[55]	[43,201.00]	[51,509.50]
[31]	[4,131.00]	[4,827.25]	[56]	[46,301.00]	[55,368.50]
[32]	[4,550.00]	[5,306.75]	[57]	[49,595.00]	[59,046.50]
[33]	[4,973.00]	[5,794.75]	[58]	[53,206.00]	[63,412.75]
[34]	[5,429.00]	[6,324.00]	[59]	[57,486.00]	[68,813.25]
[35]	[5,896.00]	[6,870.25]	[60]	[62,014.00]	[74,492.75]
[36]	[6,624.00]	[7,702.75]	[61]	[66,022.00]	[79,540.75]
[37]	[7,239.00]	[8,424.75]	[62]	[76,940.00]	[91,246.25]
[38]	[8,075.00]	[9,371.75]	[63]	[89,509.00]	[104,715.25]
[39]	[8,950.00]	[10,365.50]	[64]	[90,413.00]	[106,876.75]
[40]	[9,878.00]	[11,425.25]	[65]	[91,326.00]	[109,131.00]
[41]	[11,292.00]	[13,046.25]	[66]	[92,248.00]	[111,419.25]
[42]	[12,446.00]	[14,366.75]	[67]	[93,179.00]	[113,385.25]
[43]	[13,797.00]	[15,898.00]	[68]	[94,120.00]	[115,395.00]
[44]	[15,376.00]	[17,678.50]	[69]	[95,070.00]	[117,295.00]
[45]	[17,060.00]	[19,577.00]	[70]	[96,030.00]	[118,848.75]

*THE SCHEDULE ON THIS PAGE SHOWS THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**INCLUDES ANNUAL POLICY FEE OF \$[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMNS INCLUDE PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER IF ELECTED. INITIAL PREMIUMS FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER, IF ELECTED, ARE SHOWN IN THE SCHEDULE OF BENEFITS.

POLICY DATA

TABLE OF RIDER VALUES FOR THE INTERMEDIATE ENDOWMENT BENEFIT RIDER

POLICY NUMBER: [SPECIMEN]
ISSUE AGE: [35]
ENDOWMENT DATE: [SEPTEMBER 1, 2030]

Projected Rider Values at the end of certain Policy Years are shown below. The Rider Values shown are based on the initial premium mode applicable to the policy and assume that all premiums have been paid to the Policy Anniversary. Rider Values will vary if any premiums are paid on a different mode or if any premiums have not been paid.

END OF POLICY YEAR	PERCENTAGE OF ELIGIBLE PREMIUMS	RIDER VALUE	PAID-UP INSURANCE
[1]	[0.0] %	\$ [0.00]	\$ [0.00]
[2]	[0.0]	[0.00]	[0.00]
[3]	[0.0]	[0.00]	[0.00]
[4]	[0.0]	[0.00]	[0.00]
[5]	[12.1]	[233.24]	[1,332.00]
[6]	[26.0]	[601.41]	[3,291.00]
[7]	[36.1]	[974.21]	[5,112.00]
[8]	[43.8]	[1,350.86]	[6,798.00]
[9]	[49.8]	[1,727.90]	[8,341.00]
[10]	[54.5]	[2,101.08]	[9,734.00]
[11]	[60.9]	[2,582.60]	[11,486.00]
[12]	[66.3]	[3,067.20]	[13,100.00]
[13]	[70.7]	[3,543.31]	[14,538.00]
[14]	[74.7]	[4,031.77]	[15,890.00]
[15]	[78.3]	[4,527.93]	[17,142.00]
[16]	[83.2]	[5,132.04]	[18,666.00]
[17]	[87.6]	[5,741.16]	[20,065.00]
[18]	[91.3]	[6,335.64]	[21,286.00]
[19]	[95.6]	[7,002.59]	[22,624.00]
[20]	[100.0]	[7,710.40]	[23,968.00]
[21 & LATER]	[0.0]	[0.00]	[0.00]

*THE PAID-UP INSURANCE AMOUNT IS THE AMOUNT OF REDUCED PAID-UP INSURANCE THAT THE RIDER VALUE DEPICTED WOULD PURCHASE AT THE END OF THE APPLICABLE POLICY YEAR IF THERE ARE NO LOANS OUTSTANDING.

DEFINITIONS

Age	A person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.
Beneficiary	The person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.
Date of Issue	The date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.
Expiry Date	The date on which coverage under this policy expires. The Expiry Date is the Policy Anniversary nearest the Insured's 105th birthday and is shown in the Policy Data.
Face Amount	The amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.
In Force	Insurance coverage is in effect and has not terminated.
Insured	The person whose life is insured under this policy. The Insured is identified in the Policy Data.
Lapse	Termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy.
Monthly Anniversary Date	The day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.
Policy Anniversary	The same day and month as the Policy Date for each year this policy remains In Force.
Policy Date	The date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries, and Policy Years. The Policy Date is shown in the Policy Data.
Policy Year	The 12 month period directly preceding a Policy Anniversary.
Reinstate	To restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.
Rider	An attachment to this policy that provides an additional benefit.
Written Request	A signed request in a form satisfactory to us that is received at our Administrative Office.
You and your	The owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary You may name or change the Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Death Benefit The amount of the death benefit is equal to:

- (a) the Face Amount of this policy,

plus (b) the amount payable under any attached rider, subject to its terms,

plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death (excluding any premiums waived under any disability rider attached to this policy),

minus (d) the amount of any portion of a premium due under the Grace Period provision.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision of this policy.

Interest from Date of Death We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be 8%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments 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 state and federal reporting requirements.

In the event of the death of the Insured, the death benefit payable under this policy shall include a refund of all premiums, if any, paid beyond the Insured's date of death. If the refund of premiums is not paid within 30 days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 8%.

PREMIUMS

Premium

To keep this policy In Force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

Schedules of Premiums

Premiums for this policy (excluding premiums for certain riders) will remain level until the First Premium Increase Date shown in the Policy Data. Beginning on the First Premium Increase Date, premiums will increase annually.

The Policy Data includes two schedules of annual premiums. For any Policy Year after the First Premium Increase Date, we may charge a lower premium than the guaranteed annual premium, but we will not charge a higher annual premium. Any lower annual premium will be in effect for one year and will apply to all policies having the same plan, issue year, class of risk, face amount, sex, and premium schedule as this policy.

The Schedule of Non-Guaranteed Premiums shown in the Policy Data is based on our current premium scale, but is not guaranteed. Any change in the non-guaranteed premium rates will be prospective and will be subject to our expectation as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; regulatory changes; and any applicable federal, state and local taxes.

The semi-annual, quarterly and monthly premiums for each Policy Year will be determined on the same basis used to determine the initial semi-annual, quarterly and monthly premiums.

Grace Period

If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. If you do not pay the premium due before the end of the grace period, the policy will Lapse and all coverage will terminate. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

Reinstatement

If this policy Lapses, you may Reinstatement it as provided in this section. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us, and
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

GENERAL PROVISIONS

This Policy is Our Contract with You

This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the rider.

Incontestability

We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

Amount Payable Is Limited in the Event of Suicide

If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy.

Misstatement of Age or Sex in the Application If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

Extra Benefit Riders The extra benefit riders, if any, are listed in the Policy Data.

Who Can Make Changes in the Policy No change or waiver of any of the provisions of this Policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this Policy.

Termination of Insurance This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The Expiry Date; or
2. The date this policy Lapses; or
3. The date the owner requests termination; or
4. The date this policy is converted pursuant to a Conversion Option Endorsement; or
5. The date of the Insured's death.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the premium rates.

Your Rights During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

SETTLEMENT PROVISIONS

- Lump Sum Payment** When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.
- Settlement Options** During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.
- Option A:
Installments for a
Guaranteed Period** We will pay equal installments for a guaranteed period. Each installment will consist of part benefit and part interest. We will pay the installments monthly, quarterly, semi-annually or annually, as requested.
- Option B: Annuity** We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.
- Option C:
Benefit Deposited
with Interest** We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.
- Option D: Installments
of a Selected Amount** We will pay installments of a selected amount until we have paid the entire benefit and accumulated interest. The amount of the final payment may vary as it will consist of the remaining balance.
- Installment Interest
Rate** Any unpaid balance we hold under options A or D will earn interest at the rate we are paying at the time of settlement. We will not pay less than 1% annual interest.
- Conditions** Settlements of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.
- A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

**Payments Exempt
from the Claims of
Creditors**

To the extent permitted by law:

1. no payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. if you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
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[(319) 355-8511]

**Term Insurance with
Level Death Benefit Payable at Death Before the Expiry Date**

Premiums Payable During Life of Insured or until the Expiry Date

**Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data**

Nonparticipating – No Dividends



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WAIVER OF PREMIUM BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Rider Benefit

We will waive each premium due for the policy and any attached riders after we receive satisfactory proof that the Insured is Totally Disabled as defined in this rider and while the Insured continues to be Totally Disabled. The Insured must become Totally Disabled while this rider is in effect and the Total Disability must continue for at least six months. We will waive premiums while the Insured's Total Disability continues, subject to the Benefit Period provision below. All benefits are subject to the provisions of the policy and this rider.

Each premium waived will have the same effect as if it had been paid to us. Premiums waived by us will not be deducted from any death benefit payment.

Definitions

Age has the meaning described in the policy.

Immediate Family Member means one of the following members of the Insured's or owner's family: spouse, child, stepchild, parent, grandparent, grandchild, brother, sister, and their spouses.

Insured means only the Insured under the policy. It does not include any other individuals covered under other riders.

Physician means a person other than the Insured, the owner, or an Immediate Family Member, who is a doctor of medicine or osteopathy, is licensed in the jurisdiction in which the advice is given or diagnosis is made and is acting within the scope of that license.

Total Disability ("Totally Disabled") means the inability of the Insured:

1. During the first 24 months of total disability, to perform the substantial and material duties of the Insured's occupation.
2. After the first 24 months of total disability, to perform any of the substantial and material duties of the Insured's own occupation or any other occupation for which the Insured is reasonably suited by the Insured's education, training, or experience.

Total Disability also includes the Insured's total loss of:

1. The sight of both eyes, while such loss continues; or
2. The use of both hands, while such loss continues; or
3. The use of both feet, while such loss continues; or
4. The use of one hand and one foot, while such loss continues.

Total Disability must be caused by sickness or accidental bodily injury.

Risks Not Covered

No benefits will be allowed under this rider if Total Disability is caused by or contributed to by, or results directly or indirectly from:

1. Suicide or intentionally self-inflicted injury while sane or insane.
2. Active participation in a riot, insurrection, or terrorist activity.
3. War, declared or undeclared, or any act of war.
4. Committing or attempting to commit a felony.
5. The voluntary intake or use by any means of:
 - a. Any drug, unless prescribed or administered by a Physician and taken in accordance with the Physician's instruction.
 - b. Poison, gas or fumes, unless a direct result of an occupational accident.
6. Intoxication as defined by the jurisdiction where Total Disability occurred.
7. Participation in an illegal occupation or activity.

Benefit Period

Premiums will be waived during the continuance of the Insured's Total Disability, subject to the following:

1. No premiums will be waived for any period before the Insured's 10th birthday.
2. If the Total Disability begins before the Insured's Age 60 and continues to the Insured's Age 65, we will waive all further premiums under the policy.
3. If the Total Disability begins after the Insured's Age 60, we will not waive any premiums after the later of:
 - a. The Insured's Age 65; or
 - b. The First Premium Increase Date shown in the Policy Data.
4. Separate periods of Total Disability will be considered as one continuous disability period unless such separate periods are:
 - a. Due to unrelated causes; or
 - b. Due to the same or related causes, but are separated by at least six months during which the Insured has returned to work on a continuous basis.

Notice and Proof of Total Disability

Written notice of Total Disability must be given to us at our Administrative Office. This notice must be given while the Insured is living and while the Total Disability continues. Failure to give such notice will not invalidate any claim if such notice was given as soon as reasonably possible. Due proof of Total Disability must be given to us at our Administrative Office. The Insured will be required to furnish due proof of the continuance of Total Disability upon request but not more than once every 30 days during the first two full years after Total Disability has occurred. At our option and at our expense, such proof may include an examination of the Insured by a Physician chosen by us. Such proof will not be required by us more than once each year after Total Disability has continued for two full years.

Termination of Benefits

The benefits provided by this rider for any period of Total Disability will end:

1. If the Insured fails to give us any requested due proof or refuses to submit to a requested examination; or
2. If the Insured is no longer Totally Disabled. You have the obligation to inform us immediately if the Insured is no longer Totally Disabled or if the Insured returns to work.

Termination

This rider will terminate on the earliest of the following dates or events:

1. At Age 65 of the Insured, unless premiums are being waived at that time; in which case it will terminate when premiums are no longer being waived; or
2. The death of the Insured; or
3. The next Monthly Anniversary Date following the date the owner requests termination of this rider; or
4. The date the policy Lapses; or
5. The date the policy is surrendered or continued under any nonforfeiture option; or
6. The date the policy matures or terminates; or
7. The date the policy is converted to another policy.

Conditions

Payment of any waiver of premium benefit is subject to the following conditions:

1. No premiums will be waived unless the Total Disability has continued uninterrupted for a period of no less than six consecutive months. After such period, premiums that have been paid on or after the Monthly Anniversary Date following the date the Total Disability began will be waived retroactively and will be refunded, however, in no event will premiums be waived for any period more than 1 year before proof of Total Disability has been received by us.
2. You must continue to pay premiums due on the policy until the waiver of premium claim is approved by us. If the Total Disability begins during the grace period, the overdue premium must be paid to avoid the policy Lapsing before your waiver of premium claim is approved by us.
3. The Insured must be under the care of a Physician during the Total Disability.

Non-Convertible

This rider is not convertible. If the policy to which this rider is attached is converted to a new policy, a waiver of premium rider may be included in the new policy if:

1. The Insured is Age 55 or less on the date of conversion; and
2. We receive evidence of insurability satisfactory to us; and
3. The policy to which this rider is attached is not in a waiver of premium status on the date of conversion; and
4. The new policy has a waiver of premium rider available.

The premiums for such benefit will be at our then published rate for the new rider.

Reinstatement

If the policy is Reinstated, this rider may be reinstated at the same time, provided:

1. The Insured is not yet Age 65; and
2. We receive proof of insurability satisfactory to us.

Consideration

We have issued this rider in consideration of the application and payment of the premiums. A copy of the application is attached to the policy.

Premiums

The charges for this rider are shown in the Policy Data and are payable as provided in the policy. No charges for this rider will be payable after this rider terminates.

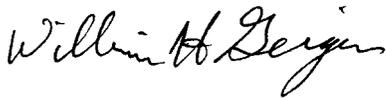
Incontestability The provisions of the policy relating to incontestability apply to this rider. However, if this rider is added after the Date of Issue of the policy, the contestable period will be measured from the later of the Rider Date or the date this rider is reinstated.

No Dividends Are Payable This rider does not participate in our profits or surplus.

Nonforfeiture Values This rider does not have cash values or loan values.

Rider Date The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.



Secretary



President



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ADDITIONAL INSURED RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Rider Benefit If an Additional Insured dies while insured under this rider, we will pay the rider death benefit as set forth below. The amount of the rider death benefit for each Additional Insured is the amount shown for that Additional Insured in the Policy Data. Payments are subject to the provisions of the policy and this rider.

Payment of Proceeds Unless you request otherwise, any proceeds payable under this rider will be paid to you. You may request that any proceeds will be paid to a beneficiary other than you by:

1. Naming the beneficiary in accordance with the How to Change a Beneficiary provision of the policy; and
2. Specifically stating that the beneficiary designation is applicable to insurance provided under this rider.

Any proceeds may be applied under the Settlement Provisions of the policy.

Definitions **Additional Insured** refers separately to each person named as an Additional Insured in the Policy Data.

Age has the meaning described in the policy. For purposes of this rider, the Age of an Additional Insured changes on each Policy Anniversary.

Insured means the Insured under the policy to which this rider is attached.

Conversion While this rider is in effect, you may convert the coverage on an Additional Insured to a new policy of permanent insurance then made available by us for such purpose. The conversion may be made at any time prior to the earlier of the Additional Insured's 70th birthday or the First Premium Increase Date shown in the Policy Data. You must send us a Written Request for the conversion. The following will apply:

1. The face amount of each new policy may not exceed the rider death benefit for that Additional Insured as of the date of the conversion.
2. The face amount of each new policy may not be less than our published minimum for the plan selected. There will always be a plan available in an amount to which you may convert.
3. Each new policy will be effective on the date of conversion. You will be the owner of the new policy unless you request otherwise.
4. Premiums for the new policy will be based on the same class of risk as this rider (or for a similar class of risk, if the same class is not available on the new policy), and the Additional Insured's sex and age as of the date of the new policy.

5. The initial premium for the new policy must be received at our Administrative Office within 31 days of receipt of the conversion application. If the initial premium is not received within that period, the conversion application will be cancelled and coverage under this rider will continue unless it has otherwise been terminated.
6. Even if premiums for this rider are being waived under a rider attached to the policy at the time of conversion, the premiums under the new policy will not be waived.
7. The new policy will be dated as of the date of the conversion. Coverage under this rider will terminate when coverage under the new policy begins.
8. If coverage under this rider is converted in accordance with these conditions, no evidence of insurability will be required and the Incontestability and Suicide periods for the new policy will be measured from the later of the Rider Date or the date of any reinstatement of the new policy.

Death of Insured

If the Insured dies while this rider is in effect:

1. We will include as part of the policy's death benefit a refund of the premiums paid for this rider for the period beyond the Insured's date of death; and
2. You (or each respective Additional Insured, if you are the Insured) may convert the coverage under this rider in accordance with the Conversion provision. Application for such conversion must be made within 45 days of the death of the Insured. There will be no coverage on an Additional Insured until the conversion application is submitted and the initial premium for the new policy is paid.

Termination

This rider will terminate on the earliest of the following dates or events:

1. The death of the Insured; or
2. The death of the last surviving Additional Insured; or
3. The next Monthly Anniversary Date following the date the owner requests termination of this rider; or
4. The date the policy Lapses; or
5. The date the policy is surrendered or continued under any nonforfeiture option; or
6. The date the policy matures or terminates; or
7. The date the policy is converted to another policy.

Insurance on an Additional Insured will automatically terminate on the earlier of such Additional Insured's Age 105 or when all or part of such insurance is converted.

Reinstatement

If the policy is reinstated, you may reinstate this rider. Insurance for an Additional Insured may be reinstated only if we have received:

1. The Additional Insured's consent to reinstatement; and
2. Evidence of insurability for the Additional Insured that is satisfactory to us.

Consideration

We have issued this rider in consideration of the application and payment of the premiums. A copy of the application is attached to the policy.

Premiums The charges for this rider are shown in the Policy Data and are payable as provided in the policy. No charges for this rider will be payable after this rider terminates.

Incontestability The provisions of the policy relating to incontestability apply to this rider. However, if this rider is added after the Date of Issue of the policy, the contestable period will be measured from the later of the Rider Date or the date this rider is reinstated.

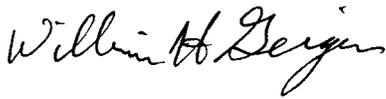
Suicide If an Additional Insured, whether sane or insane, dies by suicide within two years from the Rider Date, our liability with respect to that Additional Insured will be limited to an amount equal to the premiums paid for that Additional Insured under this rider. If this rider is reinstated, this section will be reinstated. A new two year period will apply beginning on the date of reinstatement. If an Additional Insured, whether sane or insane, dies by suicide within two years from the reinstatement date, our liability with respect to that Additional Insured will be limited to an amount equal to the premiums paid for that Additional insured under this rider from the date of reinstatement.

No Dividends Are Payable This rider does not participate in our profits or surplus.

Nonforfeiture Values This rider does not have cash values or loan values.

Rider Date The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.



Secretary



President



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CHILDREN'S BENEFIT RIDER

We have issued this rider as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Rider Benefit If a covered child dies while insured under this rider, we will pay the rider death benefit as set forth below. The amount of the rider death benefit is shown in the Policy Data. Payments are subject to the provisions of the policy and this rider.

Payment of Proceeds Unless you request otherwise, any proceeds payable under this rider will be paid to you. You may request that any proceeds will be paid to a beneficiary other than you by:

1. Naming the beneficiary in accordance with the How to Change a Beneficiary provision of the policy; and
2. Specifically stating that the beneficiary designation is applicable to insurance provided under this rider.

Any proceeds may be applied under the Settlement Provisions of the policy.

Definitions **Insured** means the Insured under the policy to which this rider is attached.

Covered child means any child named in the application for this rider who was born to the Insured, or is a stepchild or legally adopted child of the Insured, and who:

- a. is at least 15 days old or becomes 15 days old; and
- b. is not yet 19 years old on the date of the application; and
- c. is not excluded by us.

Covered child also includes any child born to the Insured after the Rider Date, or who becomes the stepchild or legally adopted child of the Insured after the Rider Date, and who:

- a. is at least 15 days old or becomes 15 days old; and
- b. is not yet 19 years old on becoming the child or stepchild of the Insured.

Conversion Insurance on a covered child may be converted, without providing evidence of insurability, to any plan of permanent insurance then made available by us for such purpose. The following will apply:

1. If any of the following events occur while this rider is in effect, the face amount of the new policy may be up to five times the amount of insurance provided on that child under this rider or \$50,000, whichever is less:
 - a. The child's 25th birthday; or
 - b. The policy anniversary nearest Age 65 of the Insured; or
 - c. The child's marriage or receipt of a baccalaureate degree or higher

degree from a fully accredited college or university; or
d. The Insured's death.

2. Insurance on a covered child may be converted at any other time while this rider is in effect. The face amount of the new policy may not be greater than the amount of insurance provided on that child under this rider.
3. Written Request for conversion and payment of the required premium must be made to us before, or within 31 days after, any of the dates allowed for conversion listed under 1(a)-(c) of this provision. 90 days are allowed for conversion due to the death of the Insured. If this rider has terminated, or if the covered child has reached the age of 25, the terminating insurance will not be In Force during the 31 day or 90 day period following the date allowed for conversion.
4. The face amount of each new policy may not be less than our published minimum for the plan selected. There will always be a plan available in an amount to which you can convert.
5. Each new policy will be effective on the date of conversion. The child will be the owner of the new policy unless the child is a minor as defined under the laws of the child's state of residence at the time of the conversion request. If the child is a minor at the time of the conversion request, the owner of the new policy will be the owner of the policy to which this rider is attached, if living; otherwise, ownership will pass to the legal guardian of the child.
6. The premium for each new policy will be at our published rate for the plan selected and the child's age at the time of conversion.
7. Even if premiums for this rider are being waived under a rider attached to the policy at the time of conversion, the premiums under any new policy will not be waived.
8. The Incontestability and Suicide periods for the new policy will be measured from the Rider Date and will not start anew in the new policy. However, if the face amount of the new policy exceeds the death benefit of this rider, the increase will be subject to a new suicide period. Any later reinstatement of the new policy will result in new Incontestability and Suicide periods.

Termination

This rider will terminate on the earliest of the following dates or events:

1. The policy anniversary nearest Age 65 of the Insured; or
2. The death of the Insured; or
3. The next Monthly Anniversary Date following the date the owner requests termination of this rider; or
4. The date the policy Lapses; or
5. The date the policy is surrendered or continued under any nonforfeiture option; or
6. The date the policy matures or terminates; or
7. The date the policy is converted to another policy.

Insurance on a covered child under this rider will automatically terminate on the earlier of such child's 25th birthday or when all or part of such insurance is converted.

Reinstatement If the policy is reinstated, this rider may be reinstated at the same time. Insurance for a covered child may be reinstated only if we have received evidence of insurability for such child that is satisfactory to us.

Consideration We have issued this rider in consideration of the application and payment of the premiums. A copy of the application is attached to the policy.

Premiums The charges for this rider are shown in the Policy Data and are payable as provided in the policy. No charges for this rider will be payable after this rider terminates.

Incontestability The provisions of the policy relating to incontestability apply to this rider. However, if this rider is added after the Date of Issue of the policy, the contestable period will be measured from the later of the Rider Date or the date this rider is reinstated.

Suicide The suicide provision of the policy will not apply to death of a child by suicide.

No Dividends Are Payable This rider does not participate in our profits or surplus.

Nonforfeiture Values This rider does not have cash values or loan values.

Rider Date The Rider Date of this rider will be the Policy Date, unless we inform you in writing of a different date.

Signed for us at our home office.



Secretary



President



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INTERMEDIATE ENDOWMENT BENEFIT RIDER

THIS RIDER PROVIDES AN INTERMEDIATE ENDOWMENT BENEFIT PAYABLE WHEN THE LEVEL PREMIUM PERIOD SELECTED FOR THE POLICY ENDS AFTER [20] YEARS

This rider contains provisions that modify other provisions of the policy. Please read it carefully.

We have issued this rider as part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Rider Benefit

This rider provides an Endowment Benefit as described below. The Endowment Benefit is equal to the Net Rider Value on the Endowment Date. The Net Rider Value is described below.

We will pay the Endowment Benefit to you on the Endowment Date if the Insured is living and this rider is still in effect. The Endowment Benefit will be paid in a lump sum in accordance with the terms of this rider. If the policy is In Force at the end of the endowment period, when the cash Endowment Benefit is paid, the policy will continue In Force as long as the required premiums are paid.

On the death of the Insured prior to the Endowment Date, we will pay the policy's death benefit. At that time, this rider will terminate and no other benefits or values will be payable under this rider.

If you surrender this rider prior to the Endowment Date and prior to the Insured's death, we will pay you the Net Rider Value.

Termination

This rider will terminate on the earliest of the following dates or events:

1. Payment of the Endowment Benefit; or
2. The date the policy Lapses for failure to pay a premium; or
3. The next Monthly Anniversary Date following the date you request termination of this rider; or
4. The date of surrender, termination, or conversion of the policy; or
5. The date of the death of the Insured under the policy; or
6. When any nonforfeiture option goes into effect.

Our acceptance of a premium for any period after the date of termination of this rider shall create no liability by us with respect to this rider, nor will it constitute a waiver of the termination. Any premium paid for this rider following its termination will be refunded.

Payment of death benefits on any additional person covered under any other rider attached to the policy will not trigger the termination of the Endowment Benefit or this rider.

Consideration	This rider is issued in consideration of the application and the payment of premiums as provided below.
Premiums	The premiums for this rider are shown in the Policy Data. Rider premiums are included in the total policy premium and must be paid with the policy premium. If premiums are being waived on the policy pursuant to a waiver of premium rider, then that waiver also applies to the premium for this rider. Premiums for this rider are payable for the period stated in the Policy Data. If this rider is terminated, the total premium for the policy will be reduced by the amount of the premium for this rider.
Grace Period and Lapse	<p>This rider modifies your policy's Grace Period provision as follows:</p> <ol style="list-style-type: none"> 1. If there is Loan interest due which exceeds the Net Rider Value, your policy will Lapse if the interest remains unpaid after 31 days. 2. If your policy reaches the end of a grace period, the Automatic Premium Loans provision below may apply. 3. If there is any remaining Net Rider Value when your policy Lapses, the nonforfeiture options below will apply.
Incontestability	The provisions of the policy relating to incontestability apply to this rider.
Reinstatement	If the policy has terminated, you may reinstate this rider with the policy in accordance with the Reinstatement provisions of the policy. We will not reinstate this rider if it was surrendered for its Net Rider Value, if we have paid the Endowment Benefit, or if the Insured has died. If any Loan existed when the policy Lapsed or the policy was changed to Reduced Paid-Up Insurance, you may repay the outstanding Loan with interest or it will be reinstated with interest with your policy. Interest on the Loan will be compounded annually from the date of Lapse at the Loan interest rate of 7.4% in advance per annum.
Conversion Privilege	If you convert the policy, this rider will terminate. At that time, you may elect to surrender this rider or apply any Net Rider Value available at the time of conversion as premium for the new policy. You may not convert the policy if the policy coverage is continued as Reduced Paid-Up Insurance.
Definitions	<p>When we use the following words in this rider, this is what we mean:</p> <p>Eligible Premiums means the premiums paid for the basic policy and this rider, excluding any substandard premiums and any premiums for other riders. Eligible Premiums do not include the portion of any premium paid which is applicable to any unexpired portion of a Policy Year.</p> <p>Endowment Benefit is equal to the Net Rider Value on the Endowment Date.</p> <p>Endowment Date means the date on which we will pay the Endowment Benefit as described below. This date is shown in the Policy Data.</p> <p>Lapse or Lapsed means the policy has reached the end of the grace period and premium remains in default or unpaid Loan interest due exceeds the Net Rider Value. If the policy Lapses, the Insured's life will no longer be insured under the terms of the policy except as set forth in the Nonforfeiture Options provision of this rider.</p> <p>Loan means a loan secured by this rider, including Loan interest.</p>

Loan Value means the maximum amount which may be borrowed under the Rider Loan provision.

Net Rider Value is the Rider Value minus any outstanding Loan.

Rider Date is the date from which rider months, years, and anniversaries are measured. The Rider Date is the Policy Date.

Rider Value means the amount available to you under the terms of this rider (see Rider Value and Endowment Benefit section). This amount is available for Loan as described in the Rider Loan provision.

Table of Rider Values means the Table of Rider Values for the Intermediate Endowment Benefit Rider included in the Policy Data.

Rider Value

This rider provides benefits based on the Rider Value. The Rider Value is a percentage of the Eligible Premiums paid as set forth in the Table of Rider Values. Projected Rider Values at the end of certain policy years are shown in the Table of Rider Values. The Rider Values shown are based on the initial premium mode applicable to the policy and assume that all premiums have been paid to the Policy Anniversary. Rider Values will vary if any premiums are paid on a different mode or if any premiums have not been paid. The Rider Value will not be reduced on account of the waiver of premiums under any waiver of premium rider. The Rider Value will be reduced if accelerated death benefits are paid under the policy, but it will not be reduced by any other benefit or claim payments under the policy. There is no Rider Value after the Endowment Date.

Accelerated Benefits

If an accelerated death benefit is paid under the policy or any rider:

1. The accumulated Eligible Premiums and Rider Value will be reduced in proportion to the reduction in the Face Amount.
2. If there is a Loan outstanding, the Loan must be reduced in proportion to the reduction in the Face Amount. The amount necessary to repay this portion of the Loan will be deducted from the accelerated benefit proceeds.
3. The premium for the policy and this rider will be reduced to reflect the reduced Face Amount, except that no reduction will be applied to the portion of the premium that is attributable to the policy fee payments.

Surrender of Rider

You may surrender this rider for its Net Rider Value by returning this rider to us with a request for surrender during the lifetime of the Insured and prior to the Endowment Date. In such case, this rider will terminate on the date we receive your request; except for payment of the Net Rider Value, this rider will then provide no further benefit or value. You may surrender this rider without terminating the policy.

Nonforfeiture Options

If the policy Lapses as provided in the policy's Grace Period provision, you may apply the Net Rider Value, if any, to one of the two options below. We will require your Written Request and the return of the policy. If we do not receive your written instructions by the end of the grace period, the Net Rider Value will automatically be applied to the Reduced Paid-Up Insurance option.

1. Rider Surrender – This rider may be surrendered for its Net Rider Value in accordance with the Surrender of Rider provision.
2. Reduced Paid-Up Insurance – You may use the Net Rider Value to continue your Policy coverage as a nonparticipating paid-up endowment policy at Age 105, at the net single premium rate for the Insured's

attained Age. The face amount of the paid-up policy will be equal to or less than the current Face Amount at the time you elect this option, payable under the same conditions as the policy.

Rider Loan

We will make a Loan up to the Loan Value. When this rider has a Rider Value, we will make a Loan subject to the following conditions:

1. The Loan Value is the Rider Value on the date of the Loan minus:
 - a. Any existing Loan;
 - b. Unpaid interest, if any, on the amount of any existing Loan; and
 - c. Interest on the proposed Loan to the end of the Policy Year.
2. We will charge interest on the total Loan balance each year, in advance, on the Policy Anniversary. The Loan interest rate is 7.4% in advance per annum. Interest is payable in advance on the date of the Loan to the end of the Policy Year. Any interest not paid in cash will be added to the Loan if there is sufficient Loan Value. We will charge the same interest rate on the entire Loan, including any interest that has been added to the Loan.
3. If the Insured dies, we will deduct the outstanding Loan from the policy's death benefit before we pay the death benefit to the Beneficiary.
4. If an accelerated death benefit is paid under the policy or any rider, we will deduct a portion of any outstanding Loan from the accelerated death benefit proceeds before we pay the accelerated death benefit.
5. The Loan will be secured by that portion of the Rider Value equal to the amount of the Loan.

Loan Repayment

You may repay part or all of any outstanding Loan balance at any time while the Insured is living.

If you wish to make a Loan repayment, you must tell us that the payment you send us is for that purpose. Unless your payment is clearly marked as a Loan repayment, we will apply it first to any premium due. Any remaining balance will then be applied as a Loan repayment. When we receive a Loan repayment, we will apply it first to any Loan interest due, and then to the amount of the Loan.

The policy will not automatically Lapse if you do not repay a Loan. However, the policy may Lapse if the Net Rider Value is not large enough to cover any Loan interest due that is not paid in cash. (See Grace Period and Lapse provision of this rider for additional details.)

Automatic Premium Loans

If this provision is in effect, any premium which remains unpaid at the end of a grace period will be paid by automatic Loan subject to the following conditions:

1. If the Loan Value of this rider is insufficient to pay a quarterly policy premium, no automatic loan will be made.
2. If on a Policy Anniversary, two or more premiums due immediately before that anniversary have been paid by automatic premium Loan, we may change the frequency of premium payment to annual provided the Loan Value of this rider is sufficient to pay the next annual policy premium,
3. The automatic premium Loan is subject to the Rider Loan provision.

This provision will only be in effect if you send a Written Request to our Administrative Office. You may terminate this provision by sending in a subsequent Written Request to our Administrative Office.

Deferral of Rider Value and Loan Payment

We reserve the right to defer payment of the Net Rider Value for up to six months after we receive your Written Request. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

We may delay making a Loan to you for up to six months after we receive your Written Request for the Loan. We will not delay any Loan made to pay premiums due to us on the policy.

Basis Used for Calculations

The Reduced Paid-Up Insurance option is based on:

1. 2001 CSO Male and Female Nonsmoker and Smoker Ultimate Tables;
2. Age nearest birthday;
3. Maximum interest rate permissible by the Standard Nonforfeiture Law;
4. Death occurring at the end of the Policy Year.

The Net Rider Value will not be less than the minimum values required by or pursuant to the NAIC Standard Nonforfeiture Law for Life Insurance, model 808 and Actuarial Guideline XLV.

A detailed statement of the method of computation of the values and benefits has been filed with the Interstate Insurance Product Regulation Commission.

Death Benefit

This rider modifies the policy's death benefit as set forth in this provision. While this rider is in effect the death benefit is the greater of:

1. The Face Amount; or
2. The amount required for the policy to qualify as a life insurance contract under Section 7702 of the Internal Revenue Code.

If we pay any portion of the Rider Value pursuant to a request received by us after the death of the Insured, we will deduct the amount of such payment from the death benefit.

The policy to which this rider is attached is intended to qualify under Section 7702 of the Internal Revenue Code as a life insurance contract for federal income tax purposes. The provisions of the policy and this rider will be interpreted to ensure tax qualification regardless of any language to the contrary.

Signed for us at our home office.



Secretary



President



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

(Referred to as the Company, we, our or us)

CONVERSION OPTION ENDORSEMENT

We have issued this endorsement as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Endorsement Benefit While the policy is In Force and the Insured is alive, the policy may be converted to any plan of permanent insurance then made available by us for such purpose. The conversion must occur prior to the earlier of the following:

1. The First Premium Increase Date shown in the Policy Data; or
2. The Insured's [70]th birthday.

At least one plan of insurance will be made available for conversion. Evidence of insurability will not be required for a new policy with the same, or lower, face amount at the time the request for conversion is made.

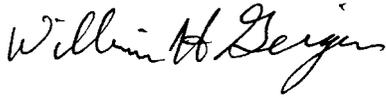
Conversion Conditions The conversion is subject to the following conditions:

1. We must receive a Written Request no later than 30 days after the earlier of:
 - a. The First Premium Increase Date shown in the Policy Data; or
 - b. The Insured's [70]th birthday.
2. Unless you request otherwise, the policy date of the new policy will be the date we receive your application for the conversion accompanied by the first premium, or the Insured's [70]th birthday, whichever is earlier.
3. The face amount of the new policy may be for an amount up to the face amount of this policy at the time the request for conversion is made, but no less than our then published minimum for the plan selected.
4. If the conversion is exercised within two years from the later of the issue date or reinstatement date of the original policy, the incontestability and suicide provisions will apply to the new policy for the balance of that two year period. If the new policy includes an increase in coverage for which evidence of insurability was given, new incontestability and suicide provisions will apply with respect to the increased amount. Any later reinstatement of the new policy will result in new incontestability and suicide periods.
5. Premiums for the original policy must be paid to the date of conversion. The premium for the new policy will be at our published rate for the plan selected at the time of conversion. We will use the Insured's age on the date of conversion to determine this rate. The new policy will be issued at the class of risk of this policy, if available. If such is not available at the time of conversion, the new policy will be issued at the class of risk available which is most similar to the class of risk of this policy.
6. Premiums must be received at our Administrative Office within 31 days of receipt of the conversion application. If premiums are not received

within the allotted time frame the conversion application will be cancelled and the original policy will continue in accordance with its terms.

7. Until the new policy becomes effective, the original policy will continue In Force subject to its provisions. The original policy will automatically terminate when the new policy becomes effective. In no event will we provide insurance under both the original policy and a new policy at the same time.
8. No supplemental benefits in the policy may be converted under this endorsement.
9. Benefits provided by rider to the policy may be converted, if the rider provides for conversion, subject to the terms and limitations as defined in the rider.

Signed for us at our home office.



Secretary



President



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

(Referred to as the Company, we, our or us)

FIXED SETTLEMENT ENDORSEMENT

We have issued this endorsement as a part of the policy to which it is attached. Except as otherwise specifically set forth below, it is subject to all of the terms of the policy.

Endorsement Benefit Upon the death of the Insured while this endorsement is in effect, we will pay the policy's death benefit in the manner stated below, instead of as set forth in the policy. Prior to the Insured's death, you may cancel this endorsement or change the amount of the Designated Payments. The Beneficiary may not alter the payment plan you select.

This endorsement provides for the payment of a portion of the policy's death benefit in installments following the death of the Insured. The amounts, frequency and duration of such installments as of the effective date of this endorsement are stated in the Policy Data.

Definitions

Beneficiary is the person(s) designated to receive the death benefit on the death of the Insured.

Base Policy means the policy without regard to this endorsement and without regard to any policy layers, riders or other endorsements.

Designated Payment means a payment or payments of the Total Face Amount as designated by the owner. They are set forth in the Policy Data as:

1. An initial lump sum ("initial lump sum"); and/or
2. Monthly payments for a Guaranteed Period ("fixed monthly payment"); and/or
3. A final lump sum at the end of the Guaranteed Period.

Designated Payment amounts shown in the Policy Data are initially based on the Total Face Amount at the time the owner elects this endorsement. Total Face Amount and the Designated Payments may be adjusted thereafter as provided in this endorsement and such adjusted Designated Payments will be the amounts paid whether or not the Policy Data has been updated to reflect such adjustments.

Guaranteed Annual Interest Rate is the interest rate applicable to this endorsement and is shown in the Policy Data.

Guaranteed Period is the period in years during which the fixed monthly payments, if elected, will be paid. It is also the period in years before the final lump sum payment, if elected, will be paid. The Guaranteed Period begins on the Insured's date of death and is stated in the Policy Data.

Insured means the Insured under the policy to which this endorsement is attached. In the event the policy provides coverage on a joint and last survivor basis, references to Insured mean the survivor.

Net Death Benefit means the amount payable under the policy and any rider(s) covering the Insured as a result of the Insured's death. Any Net Death Benefit amount in excess of the Total Face Amount will be paid as a lump sum in addition to any initial lump sum payment amount. If the Net Death Benefit is less than the

Total Face Amount, all Designated Payment amounts will be proportionately reduced.

Total Face Amount means the sum of:

1. The Face Amount of the Base Policy; plus
2. The Face Amount of any policy layer; plus
3. The amounts payable under any riders covering the Insured under the policy, excluding riders providing benefits for accidental death.

Total Face Amount is initially determined as of the effective date of this endorsement. Total Face Amount is recalculated as of the date of any policy change or other transaction that increases or decreases the prior Total Face Amount. If the Total Face Amount is reduced as a result of an accelerated death benefit rider and/or living benefit rider claim payment, or due to any other change or transaction that results in a reduction of the Total Face Amount upon which the Designated Payments were based, then each Designated Payment will be proportionately reduced.

Payout of Designated Payments

Upon the Insured's death, we will pay the Designated Payments adjusted as provided in this endorsement at the intervals provided in the Policy Data. We will pay any initial lump sum when we determine that the policy's death benefit is payable. The first fixed monthly payment will be paid at the same time as the initial lump sum and subsequent monthly payments will be paid at monthly intervals beginning one month after the date of the Insured's death. Monthly payments will be paid retroactively to the date of the Insured's death and will continue monthly thereafter for the remainder of the Guaranteed Period. The final lump sum will be paid at the end of the Guaranteed Period as specified in the Policy Data.

At the time of the Insured's death, the amount of the fixed monthly Designated Payments provided in the Policy Data will be adjusted to reflect our then-current interest rate for a fixed monthly settlement option of the same type and for the same duration as the Guaranteed Period if that current rate is greater than the Guaranteed Annual Interest Rate. The interest rate applicable to monthly Designated Payments will thereafter remain fixed through the Guaranteed Period.

The final lump sum payment provided in the Policy Data will be adjusted to reflect our current interest rate for benefits deposited with interest if that current rate is greater than the Guaranteed Annual Interest Rate. Adjustments to reflect the current interest rate will be made at the death of the Insured and during the Guaranteed Period, as the current rate for benefits deposited with interest may vary during that time. The interest rates used to determine the final lump sum will never be less than the Guaranteed Annual Interest Rate.

Prior to the Insured's death, the owner may cancel this endorsement or change the amount of the Designated Payment by sending us a Written Request. No change will be effective until we have approved it. In no event may any such change increase the present value of the Designated Payments, determined using the Guaranteed Annual Interest Rate.

If multiple Beneficiaries are named on the policy, this endorsement will apply to all Beneficiaries. Unless otherwise specified, the Designated Payment will be proportionately split among all Beneficiaries. If the proportionately split Designated Payment results in amounts less than \$50 per person per month under the fixed monthly payment option, we may change the payment frequency. If the owner of the policy has designated more than one Beneficiary, the owner may designate which Beneficiary receives some or all of:

1. An initial lump sum payment; and/or
2. A fixed monthly payment for the Guaranteed Period; and/or
3. A final lump sum payment at the end of the Guaranteed Period.

Beneficiary Death

After the Insured's death, a Beneficiary of a Designated Payment (other than the initial lump sum payment) may name one or more successor Beneficiaries to receive remaining Designated Payments payable to such Beneficiary in the event the Beneficiary dies prior to the payment to such Beneficiary of all Designated Payments payable to such Beneficiary.

If a Beneficiary dies before the Insured, and no contingent Beneficiary was named for such Beneficiary by the owner, that Beneficiary's interest in this endorsement will end. Any portion of the Total Face Amount designated for such Beneficiary under this endorsement will be paid pursuant to the Beneficiary provision in the policy. If the owner has named more than one Beneficiary, this paragraph will be applied separately to each.

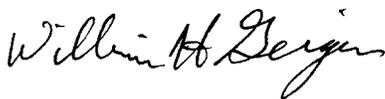
If the Beneficiary dies prior to the due date of the final fixed monthly payment, the successor Beneficiary will receive any remaining fixed monthly payments. If more than one successor Beneficiary is named, we will pay any remaining fixed monthly payments to the named successor Beneficiaries proportionately unless the Beneficiary specified otherwise. If a successor Beneficiary is not named (or if the named successor Beneficiary predeceases the Beneficiary), we will pay the commuted value of the remaining fixed monthly payments to the Beneficiary's estate. The commuted value will be calculated at the Guaranteed Annual Interest Rate.

If the Beneficiary of the final lump sum dies before that payment is paid, we will pay the final lump sum amount to the successor Beneficiary at the end of the Guaranteed Period. If more than one successor Beneficiary is named, the final lump sum amount will be paid proportionately among the named successor Beneficiaries unless the Beneficiary specified otherwise. If a successor Beneficiary is not named (or if the named successor Beneficiary predeceases the Beneficiary), then the final lump sum payment amount will be recalculated and will be paid to the Beneficiary's estate. The recalculated amount of the final lump sum payment will be the portion of the Total Face Amount reflected in the lump sum payment together with interest accrued under this endorsement to the date of payment.

Concurrent Beneficiary Death

If a Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in this endorsement and any Designated Payments will end for any Designated Payment that has not been paid to that Beneficiary. On such death, this endorsement applies to any contingent Beneficiary named by the owner prior to the death of the Insured. If no contingent Beneficiary is named, then any portion of the Total Face Amount designated for such Beneficiary under this endorsement will be paid pursuant to the Beneficiary provision in the Base Policy.

Signed for us at our home office and effective on the Date of Issue of the policy to which this endorsement is attached unless a different date is shown here.



Secretary



President



1 PROPOSED INSURED

 Last Name First Name M.I.

 Street Address (Cannot be a PO Box)

 City State Zip

 Daytime Telephone Number

 Date of Birth (Month/Day/Year) Place of Birth (State/Country)

 Social Security Number Sex

 Driver's License Number State

2 APPLICANT/OWNER The person or entity exercising the policy's granted rights.

Same as proposed Insured
 If ownership is a corporation, partnership or institutional body, please complete the Entity Certification of Authority Form. If ownership is a trust, please complete the Trustee Certification Trust Form. Attach a copy of the first page and the signature page of the trust.

 Last Name First Name M.I.

 Street Address (Cannot be a PO Box)

 City State Zip

 SSN/Tax ID DOB Relationship

Are you a citizen of USA Other Country _____
 Type of VISA _____

3 BENEFICIARY

If percentage shares are not listed below, they will be divided equally among beneficiaries.

Primary

1. _____
 Relationship _____ %

2. _____
 Relationship _____ %

Contingent

1. _____
 Relationship _____ %

2. _____
 Relationship _____ %

4 INSURANCE

Plan: WRL TermPlus II 10 15 20 30

Specified Amount: \$ _____

(Minimum Specified Amount for Term must be \$100,000.00)

Class of Risk Quoted

- Preferred Plus
- Preferred Nontobacco
- Standard Plus
- Standard Nontobacco
- Preferred Tobacco
- Standard Tobacco

Additional Benefits

- Monthly Disability Income Rider \$ _____
- Waiver of Premium Benefit Rider
- Critical Illness Accelerated Death Benefit Rider
- ROP

5 PAYMENT Planned Premium

- 5a** Initial Payment (Check one)
- I have enclosed a check, made payable to Western Reserve Life Assurance Co. of Ohio, for my initial payment of \$ _____.
 - I have enclosed an authorization to draft my initial payment of \$ _____.

- 5b** My future payments will be: \$ _____
- Bank Draft (Complete bank draft authorization)
 - Direct Bill
 - Other _____

At a frequency of:
 Monthly Semiannually
 Quarterly Annually

- 5c** I have enclosed a voided check and bank draft authorization form.
 Yes No

- 5d** A secondary addressee may be named who will receive copies of premium notices and letters regarding possible lapse in coverage.

 Name

 Street Address (Cannot be a PO Box)

 City State Zip

6 INFORMATION ABOUT THE PROPOSED INSURED

6a Best days and times to call for telephone interview?

Telephone Number: _____

6b Name of Employer: _____

Occupations/Duties _____

6c Gross Income Current Year \$ _____

Gross Income Previous Year \$ _____

Net Worth \$ _____

NOTE: Complete a Confidential Financial Questionnaire for coverage over \$2,000,000 for ages 18 through 70 and over \$1,000,000 for ages 71 and up.

6d Are you a citizen of

USA _____ Other Country _____

Type of VISA _____

6e Will you be traveling outside of the United States in the next 12 months?

Yes Destination _____

No _____

Have you:

6f Used TOBACCO or any other product containing nicotine in the past 5 years? Yes No

If Yes, please give type and date last used:

Type: _____

Date Last Used: _____

6g 1) To the best of your knowledge and belief, during the last 5 years, been diagnosed, treated or been given medical advice by a licensed member of the medical profession for heart attack, stroke, cirrhosis, hepatitis, nephrotic syndrome, emphysema, chronic bronchitis, Alzheimer's Disease, diabetes, cancer?

2) To the best of your knowledge and belief, during the last 5 years, received medical treatment or counseling for, or been advised by a physician to discontinue, the use of alcohol or prescribed or non-prescribed drugs?

3) Have you EVER tested positive or been diagnosed by a member of the medical profession for Human Immunodeficiency Virus (AIDS Virus) or Acquired Immune Deficiency Syndrome (AIDS)?

Yes No If Yes, please provide personal physician or clinic information and details:

Name: _____

Address: _____

Telephone Number: _____

Details (including date last consulted): _____

6h Flown in the past 2 years or plan to fly within the next 2 years, except as a fare paying passenger on a regularly scheduled flight? Yes No

If Yes, complete Avocation & Aviation Questionnaire.

6i Within the past 2 years, have you participated in or plan to within the next 2 years:

a) Aeronautics such as hang-gliding, ballooning, ultra-light flying or skydiving? Yes No

b) Organized motor vehicle, motorcycle, boat or powered vehicle racing? Yes No

c) Skin or scuba diving, mountain climbing, canyoneering, rodeos or competitive skiing? Yes No

If Yes, complete Avocation & Aviation Questionnaire.

6j Had your driver's license suspended, revoked, or been convicted or plead guilty to a moving violation in the past 5 years?

Yes No If Yes, please explain:

6k Been convicted of or plead guilty to a felony or misdemeanor (other than a minor traffic violation) in the past 10 years or do you have such charge currently pending against you?

Yes No If Yes, please explain:

6l Have you ever had life, disability, or health insurance declined, rated, modified, issued with an exclusion rider, cancelled or non-renewed? Yes No If Yes, please explain:

7 REPLACEMENT OF OTHER CONTRACTS

7a Will the insurance applied for on the proposed Insured replace or change any existing life or annuity policy in force with the company or any other company? If yes, complete replacement forms, if appropriate. Yes No

7b Does the proposed Insured have existing life insurance policies or annuity contracts with the company or any other company? Yes No

Total amount Life Insurance in force \$ _____

Company _____

Amount of Insurance \$ _____ Year Issued _____

Replacement? Yes No 1035 Exchange? Yes No

Anticipated Cash Value \$ _____

Company _____

Amount of Insurance \$ _____ Year Issued _____

Replacement? Yes No 1035 Exchange? Yes No

Anticipated Cash Value \$ _____

7c Is there an application for life, accident or sickness insurance now pending or contemplated on the proposed Insured in this or any other company? Yes No
If Yes, give details.

AGENT TO COMPLETE QUESTIONS 7d AND 7e

7d Will the insurance applied for on the proposed Insured discontinue, replace or change any existing life or annuity policy? Yes No
If Yes, complete replacement forms, if appropriate.

7e Did you present and leave the Applicant/Owner company approved sales material? Yes No

8 AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION Western Reserve Life Assurance Co. of Ohio (the Company)

I, the proposed Insured, and I, the Applicant/Owner if different, hereby represent that the statements and answers given in this application are true, complete and correctly recorded to the best of my knowledge and belief. I/we agree: (A) this application shall consist of Part 1, Part 2, and any required application supplement(s)/ amendment(s), and shall be the basis for any insurance issued on this application; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application. No waiver or modification shall be binding upon the Company unless in writing and signed by the President or a Vice President and the Secretary or an Assistant Secretary; (C) except as provided in the Conditional Receipt, if issued, with the same proposed Insured as on this application, any policy issued on this application shall not take effect until after all of the following conditions have been met: 1) the minimum initial premium must be paid and received by the Company; 2) the Applicant/Owner has personally received and accepted the policy during the lifetime of and while the proposed Insured is in good health, and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete as of the date of Owner's personal receipt of the contract and that the insurance policy will not take effect if the facts have changed.

I authorize MIB Group, Inc. and its members or affiliates, my employer or former employer, any consumer reporting agency or governmental agency, medical provider, or any insurer or reinsurer to provide medical or personal information about me that is reasonably required for the purposes stated in this authorization to Western Reserve Life Assurance Co. of Ohio, its administrators, representatives or its reinsurers. I understand the information obtained by use of the authorization will be used by Western Reserve Life Assurance Co. of Ohio to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by Western Reserve Life Assurance Co. of Ohio to any person or organization except to reinsurers, MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize. This authorization will expire 30 months from the date signed. A copy of this authorization shall be as valid as the original. Either my authorized representative or I may receive a copy of this authorization upon request.

The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Group, Inc. Pre-Notification, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

I also understand that I will not receive any insurance coverage for any money paid with this application unless a policy is issued except in accordance with the terms of the Conditional Receipt.

Taxpayer Identification Certification

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or "TIN") and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person, (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

Signature of Owner

Date

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

Signed at _____
City and State

On _____
Month/Day/Year

Signature of proposed Insured

Signature of Applicant/Owner if other than proposed Insured
(If business insurance, show title of officer and name of firm)

Signature of Agent

Print Agent's Name

Agent Number

CONDITIONAL RECEIPT

(Detach and leave with applicant only if money is submitted with application. **If within the past 12 months the proposed Insured has been diagnosed or treated by a member of the medical profession for heart trouble, stroke or cancer, no payment may be accepted with the application.** Do not accept money unless all required signatures below are obtained.)

PLEASE READ THIS CAREFULLY

No coverage will become effective prior to the delivery of the policy applied for unless and until all conditions of this receipt have been fulfilled exactly. No agent or field representative is authorized to waive or modify any of the provisions of the conditional receipt.

Make all checks payable to the Company. Do not make checks payable to the agent or leave the payee blank or you may jeopardize the insurance for which you have applied.

Received from _____, the sum of \$_____ for the insurance application dated _____, with _____ as the proposed Insured(s). The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of completing Part 1 and Part 2 of the application and (2) the date of the last medical examination, tests, and other screenings required by the Company, if any (the "Effective Date"). Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. The proposed Insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in Part 1 and Part 2 of the application must be true;
3. The payment made with the application must not be less than the full initial premium for the mode of payment chosen in the application and must be received at our Administrative Office within the lifetime of the proposed Insured to whom the conditional coverage would apply and, if in the form of check or draft, must be honored for payment;
4. All medical examinations, tests, and other screenings required of the proposed Insured by the Company are completed and the results received at our Administrative Office within 60 days of the date the application was completed; and
5. All of Part 1 and Part 2 of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Administrative Office.

Any conditional coverage provided by this Receipt will terminate on the earliest of: (a) 60 days from the date Part 1 of the application was signed; (b) the date the Company either mails notice to the applicant of the rejection of the application and/or mails a refund of any amounts paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if the proposed Insured dies by suicide, the Company will not be liable except to return any payment made with the application.

If the Company does not approve and accept the application for insurance within 60 days of the date you signed Part 1 of the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other conditional receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or \$500,000 of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

Authorization (All Signatures Required)

I certify that I have read and reviewed the Conditional Receipt and the Authorization to Obtain and Disclose Information in the application. The terms and conditions of the Conditional Receipt have been explained to me fully by the agent and I understand them.

Dated at _____ on _____
City, State Date Signature of proposed Insured

Signature of Applicant (if other than proposed Insured) Signature of Agent or Authorized Company Rep

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NOTICES

DETACH AND LEAVE THIS PAGE WITH APPLICANT

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

To proposed Insured: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

MIB GROUP, INC. (MIB) PRE-NOTIFICATION

To proposed Insured and other persons proposed to be insured, if any. Information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report on this information to MIB Group, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may, upon request, supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

NOTICE OF INSURANCE INFORMATION PRACTICES

To proposed Insured: Personal information may be collected from persons other than the individual(s) proposed for coverage. Such information as well as other personal or privileged information subsequently collected by us or our agent may in certain circumstances be disclosed to third parties without authorization. Upon request, you have the right to access your personal information and ask for corrections. You may obtain a complete description of our Information Practices by writing to Western Reserve Life Assurance Co. of Ohio, Attn: Director of Underwriting, [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499].

**PLEASE PROVIDE A COPY OF THIS NOTICE TO THE PROPOSED INSURED
IF NOT A HOUSEHOLD MEMBER.**

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SECTION 1. PROPOSED PRIMARY INSURED/OWNER																	
1. Last Name					First Name					M.I.							
2. Address (Cannot be a P.O. Box)						Apt#		City									
State	Zip Code	3. Years at Address		4. Home Phone ()		5. Driver License Number			State								
6. Sex Male Female		7. Date of Birth MM-DD-YYYY		8. Age	9. Place of Birth		State/Country		10. Social Security Number								
11. Height		12. Weight	13. Marital Status		14. Employer				Years								
15. Employer's Address and Phone Number																	
16. Occupation & Duties																	
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____																	
18. Class of Risk Quoted: <table style="display: inline-table; border: 1px solid black; vertical-align: middle;"> <tr> <td style="padding: 2px;">Preferred Plus</td> <td style="padding: 2px;">Standard Plus</td> <td style="padding: 2px;">Preferred Tobacco</td> </tr> <tr> <td style="padding: 2px;">Preferred Nontobacco</td> <td style="padding: 2px;">Standard Nontobacco</td> <td style="padding: 2px;">Standard Tobacco</td> </tr> </table>												Preferred Plus	Standard Plus	Preferred Tobacco	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
Preferred Plus	Standard Plus	Preferred Tobacco															
Preferred Nontobacco	Standard Nontobacco	Standard Tobacco															
SECTION 2. PROPOSED ADDITIONAL INSURED RIDER																	
If more than one Additional Insured Rider, please use Additional Insured Rider Supplement. Specified Amount \$ _____																	
We will allow the AIR death benefit recipient to be a choice of: Owner Primary Insured Same beneficiary as the base policy																	
1. Last Name					First Name					M.I.							
2. Address (Cannot be a P.O. Box)						Apt#		City									
State	Zip Code	3. Years at Address		4. Home Phone ()		5. Driver License Number			State								
6. Sex Male Female		7. Date of Birth MM-DD-YYYY		8. Age	9. Place of Birth		State/Country		10. Social Security Number								
11. Height		12. Weight	13. Marital Status		14. Relationship to proposed Primary Insured												
15. Employer's Name, Address and Phone Number																	
16. Occupation & Duties											# Years						
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____																	
18. Class of Risk Quoted: <table style="display: inline-table; border: 1px solid black; vertical-align: middle;"> <tr> <td style="padding: 2px;">Preferred Plus</td> <td style="padding: 2px;">Standard Plus</td> <td style="padding: 2px;">Preferred Tobacco</td> </tr> <tr> <td style="padding: 2px;">Preferred Nontobacco</td> <td style="padding: 2px;">Standard Nontobacco</td> <td style="padding: 2px;">Standard Tobacco</td> </tr> </table>												Preferred Plus	Standard Plus	Preferred Tobacco	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
Preferred Plus	Standard Plus	Preferred Tobacco															
Preferred Nontobacco	Standard Nontobacco	Standard Tobacco															
19. Additional Benefits: AIR Monthly Disability Income Rider \$ _____																	
SECTION 3. APPLICANT/OWNER IF OTHER THAN THE PROPOSED PRIMARY INSURED																	
If ownership is corporation, partnership or institutional body, please complete the Entity Certification of Authority form. If ownership is a trust, please complete the Trustee Certification Trust form. Attach a copy of the first page and the signature page of the Trust.																	
1. Last Name					First Name					M.I.							
2. Address (Cannot be a P.O. Box)						Apt#		City									
State	Zip Code	3. Home Phone ()				4. Social Security Number / Tax ID #											
5. Sex Male Female		6. Date of Birth/Trust Date MM-DD-YYYY		7. Relationship to the proposed Primary Insured													
8. Are you a citizen of USA Other Country _____ Type of VISA _____																	

SECTION 15. PERSONAL PHYSICIAN (if none, so state)

Proposed Insured's Name	Date Last Seen, Reason and Results	Name, Address and Phone # of Attending Doctor and Hospital

SECTION 16. RESIDENCY – Each question must be individually asked and answered for each proposed Insured.

- A) Is every proposed Insured a citizen of USA Other Country _____ Type of VISA _____
- B) How many years has the proposed Insured resided in the USA? _____
- C) Has any proposed Insured resided outside the USA during the past 2 years or intends to live outside the USA during the next 2 years? Yes No If yes, provide details: include name of proposed Insured and location.

- D) Does any proposed Insured intend to travel outside the USA during the next 2 years? Yes No
If yes, provide details: include name of proposed Insured, destination, number of trips, duration and purpose of each trip.

SECTION 17. DRIVING AND PUBLIC RECORDS – Each question must be individually asked and answered for each proposed Insured.

- A) Has any proposed Insured had their driver's license suspended, revoked, or been convicted or plead guilty to a moving violation in the last 5 years? Yes No If yes, include name of proposed Insured and give reason:

- B) Has any proposed Insured in the last 10 years been convicted of or plead guilty to a felony or misdemeanor (other than a minor traffic violation)? Yes No If yes, include name of proposed Insured and give reason:

SECTION 18. SPECIAL ACTIVITIES – Each question must be individually asked and answered for each proposed Insured.

- A) Except as a fare paying passenger on a regularly scheduled flight, has any proposed Insured flown within the past 2 years, or plan to within the next 2 years? If yes, complete the Avocation and Aviation Questionnaire. Yes No
- B) In the past 2 years has any proposed Insured participated in organized racing (automobile, motorcycle, or boat), underwater or sky diving, hang gliding, canyoneering, mountain or rock climbing or plan to within the next 2 years? If yes, complete the Avocation and Aviation Questionnaire. Yes No

SECTION 19. OTHER INSURANCE—TO BE COMPLETED BY THE AGENT

- A) Will the policy applied for discontinue, replace or change any existing life insurance policy or annuity? Yes No
- B) If mandated by your state, did you present, read and leave a copy of the Replacement Notice with the Applicant/Owner at time of application? Yes No
(In some states the Replacement Notice must be completed and sent in with the application whether or not the Applicant/Owner intends to replace existing coverage.)
- C) Did you present and leave the Applicant/Owner approved sales material? Yes No

SECTION 20. TAXPAYER IDENTIFICATION CERTIFICATION

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or TIN) and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

Signature of Owner _____ Date _____

SECTION 21. AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION

Each of the undersigned hereby certifies and represents as follows: I have read the application and all statements and answers as they pertain to me. The statements and answers given on this application are true and complete to the best of my knowledge and belief. I acknowledge and agree (A) that the statements and answers in this application and any amendments shall be the basis for any insurance issued by the Company and no information about me will be considered to have been given to the Company unless stated in the application; (B) that the agent does not have the authority to waive any question on this application, to decide if insurance will be issued, or to modify any term or provision of any insurance which may be issued based on this application, only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company; (C) except as provided in the Conditional Receipt, if issued with the same proposed Insured(s) as on this application, no policy applied for shall take effect until after all of the following conditions have been met: 1) the minimum initial premium must be received by the Company; 2) the proposed Owner must have personally received and accepted the policy during the lifetime of all proposed Insured(s) and while all proposed Insured(s) are in good health; and 3) on the date of the later of either 1) or 2) above, all of the statements and answers given in this application must be true and complete to the best of my knowledge and belief, and the insurance will not take effect if the facts have changed. Unless otherwise stated the undersigned applicant is the premium payor and Owner of the policy applied for.

I authorize MIB Group, Inc. and its members or affiliates, my employer or former employer, any consumer reporting agency or governmental agency, medical provider, or any insurer or reinsurer to provide medical or personal information about me that is reasonably required for the purposes stated in this authorization to Western Reserve Life Assurance Co. of Ohio, its administrators, representatives or its reinsurers. I understand the information obtained by use of the authorization will be used by Western Reserve Life Assurance Co. of Ohio to determine eligibility for insurance, and eligibility for benefits under an existing policy. Any information obtained will not be released by Western Reserve Life Assurance Co. of Ohio to any person or organization except to reinsurers, MIB Group, Inc. and its members or affiliates, or other persons or organizations performing business or legal services in connection with my application, claim or as may be otherwise lawfully required or as I may authorize. This authorization will expire 30 months from the date signed. A copy of this authorization shall be as valid as the original. Either my authorized representative or I may receive a copy of this authorization upon request.

The Company shall have sixty days from the date hereof within which to consider and act on this application and if within such period a policy has not been received by the applicant or if notice of approval or rejection has not been given, then this application shall be deemed to have been declined by the Company.

I acknowledge receipt of the (1) Notice to Persons Applying for Insurance Regarding Investigative Report, (2) MIB Group, Inc. Pre-Notification, and (3) Notice of Insurance Information Practices.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

I also understand that I will not receive any insurance coverage for any money paid with this application unless a policy is issued except in accordance with the terms of the Conditional Receipt.

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

Signed at _____ on / /
(city) (state) (date)

Signature of proposed Primary Insured/Owner
(Child age 15 or over must sign)

Print Agent Name

Signature of Applicant/Owner if other than the proposed Primary Insured (If business insurance, show title of officer and name of firm. If trust, show trustee's name)

Agent #

Signature of proposed Additional Insured

Signature of Agent/Licensed Rep.

Signature of parent or legal guardian (if proposed Insured is not of age of majority as required by the state where the Policy is issued for delivery and Parent/Guardian has not signed as Owner)

Signature of Split Agent/Licensed Rep.

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CONDITIONAL RECEIPT

(Detach and leave with applicant only if money is submitted with application. **If within the past 12 months any proposed Insured has been treated for or been diagnosed by a member of the medical profession for any heart trouble, stroke or cancer, no payment may be accepted with the application.** Do not accept money unless all required signatures below are obtained.)

PLEASE READ THIS CAREFULLY

No coverage will become effective prior to the delivery of the policy applied for unless and until all conditions of this receipt have been fulfilled exactly. No agent or field representative is authorized to waive or modify any of the provisions of the Conditional Receipt.

Make all checks payable to the Company. Do not make checks payable to the agent or leave the payee blank or you may jeopardize the insurance for which you have applied.

Received from _____, the sum of \$_____ for the insurance application dated _____, with _____ as the proposed Insured(s). The policy you applied for will not become effective unless and until a policy contract is delivered to you and all other conditions of coverage are met. However, subject to the conditions and limitations of this Receipt, conditional insurance under the terms of the policy applied for may become effective as of the later of (1) the date of application and (2) the date of the last medical examination, tests, and other screenings required by the Company, if any (the Effective Date). Such conditional insurance will take effect as of the Effective Date, so long as all of the following requirements are met:

1. Each person proposed to be Insured is found to have been insurable as of the Effective Date, exactly as applied for in accordance with the Company's underwriting rules and standards, without any modifications as to plan, amount, or premium rate;
2. As of the Effective Date, all statements and answers given in the application must be true;
3. The payment made with the application must not be less than the full initial premium for the mode of payment chosen in the application, must be received at our Administrative Office within the lifetime of the proposed Insured to whom the conditional coverage would apply and, if in the form of check or draft, must be honored for payment;
4. All medical examinations, tests, and other screenings required of the proposed Insured by the Company are completed and the results received at our Administrative Office within 60 days of the date the application was completed; and
5. All parts of the application, any supplemental application, questionnaires, addendum and/or amendment to the application are signed and received at our Administrative Office.

Any conditional coverage provided by this Receipt will terminate on the earliest of: (a) 60 days from the date the application was signed; (b) the date the Company either mails notice to the applicant of the rejection of the application and/or mails a refund of any amounts paid with the application; (c) when the insurance applied for goes into effect under the terms of the policy applied for; or (d) the date the Company offers to provide insurance on terms that differ from the insurance for which you have applied.

If one or more of this Receipt's conditions have not been met exactly, or if a proposed Insured dies by suicide, the Company will not be liable except to return any payment made with the application.

If the Company does not approve and accept the application for insurance within 60 days of the date you signed the application, the application will be deemed to be rejected by the Company and there will be no conditional insurance coverage. In that case, the Company's liability will be limited to returning any payment(s) you have made upon return of this Receipt to the Company.

The aggregate amount of conditional coverage provided under this Receipt, if any, and any other Conditional Receipt issued by the Company shall be limited to the lesser of the amount(s) applied for or \$500,000 of life insurance. There is no conditional coverage for riders or any additional benefits, if any, for which you have applied.

Authorization (Signatures Required) I certify that I have read and reviewed the Conditional Receipt and the Authorization to Obtain and Disclose Information in the application. The terms and conditions of the Conditional Receipt have been explained to me fully by the agent and I understand them.	
Dated at _____ on _____ City, State Date	_____ Signature of Agent or Authorized Company Rep
_____ Signature of proposed Insured	_____ Signature of Applicant (if other than proposed Insured)

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NOTICES

DETACH AND LEAVE THIS PAGE WITH APPLICANT

NOTICE TO PERSONS APPLYING FOR INSURANCE REGARDING INVESTIGATIVE REPORT

To proposed Insured: In connection with this application, an investigative consumer report may be prepared about you. Such reports are part of the process of evaluating risks for life and health insurance. Typically, this report will contain information about your character, general reputation, personal characteristics and mode of living. The information in the report may be obtained by talking with you or members of your family, business associates, financial sources, neighbors, and others you know. You may ask to be interviewed in connection with the preparation of any such report. Also, we may have the report updated if you apply for more coverage.

Upon your written request, we will let you know whether a report was prepared and we will give you the name, address, and telephone number of the agency preparing the report. By contacting that agency and providing proper identification, you may obtain a copy of the report.

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To proposed Insured and other persons proposed to be insured, if any. Information regarding your insurability will be treated as confidential. We or our reinsurer(s) may, however, make a brief report on this information to MIB Group, Inc., a non-profit membership organization of insurance companies that operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB may, upon request, supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Suite 400, Braintree, Massachusetts 02184-8734; and telephone number is 866-692-6901 (TTY 866-346-3642 for hearing impaired).

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PLEASE PROVIDE A COPY OF THIS NOTICE TO THE PROPOSED INSURED IF NOT A HOUSEHOLD MEMBER.

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Additional Insured Rider Supplement

SECTION 1. PROPOSED ADDITIONAL INSURED RIDER					SPECIFIED AMOUNT \$ _____	
We will allow the AIR death benefit recipient to be a choice of: Owner Primary Insured Same beneficiary as the base policy						
1. Last Name			First Name			M.I.
2. Address (Cannot be a P.O. Box)				Apt#	City	
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number	
6. Sex	Male Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth	State/Country	10. Social Security Number
11. Height	12. Weight	13. Marital Status	14. Relationship to proposed Primary Insured			
15. Employer's Name, Address and Phone Number						
16. Occupation & Duties						# Years
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____						
18. Class of Risk Quoted: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Standard Plus <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Preferred Nontobacco <input type="checkbox"/> Standard Nontobacco <input type="checkbox"/> Standard Tobacco						
19. Additional Benefits: AIR Monthly Disability Income Rider \$ _____						
SECTION 2. PROPOSED ADDITIONAL INSURED RIDER					SPECIFIED AMOUNT \$ _____	
We will allow the AIR death benefit recipient to be a choice of: Owner Primary Insured Same beneficiary as the base policy						
1. Last Name			First Name			M.I.
2. Address (Cannot be a P.O. Box)				Apt#	City	
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number	
6. Sex	Male Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth	State/Country	10. Social Security Number
11. Height	12. Weight	13. Marital Status	14. Relationship to proposed Primary Insured			
15. Employer's Name, Address and Phone Number						
16. Occupation & Duties						# Years
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____						
18. Class of Risk Quoted: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Standard Plus <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Preferred Nontobacco <input type="checkbox"/> Standard Nontobacco <input type="checkbox"/> Standard Tobacco						
19. Additional Benefits: AIR Monthly Disability Income Rider \$ _____						
SECTION 3. PROPOSED ADDITIONAL INSURED RIDER					SPECIFIED AMOUNT \$ _____	
We will allow the AIR death benefit recipient to be a choice of: Owner Primary Insured Same beneficiary as the base policy						
1. Last Name			First Name			M.I.
2. Address (Cannot be a P.O. Box)				Apt#	City	
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number	
6. Sex	Male Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth	State/Country	10. Social Security Number
11. Height	12. Weight	13. Marital Status	14. Relationship to proposed Primary Insured			
15. Employer's Name, Address and Phone Number						
16. Occupation & Duties						# Years
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____						
18. Class of Risk Quoted: <input type="checkbox"/> Preferred Plus <input type="checkbox"/> Standard Plus <input type="checkbox"/> Preferred Tobacco <input type="checkbox"/> Preferred Nontobacco <input type="checkbox"/> Standard Nontobacco <input type="checkbox"/> Standard Tobacco						
19. Additional Benefits: AIR Monthly Disability Income Rider \$ _____						

SECTION 4. PROPOSED ADDITIONAL INSURED RIDER				SPECIFIED AMOUNT \$ _____							
We will allow the AIR death benefit recipient to be a choice of: Owner Primary Insured Same beneficiary as the base policy											
1. Last Name			First Name		M.I.						
2. Address (Cannot be a P.O. Box)			Apt#	City							
State	Zip Code	3. Years at Address	4. Home Phone ()		5. Driver License Number						
6. Sex	Male Female	7. Date of Birth MM-DD-YYYY	8. Age	9. Place of Birth	10. Social Security Number						
11. Height	12. Weight	13. Marital Status	14. Relationship to proposed Primary Insured								
15. Employer's Name, Address and Phone Number											
16. Occupation & Duties					# Years						
17. Have you used TOBACCO or any other product containing nicotine in the last 5 years? Yes No Date last used _____											
18. Class of Risk Quoted: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Preferred Plus</td> <td style="padding: 2px;">Standard Plus</td> <td style="padding: 2px;">Preferred Tobacco</td> </tr> <tr> <td style="padding: 2px;">Preferred Nontobacco</td> <td style="padding: 2px;">Standard Nontobacco</td> <td style="padding: 2px;">Standard Tobacco</td> </tr> </table>						Preferred Plus	Standard Plus	Preferred Tobacco	Preferred Nontobacco	Standard Nontobacco	Standard Tobacco
Preferred Plus	Standard Plus	Preferred Tobacco									
Preferred Nontobacco	Standard Nontobacco	Standard Tobacco									
19. Additional Benefits: AIR Monthly Disability Income Rider \$ _____											

SECTION 5. DECLARATIONS

I (We) represent that all statements and answers made in this supplement are full, complete and true to the best of my (our) knowledge and belief. It is agreed that this statement shall be made part of the application, and is subject to all terms and conditions contained in the application.

Signed at _____ (city) _____ (state) on MM - DD - YYYY (date)

sec. 1 _____
Signature of proposed Additional Insured
(Child age 15 or over must sign)

sec. 3 _____
Signature of proposed Additional Insured
(Child age 15 or over must sign)

sec. 2 _____
Signature of proposed Additional Insured
(Child age 15 or over must sign)

sec. 4 _____
Signature of proposed Additional Insured
(Child age 15 or over must sign)

Signature of Parent or Legal Guardian (if proposed Insured is not of age of majority as required by the state where the Policy is issued for delivery and Parent/Guardian has not signed as Owner)

Signature of Applicant/Owner, if other than the proposed Primary Insured (If business insurance, show title of officer and name of firm. If trust, show trustee's name)

Witness (Registered Representative)

SERFF Tracking Number: AEGB-126772757 State: Arkansas
 Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46615
 Company Tracking Number: (WRL:10000233, 30822730)
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: TL16 AR, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 AR (WRL), U326 0510 AR (WRL)
 Project Name/Number: TL16, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 (WRL), U326 0510 (WRL)/Term to Age 105 Life Insurance
 Policy

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Base Level Period Rates	TL16 AR	New		TL16 Base LvlPeriod Rates.pdf
	Base Renewal Premium Rates	TL16 AR	New		TL16 Base RenewalPeriod Rates.pdf
	WPR Level Period Rates	WPR13	New		WPR13 LvlPeriod Rates.pdf
	WPR Renewal Rates	WPR13	New		WPR13 RenewalPeriod Rates.pdf
	Child Rider Premiums	CR11	New		CR11_Child Rider Premiums.pdf
	AIR Level Period Rates	AIR12	New		AIR12 LvlPeriod Rates.pdf
	AIR Renewal Rates	AIR12	New		AIR12 RenewalPeriod Rates.pdf

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999	\$25,000 - \$99,999
Term Period	10	10	10	10	15	15	15	15	20	20	20	20	30	30	30	30
Gender	Male	Male	Female	Female												
Risk Class	NonTobacco	Std Tobacco														
18	1.19	2.67	0.96	1.59	1.24	2.76	1.03	1.68	1.29	2.90	1.17	1.98	1.46	3.34	1.22	2.15
19	1.19	2.67	0.96	1.59	1.24	2.76	1.03	1.68	1.29	2.90	1.17	1.98	1.46	3.34	1.22	2.15
20	1.19	2.67	0.96	1.59	1.24	2.76	1.03	1.68	1.29	2.90	1.17	1.98	1.46	3.34	1.22	2.15
21	1.19	2.67	0.96	1.59	1.24	2.76	1.03	1.69	1.29	2.90	1.17	2.00	1.46	3.36	1.22	2.18
22	1.19	2.67	0.96	1.62	1.24	2.76	1.03	1.72	1.29	2.91	1.17	2.02	1.46	3.41	1.23	2.21
23	1.20	2.67	0.96	1.65	1.24	2.76	1.04	1.73	1.29	2.92	1.17	2.04	1.46	3.46	1.24	2.24
24	1.21	2.67	0.96	1.66	1.24	2.76	1.05	1.73	1.29	2.93	1.17	2.05	1.46	3.51	1.24	2.27
25	1.21	2.67	0.96	1.66	1.24	2.76	1.05	1.73	1.29	2.94	1.17	2.05	1.48	3.58	1.24	2.28
26	1.21	2.69	0.96	1.66	1.24	2.78	1.05	1.74	1.29	3.02	1.17	2.10	1.51	3.65	1.28	2.40
27	1.21	2.71	0.97	1.68	1.25	2.81	1.05	1.78	1.30	3.13	1.18	2.16	1.56	3.73	1.32	2.53
28	1.21	2.73	0.98	1.70	1.26	2.86	1.05	1.82	1.31	3.24	1.19	2.24	1.61	3.83	1.36	2.66
29	1.22	2.76	0.98	1.72	1.27	2.89	1.05	1.88	1.33	3.35	1.20	2.32	1.67	3.93	1.41	2.79
30	1.22	2.80	0.98	1.72	1.27	2.99	1.05	1.93	1.33	3.42	1.21	2.40	1.71	4.01	1.46	2.94
31	1.22	2.85	1.00	1.80	1.27	3.11	1.07	2.02	1.37	3.56	1.26	2.54	1.80	4.20	1.53	3.16
32	1.22	2.90	1.02	1.88	1.27	3.23	1.09	2.12	1.41	3.70	1.31	2.70	1.89	4.40	1.61	3.40
33	1.22	3.01	1.04	1.96	1.27	3.35	1.12	2.25	1.45	3.91	1.37	2.88	1.98	4.64	1.69	3.65
34	1.22	3.17	1.07	2.06	1.30	3.48	1.16	2.39	1.53	4.15	1.45	3.08	2.11	4.92	1.78	3.92
35	1.24	3.34	1.12	2.20	1.31	3.65	1.21	2.55	1.59	4.43	1.52	3.30	2.24	5.22	1.86	4.21
36	1.31	3.54	1.18	2.44	1.41	3.94	1.29	2.80	1.72	4.75	1.61	3.68	2.43	5.76	2.00	4.70
37	1.39	3.75	1.24	2.71	1.51	4.25	1.37	3.07	1.85	5.08	1.70	4.10	2.63	6.35	2.14	5.25
38	1.51	4.07	1.30	3.04	1.61	4.64	1.45	3.38	2.00	5.49	1.80	4.57	2.86	7.02	2.29	5.85
39	1.63	4.41	1.37	3.41	1.73	5.05	1.55	3.71	2.17	5.90	1.90	5.06	3.11	7.72	2.46	6.49
40	1.76	4.80	1.47	3.87	1.86	5.50	1.66	4.07	2.35	6.36	2.01	5.59	3.37	8.49	2.63	7.18
41	1.95	5.32	1.59	4.32	2.05	6.02	1.79	4.50	2.56	7.02	2.17	6.11	3.66	9.24	2.81	7.91
42	2.16	5.89	1.72	4.76	2.25	6.56	1.94	4.99	2.79	7.75	2.34	6.63	3.97	9.97	3.01	8.64
43	2.36	6.45	1.87	5.17	2.45	7.09	2.10	5.54	3.03	8.48	2.52	7.24	4.28	10.68	3.23	9.37
44	2.55	7.00	2.03	5.55	2.65	7.60	2.27	6.14	3.27	9.22	2.72	7.87	4.63	11.39	3.45	10.14
45	2.74	7.47	2.19	5.87	2.85	7.96	2.44	6.79	3.49	10.03	2.92	8.56	5.00	12.24	3.68	11.04
46	2.96	8.16	2.43	6.52	3.14	8.59	2.66	7.47	3.86	10.91	3.24	9.39	5.57	13.11	4.15	11.94
47	3.21	8.95	2.67	7.19	3.47	9.29	2.89	8.17	4.27	11.86	3.58	10.25	6.21	14.04	4.65	12.94
48	3.47	9.79	2.93	7.88	3.84	10.06	3.12	8.88	4.71	12.88	3.94	11.16	6.92	15.18	5.18	14.04
49	3.75	10.70	3.18	8.56	4.24	10.92	3.34	9.59	5.18	13.98	4.30	12.07	7.72	16.46	5.73	15.24
50	4.04	11.66	3.37	9.12	4.71	11.88	3.51	10.25	5.72	15.17	4.68	12.99	8.61	17.91	6.29	16.54
51	4.38	12.68	3.61	9.86	5.20	13.15	3.86	11.07	6.27	16.51	5.08	13.97				
52	4.74	13.69	3.85	10.59	5.69	14.41	4.20	11.88	6.78	17.95	5.48	14.95				
53	5.17	14.69	4.08	11.30	6.23	15.68	4.53	12.69	7.27	19.54	5.88	15.93				
54	5.65	15.83	4.31	12.00	6.83	17.11	4.88	13.58	7.75	21.28	6.27	16.91				
55	6.24	17.06	4.58	13.16	7.55	18.56	5.38	14.84	8.36	23.01	6.65	17.99				
56	6.92	18.42	4.98	14.39	8.34	20.01	5.88	16.26	9.36	24.87	7.33	19.64				
57	7.73	19.96	5.44	15.62	9.25	21.76	6.40	17.82	10.53	27.03	8.09	21.47				
58	8.57	21.57	5.94	16.85	10.20	23.56	6.99	19.59	11.82	29.26	8.92	23.51				
59	9.47	23.22	6.52	18.32	11.23	25.45	7.64	21.59	13.23	31.64	9.85	25.78				
60	10.43	24.97	7.14	19.89	12.34	27.39	8.35	23.76	14.82	34.15	10.87	28.26				
61	11.50	27.24	7.85	21.61	13.59	29.90	9.15	26.06	16.45	36.92	11.97	30.87				
62	12.57	29.66	8.55	23.36	14.86	32.40	9.95	28.36	18.07	39.66	13.04	33.61				
63	13.63	32.30	9.23	25.41	16.31	35.22	10.75	30.66	19.75	42.68	14.09	36.54				
64	14.68	35.77	9.91	27.85	17.99	38.78	11.68	33.23	21.75	46.33	15.29	39.95				
65	15.92	39.34	10.67	30.23	19.90	42.49	12.63	35.98	23.93	50.07	16.62	43.33				
66	17.75	43.32	11.61	32.76	22.10	46.58	14.02	39.18								
67	19.84	47.64	12.69	35.31	24.53	51.10	15.71	42.68								
68	22.46	52.49	14.01	37.87	27.50	56.27	17.78	46.73								
69	25.07	57.41	15.54	40.44	30.86	61.40	20.22	51.26								
70	28.20	63.22	17.35	44.10	34.11	67.67	23.11	56.23								
71	31.39	69.72	19.68	48.33	37.72		26.00									
72	34.56	76.20	22.14	53.78	41.33		28.88									
73	37.70	82.71	24.95	59.16	44.94		31.90									
74	41.08	90.74	28.20	64.57	48.55		35.66									
75	45.68	99.89	31.94	70.93	52.22		39.99									
76	50.78	110.05	35.62	79.00												
77	56.23	121.65	39.64	88.45												
78	64.58	135.24	44.98	100.26												
79	72.92	150.74	51.03	113.08												
80	83.35	168.30	58.20	127.82												

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref		Std		Pref		Pref		Std		Pref	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.72	0.78	0.95	1.04	1.51	1.99	0.63	0.73	0.86	0.99	1.29	1.61
19	0.72	0.78	0.95	1.04	1.51	1.99	0.63	0.73	0.86	0.99	1.29	1.61
20	0.72	0.78	0.95	1.04	1.51	1.99	0.63	0.73	0.86	0.99	1.29	1.61
21	0.72	0.78	0.95	1.04	1.51	1.99	0.63	0.73	0.86	0.99	1.30	1.61
22	0.72	0.78	0.95	1.04	1.52	2.00	0.63	0.73	0.86	0.99	1.31	1.64
23	0.72	0.78	0.95	1.05	1.53	2.01	0.63	0.73	0.86	0.99	1.32	1.66
24	0.72	0.78	0.95	1.06	1.54	2.02	0.63	0.73	0.86	0.99	1.33	1.67
25	0.72	0.78	0.95	1.06	1.55	2.04	0.63	0.73	0.86	0.99	1.33	1.67
26	0.72	0.78	0.95	1.06	1.56	2.06	0.64	0.73	0.86	0.99	1.34	1.67
27	0.72	0.79	0.95	1.06	1.57	2.08	0.65	0.74	0.87	0.99	1.36	1.69
28	0.72	0.80	0.95	1.06	1.60	2.11	0.65	0.75	0.87	0.99	1.38	1.71
29	0.72	0.81	0.95	1.07	1.63	2.14	0.66	0.76	0.87	1.00	1.40	1.73
30	0.72	0.81	0.95	1.07	1.64	2.18	0.67	0.76	0.87	1.00	1.40	1.73
31	0.72	0.82	0.95	1.07	1.65	2.22	0.68	0.77	0.88	1.00	1.41	1.76
32	0.72	0.83	0.95	1.07	1.67	2.26	0.68	0.78	0.89	1.00	1.43	1.79
33	0.72	0.84	0.96	1.08	1.69	2.30	0.68	0.79	0.90	1.01	1.45	1.82
34	0.72	0.85	0.97	1.11	1.72	2.35	0.68	0.80	0.90	1.02	1.48	1.85
35	0.73	0.87	0.99	1.14	1.80	2.44	0.68	0.81	0.92	1.05	1.52	1.90
36	0.76	0.90	1.03	1.19	1.89	2.54	0.70	0.83	0.96	1.10	1.59	2.01
37	0.79	0.93	1.08	1.24	1.98	2.66	0.72	0.85	1.00	1.15	1.68	2.14
38	0.82	0.96	1.15	1.30	2.08	2.84	0.74	0.88	1.05	1.20	1.77	2.28
39	0.85	1.00	1.23	1.37	2.22	3.03	0.77	0.91	1.10	1.25	1.86	2.44
40	0.88	1.04	1.30	1.44	2.37	3.24	0.80	0.95	1.17	1.33	1.97	2.63
41	0.94	1.11	1.41	1.57	2.59	3.56	0.85	1.01	1.25	1.43	2.12	2.84
42	1.01	1.19	1.54	1.70	2.81	3.88	0.90	1.07	1.35	1.57	2.28	3.09
43	1.07	1.27	1.67	1.83	3.05	4.24	0.96	1.14	1.44	1.70	2.46	3.36
44	1.11	1.35	1.77	1.96	3.30	4.61	1.02	1.21	1.52	1.79	2.64	3.64
45	1.16	1.43	1.84	2.08	3.60	5.07	1.08	1.28	1.58	1.83	2.81	3.93
46	1.24	1.53	1.95	2.21	3.90	5.58	1.16	1.38	1.71	1.97	3.08	4.33
47	1.34	1.63	2.06	2.35	4.19	6.09	1.24	1.49	1.84	2.11	3.35	4.74
48	1.44	1.74	2.19	2.51	4.47	6.61	1.32	1.60	1.97	2.24	3.62	5.15
49	1.54	1.85	2.32	2.67	4.74	7.13	1.38	1.70	2.06	2.34	3.88	5.55
50	1.63	1.95	2.43	2.81	4.97	7.75	1.41	1.74	2.11	2.39	4.05	5.87
51	1.76	2.11	2.64	3.06	5.42	8.33	1.53	1.87	2.25	2.56	4.36	6.34
52	1.91	2.34	2.85	3.34	5.91	8.94	1.64	2.00	2.39	2.73	4.66	6.80
53	2.08	2.57	3.08	3.66	6.47	9.63	1.74	2.12	2.52	2.89	4.95	7.25
54	2.28	2.80	3.35	4.04	7.10	10.38	1.84	2.24	2.65	3.05	5.23	7.69
55	2.52	3.06	3.69	4.49	7.77	11.14	1.98	2.34	2.75	3.24	5.66	8.42
56	2.76	3.33	4.06	4.94	8.50	11.96	2.11	2.49	2.94	3.47	6.14	9.19
57	3.00	3.63	4.43	5.39	9.23	12.78	2.24	2.66	3.15	3.71	6.63	9.96
58	3.26	3.94	4.80	5.83	9.97	13.61	2.37	2.84	3.38	3.95	7.12	10.73
59	3.53	4.26	5.19	6.26	10.71	14.49	2.52	3.04	3.65	4.19	7.71	11.51
60	3.81	4.58	5.59	6.60	11.46	15.39	2.69	3.25	3.92	4.44	8.32	12.44
61	4.21	5.05	6.15	7.21	12.62	16.82	2.94	3.57	4.32	4.88	8.96	13.51
62	4.62	5.55	6.76	7.89	13.77	18.25	3.19	3.88	4.73	5.32	9.67	14.63
63	5.12	6.15	7.54	8.70	15.07	19.87	3.46	4.21	5.16	5.77	10.41	15.79
64	5.69	6.85	8.36	9.63	16.72	21.85	3.80	4.57	5.71	6.34	11.25	17.27
65	6.32	7.61	9.30	10.66	18.31	23.92	4.13	4.94	6.24	6.89	12.05	18.70
66	7.05	8.37	10.24	11.74	20.28	26.31	4.51	5.32	6.76	7.44	12.91	20.17
67	7.79	9.16	11.26	12.96	22.40	28.90	4.95	5.73	7.28	8.00	13.88	21.64
68	8.57	10.18	12.56	14.49	24.86	31.88	5.49	6.29	7.94	8.72	15.08	23.11
69	9.40	11.20	13.86	16.02	27.39	34.93	6.12	6.94	8.85	9.72	16.47	24.70
70	10.48	12.35	15.33	17.76	30.40	38.54	6.86	7.84	9.88	10.83	18.07	26.88
71	11.87	14.06	18.01	20.59	33.69	43.42	7.77	8.94	11.29	12.28	20.42	29.53
72	13.22	15.70	20.50	23.21	37.59	49.36	8.92	10.12	13.09	14.16	23.38	32.41
73	14.55	17.35	23.10	25.88	42.55	57.01	10.13	11.48	14.96	16.12	26.31	35.27
74	16.31	19.45	26.32	29.52	47.51	65.41	11.54	13.05	17.13	18.41	29.26	38.99
75	18.50	22.13	29.99	33.60	53.17	70.70	13.16	14.87	19.66	21.05	32.77	43.18
76	21.27	25.16	33.89	38.28	59.66	78.66	15.09	17.09	22.44	24.17	38.42	51.00
77	24.34	28.50	38.17	43.47	62.45	83.80	17.44	19.77	25.57	27.81	44.72	59.58
78	28.90	33.47	44.58	51.17	80.34	99.63	20.44	23.21	29.47	32.92	53.13	71.30
79	33.68	38.61	51.13	59.15	95.36	117.26	23.95	27.20	34.14	38.95	63.30	85.27
80	39.82	45.20	59.52	69.38	111.64	133.69	28.20	32.05	39.75	46.28	74.70	100.94

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.83	0.93	1.01	1.17	1.66	2.35	0.77	0.83	0.95	1.07	1.39	1.88
19	0.83	0.93	1.01	1.17	1.66	2.35	0.77	0.83	0.95	1.07	1.39	1.88
20	0.83	0.93	1.01	1.17	1.66	2.35	0.77	0.83	0.95	1.07	1.39	1.88
21	0.83	0.93	1.01	1.17	1.66	2.36	0.77	0.83	0.95	1.07	1.40	1.89
22	0.83	0.93	1.01	1.17	1.67	2.37	0.77	0.83	0.95	1.07	1.42	1.92
23	0.83	0.93	1.01	1.17	1.68	2.38	0.77	0.83	0.95	1.08	1.44	1.94
24	0.83	0.93	1.01	1.17	1.69	2.39	0.77	0.83	0.95	1.09	1.45	1.95
25	0.83	0.93	1.01	1.17	1.70	2.41	0.77	0.83	0.95	1.09	1.45	1.95
26	0.83	0.93	1.02	1.17	1.71	2.43	0.78	0.84	0.95	1.09	1.46	1.97
27	0.83	0.93	1.03	1.17	1.72	2.45	0.79	0.85	0.96	1.09	1.48	1.99
28	0.83	0.94	1.04	1.17	1.73	2.46	0.80	0.87	0.97	1.10	1.50	2.03
29	0.83	0.95	1.05	1.19	1.74	2.47	0.80	0.89	0.97	1.11	1.52	2.07
30	0.83	0.95	1.05	1.20	1.75	2.48	0.80	0.90	0.97	1.12	1.53	2.09
31	0.84	0.97	1.07	1.21	1.77	2.50	0.80	0.91	0.98	1.13	1.57	2.13
32	0.85	0.98	1.09	1.22	1.80	2.53	0.80	0.92	0.99	1.14	1.61	2.19
33	0.86	0.99	1.09	1.24	1.84	2.58	0.80	0.92	1.00	1.16	1.66	2.25
34	0.87	1.00	1.10	1.27	1.90	2.66	0.81	0.92	1.02	1.19	1.72	2.32
35	0.87	1.01	1.13	1.29	1.96	2.72	0.81	0.93	1.05	1.22	1.77	2.39
36	0.89	1.06	1.18	1.37	2.07	2.90	0.84	0.98	1.11	1.29	1.88	2.55
37	0.91	1.11	1.23	1.45	2.19	3.10	0.87	1.03	1.16	1.36	1.99	2.72
38	0.94	1.16	1.31	1.53	2.33	3.35	0.90	1.08	1.21	1.43	2.10	2.92
39	0.97	1.21	1.39	1.64	2.48	3.61	0.93	1.12	1.26	1.50	2.22	3.11
40	1.00	1.25	1.45	1.74	2.65	3.91	0.94	1.17	1.30	1.56	2.33	3.29
41	1.10	1.34	1.58	1.89	2.95	4.29	1.01	1.24	1.39	1.67	2.51	3.56
42	1.21	1.44	1.72	2.06	3.30	4.72	1.08	1.31	1.48	1.80	2.72	3.87
43	1.32	1.55	1.86	2.23	3.65	5.14	1.15	1.38	1.57	1.93	2.93	4.20
44	1.43	1.66	2.00	2.39	3.99	5.55	1.22	1.45	1.66	2.05	3.15	4.54
45	1.52	1.78	2.11	2.51	4.30	5.90	1.30	1.51	1.75	2.16	3.39	4.91
46	1.62	1.91	2.23	2.67	4.65	6.31	1.38	1.62	1.88	2.32	3.69	5.37
47	1.73	2.04	2.36	2.84	5.03	6.74	1.47	1.73	2.01	2.48	4.00	5.84
48	1.85	2.17	2.50	3.03	5.45	7.23	1.56	1.84	2.14	2.64	4.32	6.32
49	1.99	2.27	2.64	3.22	5.92	7.75	1.64	1.93	2.26	2.79	4.63	6.79
50	2.13	2.38	2.80	3.43	6.45	8.34	1.67	1.98	2.34	2.88	4.90	7.20
51	2.31	2.62	3.07	3.77	7.09	9.22	1.79	2.12	2.51	3.11	5.27	7.72
52	2.50	2.91	3.34	4.12	7.75	10.11	1.91	2.25	2.68	3.33	5.63	8.23
53	2.68	3.20	3.63	4.49	8.47	11.09	2.03	2.38	2.85	3.55	5.99	8.72
54	2.87	3.48	3.95	4.90	9.26	12.17	2.15	2.51	3.05	3.80	6.36	9.20
55	3.10	3.83	4.33	5.40	10.05	13.25	2.30	2.68	3.25	4.06	6.91	9.90
56	3.40	4.18	4.72	5.90	10.84	14.36	2.50	2.91	3.55	4.43	7.49	10.76
57	3.75	4.54	5.17	6.43	11.69	15.47	2.71	3.17	3.89	4.84	8.13	11.72
58	4.12	4.94	5.65	7.02	12.61	16.58	2.95	3.45	4.27	5.30	8.84	12.79
59	4.52	5.36	6.16	7.64	13.57	17.76	3.21	3.75	4.68	5.80	9.65	14.00
60	4.95	5.80	6.70	8.30	14.55	19.00	3.49	4.09	5.13	6.35	10.52	15.32
61	5.50	6.48	7.55	9.34	16.08	20.86	3.84	4.50	5.71	7.03	11.52	16.76
62	6.09	7.19	8.43	10.44	17.60	22.72	4.19	4.93	6.31	7.76	12.51	18.20
63	6.77	8.03	9.45	11.76	19.28	24.80	4.56	5.38	6.91	8.53	13.49	19.77
64	7.56	8.99	10.64	13.16	21.41	27.44	4.99	5.90	7.51	9.38	14.46	21.59
65	8.46	10.10	12.01	14.60	23.65	30.20	5.44	6.45	8.22	10.31	15.55	23.49
66	9.48	11.40	13.57	16.28	26.87	34.05	5.95	7.06	9.02	11.36	17.33	25.89
67	10.63	12.86	15.34	18.16	30.50	38.37	6.56	7.80	9.99	12.62	19.27	28.51
68	12.03	14.66	17.50	20.47	34.68	43.31	7.31	8.71	11.17	14.07	21.53	31.53
69	13.42	16.45	19.66	22.78	38.95	48.25	8.19	9.77	12.57	15.66	24.05	34.89
70	15.20	18.72	22.48	25.65	44.37	54.53	9.22	11.02	14.21	17.25	26.83	38.57
71	18.54	22.44	26.25	29.61	52.28	63.73	10.80	12.69	16.07	18.96	30.34	43.59
72	21.63	26.05	29.96	33.21	61.39	74.39	12.55	14.51	18.27	21.07	34.19	49.35
73	24.68	29.87	33.84	37.62	71.89	86.75	14.44	16.48	20.90	23.23	38.40	55.66
74	28.55	33.95	37.73	42.43			16.66	18.73	23.76	25.70		
75	34.70	39.49	42.95	48.42			19.27	21.36	27.09	28.52		
76	40.97	46.10	50.05	56.19			22.27	24.40	31.33	32.54		
77	47.27	52.71	57.15	62.59			25.67	27.60	35.93	37.29		
78	54.55	61.18	66.23	68.61			29.75	31.69	41.28	42.47		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.86	1.06	1.17	1.38	1.99	2.59	0.81	0.91	1.02	1.16	1.59	2.00
19	0.86	1.06	1.17	1.38	1.99	2.59	0.81	0.91	1.02	1.16	1.59	2.00
20	0.86	1.06	1.17	1.38	1.99	2.59	0.81	0.91	1.02	1.16	1.59	2.00
21	0.86	1.06	1.17	1.38	2.00	2.60	0.81	0.91	1.02	1.16	1.61	2.02
22	0.86	1.06	1.17	1.38	2.01	2.61	0.81	0.91	1.02	1.16	1.62	2.04
23	0.86	1.06	1.17	1.38	2.03	2.62	0.81	0.91	1.02	1.16	1.63	2.06
24	0.86	1.06	1.17	1.38	2.05	2.63	0.81	0.91	1.02	1.16	1.64	2.07
25	0.86	1.06	1.17	1.38	2.06	2.64	0.81	0.91	1.02	1.16	1.65	2.07
26	0.86	1.06	1.17	1.39	2.08	2.65	0.81	0.91	1.02	1.16	1.67	2.09
27	0.86	1.06	1.17	1.40	2.10	2.68	0.82	0.91	1.03	1.17	1.69	2.13
28	0.86	1.07	1.18	1.41	2.14	2.73	0.83	0.92	1.04	1.18	1.73	2.17
29	0.87	1.08	1.19	1.42	2.17	2.78	0.84	0.93	1.05	1.19	1.77	2.21
30	0.87	1.08	1.19	1.42	2.17	2.78	0.85	0.94	1.05	1.19	1.78	2.24
31	0.88	1.08	1.20	1.46	2.22	2.86	0.86	0.96	1.07	1.22	1.85	2.34
32	0.89	1.08	1.21	1.50	2.27	2.94	0.87	0.98	1.09	1.25	1.92	2.44
33	0.90	1.09	1.23	1.54	2.35	3.05	0.88	1.00	1.13	1.30	2.01	2.57
34	0.91	1.11	1.26	1.58	2.46	3.20	0.89	1.02	1.17	1.35	2.10	2.70
35	0.92	1.13	1.28	1.62	2.57	3.36	0.89	1.03	1.19	1.39	2.19	2.83
36	0.96	1.19	1.35	1.70	2.73	3.58	0.94	1.08	1.25	1.47	2.33	3.03
37	1.01	1.25	1.43	1.78	2.91	3.82	0.98	1.13	1.31	1.55	2.48	3.25
38	1.06	1.31	1.51	1.86	3.12	4.11	1.02	1.18	1.36	1.63	2.63	3.47
39	1.12	1.38	1.59	1.95	3.33	4.40	1.06	1.22	1.41	1.71	2.77	3.69
40	1.17	1.44	1.67	2.05	3.57	4.71	1.09	1.25	1.47	1.78	2.88	3.88
41	1.27	1.55	1.82	2.22	3.96	5.22	1.17	1.34	1.57	1.90	3.12	4.21
42	1.38	1.68	1.99	2.40	4.39	5.79	1.25	1.43	1.68	2.02	3.36	4.57
43	1.50	1.81	2.17	2.59	4.82	6.36	1.33	1.53	1.79	2.14	3.64	4.96
44	1.62	1.93	2.35	2.78	5.25	6.93	1.41	1.63	1.90	2.27	3.93	5.38
45	1.73	2.04	2.51	2.95	5.77	7.60	1.49	1.73	2.02	2.39	4.23	5.82
46	1.88	2.20	2.71	3.21	6.29	8.27	1.61	1.87	2.19	2.59	4.59	6.32
47	2.05	2.36	2.92	3.46	6.83	8.94	1.73	2.02	2.36	2.79	4.96	6.83
48	2.23	2.54	3.15	3.70	7.43	9.60	1.86	2.17	2.55	2.99	5.34	7.36
49	2.41	2.73	3.38	3.94	8.06	10.26	1.99	2.31	2.73	3.19	5.72	7.89
50	2.62	2.92	3.63	4.21	8.76	10.95	2.10	2.46	2.89	3.38	6.08	8.39
51	2.87	3.22	4.02	4.67	9.56	11.86	2.29	2.62	3.09	3.65	6.63	9.01
52	3.11	3.52	4.40	5.12	10.43	12.80	2.47	2.77	3.27	3.91	7.17	9.64
53	3.35	3.84	4.79	5.60	11.38	13.81	2.64	2.94	3.45	4.17	7.71	10.37
54	3.62	4.21	5.23	6.15	12.43	14.92	2.80	3.12	3.63	4.43	8.31	11.13
55	3.95	4.65	5.77	6.81	13.48	16.00	2.98	3.36	3.87	4.81	9.11	11.97
56	4.38	5.18	6.44	7.63	14.53	17.39	3.25	3.66	4.25	5.33	9.89	13.07
57	4.88	5.72	7.11	8.47	15.66	19.02	3.53	3.99	4.68	5.90	10.66	14.28
58	5.42	6.32	7.80	9.32	16.87	20.72	3.84	4.33	5.14	6.52	11.53	15.63
59	6.01	7.00	8.51	10.19	18.14	22.55	4.18	4.70	5.66	7.23	12.50	17.10
60	6.67	7.72	9.36	11.20	19.48	24.50	4.56	5.11	6.22	8.00	13.55	18.71
61	7.51	8.72	10.59	12.63	21.48	27.02	5.05	5.76	6.96	8.94	15.68	21.59
62	8.40	9.74	11.87	14.12	23.49	29.53	5.62	6.46	7.78	9.89	17.77	24.40
63	9.41	10.91	13.34	15.81	25.75	32.35	6.27	7.26	8.71	10.98	19.84	27.17
64	10.56	12.23	15.02	17.74	28.43	35.69	7.03	8.21	9.81	12.24	22.30	30.40
65	11.85	13.70	16.90	19.89	31.23	39.18	7.86	9.26	11.02	13.62	24.90	33.87
66	13.33	15.41	18.78	22.24			8.92	10.52	12.22	15.33		
67	14.94	17.28	20.79	24.61			10.13	11.84	13.46	17.26		
68	16.82	19.45	23.12	27.46			11.51	13.35	14.89	19.47		
69	18.69	21.62	25.46	30.31			13.07	15.05	16.48	21.95		
70	21.14	24.47	28.45	33.97			14.95	17.04	18.37	24.94		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	1.14	1.33	1.55	1.68	2.65	3.48	1.06	1.13	1.39	1.43	1.86	2.32
19	1.14	1.33	1.55	1.68	2.65	3.48	1.06	1.13	1.39	1.43	1.86	2.32
20	1.14	1.33	1.55	1.68	2.65	3.48	1.06	1.13	1.39	1.43	1.86	2.32
21	1.14	1.33	1.55	1.68	2.67	3.50	1.06	1.13	1.39	1.43	1.88	2.35
22	1.14	1.33	1.55	1.68	2.69	3.53	1.06	1.13	1.40	1.44	1.91	2.39
23	1.14	1.33	1.55	1.68	2.72	3.57	1.06	1.13	1.41	1.45	1.94	2.42
24	1.14	1.33	1.55	1.68	2.77	3.63	1.06	1.13	1.41	1.45	1.96	2.44
25	1.14	1.33	1.55	1.70	2.82	3.69	1.06	1.13	1.41	1.45	1.97	2.46
26	1.15	1.34	1.57	1.73	2.87	3.76	1.06	1.14	1.41	1.48	2.03	2.54
27	1.16	1.35	1.59	1.77	2.93	3.84	1.07	1.15	1.43	1.53	2.09	2.62
28	1.17	1.36	1.61	1.82	3.00	3.93	1.08	1.16	1.45	1.58	2.15	2.70
29	1.18	1.37	1.63	1.87	3.07	4.02	1.08	1.17	1.47	1.63	2.21	2.78
30	1.18	1.37	1.64	1.90	3.12	4.10	1.08	1.18	1.47	1.66	2.24	2.84
31	1.22	1.40	1.68	1.97	3.25	4.27	1.08	1.21	1.51	1.72	2.37	3.01
32	1.26	1.43	1.72	2.05	3.38	4.45	1.10	1.24	1.55	1.78	2.50	3.18
33	1.30	1.48	1.76	2.14	3.54	4.67	1.12	1.27	1.60	1.84	2.63	3.35
34	1.34	1.53	1.81	2.24	3.73	4.93	1.14	1.29	1.65	1.90	2.76	3.52
35	1.37	1.57	1.86	2.36	3.92	5.20	1.14	1.29	1.67	1.95	2.90	3.69
36	1.45	1.68	1.99	2.53	4.27	5.63	1.20	1.37	1.75	2.07	3.09	4.00
37	1.53	1.79	2.13	2.72	4.64	6.08	1.26	1.44	1.83	2.19	3.29	4.33
38	1.62	1.90	2.27	2.93	5.07	6.59	1.32	1.52	1.91	2.31	3.50	4.67
39	1.72	2.01	2.44	3.15	5.51	7.11	1.37	1.61	1.99	2.44	3.71	5.04
40	1.82	2.14	2.60	3.38	5.98	7.68	1.41	1.69	2.06	2.58	3.90	5.40
41	1.97	2.35	2.89	3.68	6.68	8.51	1.52	1.80	2.20	2.76	4.35	5.94
42	2.14	2.58	3.21	4.01	7.42	9.38	1.64	1.93	2.34	2.94	4.85	6.54
43	2.31	2.82	3.55	4.35	8.20	10.29	1.77	2.06	2.50	3.13	5.40	7.19
44	2.49	3.07	3.92	4.71	9.00	11.23	1.91	2.21	2.67	3.34	6.01	7.90
45	2.69	3.36	4.34	5.09	9.78	12.15	2.05	2.35	2.84	3.56	6.69	8.69
46	2.96	3.65	4.76	5.56	10.53	13.03	2.28	2.60	3.16	3.91	7.60	9.83
47	3.25	3.94	5.18	6.05	11.22	13.71	2.52	2.88	3.52	4.29	8.81	11.26
48	3.56	4.23	5.60	6.54	11.89	14.26	2.80	3.16	3.90	4.70	9.78	12.48
49	3.92	4.57	6.04	7.04	12.61	14.77	3.08	3.47	4.32	5.12	10.61	13.54
50	4.30	4.93	6.55	7.61	13.44	15.17	3.38	3.80	4.77	5.58	11.04	14.29
51	5.03	5.67	7.26	8.42	15.23	16.17	3.86	4.34	5.40	6.07	11.97	15.33
52	5.75	6.41	8.01	9.29	16.92	16.98	4.33	4.89	6.11	6.56	12.90	16.42
53	6.55	7.23	8.76	10.13	17.07	17.11	4.85	5.47	6.82	7.09	14.31	17.07
54	7.47	8.17	9.53	10.80			5.45	6.05	7.52	7.70		
55	8.57	9.28	10.50	11.28			6.19	6.67	8.22	8.44		
56	9.66	10.38	11.45	12.13			6.92	7.44	9.15	9.40		
57	10.73	11.46	12.14	12.22			7.69	8.31	10.19	10.47		
58	11.80	12.39	12.44	12.47			8.57	9.27	11.34	11.67		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.41	0.49	0.68	0.80	1.23	1.66	0.35	0.44	0.56	0.62	0.95	1.25
19	0.41	0.49	0.68	0.80	1.23	1.66	0.35	0.44	0.56	0.62	0.95	1.25
20	0.41	0.49	0.68	0.80	1.23	1.66	0.35	0.44	0.56	0.62	0.95	1.25
21	0.41	0.49	0.68	0.80	1.23	1.67	0.35	0.44	0.56	0.62	0.96	1.25
22	0.41	0.49	0.68	0.80	1.23	1.68	0.35	0.44	0.56	0.62	0.97	1.27
23	0.41	0.49	0.68	0.80	1.24	1.69	0.35	0.44	0.56	0.62	0.98	1.29
24	0.41	0.49	0.68	0.80	1.25	1.70	0.35	0.44	0.56	0.62	0.99	1.30
25	0.41	0.49	0.68	0.80	1.26	1.71	0.35	0.44	0.56	0.62	0.99	1.30
26	0.41	0.49	0.68	0.80	1.27	1.72	0.35	0.44	0.56	0.63	1.00	1.30
27	0.41	0.49	0.68	0.80	1.28	1.73	0.35	0.44	0.56	0.63	1.01	1.31
28	0.41	0.49	0.68	0.80	1.29	1.74	0.35	0.44	0.56	0.63	1.02	1.34
29	0.41	0.49	0.68	0.80	1.30	1.76	0.36	0.44	0.56	0.63	1.04	1.37
30	0.41	0.49	0.68	0.81	1.32	1.78	0.36	0.44	0.57	0.64	1.04	1.37
31	0.41	0.49	0.68	0.82	1.34	1.81	0.36	0.44	0.58	0.65	1.07	1.41
32	0.41	0.49	0.68	0.83	1.36	1.84	0.36	0.45	0.58	0.66	1.10	1.45
33	0.41	0.49	0.68	0.84	1.38	1.87	0.37	0.46	0.58	0.67	1.13	1.50
34	0.41	0.50	0.70	0.84	1.41	1.91	0.37	0.47	0.59	0.68	1.18	1.56
35	0.42	0.52	0.72	0.86	1.46	1.98	0.38	0.47	0.60	0.71	1.24	1.64
36	0.44	0.54	0.75	0.90	1.53	2.08	0.39	0.49	0.63	0.74	1.30	1.74
37	0.46	0.56	0.78	0.94	1.60	2.20	0.41	0.52	0.66	0.77	1.37	1.84
38	0.48	0.59	0.84	1.00	1.72	2.37	0.43	0.54	0.69	0.81	1.45	1.94
39	0.50	0.64	0.90	1.06	1.84	2.55	0.45	0.55	0.73	0.85	1.54	2.04
40	0.52	0.66	0.95	1.12	1.98	2.76	0.46	0.58	0.78	0.91	1.65	2.15
41	0.57	0.72	1.04	1.22	2.18	3.06	0.50	0.63	0.85	0.97	1.79	2.33
42	0.62	0.79	1.13	1.32	2.40	3.39	0.54	0.68	0.95	1.05	1.96	2.55
43	0.67	0.86	1.22	1.43	2.61	3.71	0.59	0.74	1.04	1.14	2.12	2.78
44	0.72	0.93	1.31	1.55	2.82	4.03	0.64	0.80	1.11	1.23	2.28	3.03
45	0.77	1.00	1.40	1.69	3.06	4.41	0.70	0.86	1.19	1.30	2.47	3.29
46	0.83	1.09	1.50	1.84	3.33	4.83	0.76	0.95	1.30	1.43	2.72	3.67
47	0.89	1.18	1.61	1.99	3.60	5.25	0.83	1.05	1.41	1.57	2.99	4.07
48	0.96	1.28	1.73	2.14	3.88	5.67	0.90	1.15	1.52	1.71	3.26	4.48
49	1.03	1.39	1.85	2.28	4.16	6.11	0.95	1.22	1.63	1.81	3.52	4.89
50	1.09	1.50	1.97	2.42	4.43	6.61	0.99	1.26	1.70	1.86	3.71	5.24
51	1.21	1.63	2.14	2.63	4.82	7.15	1.07	1.36	1.82	2.00	4.00	5.69
52	1.33	1.80	2.34	2.88	5.23	7.69	1.15	1.46	1.94	2.14	4.29	6.14
53	1.48	1.97	2.56	3.16	5.71	8.30	1.23	1.56	2.05	2.28	4.58	6.58
54	1.64	2.16	2.82	3.50	6.26	9.00	1.31	1.66	2.16	2.42	4.86	7.02
55	1.85	2.40	3.14	3.90	6.82	9.71	1.39	1.77	2.26	2.60	5.28	7.75
56	2.06	2.64	3.47	4.30	7.45	10.52	1.49	1.89	2.43	2.78	5.73	8.48
57	2.27	2.89	3.80	4.69	8.12	11.37	1.61	2.03	2.61	2.99	6.18	9.21
58	2.48	3.17	4.13	5.07	8.84	12.29	1.73	2.19	2.81	3.22	6.63	9.94
59	2.71	3.45	4.47	5.45	9.60	13.23	1.87	2.35	3.04	3.48	7.08	10.67
60	2.96	3.75	4.83	5.82	10.41	14.23	2.02	2.52	3.28	3.75	7.55	11.50
61	3.33	4.15	5.33	6.37	11.50	15.61	2.21	2.76	3.59	4.11	8.13	12.47
62	3.72	4.59	5.88	6.97	12.60	17.07	2.41	3.00	3.90	4.48	8.77	13.47
63	4.18	5.11	6.54	7.70	13.88	18.76	2.63	3.25	4.22	4.88	9.43	14.51
64	4.72	5.72	7.29	8.53	15.49	20.84	2.90	3.57	4.63	5.37	10.20	15.83
65	5.32	6.39	8.13	9.44	17.07	22.99	3.17	3.88	5.01	5.85	10.93	17.09
66	5.99	7.09	9.03	10.45	18.89	25.29	3.45	4.21	5.45	6.40	11.86	18.49
67	6.67	7.81	10.05	11.60	20.95	27.86	3.74	4.56	5.92	6.98	12.91	19.89
68	7.40	8.76	11.32	13.02	23.28	30.78	4.14	5.05	6.56	7.78	14.19	21.53
69	8.18	9.71	12.60	14.45	25.69	33.76	4.62	5.62	7.38	8.80	15.66	23.56
70	9.19	10.79	14.11	16.12	28.55	37.30	5.25	6.39	8.32	9.98	17.37	25.90
71	10.52	12.53	16.51	18.89	31.37	41.56	6.15	7.42	9.45	11.41	19.61	28.70
72	11.76	14.13	18.73	21.46	34.62	46.94	7.28	8.66	10.94	12.91	22.45	31.71
73	12.99	15.77	21.05	24.10	37.93	53.63	8.46	9.99	12.48	14.64	25.26	34.82
74	14.60	17.81	23.81	27.63	41.68	60.85	9.84	11.54	14.28	16.64	28.09	38.54
75	16.62	20.50	27.15	31.66	46.01	65.77	11.46	13.36	16.37	18.96	31.45	42.72
76	19.22	23.40	31.11	36.04	54.10	74.20	13.19	15.49	18.79	21.72	37.36	50.42
77	22.12	26.62	35.52	40.87	59.88	80.08	15.28	18.07	21.65	24.81	43.44	58.86
78	26.40	31.40	42.05	48.07	75.31	96.42	17.95	21.38	25.15	29.34	51.42	70.39
79	30.94	36.39	48.89	55.51	90.65	114.91	21.08	25.26	29.37	34.30	61.20	84.15
80	36.77	42.78	57.68	65.08	109.36	132.63	24.88	29.97	34.46	40.30	71.77	99.56

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.49	0.61	0.72	0.87	1.51	1.96	0.42	0.50	0.64	0.75	1.12	1.42
19	0.49	0.61	0.72	0.87	1.51	1.96	0.42	0.50	0.64	0.75	1.12	1.42
20	0.49	0.61	0.72	0.87	1.51	1.96	0.42	0.50	0.64	0.75	1.12	1.42
21	0.49	0.61	0.72	0.87	1.51	1.97	0.42	0.50	0.64	0.75	1.13	1.43
22	0.49	0.61	0.72	0.87	1.51	1.98	0.42	0.50	0.64	0.75	1.14	1.45
23	0.49	0.61	0.72	0.87	1.51	1.99	0.42	0.50	0.64	0.75	1.15	1.46
24	0.49	0.61	0.72	0.87	1.52	2.00	0.42	0.50	0.64	0.75	1.16	1.47
25	0.49	0.61	0.72	0.87	1.52	2.00	0.42	0.50	0.64	0.75	1.16	1.47
26	0.49	0.61	0.72	0.87	1.52	2.00	0.42	0.50	0.64	0.75	1.16	1.47
27	0.49	0.61	0.72	0.87	1.52	2.01	0.42	0.50	0.64	0.76	1.18	1.49
28	0.49	0.61	0.72	0.87	1.52	2.02	0.42	0.50	0.64	0.77	1.20	1.51
29	0.49	0.61	0.73	0.87	1.53	2.03	0.42	0.51	0.64	0.77	1.22	1.53
30	0.49	0.62	0.74	0.88	1.54	2.04	0.42	0.51	0.65	0.77	1.22	1.53
31	0.51	0.64	0.76	0.89	1.57	2.08	0.43	0.52	0.67	0.78	1.26	1.58
32	0.53	0.66	0.77	0.91	1.62	2.13	0.44	0.53	0.69	0.79	1.30	1.65
33	0.54	0.67	0.78	0.93	1.67	2.20	0.45	0.54	0.71	0.81	1.34	1.72
34	0.55	0.68	0.80	0.95	1.73	2.28	0.46	0.56	0.73	0.84	1.39	1.80
35	0.56	0.68	0.82	0.98	1.80	2.37	0.48	0.58	0.76	0.86	1.45	1.90
36	0.59	0.72	0.87	1.04	1.91	2.52	0.51	0.61	0.80	0.92	1.54	2.03
37	0.62	0.76	0.92	1.10	2.03	2.68	0.54	0.64	0.84	0.98	1.65	2.18
38	0.65	0.80	0.99	1.18	2.17	2.89	0.57	0.67	0.89	1.05	1.76	2.34
39	0.68	0.86	1.06	1.26	2.32	3.10	0.60	0.70	0.94	1.13	1.87	2.51
40	0.71	0.91	1.14	1.35	2.49	3.35	0.64	0.74	0.99	1.22	1.97	2.67
41	0.78	0.99	1.25	1.48	2.78	3.72	0.69	0.80	1.07	1.34	2.15	2.90
42	0.87	1.09	1.38	1.62	3.12	4.14	0.75	0.86	1.16	1.48	2.35	3.17
43	0.96	1.19	1.51	1.76	3.46	4.55	0.81	0.92	1.25	1.62	2.57	3.46
44	1.03	1.27	1.63	1.90	3.79	4.95	0.87	0.99	1.33	1.74	2.81	3.76
45	1.11	1.36	1.74	2.03	4.14	5.33	0.91	1.06	1.41	1.83	3.06	4.08
46	1.23	1.46	1.88	2.19	4.51	5.82	0.99	1.16	1.54	1.99	3.34	4.49
47	1.35	1.58	2.02	2.37	4.89	6.32	1.07	1.26	1.67	2.16	3.62	4.91
48	1.47	1.70	2.16	2.56	5.34	6.82	1.16	1.36	1.80	2.33	3.91	5.34
49	1.58	1.83	2.30	2.77	5.83	7.32	1.25	1.46	1.93	2.47	4.20	5.77
50	1.70	1.98	2.43	3.01	6.38	7.80	1.31	1.55	2.03	2.58	4.44	6.17
51	1.87	2.19	2.67	3.31	7.00	8.60	1.41	1.67	2.18	2.77	4.79	6.66
52	2.03	2.46	2.91	3.62	7.63	9.41	1.51	1.79	2.33	2.96	5.14	7.15
53	2.19	2.72	3.15	3.94	8.31	10.31	1.63	1.93	2.49	3.15	5.50	7.65
54	2.35	2.96	3.41	4.30	9.06	11.29	1.76	2.08	2.69	3.36	5.90	8.28
55	2.54	3.20	3.74	4.74	9.81	12.28	1.90	2.25	2.89	3.63	6.45	8.97
56	2.79	3.49	4.12	5.23	10.59	13.26	2.06	2.44	3.17	3.96	7.00	9.67
57	3.08	3.81	4.56	5.77	11.47	14.40	2.24	2.66	3.48	4.33	7.55	10.45
58	3.39	4.15	5.04	6.36	12.39	15.60	2.43	2.90	3.82	4.73	8.15	11.32
59	3.72	4.52	5.54	6.99	13.37	16.86	2.64	3.16	4.19	5.17	8.84	12.28
60	4.07	4.90	6.10	7.68	14.37	18.15	2.87	3.44	4.61	5.66	9.60	13.32
61	4.60	5.56	6.90	8.59	15.83	19.99	3.15	3.78	5.12	6.27	10.46	14.69
62	5.13	6.22	7.71	9.52	17.28	21.82	3.43	4.12	5.63	6.93	11.35	16.09
63	5.76	6.98	8.65	10.59	18.89	23.85	3.73	4.47	6.14	7.64	12.30	17.61
64	6.49	7.87	9.75	11.84	20.93	26.43	4.08	4.89	6.76	8.47	13.42	19.38
65	7.34	8.90	11.01	13.27	23.08	29.14	4.43	5.32	7.42	9.34	14.57	21.24
66	8.32	10.16	12.50	15.01	25.89	32.96	4.95	5.93	8.23	10.31	16.17	23.80
67	9.42	11.59	14.19	16.99	29.01	37.25	5.58	6.67	9.08	11.47	18.04	26.62
68	10.78	13.34	16.27	19.41	32.59	42.17	6.36	7.57	10.09	12.63	19.93	29.89
69	12.14	15.09	18.36	21.87	36.17	47.12	7.28	8.65	11.18	13.78	22.19	33.55
70	13.90	17.42	21.08	25.00	40.72	53.40	8.37	9.92	12.59	14.88	24.68	37.62
71	16.72	21.04	24.86	29.18	48.34	62.46	9.94	11.72	14.38	16.56	27.67	42.73
72	19.52	24.64	28.56	32.83	57.07	72.95	11.53	13.56	16.43	18.66	30.97	48.56
73	22.75	28.79	32.50	37.21	67.12	85.11	13.35	15.57	18.90	21.15	34.60	54.92
74	26.10	33.00	36.62	42.32			15.46	17.89	21.60	23.84		
75	30.39	37.94	42.16	48.24			17.89	20.61	24.74	26.95		
76	35.57	44.36	49.15	55.99			20.74	23.78	28.80	31.13		
77	40.75	50.78	56.14	62.37			23.97	27.11	33.35	35.49		
78	47.60	59.02	65.10	68.36			27.85	31.40	38.32	40.24		
79												
80												

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.55	0.72	0.79	1.02	1.77	2.13	0.49	0.59	0.72	0.82	1.30	1.57
19	0.55	0.72	0.79	1.02	1.77	2.13	0.49	0.59	0.72	0.82	1.30	1.57
20	0.55	0.72	0.79	1.02	1.77	2.13	0.49	0.59	0.72	0.82	1.30	1.57
21	0.55	0.72	0.79	1.02	1.77	2.13	0.49	0.59	0.72	0.82	1.31	1.59
22	0.55	0.72	0.79	1.02	1.77	2.14	0.49	0.59	0.72	0.82	1.33	1.62
23	0.55	0.72	0.79	1.02	1.77	2.16	0.49	0.59	0.72	0.82	1.35	1.64
24	0.55	0.72	0.79	1.02	1.77	2.18	0.49	0.59	0.72	0.82	1.36	1.65
25	0.55	0.72	0.79	1.02	1.78	2.18	0.49	0.59	0.72	0.82	1.36	1.65
26	0.55	0.72	0.80	1.02	1.80	2.19	0.49	0.59	0.72	0.82	1.36	1.66
27	0.55	0.72	0.82	1.02	1.82	2.20	0.50	0.60	0.73	0.82	1.39	1.68
28	0.55	0.72	0.84	1.03	1.84	2.22	0.50	0.60	0.73	0.82	1.42	1.70
29	0.56	0.73	0.87	1.04	1.86	2.24	0.50	0.60	0.73	0.83	1.44	1.72
30	0.56	0.73	0.89	1.04	1.86	2.25	0.51	0.61	0.74	0.84	1.44	1.74
31	0.57	0.74	0.91	1.06	1.91	2.34	0.52	0.63	0.76	0.87	1.51	1.83
32	0.58	0.75	0.92	1.08	1.96	2.44	0.54	0.65	0.78	0.90	1.58	1.94
33	0.59	0.75	0.93	1.10	2.03	2.57	0.56	0.67	0.80	0.94	1.67	2.05
34	0.60	0.76	0.95	1.14	2.12	2.73	0.58	0.68	0.82	0.98	1.76	2.18
35	0.62	0.78	0.98	1.18	2.21	2.91	0.59	0.70	0.84	1.02	1.85	2.32
36	0.66	0.82	1.04	1.26	2.36	3.13	0.62	0.74	0.89	1.09	1.98	2.48
37	0.70	0.87	1.11	1.34	2.53	3.35	0.65	0.78	0.94	1.16	2.12	2.66
38	0.74	0.93	1.19	1.42	2.74	3.62	0.68	0.82	1.00	1.23	2.26	2.85
39	0.79	0.99	1.27	1.51	2.95	3.90	0.72	0.86	1.06	1.30	2.40	3.03
40	0.84	1.05	1.35	1.60	3.16	4.21	0.75	0.89	1.12	1.37	2.53	3.19
41	0.93	1.16	1.49	1.76	3.53	4.68	0.81	0.96	1.22	1.49	2.74	3.52
42	1.03	1.28	1.64	1.93	3.93	5.20	0.87	1.03	1.34	1.63	2.97	3.89
43	1.14	1.40	1.79	2.10	4.34	5.72	0.94	1.12	1.45	1.76	3.23	4.29
44	1.25	1.53	1.96	2.28	4.76	6.25	1.02	1.21	1.55	1.88	3.50	4.74
45	1.37	1.68	2.14	2.48	5.27	6.88	1.09	1.29	1.64	1.99	3.78	5.22
46	1.50	1.84	2.33	2.71	5.77	7.50	1.19	1.41	1.79	2.17	4.12	5.71
47	1.63	2.01	2.52	2.94	6.25	8.10	1.30	1.53	1.94	2.36	4.48	6.20
48	1.76	2.18	2.73	3.17	6.73	8.70	1.41	1.65	2.10	2.55	4.85	6.68
49	1.90	2.35	2.95	3.40	7.28	9.37	1.52	1.77	2.26	2.74	5.22	7.15
50	2.06	2.53	3.19	3.67	7.89	10.11	1.64	1.88	2.41	2.92	5.58	7.57
51	2.26	2.79	3.51	4.07	8.63	10.97	1.77	2.03	2.59	3.16	6.07	8.15
52	2.53	3.05	3.84	4.50	9.40	11.85	1.90	2.19	2.77	3.40	6.56	8.73
53	2.80	3.33	4.21	4.99	10.26	12.82	2.06	2.37	2.95	3.65	7.05	9.41
54	3.07	3.65	4.63	5.54	11.20	13.88	2.23	2.56	3.14	3.92	7.60	10.13
55	3.34	4.04	5.12	6.21	12.13	14.91	2.41	2.78	3.40	4.29	8.33	10.90
56	3.70	4.46	5.67	6.88	13.10	16.21	2.65	3.06	3.79	4.73	9.06	12.05
57	4.11	4.90	6.32	7.56	14.20	17.71	2.91	3.39	4.22	5.23	9.79	13.34
58	4.55	5.39	7.02	8.32	15.36	19.29	3.20	3.74	4.69	5.78	10.64	14.78
59	5.03	5.91	7.78	9.15	16.58	20.98	3.52	4.13	5.23	6.39	11.58	16.38
60	5.57	6.49	8.62	10.06	17.87	22.78	3.87	4.56	5.82	7.06	12.60	18.14
61	6.42	7.54	9.81	11.55	20.08	25.35	4.34	5.14	6.57	8.01	14.59	21.10
62	7.28	8.59	11.05	13.06	22.26	27.89	4.86	5.77	7.39	9.01	16.53	23.99
63	8.26	9.81	12.46	14.81	24.57	30.57	5.44	6.48	8.31	10.15	18.44	26.84
64	9.40	11.21	14.08	16.82	27.39	33.85	6.13	7.33	9.41	11.49	20.63	30.16
65	10.68	12.80	15.90	19.09	30.37	37.28	6.89	8.26	10.58	12.97	23.00	33.73
66	12.17	14.57	17.70	21.41			7.78	9.35	11.81	14.56		
67	13.83	16.54	19.48	23.73			8.77	10.58	13.10	16.28		
68	15.77	18.83	21.52	26.38			9.91	11.99	14.37	18.27		
69	17.74	21.17	23.61	29.07			11.20	13.59	15.61	20.50		
70	20.34	24.25	26.28	32.67			12.75	15.50	16.95	23.19		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999											
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.86	1.03	1.30	1.53	2.43	3.16	0.71	0.80	0.97	1.23	1.65	2.10
19	0.86	1.03	1.30	1.53	2.43	3.16	0.71	0.80	0.97	1.23	1.65	2.10
20	0.86	1.03	1.30	1.53	2.43	3.16	0.71	0.80	0.97	1.23	1.65	2.10
21	0.86	1.03	1.30	1.53	2.45	3.18	0.71	0.80	0.97	1.24	1.67	2.13
22	0.86	1.03	1.30	1.53	2.48	3.20	0.71	0.80	0.98	1.25	1.70	2.17
23	0.86	1.03	1.30	1.53	2.51	3.22	0.71	0.80	0.99	1.26	1.72	2.20
24	0.86	1.03	1.30	1.53	2.54	3.28	0.71	0.80	0.99	1.26	1.74	2.23
25	0.86	1.03	1.30	1.55	2.60	3.35	0.71	0.80	0.99	1.26	1.75	2.24
26	0.86	1.05	1.31	1.57	2.66	3.42	0.72	0.82	1.00	1.27	1.81	2.31
27	0.86	1.07	1.33	1.60	2.72	3.49	0.73	0.84	1.04	1.30	1.87	2.39
28	0.86	1.09	1.36	1.63	2.78	3.58	0.73	0.86	1.06	1.32	1.93	2.47
29	0.86	1.11	1.39	1.66	2.85	3.67	0.73	0.88	1.09	1.34	1.99	2.55
30	0.86	1.11	1.40	1.67	2.91	3.75	0.73	0.89	1.11	1.35	2.03	2.61
31	0.89	1.13	1.43	1.71	3.03	3.89	0.75	0.91	1.14	1.39	2.15	2.77
32	0.92	1.14	1.46	1.75	3.15	4.04	0.78	0.93	1.18	1.43	2.27	2.93
33	0.95	1.15	1.50	1.79	3.31	4.23	0.81	0.95	1.22	1.47	2.40	3.11
34	0.99	1.16	1.55	1.85	3.48	4.45	0.83	0.97	1.24	1.51	2.53	3.29
35	1.03	1.18	1.59	1.90	3.67	4.68	0.84	0.99	1.26	1.52	2.66	3.47
36	1.10	1.26	1.69	2.05	3.96	5.07	0.89	1.06	1.36	1.62	2.87	3.74
37	1.17	1.35	1.80	2.20	4.28	5.48	0.94	1.11	1.46	1.72	3.08	4.03
38	1.26	1.45	1.92	2.35	4.62	5.93	1.00	1.22	1.56	1.83	3.32	4.35
39	1.35	1.55	2.05	2.53	4.97	6.41	1.06	1.33	1.67	1.94	3.53	4.67
40	1.44	1.66	2.18	2.71	5.36	6.92	1.11	1.40	1.79	2.05	3.73	4.98
41	1.58	1.84	2.42	2.96	6.09	7.61	1.21	1.55	1.95	2.22	4.12	5.48
42	1.73	2.03	2.69	3.23	6.88	8.34	1.32	1.72	2.14	2.40	4.51	6.04
43	1.88	2.23	2.96	3.50	7.73	9.09	1.43	1.89	2.30	2.58	4.95	6.64
44	2.06	2.45	3.26	3.80	8.61	9.90	1.56	2.02	2.40	2.78	5.41	7.30
45	2.25	2.70	3.57	4.14	9.48	10.80	1.70	2.09	2.47	3.00	5.92	8.03
46	2.45	2.96	3.89	4.59	10.30	11.69	1.88	2.25	2.70	3.33	6.56	9.21
47	2.67	3.22	4.25	5.09	10.99	12.55	2.07	2.42	2.95	3.69	7.54	10.68
48	2.92	3.48	4.63	5.66	11.64	13.38	2.27	2.59	3.21	4.08	8.28	11.97
49	3.18	3.78	5.05	6.27	12.26	14.19	2.49	2.77	3.48	4.50	8.92	13.13
50	3.47	4.12	5.51	6.97	12.77	15.04	2.72	2.95	3.77	4.94	9.52	14.05
51	3.99	4.67	6.21	7.72	14.19	16.07	3.01	3.35	4.18	5.39	10.28	15.11
52	4.52	5.23	6.92	8.46	16.06	16.89	3.32	3.75	4.62	5.87	11.04	16.17
53	5.11	5.87	7.63	9.19	16.99	17.08	3.68	4.18	5.09	6.42	12.34	16.97
54	5.79	6.59	8.36	9.92			4.08	4.68	5.63	7.03		
55	6.59	7.44	9.31	10.79			4.57	5.30	6.27	7.78		
56	7.45	8.36	10.37	11.84			5.11	5.93	7.01	8.65		
57	8.31	9.28	11.46	12.20			5.71	6.62	7.84	9.62		
58	9.17	10.29	12.42	12.45			6.38	7.34	8.76	10.69		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.35	0.42	0.58	0.69	1.19	1.56	0.29	0.36	0.48	0.54	0.86	1.16
19	0.35	0.42	0.58	0.69	1.19	1.56	0.29	0.36	0.48	0.54	0.86	1.16
20	0.35	0.42	0.58	0.69	1.19	1.56	0.29	0.36	0.48	0.54	0.86	1.16
21	0.35	0.42	0.58	0.69	1.19	1.57	0.29	0.36	0.48	0.54	0.87	1.17
22	0.35	0.42	0.58	0.69	1.19	1.58	0.29	0.36	0.48	0.54	0.88	1.18
23	0.35	0.42	0.58	0.69	1.19	1.59	0.29	0.36	0.48	0.54	0.89	1.19
24	0.35	0.42	0.58	0.69	1.19	1.60	0.29	0.36	0.48	0.54	0.90	1.20
25	0.35	0.42	0.58	0.69	1.19	1.61	0.29	0.36	0.48	0.54	0.90	1.20
26	0.35	0.42	0.58	0.69	1.20	1.62	0.29	0.36	0.48	0.54	0.91	1.21
27	0.35	0.42	0.58	0.69	1.21	1.63	0.29	0.36	0.49	0.55	0.93	1.23
28	0.35	0.42	0.58	0.69	1.22	1.64	0.29	0.36	0.49	0.55	0.94	1.25
29	0.35	0.42	0.58	0.69	1.24	1.66	0.29	0.36	0.49	0.55	0.95	1.27
30	0.35	0.42	0.58	0.70	1.26	1.69	0.30	0.36	0.49	0.56	0.96	1.28
31	0.35	0.42	0.58	0.71	1.28	1.72	0.30	0.36	0.50	0.57	0.98	1.32
32	0.35	0.42	0.58	0.72	1.30	1.75	0.30	0.36	0.50	0.58	1.01	1.36
33	0.35	0.43	0.58	0.73	1.32	1.78	0.30	0.37	0.50	0.60	1.04	1.41
34	0.35	0.44	0.59	0.74	1.34	1.84	0.30	0.38	0.51	0.62	1.08	1.47
35	0.36	0.45	0.61	0.75	1.37	1.92	0.31	0.39	0.52	0.64	1.13	1.55
36	0.37	0.47	0.64	0.78	1.43	2.02	0.32	0.41	0.55	0.67	1.19	1.64
37	0.38	0.49	0.67	0.82	1.51	2.14	0.33	0.43	0.58	0.70	1.26	1.75
38	0.41	0.52	0.72	0.88	1.63	2.31	0.35	0.45	0.62	0.73	1.33	1.86
39	0.43	0.55	0.78	0.94	1.75	2.49	0.37	0.47	0.66	0.77	1.42	2.01
40	0.45	0.58	0.83	1.00	1.88	2.70	0.39	0.50	0.71	0.82	1.51	2.14
41	0.49	0.63	0.91	1.09	2.08	3.01	0.43	0.55	0.78	0.90	1.67	2.32
42	0.53	0.68	1.00	1.18	2.30	3.33	0.47	0.60	0.85	0.98	1.82	2.54
43	0.58	0.75	1.09	1.30	2.51	3.64	0.51	0.65	0.93	1.06	1.97	2.77
44	0.63	0.83	1.18	1.43	2.72	3.94	0.55	0.71	1.01	1.14	2.12	2.99
45	0.68	0.92	1.28	1.57	2.91	4.31	0.60	0.77	1.04	1.23	2.26	3.18
46	0.74	1.01	1.40	1.72	3.18	4.73	0.66	0.84	1.14	1.36	2.50	3.52
47	0.80	1.10	1.52	1.87	3.47	5.15	0.72	0.92	1.25	1.50	2.75	3.87
48	0.86	1.19	1.63	2.01	3.76	5.58	0.78	1.00	1.36	1.63	3.00	4.23
49	0.93	1.29	1.74	2.14	4.06	6.03	0.84	1.06	1.45	1.72	3.25	4.58
50	1.01	1.40	1.86	2.26	4.36	6.50	0.88	1.11	1.52	1.78	3.44	4.86
51	1.13	1.53	2.02	2.46	4.76	7.04	0.97	1.20	1.64	1.92	3.69	5.28
52	1.25	1.67	2.21	2.69	5.22	7.60	1.05	1.29	1.76	2.06	3.93	5.70
53	1.40	1.84	2.43	2.95	5.68	8.23	1.13	1.38	1.88	2.20	4.16	6.12
54	1.57	2.04	2.68	3.26	6.16	8.96	1.21	1.47	2.00	2.34	4.38	6.54
55	1.78	2.27	2.99	3.64	6.72	9.70	1.31	1.58	2.13	2.50	4.69	7.23
56	1.99	2.51	3.30	4.02	7.35	10.47	1.42	1.71	2.29	2.71	5.12	7.92
57	2.20	2.76	3.61	4.40	8.02	11.26	1.53	1.85	2.46	2.92	5.59	8.61
58	2.42	3.01	3.94	4.78	8.75	12.10	1.64	2.02	2.65	3.13	6.13	9.30
59	2.64	3.26	4.29	5.16	9.52	12.98	1.77	2.19	2.87	3.34	6.72	9.99
60	2.87	3.54	4.66	5.54	10.34	13.89	1.91	2.38	3.10	3.54	7.35	10.75
61	3.20	3.94	5.15	6.06	11.43	15.25	2.10	2.62	3.42	3.90	7.98	11.74
62	3.55	4.36	5.68	6.64	12.53	16.69	2.32	2.86	3.74	4.26	8.60	12.75
63	3.97	4.88	6.32	7.35	13.81	18.34	2.54	3.13	4.09	4.64	9.21	13.83
64	4.45	5.47	7.05	8.16	15.42	20.38	2.81	3.46	4.52	5.11	9.81	15.18
65	4.99	6.13	7.87	9.05	17.00	22.49	3.09	3.78	4.94	5.58	10.36	16.51
66	5.58	6.80	8.69	9.99	18.79	24.68	3.37	4.10	5.37	6.08	11.33	18.06
67	6.21	7.57	9.62	11.07	20.70	27.14	3.66	4.44	5.83	6.63	12.41	19.81
68	7.02	8.52	10.78	12.41	22.91	29.92	4.04	4.92	6.45	7.36	13.72	21.50
69	7.84	9.47	11.94	13.75	25.20	32.77	4.50	5.46	7.25	8.31	15.24	23.29
70	8.81	10.60	13.28	15.31	27.90	36.13	5.12	6.21	8.17	9.39	16.99	25.49
71	10.13	12.22	15.62	18.15	31.08	40.49	6.01	7.21	9.28	10.62	19.27	27.76
72	11.34	13.74	17.87	20.75	34.50	45.65	7.09	8.43	10.73	12.22	22.17	30.46
73	12.58	15.27	20.12	23.42	37.87	52.16	8.23	9.72	12.26	13.89	25.03	33.36
74	14.28	17.21	22.95	26.97	41.35	59.23	9.56	11.22	14.02	15.82	27.89	36.76
75	16.11	19.72	26.39	31.05	45.53	64.69	11.12	12.97	16.08	18.06	31.31	40.56
76	18.96	22.72	30.22	35.52	54.02	73.24	13.11	15.29	18.67	21.17	37.30	49.67
77	21.83	25.83	34.28	40.20	59.60	78.28	15.22	17.77	21.50	24.28	43.37	58.23
78	26.05	30.46	40.32	47.18	75.05	93.74	17.91	20.94	25.05	28.82	51.34	69.61
79	30.53	35.28	46.59	54.39	90.41	111.56	21.05	24.64	29.26	33.85	61.11	83.63
80	36.29	41.46	54.64	63.64	108.89	127.65	24.72	29.15	34.34	39.94	71.66	98.90

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.43	0.55	0.63	0.77	1.39	1.86	0.35	0.44	0.54	0.68	1.06	1.35
19	0.43	0.55	0.63	0.77	1.39	1.86	0.35	0.44	0.54	0.68	1.06	1.35
20	0.43	0.55	0.63	0.77	1.39	1.86	0.35	0.44	0.54	0.68	1.06	1.35
21	0.43	0.55	0.63	0.77	1.39	1.87	0.35	0.44	0.54	0.68	1.07	1.36
22	0.43	0.55	0.63	0.77	1.39	1.88	0.35	0.44	0.54	0.68	1.08	1.38
23	0.43	0.55	0.63	0.77	1.40	1.89	0.35	0.44	0.54	0.68	1.09	1.40
24	0.43	0.55	0.63	0.77	1.41	1.90	0.35	0.44	0.54	0.68	1.10	1.41
25	0.43	0.55	0.63	0.77	1.41	1.90	0.35	0.44	0.54	0.68	1.10	1.41
26	0.43	0.55	0.63	0.77	1.41	1.90	0.35	0.44	0.54	0.68	1.10	1.41
27	0.43	0.55	0.63	0.77	1.41	1.90	0.35	0.44	0.55	0.68	1.12	1.43
28	0.43	0.55	0.63	0.77	1.42	1.91	0.35	0.44	0.55	0.68	1.14	1.45
29	0.43	0.56	0.63	0.78	1.43	1.92	0.35	0.44	0.55	0.69	1.16	1.47
30	0.43	0.56	0.64	0.78	1.44	1.93	0.35	0.45	0.56	0.70	1.17	1.47
31	0.44	0.58	0.66	0.80	1.48	1.95	0.36	0.46	0.57	0.72	1.20	1.52
32	0.44	0.59	0.67	0.82	1.52	1.97	0.37	0.47	0.59	0.74	1.24	1.58
33	0.45	0.60	0.68	0.84	1.59	2.02	0.38	0.48	0.61	0.76	1.28	1.65
34	0.47	0.61	0.70	0.87	1.67	2.08	0.39	0.50	0.63	0.78	1.34	1.72
35	0.48	0.62	0.72	0.90	1.74	2.14	0.41	0.52	0.65	0.82	1.39	1.81
36	0.51	0.65	0.77	0.96	1.85	2.29	0.44	0.55	0.69	0.87	1.49	1.94
37	0.54	0.68	0.82	1.02	1.96	2.45	0.47	0.58	0.73	0.92	1.59	2.10
38	0.57	0.72	0.87	1.09	2.10	2.65	0.50	0.61	0.77	0.98	1.71	2.26
39	0.60	0.77	0.94	1.18	2.25	2.87	0.53	0.64	0.81	1.04	1.83	2.42
40	0.64	0.81	1.01	1.26	2.42	3.11	0.55	0.66	0.86	1.11	1.92	2.59
41	0.71	0.89	1.12	1.40	2.74	3.52	0.60	0.72	0.95	1.23	2.12	2.85
42	0.79	0.97	1.24	1.55	3.06	3.95	0.65	0.78	1.04	1.35	2.32	3.11
43	0.87	1.05	1.36	1.70	3.38	4.38	0.70	0.84	1.13	1.47	2.52	3.37
44	0.95	1.14	1.47	1.85	3.70	4.81	0.75	0.90	1.22	1.59	2.74	3.64
45	1.03	1.24	1.58	2.00	4.03	5.25	0.80	0.96	1.31	1.69	2.96	3.93
46	1.13	1.36	1.70	2.16	4.41	5.74	0.88	1.05	1.44	1.85	3.23	4.34
47	1.23	1.48	1.83	2.32	4.79	6.24	0.96	1.14	1.58	2.02	3.52	4.77
48	1.33	1.60	1.99	2.48	5.22	6.74	1.04	1.24	1.72	2.19	3.81	5.21
49	1.43	1.72	2.15	2.64	5.72	7.24	1.12	1.34	1.82	2.32	4.09	5.65
50	1.56	1.87	2.31	2.84	6.27	7.75	1.19	1.41	1.89	2.42	4.33	6.06
51	1.72	2.08	2.55	3.15	6.88	8.50	1.28	1.52	2.03	2.60	4.69	6.55
52	1.88	2.29	2.79	3.46	7.53	9.28	1.37	1.64	2.17	2.78	5.05	7.04
53	2.04	2.50	3.07	3.80	8.22	10.13	1.48	1.77	2.32	2.96	5.42	7.55
54	2.23	2.74	3.36	4.18	8.98	11.07	1.59	1.91	2.47	3.16	5.82	8.17
55	2.45	3.04	3.72	4.64	9.75	12.00	1.71	2.06	2.68	3.41	6.38	8.85
56	2.71	3.35	4.09	5.14	10.52	12.94	1.85	2.24	2.93	3.74	6.95	9.56
57	2.97	3.66	4.52	5.64	11.39	14.09	2.00	2.44	3.21	4.09	7.53	10.34
58	3.25	3.98	4.97	6.15	12.32	15.26	2.17	2.65	3.53	4.49	8.11	11.20
59	3.55	4.34	5.47	6.67	13.28	16.50	2.35	2.89	3.87	4.92	8.78	12.18
60	3.88	4.73	6.00	7.28	14.28	17.77	2.55	3.15	4.25	5.40	9.55	13.23
61	4.40	5.37	6.80	8.24	15.72	19.67	2.86	3.50	4.74	5.98	10.41	14.62
62	4.92	6.01	7.60	9.20	17.15	21.55	3.17	3.87	5.24	6.59	11.27	16.02
63	5.53	6.76	8.53	10.32	18.75	23.58	3.49	4.26	5.74	7.24	12.18	17.54
64	6.23	7.64	9.62	11.63	20.78	26.19	3.87	4.73	6.26	8.01	13.26	19.35
65	7.05	8.66	10.87	13.13	22.91	28.94	4.28	5.21	6.86	8.80	14.37	21.18
66	7.98	9.89	12.29	14.72	25.71	32.77	4.77	5.80	7.60	9.75	15.96	23.74
67	9.05	11.28	13.91	16.50	28.83	37.07	5.37	6.52	8.51	10.90	17.84	26.56
68	10.34	12.98	15.88	18.68	32.42	42.01	6.09	7.40	9.61	12.05	19.75	29.82
69	11.63	14.68	17.85	20.86	36.00	46.99	6.95	8.44	10.92	13.21	22.03	33.49
70	13.32	16.92	20.42	23.64	40.56	53.32	7.96	9.67	12.47	14.70	24.54	37.56
71	16.09	20.47	24.08	27.80	48.13	62.37	9.55	11.46	14.20	16.34	27.51	42.67
72	18.94	24.00	27.71	31.78	56.82	72.84	11.14	13.28	16.21	18.37	30.77	48.49
73	22.20	28.04	31.92	36.14	66.82	84.98	12.96	15.28	18.61	20.81	34.38	54.84
74	25.61	32.16	36.23	41.53			15.07	17.58	21.23	23.43		
75	30.08	37.08	42.05	48.05			17.52	20.28	24.29	26.45		
76	35.23	43.37	49.02	55.91			20.39	23.43	28.22	30.50		
77	40.38	49.66	55.99	62.28			23.66	26.75	32.80	34.70		
78	47.19	57.73	64.92	68.26			27.57	31.02	37.94	39.48		
79												
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.48	0.65	0.75	0.91	1.67	2.04	0.39	0.50	0.64	0.72	1.20	1.50
19	0.48	0.65	0.75	0.91	1.67	2.04	0.39	0.50	0.64	0.72	1.20	1.50
20	0.48	0.65	0.75	0.91	1.67	2.04	0.39	0.50	0.64	0.72	1.20	1.50
21	0.48	0.65	0.75	0.91	1.67	2.05	0.39	0.50	0.64	0.72	1.22	1.52
22	0.48	0.65	0.75	0.91	1.68	2.06	0.39	0.50	0.64	0.72	1.24	1.54
23	0.48	0.65	0.75	0.91	1.69	2.07	0.39	0.50	0.64	0.72	1.26	1.56
24	0.48	0.65	0.75	0.91	1.70	2.09	0.39	0.50	0.64	0.72	1.27	1.57
25	0.48	0.65	0.75	0.91	1.70	2.10	0.39	0.50	0.64	0.72	1.27	1.57
26	0.48	0.65	0.76	0.91	1.71	2.11	0.39	0.50	0.65	0.73	1.28	1.58
27	0.48	0.65	0.77	0.91	1.73	2.12	0.40	0.50	0.65	0.74	1.30	1.60
28	0.48	0.66	0.79	0.93	1.75	2.14	0.40	0.50	0.65	0.74	1.32	1.62
29	0.49	0.67	0.81	0.95	1.77	2.16	0.41	0.51	0.66	0.74	1.34	1.65
30	0.49	0.67	0.82	0.95	1.77	2.16	0.42	0.52	0.67	0.75	1.35	1.67
31	0.50	0.67	0.83	0.96	1.83	2.25	0.44	0.53	0.68	0.78	1.43	1.75
32	0.51	0.67	0.84	0.98	1.89	2.34	0.45	0.55	0.70	0.81	1.51	1.85
33	0.52	0.68	0.85	1.00	1.96	2.49	0.47	0.57	0.72	0.85	1.59	1.95
34	0.54	0.69	0.88	1.02	2.06	2.65	0.49	0.59	0.74	0.89	1.68	2.06
35	0.56	0.70	0.90	1.04	2.17	2.83	0.52	0.60	0.76	0.93	1.78	2.18
36	0.60	0.75	0.96	1.11	2.32	3.04	0.55	0.64	0.81	0.99	1.91	2.35
37	0.64	0.80	1.02	1.18	2.49	3.27	0.58	0.68	0.86	1.05	2.05	2.55
38	0.68	0.85	1.10	1.27	2.69	3.55	0.62	0.72	0.91	1.12	2.19	2.75
39	0.73	0.90	1.18	1.36	2.89	3.83	0.66	0.76	0.96	1.19	2.33	2.95
40	0.78	0.94	1.26	1.46	3.12	4.14	0.70	0.80	1.01	1.27	2.46	3.14
41	0.87	1.05	1.40	1.62	3.52	4.65	0.76	0.88	1.11	1.40	2.70	3.46
42	0.96	1.16	1.55	1.80	3.92	5.16	0.82	0.96	1.22	1.53	2.94	3.81
43	1.05	1.28	1.71	1.98	4.32	5.67	0.88	1.04	1.33	1.66	3.18	4.19
44	1.14	1.40	1.87	2.17	4.72	6.20	0.94	1.12	1.43	1.79	3.43	4.61
45	1.25	1.53	2.05	2.38	5.22	6.84	0.99	1.20	1.53	1.90	3.71	5.06
46	1.38	1.69	2.23	2.61	5.72	7.48	1.08	1.31	1.67	2.06	4.05	5.51
47	1.52	1.86	2.41	2.84	6.21	8.09	1.18	1.43	1.82	2.23	4.40	5.96
48	1.66	2.03	2.61	3.05	6.69	8.69	1.28	1.55	1.98	2.41	4.76	6.40
49	1.80	2.19	2.82	3.25	7.22	9.34	1.38	1.67	2.14	2.59	5.12	6.83
50	1.94	2.33	3.04	3.47	7.82	9.98	1.48	1.78	2.29	2.75	5.49	7.25
51	2.14	2.55	3.34	3.90	8.55	10.83	1.62	1.93	2.47	2.97	5.99	7.80
52	2.38	2.81	3.64	4.33	9.34	11.74	1.76	2.08	2.65	3.19	6.48	8.36
53	2.62	3.10	3.98	4.84	10.21	12.72	1.91	2.24	2.83	3.43	6.97	8.95
54	2.85	3.39	4.36	5.40	11.15	13.80	2.09	2.41	3.02	3.69	7.52	9.59
55	3.08	3.65	4.82	6.09	12.11	14.86	2.28	2.61	3.28	4.03	8.26	10.45
56	3.43	4.05	5.34	6.77	13.08	16.12	2.50	2.90	3.64	4.48	9.01	11.55
57	3.83	4.52	5.95	7.44	14.17	17.59	2.76	3.21	4.04	4.97	9.76	12.76
58	4.28	5.03	6.62	8.18	15.31	19.13	3.03	3.55	4.48	5.53	10.51	14.13
59	4.76	5.59	7.34	8.99	16.53	20.77	3.33	3.94	4.97	6.14	11.39	15.66
60	5.31	6.20	8.14	9.90	17.80	22.51	3.66	4.37	5.52	6.83	12.37	17.33
61	6.16	7.21	9.34	11.38	20.02	25.05	4.15	4.96	6.29	7.81	14.18	20.30
62	7.01	8.22	10.55	12.90	22.21	27.56	4.66	5.59	7.11	8.84	15.94	23.22
63	7.99	9.34	11.94	14.65	24.49	30.23	5.25	6.31	8.05	10.01	17.67	26.11
64	9.12	10.66	13.53	16.65	27.30	33.48	5.95	7.15	9.16	11.40	19.63	29.51
65	10.40	12.15	15.33	18.93	30.28	36.89	6.72	8.10	10.40	12.95	21.74	33.15
66	11.81	13.99	17.23	21.25			7.57	9.21	11.64	14.54		
67	13.35	16.04	19.13	23.57			8.52	10.47	12.88	16.23		
68	15.16	18.46	21.03	25.89			9.60	11.92	14.11	18.20		
69	16.97	20.94	22.93	28.21			10.81	13.56	15.33	20.41		
70	19.37	24.19	25.58	30.73			12.28	15.48	16.65	23.07		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999											
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.72	0.94	1.17	1.44	2.36	3.08	0.62	0.74	0.91	1.17	1.57	2.04
19	0.72	0.94	1.17	1.44	2.36	3.08	0.62	0.74	0.91	1.17	1.57	2.04
20	0.72	0.94	1.17	1.44	2.36	3.08	0.62	0.74	0.91	1.17	1.57	2.04
21	0.72	0.94	1.17	1.44	2.38	3.10	0.62	0.74	0.91	1.17	1.59	2.07
22	0.72	0.94	1.17	1.44	2.40	3.13	0.62	0.74	0.91	1.17	1.62	2.11
23	0.72	0.94	1.17	1.44	2.42	3.16	0.62	0.74	0.91	1.17	1.65	2.14
24	0.72	0.94	1.17	1.44	2.47	3.21	0.62	0.74	0.91	1.17	1.68	2.16
25	0.72	0.94	1.17	1.47	2.52	3.28	0.62	0.74	0.92	1.17	1.68	2.18
26	0.72	0.95	1.19	1.50	2.57	3.35	0.63	0.75	0.94	1.18	1.73	2.26
27	0.73	0.96	1.22	1.53	2.63	3.42	0.64	0.77	0.96	1.21	1.80	2.34
28	0.75	0.97	1.25	1.56	2.70	3.51	0.64	0.79	0.99	1.23	1.87	2.42
29	0.77	0.99	1.29	1.59	2.77	3.60	0.64	0.80	1.02	1.25	1.93	2.50
30	0.77	1.00	1.32	1.60	2.84	3.67	0.65	0.81	1.04	1.26	1.96	2.56
31	0.79	1.01	1.35	1.63	2.96	3.82	0.67	0.83	1.08	1.30	2.07	2.72
32	0.81	1.03	1.38	1.67	3.09	3.97	0.69	0.85	1.11	1.34	2.19	2.88
33	0.84	1.05	1.41	1.71	3.24	4.17	0.71	0.87	1.14	1.38	2.32	3.05
34	0.87	1.07	1.46	1.75	3.42	4.38	0.73	0.89	1.16	1.40	2.45	3.22
35	0.90	1.08	1.50	1.80	3.61	4.61	0.75	0.89	1.17	1.42	2.57	3.40
36	0.96	1.16	1.61	1.94	3.91	5.01	0.80	0.96	1.26	1.51	2.78	3.65
37	1.03	1.25	1.72	2.09	4.22	5.41	0.85	1.01	1.35	1.61	2.99	3.92
38	1.11	1.34	1.83	2.25	4.57	5.86	0.90	1.08	1.45	1.72	3.20	4.20
39	1.19	1.45	1.96	2.43	4.94	6.34	0.95	1.16	1.55	1.83	3.43	4.48
40	1.27	1.56	2.10	2.63	5.33	6.85	1.01	1.23	1.67	1.96	3.66	4.76
41	1.40	1.75	2.35	2.90	6.08	7.56	1.11	1.38	1.83	2.14	4.04	5.27
42	1.55	1.94	2.61	3.17	6.86	8.30	1.22	1.54	1.99	2.32	4.43	5.80
43	1.70	2.13	2.87	3.45	7.61	9.04	1.33	1.70	2.12	2.50	4.86	6.38
44	1.85	2.35	3.15	3.75	8.39	9.83	1.44	1.83	2.22	2.68	5.33	7.02
45	2.03	2.60	3.47	4.09	9.20	10.73	1.56	1.87	2.32	2.89	5.83	7.71
46	2.22	2.85	3.79	4.50	9.99	11.60	1.72	2.04	2.55	3.21	6.44	8.54
47	2.43	3.10	4.14	4.95	10.73	12.41	1.88	2.22	2.81	3.56	7.10	9.76
48	2.65	3.39	4.53	5.44	11.39	13.18	2.04	2.40	3.08	3.93	7.80	10.78
49	2.90	3.69	4.94	5.98	12.01	13.91	2.22	2.60	3.36	4.34	8.51	11.71
50	3.17	4.03	5.39	6.58	12.51	14.58	2.42	2.80	3.67	4.77	9.28	12.49
51	3.69	4.55	5.99	7.27	13.91	15.71	2.75	3.14	4.08	5.24	10.07	13.33
52	4.22	5.09	6.61	7.97	15.45	16.58	3.08	3.48	4.51	5.71	10.86	14.21
53	4.78	5.70	7.30	8.74	16.94	16.99	3.44	3.87	4.97	6.26	11.91	15.46
54	5.40	6.39	8.08	9.60			3.86	4.32	5.50	6.88		
55	6.16	7.19	8.98	10.59			4.38	4.86	6.12	7.64		
56	6.90	8.01	9.98	11.62			4.89	5.41	6.83	8.50		
57	7.63	8.88	11.00	12.11			5.43	6.02	7.59	9.41		
58	8.41	9.84	12.12	12.43			6.05	6.71	8.47	10.36		
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$1,000,000 and over													
Term Period	10	10	10	10	10	10	10	10	10	10	10	10	10	
Gender	Male		Male		Male		Female		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco
18	0.30	0.38	0.55	0.64	1.14	1.50	0.24	0.32	0.43	0.49	0.80	1.10	0.30	0.38
19	0.30	0.38	0.55	0.64	1.14	1.50	0.24	0.32	0.43	0.49	0.80	1.10	0.30	0.38
20	0.30	0.38	0.55	0.64	1.14	1.50	0.24	0.32	0.43	0.49	0.80	1.10	0.30	0.38
21	0.30	0.38	0.55	0.64	1.14	1.51	0.24	0.32	0.43	0.49	0.81	1.11	0.30	0.38
22	0.30	0.38	0.55	0.64	1.14	1.52	0.24	0.32	0.43	0.49	0.82	1.12	0.30	0.38
23	0.30	0.38	0.55	0.64	1.14	1.53	0.24	0.32	0.43	0.49	0.83	1.13	0.30	0.38
24	0.30	0.38	0.55	0.64	1.14	1.54	0.24	0.32	0.43	0.49	0.84	1.14	0.30	0.38
25	0.30	0.38	0.55	0.64	1.14	1.55	0.24	0.32	0.43	0.49	0.84	1.14	0.30	0.38
26	0.30	0.38	0.55	0.64	1.15	1.56	0.24	0.32	0.43	0.49	0.85	1.15	0.30	0.38
27	0.30	0.38	0.55	0.64	1.16	1.58	0.24	0.32	0.44	0.50	0.87	1.17	0.30	0.38
28	0.30	0.38	0.55	0.64	1.17	1.60	0.24	0.32	0.44	0.50	0.89	1.19	0.30	0.38
29	0.30	0.38	0.55	0.64	1.18	1.62	0.25	0.32	0.44	0.50	0.91	1.21	0.30	0.38
30	0.30	0.38	0.55	0.65	1.20	1.63	0.25	0.32	0.44	0.51	0.91	1.22	0.30	0.38
31	0.30	0.38	0.55	0.66	1.22	1.65	0.25	0.33	0.45	0.53	0.93	1.25	0.30	0.38
32	0.30	0.39	0.55	0.67	1.24	1.67	0.25	0.33	0.46	0.55	0.96	1.29	0.30	0.39
33	0.30	0.40	0.55	0.68	1.26	1.69	0.26	0.34	0.47	0.56	0.99	1.34	0.30	0.40
34	0.30	0.41	0.57	0.69	1.28	1.77	0.26	0.35	0.48	0.57	1.02	1.40	0.30	0.41
35	0.31	0.42	0.58	0.71	1.30	1.84	0.27	0.36	0.48	0.59	1.07	1.48	0.31	0.42
36	0.32	0.44	0.61	0.75	1.38	1.95	0.29	0.38	0.51	0.62	1.13	1.57	0.32	0.44
37	0.33	0.46	0.64	0.79	1.46	2.06	0.30	0.40	0.54	0.65	1.20	1.66	0.33	0.46
38	0.36	0.48	0.69	0.84	1.58	2.24	0.31	0.42	0.57	0.69	1.28	1.77	0.36	0.48
39	0.37	0.51	0.74	0.90	1.71	2.43	0.33	0.44	0.60	0.73	1.36	1.89	0.37	0.51
40	0.39	0.54	0.80	0.96	1.86	2.64	0.35	0.46	0.64	0.79	1.47	2.04	0.39	0.54
41	0.43	0.60	0.88	1.06	2.05	2.95	0.38	0.51	0.71	0.87	1.62	2.25	0.43	0.60
42	0.46	0.66	0.98	1.16	2.26	3.27	0.42	0.56	0.79	0.95	1.77	2.46	0.46	0.66
43	0.50	0.71	1.07	1.26	2.47	3.58	0.46	0.61	0.86	1.03	1.91	2.67	0.50	0.71
44	0.55	0.77	1.16	1.37	2.67	3.88	0.50	0.67	0.92	1.11	2.05	2.90	0.55	0.77
45	0.61	0.83	1.26	1.50	2.85	4.24	0.54	0.73	0.99	1.20	2.18	3.14	0.61	0.83
46	0.67	0.91	1.38	1.64	3.13	4.67	0.60	0.81	1.09	1.33	2.42	3.50	0.67	0.91
47	0.74	0.99	1.50	1.78	3.43	5.10	0.66	0.88	1.19	1.47	2.65	3.86	0.74	0.99
48	0.81	1.07	1.61	1.92	3.73	5.53	0.72	0.95	1.29	1.60	2.87	4.22	0.81	1.07
49	0.88	1.16	1.72	2.06	4.02	5.96	0.78	1.02	1.36	1.69	3.07	4.57	0.88	1.16
50	0.96	1.25	1.82	2.23	4.25	6.40	0.83	1.06	1.42	1.75	3.21	4.85	0.96	1.25
51	1.07	1.38	1.99	2.43	4.64	6.94	0.91	1.15	1.53	1.89	3.46	5.27	1.07	1.38
52	1.18	1.53	2.17	2.67	5.10	7.48	0.99	1.24	1.64	2.03	3.71	5.69	1.18	1.53
53	1.32	1.69	2.38	2.94	5.56	8.08	1.06	1.33	1.75	2.17	3.95	6.10	1.32	1.69
54	1.48	1.88	2.61	3.25	6.06	8.78	1.13	1.42	1.86	2.31	4.19	6.51	1.48	1.88
55	1.67	2.11	2.91	3.63	6.62	9.49	1.22	1.52	2.00	2.47	4.59	7.16	1.67	2.11
56	1.87	2.36	3.22	4.01	7.24	10.28	1.32	1.64	2.15	2.68	4.99	7.82	1.87	2.36
57	2.07	2.61	3.54	4.39	7.93	11.08	1.44	1.78	2.32	2.89	5.39	8.48	2.07	2.61
58	2.28	2.86	3.86	4.77	8.66	11.89	1.57	1.95	2.50	3.10	5.79	9.14	2.28	2.86
59	2.51	3.11	4.18	5.15	9.43	12.77	1.71	2.12	2.71	3.31	6.24	9.83	2.51	3.11
60	2.76	3.37	4.51	5.51	10.26	13.69	1.87	2.30	2.93	3.51	6.73	10.64	2.76	3.37
61	3.07	3.78	5.01	6.02	11.36	15.07	2.05	2.52	3.24	3.84	7.28	11.60	3.07	3.78
62	3.39	4.20	5.54	6.60	12.47	16.50	2.23	2.76	3.55	4.17	7.93	12.60	3.39	4.20
63	3.78	4.71	6.18	7.29	13.75	18.16	2.44	3.02	3.89	4.51	8.62	13.66	3.78	4.71
64	4.23	5.31	6.91	8.08	15.36	20.19	2.69	3.33	4.32	4.94	9.42	14.98	4.23	5.31
65	4.73	5.97	7.73	8.96	16.96	22.30	2.94	3.64	4.74	5.34	10.19	16.28	4.73	5.97
66	5.29	6.63	8.55	9.92	18.67	24.54	3.20	3.96	5.16	5.84	11.11	17.80	5.29	6.63
67	5.85	7.33	9.47	11.00	20.47	26.98	3.50	4.31	5.59	6.38	12.13	19.50	5.85	7.33
68	6.42	8.24	10.63	12.36	22.57	29.79	3.89	4.79	6.20	7.12	13.38	21.18	6.42	8.24
69	7.02	9.15	11.79	13.72	24.71	32.65	4.35	5.34	6.99	8.06	14.81	22.80	7.02	9.15
70	7.82	10.21	13.13	15.27	27.26	36.05	4.97	6.08	7.87	9.14	16.47	24.46	7.82	10.21
71	9.20	11.79	15.46	18.07	30.36	40.39	5.82	7.09	9.02	10.40	18.69	26.61	9.20	11.79
72	10.42	13.27	17.70	20.59	33.95	45.52	6.89	8.32	10.46	12.02	21.51	28.76	10.42	13.27
73	11.64	14.77	19.94	23.19	37.47	51.96	8.01	9.63	11.98	13.72	24.29	32.17	11.64	14.77
74	13.29	16.65	22.73	26.66	41.08	58.96	9.32	11.15	13.74	15.69	27.07	35.71	13.29	16.65
75	15.32	19.10	26.15	30.64	45.29	64.39	10.85	12.93	15.79	17.99	30.39	39.61	15.32	19.10
76	17.91	21.95	29.84	34.82	52.90	71.94	12.58	14.96	18.23	20.77	36.11	47.34	17.91	21.95
77	20.85	25.13	33.92	39.42	58.84	76.98	14.68	17.44	21.10	23.91	42.33	55.91	20.85	25.13
78	25.14	29.84	40.00	46.29	72.84	91.90	17.36	20.60	24.66	28.47	50.71	67.58	25.14	29.84
79	29.74	34.79	46.32	53.40	87.10	108.56	20.51	24.31	28.94	33.54	60.90	81.58	29.74	34.79
80	35.69	41.15	54.43	62.50	105.16	124.32	24.32	28.82	34.12	39.70	71.39	97.41	35.69	41.15

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$1,000,000 and over												
Term Period	15	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female						
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	
18	0.37	0.51	0.59	0.72	1.33	1.80	0.31	0.39	0.50	0.65	0.99	1.29	
19	0.37	0.51	0.59	0.72	1.33	1.80	0.31	0.39	0.50	0.65	0.99	1.29	
20	0.37	0.51	0.59	0.72	1.33	1.80	0.31	0.39	0.50	0.65	0.99	1.29	
21	0.37	0.51	0.59	0.72	1.33	1.81	0.31	0.39	0.50	0.65	1.00	1.30	
22	0.37	0.51	0.59	0.72	1.33	1.82	0.31	0.39	0.50	0.65	1.01	1.32	
23	0.37	0.51	0.59	0.72	1.34	1.83	0.31	0.39	0.50	0.65	1.02	1.34	
24	0.37	0.51	0.59	0.72	1.35	1.84	0.31	0.39	0.50	0.65	1.03	1.35	
25	0.37	0.51	0.59	0.72	1.35	1.84	0.31	0.39	0.50	0.65	1.03	1.35	
26	0.37	0.51	0.59	0.72	1.35	1.84	0.31	0.39	0.50	0.65	1.03	1.35	
27	0.37	0.51	0.59	0.72	1.35	1.85	0.31	0.39	0.51	0.66	1.04	1.37	
28	0.37	0.51	0.59	0.72	1.35	1.87	0.31	0.39	0.51	0.67	1.05	1.39	
29	0.37	0.52	0.59	0.73	1.36	1.89	0.31	0.40	0.51	0.68	1.07	1.41	
30	0.37	0.52	0.60	0.73	1.36	1.89	0.31	0.40	0.52	0.68	1.08	1.41	
31	0.39	0.53	0.62	0.76	1.39	1.91	0.33	0.41	0.53	0.70	1.11	1.46	
32	0.40	0.54	0.64	0.79	1.42	1.94	0.34	0.42	0.55	0.72	1.14	1.51	
33	0.41	0.55	0.66	0.82	1.47	1.98	0.35	0.44	0.57	0.74	1.18	1.58	
34	0.42	0.56	0.68	0.84	1.54	2.04	0.37	0.46	0.59	0.77	1.23	1.65	
35	0.44	0.58	0.69	0.87	1.60	2.10	0.39	0.49	0.62	0.81	1.28	1.74	
36	0.47	0.61	0.74	0.93	1.71	2.25	0.42	0.52	0.66	0.86	1.37	1.88	
37	0.50	0.64	0.79	0.99	1.82	2.42	0.44	0.55	0.70	0.91	1.48	2.04	
38	0.53	0.68	0.84	1.07	1.97	2.63	0.46	0.58	0.74	0.96	1.59	2.20	
39	0.57	0.72	0.91	1.15	2.12	2.84	0.49	0.61	0.78	1.01	1.71	2.37	
40	0.61	0.76	0.98	1.24	2.30	3.09	0.52	0.64	0.83	1.08	1.83	2.55	
41	0.68	0.83	1.09	1.38	2.59	3.49	0.57	0.70	0.91	1.19	2.02	2.81	
42	0.76	0.90	1.21	1.52	2.89	3.91	0.62	0.76	1.00	1.30	2.21	3.07	
43	0.84	0.99	1.33	1.66	3.19	4.33	0.67	0.82	1.09	1.41	2.39	3.33	
44	0.92	1.08	1.45	1.80	3.48	4.75	0.72	0.88	1.16	1.52	2.58	3.60	
45	0.99	1.18	1.56	1.95	3.77	5.20	0.76	0.93	1.23	1.58	2.79	3.90	
46	1.10	1.30	1.69	2.12	4.19	5.73	0.84	1.02	1.35	1.75	3.08	4.30	
47	1.20	1.42	1.82	2.29	4.60	6.23	0.92	1.11	1.47	1.93	3.37	4.70	
48	1.29	1.54	1.98	2.46	5.00	6.73	1.00	1.21	1.59	2.11	3.68	5.10	
49	1.38	1.66	2.13	2.63	5.41	7.23	1.08	1.31	1.70	2.26	3.99	5.50	
50	1.48	1.80	2.30	2.83	5.94	7.71	1.15	1.39	1.77	2.37	4.27	5.86	
51	1.65	2.02	2.54	3.14	6.60	8.47	1.25	1.51	1.91	2.55	4.60	6.31	
52	1.82	2.24	2.78	3.45	7.26	9.25	1.35	1.63	2.05	2.73	4.93	6.76	
53	1.99	2.45	3.06	3.79	8.00	10.10	1.45	1.75	2.19	2.92	5.27	7.21	
54	2.18	2.66	3.35	4.17	8.80	11.03	1.58	1.89	2.33	3.11	5.63	7.78	
55	2.41	2.96	3.71	4.63	9.60	11.96	1.70	2.05	2.55	3.38	6.14	8.40	
56	2.68	3.26	4.08	5.13	10.40	12.89	1.84	2.23	2.79	3.70	6.66	9.16	
57	2.95	3.57	4.51	5.63	11.19	14.02	1.99	2.43	3.06	4.06	7.18	10.00	
58	3.22	3.90	4.96	6.14	11.96	15.18	2.16	2.64	3.35	4.44	7.69	10.95	
59	3.49	4.27	5.46	6.66	12.71	16.39	2.34	2.88	3.68	4.88	8.22	12.02	
60	3.81	4.66	5.99	7.26	13.43	17.64	2.54	3.14	4.03	5.35	8.87	13.18	
61	4.31	5.28	6.79	8.22	14.87	19.62	2.84	3.45	4.49	5.91	9.79	14.58	
62	4.82	5.90	7.59	9.18	16.30	21.52	3.14	3.80	4.97	6.52	10.71	15.98	
63	5.42	6.63	8.51	10.29	17.86	23.53	3.47	4.16	5.45	7.18	11.71	17.50	
64	6.11	7.48	9.59	11.58	19.85	26.13	3.84	4.59	5.99	7.94	12.91	19.32	
65	6.91	8.46	10.84	13.08	21.96	28.87	4.24	5.04	6.59	8.74	14.09	21.12	
66	7.84	9.67	12.20	14.67	25.05	32.70	4.73	5.65	7.28	9.63	15.69	23.60	
67	8.89	11.04	13.73	16.45	28.52	37.00	5.32	6.39	8.09	10.73	17.45	26.34	
68	10.17	12.71	15.61	18.63	32.36	41.94	6.05	7.29	9.10	11.82	19.49	29.50	
69	11.45	14.37	17.49	20.81	35.95	46.92	6.90	8.36	10.30	13.16	21.76	33.06	
70	13.12	16.61	19.89	23.59	40.50	53.24	7.91	9.64	11.70	14.60	24.26	37.00	
71	15.89	20.10	23.61	27.74	48.06	62.28	9.50	11.43	13.47	16.25	27.09	41.96	
72	18.74	23.56	27.29	31.73	56.73	72.73	11.09	13.24	15.45	18.24	30.22	47.40	
73	21.98	27.53	31.46	36.09	66.72	84.85	12.91	15.24	17.87	20.64	33.68	53.37	
74	25.38	31.58	35.79	41.47			15.02	17.53	20.49	23.21			
75	29.85	36.45	41.63	47.98			17.47	20.23	23.56	26.17			
76	34.98	42.63	48.57	55.83			20.34	23.37	27.54	30.12			
77	40.11	48.81	55.52	62.18			23.61	26.69	31.98	34.65			
78	46.88	56.76	64.41	68.16			27.53	30.95	36.86	39.42			
79													
80													

TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$1,000,000 and over													
Term Period	20	20	20	20	20	20	20	20	20	20	20	20	20	
Gender	Male		Male		Male		Female		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco
18	0.44	0.61	0.73	0.84	1.54	2.00	0.36	0.45	0.60	0.69	1.14	1.44	0.36	0.45
19	0.44	0.61	0.73	0.84	1.54	2.00	0.36	0.45	0.60	0.69	1.14	1.44	0.36	0.45
20	0.44	0.61	0.73	0.84	1.54	2.00	0.36	0.45	0.60	0.69	1.14	1.44	0.36	0.45
21	0.44	0.61	0.73	0.84	1.55	2.00	0.36	0.45	0.60	0.69	1.15	1.46	0.36	0.45
22	0.44	0.61	0.73	0.84	1.56	2.01	0.36	0.45	0.60	0.69	1.17	1.48	0.36	0.45
23	0.44	0.61	0.73	0.84	1.57	2.02	0.36	0.45	0.60	0.69	1.18	1.50	0.36	0.45
24	0.44	0.61	0.73	0.84	1.58	2.03	0.36	0.45	0.60	0.69	1.19	1.51	0.36	0.45
25	0.44	0.61	0.73	0.84	1.58	2.03	0.36	0.45	0.60	0.69	1.19	1.51	0.36	0.45
26	0.44	0.61	0.73	0.85	1.59	2.04	0.36	0.45	0.60	0.70	1.20	1.52	0.36	0.45
27	0.44	0.61	0.74	0.86	1.61	2.05	0.37	0.45	0.61	0.71	1.22	1.54	0.37	0.45
28	0.44	0.61	0.75	0.86	1.63	2.07	0.37	0.45	0.61	0.71	1.24	1.56	0.37	0.45
29	0.45	0.62	0.76	0.87	1.65	2.09	0.37	0.46	0.61	0.71	1.26	1.59	0.37	0.46
30	0.45	0.62	0.76	0.87	1.66	2.09	0.38	0.47	0.62	0.72	1.28	1.61	0.38	0.47
31	0.46	0.62	0.77	0.89	1.71	2.18	0.39	0.48	0.64	0.75	1.34	1.69	0.39	0.48
32	0.48	0.63	0.78	0.92	1.76	2.27	0.40	0.50	0.66	0.78	1.41	1.79	0.40	0.50
33	0.50	0.64	0.80	0.95	1.84	2.39	0.43	0.52	0.68	0.82	1.49	1.90	0.43	0.52
34	0.52	0.65	0.83	0.99	1.95	2.56	0.45	0.54	0.70	0.86	1.57	2.01	0.45	0.54
35	0.54	0.66	0.85	1.03	2.05	2.72	0.47	0.56	0.71	0.90	1.66	2.13	0.47	0.56
36	0.58	0.70	0.91	1.10	2.20	2.95	0.50	0.60	0.76	0.96	1.79	2.30	0.50	0.60
37	0.62	0.74	0.97	1.17	2.36	3.19	0.53	0.64	0.81	1.02	1.94	2.50	0.53	0.64
38	0.66	0.79	1.05	1.26	2.55	3.48	0.56	0.68	0.87	1.09	2.09	2.70	0.56	0.68
39	0.70	0.84	1.13	1.35	2.74	3.79	0.59	0.72	0.93	1.16	2.25	2.90	0.59	0.72
40	0.73	0.90	1.22	1.44	2.96	4.12	0.63	0.75	0.98	1.24	2.39	3.09	0.63	0.75
41	0.82	1.00	1.36	1.60	3.36	4.60	0.69	0.82	1.08	1.36	2.62	3.39	0.69	0.82
42	0.91	1.11	1.51	1.77	3.76	5.11	0.75	0.89	1.19	1.50	2.85	3.72	0.75	0.89
43	1.00	1.22	1.66	1.94	4.16	5.61	0.80	0.97	1.29	1.64	3.09	4.07	0.80	0.97
44	1.09	1.33	1.83	2.13	4.59	6.11	0.85	1.06	1.38	1.77	3.35	4.45	0.85	1.06
45	1.20	1.46	2.01	2.34	5.09	6.72	0.91	1.14	1.48	1.85	3.63	4.86	0.91	1.14
46	1.33	1.62	2.21	2.58	5.61	7.36	1.00	1.25	1.63	2.03	3.97	5.30	1.00	1.25
47	1.47	1.78	2.40	2.82	6.12	8.00	1.10	1.36	1.78	2.21	4.32	5.74	1.10	1.36
48	1.61	1.94	2.60	3.03	6.62	8.63	1.20	1.47	1.93	2.39	4.68	6.18	1.20	1.47
49	1.75	2.09	2.81	3.23	7.11	9.25	1.30	1.59	2.08	2.56	5.04	6.62	1.30	1.59
50	1.88	2.25	3.02	3.45	7.69	9.87	1.41	1.70	2.24	2.71	5.40	7.05	1.41	1.70
51	2.08	2.47	3.32	3.85	8.39	10.75	1.55	1.85	2.42	2.93	5.85	7.60	1.55	1.85
52	2.31	2.73	3.62	4.28	9.13	11.65	1.69	2.00	2.60	3.15	6.30	8.15	1.69	2.00
53	2.55	3.01	3.96	4.76	9.94	12.65	1.84	2.18	2.78	3.39	6.76	8.74	1.84	2.18
54	2.79	3.29	4.33	5.30	10.83	13.73	2.01	2.37	2.97	3.66	7.28	9.38	2.01	2.37
55	3.04	3.56	4.79	5.96	11.72	14.80	2.21	2.56	3.22	4.00	7.96	10.22	2.21	2.56
56	3.38	3.95	5.29	6.65	12.71	16.06	2.44	2.84	3.58	4.44	8.69	11.32	2.44	2.84
57	3.78	4.41	5.88	7.35	13.87	17.52	2.69	3.14	3.99	4.93	9.45	12.54	2.69	3.14
58	4.20	4.91	6.51	8.05	15.08	19.05	2.98	3.48	4.43	5.48	10.32	13.93	2.98	3.48
59	4.68	5.46	7.20	8.84	16.36	20.69	3.29	3.86	4.93	6.09	11.29	15.46	3.29	3.86
60	5.19	6.06	7.96	9.74	17.73	22.42	3.64	4.28	5.48	6.77	12.34	17.15	3.64	4.28
61	6.03	7.06	9.15	11.10	19.94	24.60	4.10	4.86	6.13	7.75	13.76	20.05	4.10	4.86
62	6.88	8.06	10.35	12.48	22.12	26.78	4.59	5.48	6.84	8.77	15.17	22.90	4.59	5.48
63	7.84	9.17	11.73	14.08	24.41	29.22	5.15	6.19	7.63	9.94	16.62	25.72	5.15	6.19
64	8.96	10.48	13.31	15.89	27.21	32.10	5.82	7.03	8.56	11.33	18.34	29.04	5.82	7.03
65	10.23	11.96	15.11	17.94	30.18	35.11	6.55	7.97	9.59	12.88	20.09	32.59	6.55	7.97
66	11.51	13.67	16.97	20.09			7.39	9.09	10.68	14.43			7.39	9.09
67	12.93	15.56	18.83	22.24			8.35	10.36	11.90	16.10			8.35	10.36
68	14.55	17.77	20.69	24.79			9.45	11.82	13.27	18.04			9.45	11.82
69	16.17	20.03	22.55	27.34			10.68	13.48	14.80	20.20			10.68	13.48
70	18.33	22.99	25.15	30.68			12.16	15.46	16.63	22.81			12.16	15.46
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TL16 BASE LEVEL-PERIOD PREMIUM RATES PER 1,000

Band	\$1,000,000 and over											
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male		Male		Male		Female		Female		Female	
Risk Class	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Tobacco	Std Tobacco
18	0.63	0.88	1.11	1.34	2.29	3.02	0.55	0.66	0.86	1.11	1.51	1.96
19	0.63	0.88	1.11	1.34	2.29	3.02	0.55	0.66	0.86	1.11	1.51	1.96
20	0.63	0.88	1.11	1.34	2.29	3.02	0.55	0.66	0.86	1.11	1.51	1.96
21	0.63	0.88	1.11	1.34	2.30	3.04	0.55	0.66	0.86	1.11	1.53	1.99
22	0.63	0.88	1.11	1.34	2.32	3.06	0.55	0.66	0.86	1.11	1.56	2.03
23	0.63	0.88	1.11	1.34	2.34	3.08	0.56	0.66	0.86	1.11	1.57	2.06
24	0.63	0.88	1.11	1.36	2.36	3.14	0.56	0.66	0.86	1.11	1.59	2.09
25	0.63	0.88	1.11	1.38	2.40	3.21	0.56	0.66	0.87	1.11	1.61	2.10
26	0.65	0.89	1.12	1.40	2.46	3.28	0.57	0.68	0.88	1.13	1.67	2.17
27	0.66	0.90	1.14	1.43	2.53	3.35	0.58	0.70	0.91	1.16	1.73	2.25
28	0.68	0.91	1.18	1.47	2.61	3.44	0.58	0.72	0.94	1.19	1.79	2.33
29	0.70	0.92	1.21	1.51	2.69	3.53	0.58	0.74	0.97	1.22	1.85	2.41
30	0.71	0.93	1.23	1.54	2.77	3.61	0.59	0.75	0.98	1.23	1.89	2.47
31	0.73	0.95	1.27	1.57	2.87	3.74	0.62	0.77	1.01	1.26	2.01	2.61
32	0.75	0.97	1.31	1.60	2.98	3.87	0.64	0.79	1.04	1.29	2.14	2.77
33	0.78	0.99	1.35	1.63	3.11	4.03	0.66	0.81	1.07	1.32	2.27	2.93
34	0.81	1.01	1.39	1.67	3.26	4.21	0.69	0.83	1.09	1.35	2.40	3.09
35	0.84	1.03	1.44	1.71	3.42	4.40	0.71	0.84	1.10	1.35	2.53	3.24
36	0.90	1.11	1.54	1.84	3.72	4.80	0.76	0.90	1.18	1.46	2.72	3.50
37	0.97	1.19	1.64	1.97	4.05	5.23	0.80	0.95	1.27	1.57	2.92	3.79
38	1.04	1.28	1.76	2.13	4.42	5.71	0.85	1.01	1.36	1.68	3.13	4.08
39	1.12	1.39	1.88	2.29	4.80	6.21	0.90	1.07	1.47	1.81	3.34	4.39
40	1.21	1.48	2.01	2.46	5.21	6.75	0.95	1.14	1.57	1.94	3.54	4.70
41	1.34	1.67	2.25	2.72	5.88	7.46	1.05	1.28	1.73	2.11	3.91	5.19
42	1.48	1.86	2.49	2.99	6.54	8.18	1.17	1.43	1.89	2.28	4.28	5.69
43	1.62	2.05	2.73	3.26	7.21	8.92	1.29	1.58	2.05	2.46	4.69	6.24
44	1.77	2.25	3.00	3.56	7.94	9.70	1.41	1.69	2.17	2.65	5.13	6.85
45	1.94	2.49	3.30	3.90	8.65	10.60	1.52	1.76	2.24	2.85	5.62	7.51
46	2.14	2.75	3.64	4.30	9.36	11.51	1.68	1.94	2.48	3.17	6.29	8.46
47	2.34	3.00	3.98	4.71	10.06	12.38	1.84	2.12	2.72	3.50	6.95	9.64
48	2.55	3.25	4.34	5.17	10.76	13.12	1.99	2.30	2.98	3.87	7.62	10.68
49	2.78	3.53	4.73	5.66	11.52	13.82	2.14	2.49	3.25	4.25	8.33	11.57
50	3.04	3.84	5.17	6.20	12.34	14.45	2.29	2.69	3.53	4.66	9.09	12.29
51	3.52	4.36	5.73	6.89	13.71	15.60	2.60	3.01	4.03	5.15	9.84	13.13
52	4.02	4.88	6.30	7.65	15.22	16.48	2.91	3.34	4.50	5.63	10.58	14.02
53	4.55	5.47	6.93	8.48	16.62	16.93	3.23	3.71	4.96	6.16	11.59	15.33
54	5.14	6.14	7.64	9.42			3.62	4.11	5.49	6.77		
55	5.87	6.91	8.45	10.52			4.10	4.52	5.96	7.52		
56	6.58	7.71	9.39	11.56			4.58	5.03	6.64	8.27		
57	7.28	8.51	10.34	12.06			5.08	5.56	7.36	9.08		
58	8.02	9.38	11.40	12.41			5.65	6.09	8.20	9.87		
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TL16 BASE RENEWAL-PERIOD PREMIUM RATES PER 1,000

Guaranteed Renewal Premiums					Current Renewal Premiums												
Att'd Age	MNT	MT	FNT	FT	Att'd Age	MPP	MPNT	MSP	MSNT	MPT	MSI	FPP	FPNT	FSP	FSNT	FPT	FST
23	1.50	2.70	0.91	2.01	23	1.32	1.41	1.44	1.50	2.47	2.70	0.78	0.79	0.79	0.91	1.71	2.01
24	1.57	2.94	0.96	2.16	24	1.32	1.41	1.44	1.57	2.49	2.94	0.78	0.79	0.79	0.96	1.71	2.16
25	1.76	3.33	0.96	2.31	25	1.32	1.41	1.44	1.76	2.51	3.33	0.78	0.79	0.79	0.96	1.71	2.22
26	2.13	3.59	1.06	2.43	26	1.32	1.41	1.44	1.83	2.52	3.45	0.94	0.96	0.96	1.06	1.94	2.43
27	2.58	3.86	1.15	2.61	27	1.32	1.45	1.48	1.83	2.52	3.45	1.15	1.15	1.15	1.15	2.16	2.57
28	2.64	3.98	1.25	2.76	28	1.34	1.47	1.50	1.87	2.58	3.52	1.25	1.25	1.25	1.25	2.4	2.65
29	2.64	4.04	1.39	2.88	29	1.35	1.47	1.50	1.89	2.60	3.55	1.32	1.34	1.34	1.39	2.4	2.75
30	2.64	4.14	1.44	3.04	30	1.37	1.47	1.50	1.91	2.62	3.59	1.32	1.34	1.34	1.44	2.4	2.87
31	2.64	4.28	1.54	3.16	31	1.41	1.51	1.55	1.96	2.68	3.73	1.34	1.37	1.37	1.54	2.46	3.12
32	2.64	4.45	1.63	3.28	32	1.45	1.55	1.59	1.99	2.78	3.88	1.35	1.38	1.38	1.63	2.47	3.24
33	2.69	4.54	1.73	3.42	33	1.48	1.57	1.63	2.07	2.90	4.01	1.37	1.40	1.4	1.73	2.49	3.41
34	2.74	4.91	1.88	3.64	34	1.53	1.64	1.66	2.07	2.96	4.14	1.41	1.44	1.44	1.87	2.6	3.43
35	2.79	5.07	2.07	3.82	35	1.59	1.69	1.70	2.19	3.10	4.27	1.45	1.48	1.48	1.92	2.7	3.69
36	2.93	5.46	2.21	4.11	36	1.65	1.77	1.78	2.23	3.14	4.41	1.48	1.52	1.56	1.97	2.79	3.81
37	3.03	5.73	2.36	4.48	37	1.73	1.84	1.85	2.37	3.32	4.59	1.53	1.56	1.64	2.07	3.03	4.03
38	3.27	6.20	2.45	4.86	38	1.82	1.95	1.98	2.46	3.41	4.81	1.59	1.62	1.7	2.15	3.12	4.27
39	3.51	6.62	2.64	5.40	39	1.91	2.05	2.10	2.64	3.65	5.14	1.65	1.69	1.77	2.3	3.23	4.41
40	3.70	7.17	2.79	5.84	40	2.06	2.21	2.25	2.78	3.95	5.60	1.73	1.76	1.85	2.39	3.33	4.59
41	4.04	7.50	2.93	6.58	41	2.25	2.41	2.45	3.03	4.32	5.98	1.82	1.86	1.95	2.54	3.52	4.81
42	4.47	7.75	3.17	7.10	42	2.45	2.63	2.69	3.36	4.66	6.37	1.91	1.95	1.99	2.54	3.67	5.14
43	4.90	8.25	3.41	7.84	43	2.67	2.87	2.93	3.68	4.94	6.75	2.06	2.11	2.21	2.83	4.1	5.6
44	5.48	8.88	3.70	8.36	44	2.92	3.13	3.20	4.07	5.45	7.29	2.25	2.29	2.34	2.98	4.33	5.98
45	6.11	9.90	4.04	9.10	45	3.18	3.41	3.48	4.43	6.08	7.92	2.45	2.50	2.63	3.35	4.66	6.37
46	6.73	10.85	4.47	9.72	46	3.46	3.74	3.82	4.82	6.63	8.61	2.67	2.73	2.79	3.55	4.94	6.75
47	7.40	11.90	5.00	10.48	47	3.76	4.11	4.20	5.25	7.22	9.38	2.92	3.05	3.12	3.97	5.35	7.29
48	7.74	12.88	5.58	11.17	48	4.11	4.41	4.50	5.73	7.62	10.24	3.18	3.38	3.41	4.43	6.06	7.92
49	8.17	13.79	6.20	12.16	49	4.49	4.82	4.92	6.14	8.19	11.19	3.46	3.71	3.76	4.69	6.63	8.61
50	8.75	15.50	6.97	13.08	50	4.92	5.28	5.30	6.57	8.98	12.26	3.76	4.04	4.13	5.23	7.22	9.38
51	9.42	16.70	7.74	14.00	51	5.39	5.71	5.79	7.21	9.84	13.43	4.11	4.41	4.5	5.73	7.88	10.24
52	10.39	18.57	8.65	15.04	52	5.92	6.29	6.36	7.86	10.81	14.76	4.49	4.82	4.92	6.27	8.6	11.19
53	11.44	20.83	9.57	16.26	53	6.51	6.93	7.00	8.69	12.26	16.74	4.92	5.28	5.42	6.86	9.43	12.26
54	12.79	23.03	10.58	17.50	54	7.17	7.70	7.75	9.60	13.78	18.81	5.39	5.79	5.99	7.53	10.34	13.43
55	14.42	26.30	11.59	18.80	55	7.88	8.47	8.64	10.99	15.20	20.75	5.92	6.36	6.56	8.27	11.36	14.76
56	16.11	29.26	12.84	20.10	56	8.66	9.31	9.50	12.09	16.70	22.80	6.51	7.00	7.28	9.1	12.88	16.74
57	17.89	32.35	14.04	21.34	57	9.51	10.22	10.43	13.29	18.17	24.81	7.17	7.70	7.98	10.01	14.47	18.81
58	19.33	34.73	14.94	22.50	58	10.42	11.20	11.43	14.50	19.70	26.90	7.88	8.47	8.75	11.01	15.96	20.75
59	21.01	37.76	15.90	23.70	59	11.40	12.25	12.50	15.76	21.30	29.08	8.66	9.31	9.5	12.1	17.54	22.8
60	23.08	44.27	17.01	25.02	60	12.44	13.37	13.64	17.31	23.08	31.50	9.51	10.22	10.43	13.29	19.08	24.81
61	25.77	47.82	18.32	26.72	61	13.55	14.56	14.86	18.93	24.88	33.96	10.42	11.20	11.43	14.56	20.69	26.72
62	29.14	51.78	19.96	28.78	62	14.72	16.17	16.50	20.57	27.24	36.71	11.40	12.25	12.5	15.93	22.37	28.78
63	32.89	55.99	22.02	31.56	63	16.31	17.36	18.02	22.61	30.35	39.82	12.44	13.37	13.64	17.31	24.24	31.5
64	36.83	61.83	24.46	34.66	64	18.26	19.45	19.53	25.33	33.21	43.17	13.55	14.56	14.86	18.79	26.13	33.96
65	41.01	67.56	27.10	38.14	65	20.22	21.24	21.24	27.61	36.09	46.92	14.72	15.82	16.14	20.38	28.24	36.71
66	45.20	73.07	29.52	41.58	66	22.06	23.17	23.17	30.12	39.38	51.19	15.96	17.16	17.51	22.15	30.63	39.82
67	49.43	78.33	32.12	45.16	67	24.16	25.37	25.37	32.99	42.45	56.06	17.30	18.60	18.98	24.09	33.21	43.17
68	53.99	86.34	35.05	48.40	68	26.56	27.89	27.89	36.26	45.44	61.64	18.81	20.22	20.63	26.29	36.09	46.92
69	58.66	94.66	38.22	52.04	69	29.08	30.97	31.04	40.33	49.89	68.11	20.52	22.06	22.51	28.67	39.38	51.19
70	65.94	105.44	42.40	55.90	70	31.90	33.96	35.03	44.23	55.48	75.73	22.47	24.16	24.65	31.31	43.13	55.9
71	72.09	117.11	46.68	60.90	71	35.68	39.28	40.07	49.87	61.84	86.18	24.71	26.56	27.1	34.18	47.41	60.9
72	80.45	127.54	51.12	67.10	72	41.63	44.76	45.66	58.19	69.87	100.38	27.50	29.56	30.16	37.41	52.39	67.1
73	89.20	139.30	55.87	74.66	73	48.70	52.36	53.41	65.28	82.86	111.85	31.03	33.36	33.66	41.21	58.26	74.66
74	98.48	152.12	61.14	83.48	74	56.51	59.73	60.76	75.05	95.11	130.14	35.68	37.09	37.84	47.38	66.29	83.48
75	112.62	166.27	69.42	93.28	75	65.01	67.54	68.90	86.33	108.93	148.58	41.63	42.53	43.39	55.29	76.64	93.28
76	124.16	180.88	76.08	103.84	76	71.45	74.94	76.44	97.60	119.33	158.62	48.70	49.75	50.75	64.67	86.04	103.84
77	137.67	195.67	83.29	114.92	77	76.50	82.22	82.25	103.43	130.42	168.62	56.51	57.73	58.03	75.05	100.11	114.92
78	153.46	210.39	91.35	126.46	78	84.33	89.17	90.96	111.99	142.83	186.23	65.01	66.41	66.41	86.33	111.55	126.46
79	170.30	225.57	99.93	138.82	79	96.24	96.61	98.55	127.16	152.42	203.52	71.45	72.98	72.98	94.88	122.54	138.82
80	186.24	241.75	114.39	152.52	80	107.50	108.47	110.77	137.15	168.97	220.47	76.50	78.14	81.36	101.59	133.81	152.52
81	203.89	259.39	133.79	168.00	81	118.28	123.94	124.20	153.76	178.58	235.94	82.93	86.14	87.87	110.19	144.52	168
82	223.97	279.08	156.25	185.68	82	131.82	138.42	138.42	171.37	196.46	255.40	92.81	96.60	96.61	120.76	158.33	185.68
83	246.51	325.75	177.63	205.74	83	146.92	154.27	154.27	191.00	222.36	293.00	107.50	107.50	109.65	132.77	176.82	205.74
84	272.71	349.88	196.86	229.30	84	163.89	172.09	172.09	213.06	253.34	323.74	118.28	118.34	120.71	149.73	190.57	229.3
85	302.54	374.17	218.52	252.84	85	184.77	188.77	188.77	233.71	265.28	342.73	131.82	136.72	138.42	166.71	206.29	252.84
86	333.18	398.03	238.17	279.58	86	206.61	206.61	206.61	255.80	314.08	371.49	146.92	154.27	154.27	186.96	236.74	279.58
87	366.32	422.53	267.75	305.34	87	231.78	231.78	231.78	286.96	324.47	394.12	167.80	172.09	172.09	211.75	264.92	305.34
88	401.48	448.07	298.65	334.46	88	248.26	248.26	248.26	307.36	339.33	418.74	188.77	188.77	188.77	233.71	282.86	334.46
89	431.71	473.47	331.59	362.14	89	271.63	271.63	271.63	336.30	358.96	443.04	206.61	206.61	206.61	255.8	324.01	362.14
90	462.71	499.10	361.95	394.02	90	288.70	288.70	288.70	357.44	391.46	467.38	231.78	231.78	231.78	284.87	343.3	394.02
91	495.65	525.78	377.31	428.00	91	318.69	318.69	318.69	394.56	424.63	492.24	247.46	248.26	248.26	294.24	351.33	428
92	531.76	556.70	407.52	465.08	9												

TL16 LEVEL-PERIOD WAIVER OF PREMIUM RIDER RATES

Band	All Bands															
Term Period	10	10	10	10	15	15	15	15	20	20	20	20	30	30	30	30
Gender	Male	Male	Female	Female												
Risk Class	NonTobacco	Tobacco														
18	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.11	0.15	0.13	0.16
19	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.11	0.15	0.13	0.16
20	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.11	0.15	0.13	0.16
21	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.12	0.16	0.13	0.16
22	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.12	0.16	0.13	0.16
23	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.12	0.16	0.13	0.16
24	0.09	0.11	0.10	0.12	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.13	0.12	0.16	0.13	0.16
25	0.09	0.11	0.10	0.12	0.09	0.12	0.10	0.12	0.10	0.13	0.10	0.13	0.12	0.17	0.14	0.17
26	0.09	0.12	0.10	0.12	0.09	0.12	0.10	0.12	0.10	0.13	0.10	0.13	0.12	0.18	0.14	0.18
27	0.09	0.12	0.10	0.12	0.10	0.13	0.11	0.13	0.11	0.14	0.11	0.13	0.13	0.19	0.14	0.18
28	0.10	0.12	0.10	0.12	0.10	0.13	0.11	0.13	0.11	0.14	0.11	0.14	0.13	0.19	0.14	0.19
29	0.10	0.12	0.10	0.13	0.10	0.14	0.11	0.13	0.11	0.15	0.11	0.15	0.13	0.20	0.14	0.21
30	0.10	0.13	0.10	0.15	0.11	0.14	0.12	0.15	0.11	0.15	0.13	0.16	0.14	0.20	0.15	0.23
31	0.10	0.13	0.10	0.15	0.11	0.14	0.12	0.15	0.11	0.15	0.13	0.16	0.14	0.20	0.16	0.23
32	0.10	0.14	0.10	0.16	0.11	0.15	0.13	0.16	0.11	0.15	0.13	0.17	0.15	0.20	0.16	0.23
33	0.11	0.14	0.11	0.16	0.11	0.15	0.13	0.16	0.11	0.16	0.13	0.17	0.15	0.21	0.16	0.26
34	0.11	0.15	0.11	0.16	0.12	0.15	0.13	0.16	0.12	0.16	0.13	0.18	0.15	0.23	0.16	0.28
35	0.11	0.15	0.12	0.16	0.12	0.16	0.13	0.18	0.12	0.17	0.14	0.20	0.17	0.26	0.18	0.29
36	0.12	0.16	0.13	0.18	0.13	0.17	0.14	0.20	0.13	0.18	0.15	0.23	0.18	0.29	0.19	0.34
37	0.13	0.18	0.14	0.20	0.15	0.19	0.15	0.22	0.15	0.20	0.16	0.26	0.20	0.34	0.20	0.38
38	0.14	0.19	0.15	0.21	0.16	0.21	0.16	0.25	0.17	0.23	0.17	0.29	0.22	0.39	0.21	0.44
39	0.15	0.21	0.16	0.22	0.17	0.23	0.18	0.28	0.18	0.26	0.20	0.33	0.25	0.44	0.25	0.49
40	0.17	0.25	0.18	0.26	0.19	0.26	0.19	0.31	0.20	0.32	0.21	0.36	0.29	0.51	0.27	0.55
41	0.19	0.27	0.20	0.28	0.21	0.30	0.22	0.35	0.23	0.38	0.24	0.42	0.32	0.60	0.30	0.64
42	0.21	0.30	0.22	0.30	0.23	0.34	0.25	0.40	0.25	0.45	0.27	0.48	0.35	0.70	0.35	0.73
43	0.23	0.36	0.25	0.34	0.25	0.40	0.28	0.45	0.28	0.53	0.30	0.55	0.38	0.81	0.38	0.84
44	0.25	0.43	0.28	0.38	0.28	0.46	0.31	0.51	0.30	0.61	0.34	0.63	0.43	0.94	0.44	0.96
45	0.29	0.47	0.31	0.42	0.32	0.54	0.34	0.58	0.35	0.72	0.37	0.72	0.47	1.09	0.48	1.09
46	0.35	0.53	0.36	0.49	0.37	0.63	0.40	0.65	0.42	0.83	0.44	0.81	0.56	1.28	0.57	1.29
47	0.41	0.61	0.42	0.56	0.44	0.73	0.48	0.74	0.51	0.97	0.51	0.90	0.64	1.54	0.64	1.53
48	0.48	0.69	0.47	0.64	0.54	0.83	0.56	0.82	0.60	1.13	0.58	0.98	0.71	1.84	0.72	1.78
49	0.56	0.79	0.55	0.72	0.63	0.96	0.64	0.93	0.69	1.31	0.70	1.08	0.83	2.19	0.80	2.04
50	0.64	0.91	0.63	0.78	0.75	1.10	0.73	1.05	0.82	1.43	0.81	1.16	0.98	2.62	0.89	2.35
51	0.78	1.03	0.74	0.86	0.88	1.27	0.86	1.14	0.98	1.58	0.94	1.27	1.24	3.14	1.06	2.77
52	0.92	1.16	0.89	0.98	1.04	1.46	1.01	1.23	1.16	1.81	1.08	1.39	1.49	3.75	1.24	3.19
53	1.08	1.30	1.04	1.15	1.24	1.68	1.15	1.43	1.39	2.07	1.24	1.52	1.78	4.31	1.41	3.67
54	1.27	1.48	1.16	1.34	1.47	1.97	1.32	1.69	1.59	2.37	1.37	1.85	2.15	0.00	1.62	0.00
55	1.48	1.78	1.29	1.54	1.66	2.24	1.50	1.89	1.88	2.69	1.56	2.06	2.54	0.00	1.84	0.00

TL16 RENEWAL-PERIOD WAIVER OF PREMIUM RIDER RATES

Current & Guaranteed Renewal Premiums

<u>Att'd Age</u>	<u>MNT</u>	<u>MT</u>	<u>FNT</u>	<u>FT</u>
28	0.21	0.26	0.24	0.29
29	0.21	0.26	0.24	0.29
30	0.21	0.26	0.24	0.29
31	0.21	0.26	0.24	0.29
32	0.21	0.26	0.24	0.29
33	0.21	0.26	0.24	0.29
34	0.21	0.26	0.24	0.29
35	0.21	0.26	0.24	0.29
36	0.23	0.29	0.26	0.32
37	0.24	0.33	0.28	0.37
38	0.27	0.35	0.32	0.41
39	0.29	0.39	0.35	0.45
40	0.33	0.44	0.38	0.49
41	0.36	0.50	0.42	0.55
42	0.40	0.57	0.48	0.62
43	0.44	0.63	0.54	0.69
44	0.49	0.68	0.62	0.77
45	0.55	0.77	0.65	0.88
46	0.65	0.86	0.75	1.03
47	0.75	0.96	0.83	1.14
48	0.87	1.17	0.99	1.36
49	1.02	1.31	1.12	1.54
50	1.20	1.50	1.29	1.74
51	1.41	1.71	1.48	1.94
52	1.65	2.01	1.71	2.14
53	1.93	2.29	1.98	2.34
54	2.27	2.70	2.30	2.61
55	2.66	3.02	2.59	2.89
56	2.94	3.33	2.77	3.14
57	3.17	3.57	3.03	3.45
58	3.40	3.79	3.33	3.75
59	3.60	4.01	3.64	4.06
60	3.81	4.25	3.96	4.38
61	4.03	4.51	4.29	4.71
62	4.26	4.79	4.63	5.05
63	4.50	5.09	4.98	5.40
64	4.75	5.41	5.34	5.76

Children's Benefit Rider (CR11) Annual Premium Rates per Unit

6/23/2010

<u>Issue Age</u>	<u>Male</u>	<u>Female</u>
0-18	6.00	6.00

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999		\$25,000 - \$99,999			
	10	10	10	10	15	15	15	15	20	20	20	20	30	30	30	30	30	30		
Term Period	Male		Female		Male		Female													
	Std	Std	Std	Std																
Risk Class	NonTobacco	Std Tobacco	NonTobacco	Std Tobacco																
	10MSNB1	10MSSB1	10FSNB1	10FSSB1	15MSNB1	15MSSB1	15FSNB1	15FSSB1	20MSNB1	20MSSB1	20FSNB1	20FSSB1	30MSNB1	30MSSB1	30FSNB1	30FSSB1	30MSNB1	30MSSB1	30FSNB1	30FSSB1
18	1.94	3.42	1.71	2.34	1.99	3.51	1.78	2.43	2.04	3.65	1.92	2.73	2.21	4.09	1.97	2.90	2.21	4.09	1.97	2.90
19	1.94	3.42	1.71	2.34	1.99	3.51	1.78	2.43	2.04	3.65	1.92	2.73	2.21	4.09	1.97	2.90	2.21	4.09	1.97	2.90
20	1.94	3.42	1.71	2.34	1.99	3.51	1.78	2.43	2.04	3.65	1.92	2.73	2.21	4.09	1.97	2.90	2.21	4.09	1.97	2.90
21	1.94	3.42	1.71	2.34	1.99	3.51	1.78	2.44	2.04	3.65	1.92	2.75	2.21	4.11	1.97	2.93	2.21	4.11	1.97	2.93
22	1.94	3.42	1.71	2.37	1.99	3.51	1.78	2.47	2.04	3.66	1.92	2.77	2.21	4.16	1.98	2.96	2.21	4.16	1.98	2.96
23	1.95	3.42	1.71	2.40	1.99	3.51	1.79	2.48	2.04	3.67	1.92	2.79	2.21	4.21	1.99	2.99	2.21	4.21	1.99	2.99
24	1.96	3.42	1.71	2.41	1.99	3.51	1.80	2.48	2.04	3.68	1.92	2.80	2.21	4.26	1.99	3.02	2.21	4.26	1.99	3.02
25	1.96	3.42	1.71	2.41	1.99	3.51	1.80	2.48	2.04	3.69	1.92	2.80	2.23	4.33	1.99	3.03	2.23	4.33	1.99	3.03
26	1.96	3.44	1.71	2.41	1.99	3.53	1.80	2.49	2.04	3.77	1.92	2.85	2.26	4.40	2.03	3.15	2.26	4.40	2.03	3.15
27	1.96	3.46	1.72	2.43	2.00	3.56	1.80	2.53	2.05	3.88	1.93	2.91	2.31	4.48	2.07	3.28	2.31	4.48	2.07	3.28
28	1.96	3.48	1.73	2.45	2.01	3.61	1.80	2.57	2.06	3.99	1.94	2.99	2.36	4.58	2.11	3.41	2.36	4.58	2.11	3.41
29	1.97	3.51	1.73	2.47	2.02	3.64	1.80	2.63	2.08	4.10	1.95	3.07	2.42	4.68	2.16	3.54	3.07	4.68	2.16	3.54
30	1.97	3.55	1.73	2.47	2.02	3.74	1.80	2.68	2.08	4.17	1.96	3.15	2.46	4.76	2.21	3.69	3.15	4.76	2.21	3.69
31	1.97	3.60	1.75	2.55	2.02	3.86	1.82	2.77	2.12	4.31	2.01	3.29	2.55	4.95	2.28	3.91	3.29	4.95	2.28	3.91
32	1.97	3.65	1.77	2.63	2.02	3.98	1.84	2.87	2.16	4.45	2.06	3.45	2.64	5.15	2.36	4.15	3.45	5.15	2.36	4.15
33	1.97	3.76	1.79	2.71	2.02	4.10	1.87	3.00	2.20	4.66	2.12	3.63	2.73	5.39	2.44	4.40	3.63	5.39	2.44	4.40
34	1.97	3.92	1.82	2.81	2.05	4.23	1.91	3.14	2.28	4.90	2.20	3.83	2.86	5.67	2.53	4.67	3.83	5.67	2.53	4.67
35	1.99	4.09	1.87	2.95	2.06	4.40	1.96	3.30	2.34	5.18	2.27	4.05	2.99	5.97	2.61	4.96	4.05	5.97	2.61	4.96
36	2.06	4.29	1.93	3.19	2.16	4.69	2.04	3.55	2.47	5.50	2.36	4.43	3.18	6.51	2.75	5.45	4.43	6.51	2.75	5.45
37	2.14	4.50	1.99	3.46	2.26	5.00	2.12	3.82	2.60	5.83	2.45	4.85	3.38	7.10	2.89	6.00	4.85	7.10	2.89	6.00
38	2.26	4.82	2.05	3.79	2.36	5.39	2.20	4.13	2.75	6.24	2.55	5.32	3.61	7.77	3.04	6.60	5.32	7.77	3.04	6.60
39	2.38	5.16	2.12	4.16	2.48	5.80	2.30	4.46	2.92	6.65	2.65	5.81	3.86	8.47	3.21	7.24	6.65	8.47	3.21	7.24
40	2.51	5.55	2.22	4.62	2.61	6.25	2.41	4.82	3.10	7.11	2.76	6.34	4.12	9.24	3.38	7.93	7.11	9.24	3.38	7.93
41	2.70	6.07	2.34	5.07	2.80	6.77	2.54	5.25	3.31	7.77	2.92	6.86	4.41	9.99	3.56	8.66	7.77	9.99	3.56	8.66
42	2.91	6.64	2.47	5.51	3.00	7.31	2.69	5.74	3.54	8.50	3.09	7.38	4.72	10.72	3.76	9.39	8.50	10.72	3.76	9.39
43	3.11	7.20	2.62	5.92	3.20	7.84	2.85	6.29	3.78	9.23	3.27	7.99	5.03	11.43	3.98	10.12	9.23	11.43	3.98	10.12
44	3.30	7.75	2.78	6.30	3.40	8.35	3.02	6.89	4.02	9.97	3.47	8.62	5.38	12.14	4.20	10.89	9.97	12.14	4.20	10.89
45	3.49	8.22	2.94	6.62	3.60	8.71	3.19	7.54	4.24	10.78	3.67	9.31	5.75	12.99	4.43	11.79	10.78	12.99	4.43	11.79
46	3.71	8.91	3.18	7.27	3.89	9.34	3.41	8.22	4.61	11.66	3.99	10.14	6.32	14.00	4.60	12.84	11.66	14.00	4.60	12.84
47	3.96	9.70	3.42	7.94	4.22	10.04	3.64	8.92	5.02	12.61	4.33	11.00	6.96	15.40	4.87	14.24	12.61	15.40	4.87	14.24
48	4.22	10.54	3.68	8.63	4.59	10.81	3.87	9.63	5.46	13.63	4.69	11.91	7.67	16.90	5.14	15.49	13.63	16.90	5.14	15.49
49	4.50	11.45	3.93	9.31	4.99	11.67	4.09	10.34	5.93	14.73	5.05	12.82	8.47	18.40	5.41	16.94	14.73	18.40	5.41	16.94
50	4.79	12.41	4.12	9.87	5.46	12.63	4.26	11.00	6.47	15.92	5.43	13.74	9.36	20.10	5.68	18.14	15.92	20.10	5.68	18.14
51	5.13	13.43	4.36	10.61	5.95	13.90	4.61	11.82	7.02	17.26	5.83	14.72	10.30	21.90	5.95	19.40	17.26	21.90	5.95	19.40
52	5.49	14.44	4.60	11.34	6.44	15.16	4.95	12.63	7.53	18.70	6.23	15.70	11.20	23.80	6.23	20.80	18.70	23.80	6.23	20.80
53	5.92	15.44	4.83	12.05	6.98	16.43	5.28	13.44	8.02	20.29	6.63	16.68	12.10	25.80	6.63	22.00	20.29	25.80	6.63	22.00
54	6.40	16.58	5.06	12.75	7.58	17.86	5.63	14.33	8.50	22.03	7.02	17.66	13.00	27.90	7.02	23.90	22.03	27.90	7.02	23.90
55	6.99	17.81	5.33	13.91	8.30	19.31	6.13	15.59	9.11	23.76	7.40	18.74	13.90	30.10	7.40	25.30	23.76	30.10	7.40	25.30
56	7.67	19.17	5.73	15.14	9.09	20.76	6.63	17.01	10.11	25.62	8.08	20.39	14.80	32.50	8.08	27.90	25.62	32.50	8.08	27.90
57	8.48	20.71	6.19	16.37	10.00	22.51	7.15	18.57	11.26	27.78	8.84	22.22	15.80	35.10	8.84	30.50	27.78	35.10	8.84	30.50
58	9.32	22.32	6.69	17.60	10.95	24.31	7.74	20.34	12.57	30.01	9.67	24.26	16.80	37.90	9.67	33.10	30.01	37.90	9.67	33.10
59	10.22	23.97	7.27	19.07	11.98	26.20	8.39	22.34	13.98	32.39	10.60	26.53	17.80	40.90	10.60	35.10	32.39	40.90	10.60	35.10
60	11.18	25.72	7.89	20.64	13.09	28.14	9.10	24.51	15.57	34.90	11.62	29.01	18.80	44.10	11.62	38.10	34.90	44.10	11.62	38.10
61	12.25	27.99	8.60	22.36	14.34	30.65	9.90	26.81	17.20	37.67	12.72	31.62	20.00	47.50	12.72	41.50	37.67	47.50	12.72	41.50
62	13.32	30.41	9.30	24.11	15.61	33.15	10.70	29.11	18.82	40.41	13.79	34.36	21.30	51.10	13.79	44.10	40.41	51.10	13.79	44.10
63	14.38	33.05	9.98	26.16	17.06	35.97	11.50	31.41	20.50	43.43	14.84	37.29	22.70	54.90	14.84	47.10	43.43	54.90	14.84	47.10
64	15.43	36.52	10.66	28.60	18.74	39.53	12.43	33.98	22.50	47.08	16.04	40.70	24.20	58.90	16.04	50.10	47.08	58.90	16.04	50.10
65	16.67	40.09	11.42	30.98	20.65	43.24	13.38	36.73	24.68	50.82	17.37	44.08	25.80	63.10	17.37	53.10	50.82	63.10	17.37	53.10
66	18.50	44.07	12.36	33.51	22.85	47.33	14.77	39.93					27.50	67.50		56.10				
67	20.59	48.39	13.44	36.06	25.28	51.85	16.46	43.43					29.30	72.10		60.10				
68	23.21	53.24	14.76	38.62	28.25	57.02	18.53	47.48					31.30	77.10		64.10				
69	25.82	58.16	16.29	41.19	31.61	62.15	20.97	52.01					33.50	82.50		68.10				
70	28.95	63.97	18.10	44.85	34.86	68.42	23.86	56.98					35.90	88.30		72.10				
71	32.14	70.47	20.43	49.08	38.47		26.75						38.50	94.50		76.10				
72	35.31	76.95	22.89	54.53	42.08		29.63						41.30	101.10		80.10				
73	38.45	83.46	25.70	59.91	45.69		32.65						44.30	108.10		84.10				
74	41.83	91.49	28.95	65.32	49.30		36.41						47.50	115.50		88.10				
75	46.43	100.64	32.69	71.68	52.97		40.74						51.00	123.30		92.10				
76	51.53	110.80	36.37	79.75									54.80	131.50		96.10				
77	56.98	122.40																		

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus NonTobacco		Std Plus NonTobacco		Std Pref Tobacco		Std Plus NonTobacco		Std Plus NonTobacco		Std Plus NonTobacco	
	10MPPB2	10MPNB2	10MSPB2	10MSNB2	10MPSB2	10MSSB2	10FPPB2	10FPNB2	10FSPB2	10FSNB2	10FPSB2	10FSSB2
18	0.92	0.98	1.15	1.24	1.71	2.19	0.83	0.93	1.06	1.19	1.49	1.81
19	0.92	0.98	1.15	1.24	1.71	2.19	0.83	0.93	1.06	1.19	1.49	1.81
20	0.92	0.98	1.15	1.24	1.71	2.19	0.83	0.93	1.06	1.19	1.49	1.81
21	0.92	0.98	1.15	1.24	1.71	2.19	0.83	0.93	1.06	1.19	1.50	1.81
22	0.92	0.98	1.15	1.24	1.72	2.20	0.83	0.93	1.06	1.19	1.51	1.84
23	0.92	0.98	1.15	1.25	1.73	2.21	0.83	0.93	1.06	1.19	1.52	1.86
24	0.92	0.98	1.15	1.26	1.74	2.22	0.83	0.93	1.06	1.19	1.53	1.87
25	0.92	0.98	1.15	1.26	1.75	2.24	0.83	0.93	1.06	1.19	1.53	1.87
26	0.92	0.98	1.15	1.26	1.76	2.26	0.84	0.93	1.06	1.19	1.54	1.87
27	0.92	0.99	1.15	1.26	1.77	2.28	0.85	0.94	1.07	1.19	1.56	1.89
28	0.92	1.00	1.15	1.26	1.80	2.31	0.85	0.95	1.07	1.19	1.58	1.91
29	0.92	1.01	1.15	1.27	1.83	2.34	0.86	0.96	1.07	1.20	1.60	1.93
30	0.92	1.01	1.15	1.27	1.84	2.38	0.87	0.96	1.07	1.20	1.60	1.93
31	0.92	1.02	1.15	1.27	1.85	2.42	0.88	0.97	1.08	1.20	1.61	1.96
32	0.92	1.03	1.15	1.27	1.87	2.46	0.88	0.98	1.09	1.20	1.63	1.99
33	0.92	1.04	1.16	1.28	1.89	2.50	0.88	0.99	1.10	1.21	1.65	2.02
34	0.92	1.05	1.17	1.31	1.92	2.55	0.88	1.00	1.10	1.22	1.68	2.05
35	0.93	1.07	1.19	1.34	2.00	2.64	0.88	1.01	1.12	1.25	1.72	2.10
36	0.96	1.10	1.23	1.39	2.09	2.74	0.90	1.03	1.16	1.30	1.79	2.21
37	0.99	1.13	1.28	1.44	2.18	2.86	0.92	1.05	1.20	1.35	1.88	2.34
38	1.02	1.16	1.35	1.50	2.28	3.04	0.94	1.08	1.25	1.40	1.97	2.48
39	1.05	1.20	1.43	1.57	2.42	3.23	0.97	1.11	1.30	1.45	2.06	2.64
40	1.08	1.24	1.50	1.64	2.57	3.44	1.00	1.15	1.37	1.53	2.17	2.83
41	1.14	1.31	1.61	1.77	2.79	3.76	1.05	1.21	1.45	1.63	2.32	3.04
42	1.21	1.39	1.74	1.90	3.01	4.08	1.10	1.27	1.55	1.77	2.48	3.29
43	1.27	1.47	1.87	2.03	3.25	4.44	1.16	1.34	1.64	1.90	2.66	3.56
44	1.31	1.55	1.97	2.16	3.50	4.81	1.22	1.41	1.72	1.99	2.84	3.84
45	1.36	1.63	2.04	2.28	3.80	5.27	1.28	1.48	1.78	2.03	3.01	4.13
46	1.44	1.73	2.15	2.41	4.10	5.78	1.36	1.58	1.91	2.17	3.28	4.53
47	1.54	1.83	2.26	2.55	4.39	6.29	1.44	1.69	2.04	2.31	3.55	4.94
48	1.64	1.94	2.39	2.71	4.67	6.81	1.52	1.80	2.17	2.44	3.82	5.35
49	1.74	2.05	2.52	2.87	4.94	7.33	1.58	1.90	2.26	2.54	4.08	5.75
50	1.83	2.15	2.63	3.01	5.17	7.95	1.61	1.94	2.31	2.59	4.25	6.07
51	1.96	2.31	2.84	3.26	5.62	8.53	1.73	2.07	2.45	2.76	4.56	6.54
52	2.11	2.54	3.05	3.54	6.11	9.14	1.84	2.20	2.59	2.93	4.86	7.00
53	2.28	2.77	3.28	3.86	6.67	9.83	1.94	2.32	2.72	3.09	5.15	7.45
54	2.48	3.00	3.55	4.24	7.30	10.58	2.04	2.44	2.85	3.25	5.43	7.89
55	2.72	3.26	3.89	4.69	7.97	11.34	2.18	2.54	2.95	3.44	5.86	8.62
56	2.96	3.53	4.26	5.14	8.70	12.16	2.31	2.69	3.14	3.67	6.34	9.39
57	3.20	3.83	4.63	5.59	9.43	12.98	2.44	2.86	3.35	3.91	6.83	10.16
58	3.46	4.14	5.00	6.03	10.17	13.81	2.57	3.04	3.58	4.15	7.32	10.93
59	3.73	4.46	5.39	6.46	10.91	14.69	2.72	3.24	3.85	4.39	7.91	11.71
60	4.01	4.78	5.79	6.80	11.66	15.59	2.89	3.45	4.12	4.64	8.52	12.64
61	4.41	5.25	6.35	7.41	12.82	17.02	3.14	3.77	4.52	5.08	9.16	13.71
62	4.82	5.75	6.96	8.09	13.97	18.45	3.39	4.08	4.93	5.52	9.87	14.83
63	5.32	6.35	7.74	8.90	15.27	20.07	3.66	4.41	5.36	5.97	10.61	15.99
64	5.89	7.05	8.56	9.83	16.92	22.05	4.00	4.77	5.91	6.54	11.45	17.47
65	6.52	7.81	9.50	10.86	18.51	24.12	4.33	5.14	6.44	7.09	12.25	18.90
66	7.25	8.57	10.44	11.94	20.48	26.51	4.71	5.52	6.96	7.64	13.11	20.37
67	7.99	9.36	11.46	13.16	22.60	29.10	5.15	5.93	7.48	8.20	14.08	21.84
68	8.77	10.38	12.76	14.69	25.06	32.08	5.69	6.49	8.14	8.92	15.28	23.31
69	9.60	11.40	14.06	16.22	27.59	35.13	6.32	7.14	9.05	9.92	16.67	24.90
70	10.68	12.55	15.53	17.96	30.60	38.74	7.06	8.04	10.08	11.03	18.27	27.08
71	12.07	14.26	18.21	20.79	33.89	43.62	7.97	9.14	11.49	12.48	20.62	29.73
72	13.42	15.90	20.70	23.41	37.79	49.56	9.12	10.32	13.29	14.36	23.58	32.61
73	14.75	17.55	23.30	26.08	42.75	57.21	10.33	11.68	15.16	16.32	26.51	35.47
74	16.51	19.65	26.52	29.72	47.71	65.61	11.74	13.25	17.33	18.61	29.46	39.19
75	18.70	22.33	30.19	33.80	53.37	70.90	13.36	15.07	19.86	21.25	32.97	43.38
76	21.47	25.36	34.09	38.48	59.86	78.86	15.29	17.29	22.64	24.37	36.62	51.20
77	24.54	28.70	38.37	43.67	62.65	84.00	17.64	19.97	25.77	28.01	44.92	59.78
78	29.10	33.67	44.78	51.37	80.54	99.83	20.64	23.41	29.67	33.12	53.33	71.50
79	33.88	38.81	51.33	59.35	95.56	117.46	24.15	27.40	34.34	39.15	63.50	85.47
80	40.02	45.40	59.72	69.58	111.84	133.89	28.40	32.25	39.95	46.48	74.90	101.14

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus NonTobacco		Std Plus NonTobacco		Std Pref Tobacco		Std Plus NonTobacco		Std Pref Tobacco		Std Plus NonTobacco	
	15MPPB2	15MPNB2	15MSPB2	15MSNB2	15MPSPB2	15MSSB2	15FPPB2	15FPNB2	15FSPB2	15FSNB2	15FSPSB2	15FSSB2
18	1.03	1.13	1.21	1.37	1.86	2.55	0.97	1.03	1.15	1.27	1.59	2.08
19	1.03	1.13	1.21	1.37	1.86	2.55	0.97	1.03	1.15	1.27	1.59	2.08
20	1.03	1.13	1.21	1.37	1.86	2.55	0.97	1.03	1.15	1.27	1.59	2.08
21	1.03	1.13	1.21	1.37	1.86	2.56	0.97	1.03	1.15	1.27	1.60	2.09
22	1.03	1.13	1.21	1.37	1.87	2.57	0.97	1.03	1.15	1.27	1.62	2.12
23	1.03	1.13	1.21	1.37	1.88	2.58	0.97	1.03	1.15	1.28	1.64	2.14
24	1.03	1.13	1.21	1.37	1.89	2.59	0.97	1.03	1.15	1.29	1.65	2.15
25	1.03	1.13	1.21	1.37	1.90	2.61	0.97	1.03	1.15	1.29	1.65	2.15
26	1.03	1.13	1.22	1.37	1.91	2.63	0.98	1.04	1.15	1.29	1.66	2.17
27	1.03	1.13	1.23	1.37	1.92	2.65	0.99	1.05	1.16	1.29	1.68	2.19
28	1.03	1.14	1.24	1.37	1.93	2.66	1.00	1.07	1.17	1.30	1.70	2.23
29	1.03	1.15	1.25	1.39	1.94	2.67	1.00	1.09	1.17	1.31	1.72	2.27
30	1.03	1.15	1.25	1.40	1.95	2.68	1.00	1.10	1.17	1.32	1.73	2.29
31	1.04	1.17	1.27	1.41	1.97	2.70	1.00	1.11	1.18	1.33	1.77	2.33
32	1.05	1.18	1.29	1.42	2.00	2.73	1.00	1.12	1.19	1.34	1.81	2.39
33	1.06	1.19	1.29	1.44	2.04	2.78	1.00	1.12	1.20	1.36	1.86	2.45
34	1.07	1.20	1.30	1.47	2.10	2.86	1.01	1.12	1.22	1.39	1.92	2.52
35	1.07	1.21	1.33	1.49	2.16	2.92	1.01	1.13	1.25	1.42	1.97	2.59
36	1.09	1.26	1.38	1.57	2.27	3.10	1.04	1.18	1.31	1.49	2.08	2.75
37	1.11	1.31	1.43	1.65	2.39	3.30	1.07	1.23	1.36	1.56	2.19	2.92
38	1.14	1.36	1.51	1.73	2.53	3.55	1.10	1.28	1.41	1.63	2.30	3.12
39	1.17	1.41	1.59	1.84	2.68	3.81	1.13	1.32	1.46	1.70	2.42	3.31
40	1.20	1.45	1.65	1.94	2.85	4.11	1.14	1.37	1.50	1.76	2.53	3.49
41	1.30	1.54	1.78	2.09	3.15	4.49	1.21	1.44	1.59	1.87	2.71	3.76
42	1.41	1.64	1.92	2.26	3.50	4.92	1.28	1.51	1.68	2.00	2.92	4.07
43	1.52	1.75	2.06	2.43	3.85	5.34	1.35	1.58	1.77	2.13	3.13	4.40
44	1.63	1.86	2.20	2.59	4.19	5.75	1.42	1.65	1.86	2.25	3.35	4.74
45	1.72	1.98	2.31	2.71	4.50	6.10	1.50	1.71	1.95	2.36	3.59	5.11
46	1.82	2.11	2.43	2.87	4.85	6.51	1.58	1.82	2.08	2.52	3.89	5.57
47	1.93	2.24	2.56	3.04	5.23	6.94	1.67	1.93	2.21	2.68	4.20	6.04
48	2.05	2.37	2.70	3.23	5.65	7.43	1.76	2.04	2.34	2.84	4.52	6.52
49	2.19	2.47	2.84	3.42	6.12	7.95	1.84	2.13	2.46	2.99	4.83	6.99
50	2.33	2.58	3.00	3.63	6.65	8.54	1.87	2.18	2.54	3.08	5.10	7.40
51	2.51	2.82	3.27	3.97	7.29	9.42	1.99	2.32	2.71	3.31	5.47	7.92
52	2.70	3.11	3.54	4.32	7.95	10.31	2.11	2.45	2.88	3.53	5.83	8.43
53	2.88	3.40	3.83	4.69	8.67	11.29	2.23	2.58	3.05	3.75	6.19	8.92
54	3.07	3.68	4.15	5.10	9.46	12.37	2.35	2.71	3.25	4.00	6.56	9.40
55	3.30	4.03	4.53	5.60	10.25	13.45	2.50	2.88	3.45	4.26	7.11	10.10
56	3.60	4.38	4.92	6.10	11.04	14.56	2.70	3.11	3.75	4.63	7.69	10.96
57	3.95	4.74	5.37	6.63	11.89	15.67	2.91	3.37	4.09	5.04	8.33	11.92
58	4.32	5.14	5.85	7.22	12.81	16.78	3.15	3.65	4.47	5.50	9.04	12.99
59	4.72	5.56	6.36	7.84	13.77	17.96	3.41	3.95	4.88	6.00	9.85	14.20
60	5.15	6.00	6.90	8.50	14.75	19.20	3.69	4.29	5.33	6.55	10.72	15.52
61	5.70	6.68	7.75	9.54	16.28	21.06	4.04	4.70	5.91	7.23	11.72	16.96
62	6.29	7.39	8.63	10.64	17.80	22.92	4.39	5.13	6.51	7.96	12.71	18.40
63	6.97	8.23	9.65	11.96	19.48	25.00	4.76	5.58	7.11	8.73	13.69	19.97
64	7.76	9.19	10.84	13.36	21.61	27.64	5.19	6.10	7.71	9.58	14.66	21.79
65	8.66	10.30	12.21	14.80	23.85	30.40	5.64	6.65	8.42	10.51	15.75	23.69
66	9.68	11.60	13.77	16.48	27.07	34.25	6.15	7.26	9.22	11.56	17.53	26.09
67	10.83	13.06	15.54	18.36	30.70	38.57	6.76	8.00	10.19	12.82	19.47	28.71
68	12.23	14.86	17.70	20.67	34.88	43.51	7.51	8.91	11.37	14.27	21.73	31.73
69	13.62	16.65	19.86	22.98	39.15	48.45	8.39	9.97	12.77	15.86	24.25	35.09
70	15.40	18.92	22.68	25.85	44.57	54.73	9.42	11.22	14.41	17.45	27.03	38.77
71	18.74	22.64	26.45	29.81	52.48	63.93	11.00	12.89	16.27	19.16	30.54	43.79
72	21.83	26.25	30.16	33.41	61.59	74.59	12.75	14.71	18.47	21.27	34.39	49.55
73	24.88	30.07	34.04	37.82	72.09	86.95	14.64	16.68	21.10	23.43	38.60	55.86
74	28.75	34.15	37.93	42.63	83.99	100.00	16.86	18.93	23.96	25.90	43.49	63.86
75	34.90	39.69	43.15	48.82	99.47	115.00	19.47	21.56	27.29	28.72	49.55	74.55
76	41.17	46.30	50.25	56.39	120.00	130.00	22.47	24.60	31.53	32.74	56.39	86.43
77	47.47	52.91	57.35	62.79	125.00	145.00	25.87	27.80	36.13	37.49	63.86	99.86
78	54.75	61.38	66.43	68.81	130.00	160.00	29.95	31.89	41.48	42.67	72.09	115.00
79												
80												

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male		Male		Male		Male		Female		Female	
Risk Class	Pref Plus NonTobacco		Pref Std Plus NonTobacco		Std Pref Tobacco		Std Tobacco		Pref Plus NonTobacco		Std Pref Tobacco Std Tobacco	
	20MPPB2	20MPNB2	20MSPB2	20MSNB2	20MPSB2	20MSSB2	20FPPB2	20FPNB2	20FSPB2	20FSNB2	20FSPB2	20FSSB2
18	1.06	1.26	1.37	1.58	2.19	2.79	1.01	1.11	1.22	1.36	1.79	2.20
19	1.06	1.26	1.37	1.58	2.19	2.79	1.01	1.11	1.22	1.36	1.79	2.20
20	1.06	1.26	1.37	1.58	2.19	2.79	1.01	1.11	1.22	1.36	1.79	2.20
21	1.06	1.26	1.37	1.58	2.20	2.80	1.01	1.11	1.22	1.36	1.81	2.22
22	1.06	1.26	1.37	1.58	2.21	2.81	1.01	1.11	1.22	1.36	1.82	2.24
23	1.06	1.26	1.37	1.58	2.23	2.82	1.01	1.11	1.22	1.36	1.83	2.26
24	1.06	1.26	1.37	1.58	2.25	2.83	1.01	1.11	1.22	1.36	1.84	2.27
25	1.06	1.26	1.37	1.58	2.26	2.84	1.01	1.11	1.22	1.36	1.85	2.27
26	1.06	1.26	1.37	1.59	2.28	2.85	1.01	1.11	1.22	1.36	1.87	2.29
27	1.06	1.26	1.37	1.60	2.30	2.88	1.02	1.11	1.23	1.37	1.89	2.33
28	1.06	1.27	1.38	1.61	2.34	2.93	1.03	1.12	1.24	1.38	1.93	2.37
29	1.07	1.28	1.39	1.62	2.37	2.98	1.04	1.13	1.25	1.39	1.97	2.41
30	1.07	1.28	1.39	1.62	2.37	2.98	1.05	1.14	1.25	1.39	1.98	2.44
31	1.08	1.28	1.40	1.66	2.42	3.06	1.06	1.16	1.27	1.42	2.05	2.54
32	1.09	1.28	1.41	1.70	2.47	3.14	1.07	1.18	1.29	1.45	2.12	2.64
33	1.10	1.29	1.43	1.74	2.55	3.25	1.08	1.20	1.33	1.50	2.21	2.77
34	1.11	1.31	1.46	1.78	2.66	3.40	1.09	1.22	1.37	1.55	2.30	2.90
35	1.12	1.33	1.48	1.82	2.77	3.56	1.09	1.23	1.39	1.59	2.39	3.03
36	1.16	1.39	1.55	1.90	2.93	3.78	1.14	1.28	1.45	1.67	2.53	3.23
37	1.21	1.45	1.63	1.98	3.11	4.02	1.18	1.33	1.51	1.75	2.68	3.45
38	1.26	1.51	1.71	2.06	3.32	4.31	1.22	1.38	1.56	1.83	2.83	3.67
39	1.32	1.58	1.79	2.15	3.53	4.60	1.26	1.42	1.61	1.91	2.97	3.89
40	1.37	1.64	1.87	2.25	3.77	4.91	1.29	1.45	1.67	1.98	3.08	4.08
41	1.47	1.75	2.02	2.42	4.16	5.42	1.37	1.54	1.77	2.10	3.32	4.41
42	1.58	1.88	2.19	2.60	4.59	5.99	1.45	1.63	1.88	2.22	3.56	4.77
43	1.70	2.01	2.37	2.79	5.02	6.56	1.53	1.73	1.99	2.34	3.84	5.16
44	1.82	2.13	2.55	2.98	5.45	7.13	1.61	1.83	2.10	2.47	4.13	5.58
45	1.93	2.24	2.71	3.15	5.97	7.80	1.69	1.93	2.22	2.59	4.43	6.02
46	2.08	2.40	2.91	3.41	6.49	8.47	1.81	2.07	2.39	2.79	4.79	6.52
47	2.25	2.56	3.12	3.66	7.03	9.14	1.93	2.22	2.56	2.99	5.16	7.03
48	2.43	2.74	3.35	3.90	7.63	9.80	2.06	2.37	2.75	3.19	5.54	7.56
49	2.61	2.93	3.58	4.14	8.26	10.46	2.19	2.51	2.93	3.39	5.92	8.09
50	2.82	3.12	3.83	4.41	8.96	11.15	2.30	2.66	3.09	3.58	6.28	8.59
51	3.07	3.42	4.22	4.87	9.76	12.06	2.49	2.82	3.29	3.85	6.83	9.21
52	3.31	3.72	4.60	5.32	10.63	13.00	2.67	2.97	3.47	4.11	7.37	9.84
53	3.55	4.04	4.99	5.80	11.58	14.01	2.84	3.14	3.65	4.37	7.91	10.57
54	3.82	4.41	5.43	6.35	12.63	15.12	3.00	3.32	3.83	4.63	8.51	11.33
55	4.15	4.85	5.97	7.01	13.68	16.20	3.18	3.56	4.07	5.01	9.31	12.17
56	4.58	5.38	6.64	7.83	14.73	17.59	3.45	3.86	4.45	5.53	10.09	13.27
57	5.08	5.92	7.31	8.67	15.86	19.22	3.73	4.19	4.88	6.10	10.86	14.48
58	5.62	6.52	8.00	9.52	17.07	20.92	4.04	4.53	5.34	6.72	11.73	15.83
59	6.21	7.20	8.71	10.39	18.34	22.75	4.38	4.90	5.86	7.43	12.70	17.30
60	6.87	7.92	9.56	11.40	19.68	24.70	4.76	5.31	6.42	8.20	13.75	18.91
61	7.71	8.92	10.79	12.83	21.68	27.22	5.25	5.96	7.16	9.14	15.88	21.79
62	8.60	9.94	12.07	14.32	23.69	29.73	5.82	6.66	7.98	10.09	17.97	24.60
63	9.61	11.11	13.54	16.01	25.95	32.55	6.47	7.46	8.91	11.18	20.04	27.37
64	10.76	12.43	15.22	17.94	28.63	35.89	7.23	8.41	10.01	12.44	22.50	30.60
65	12.05	13.90	17.10	20.09	31.43	39.38	8.06	9.46	11.22	13.82	25.10	34.07
66	13.53	15.61	18.98	22.44			9.12	10.72	12.42	15.53		
67	15.14	17.48	20.99	24.81			10.33	12.04	13.66	17.46		
68	17.02	19.65	23.32	27.66			11.71	13.55	15.09	19.67		
69	18.89	21.82	25.66	30.51			13.27	15.25	16.68	22.15		
70	21.34	24.67	28.65	34.17			15.15	17.24	18.57	25.14		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999	\$100,000 - \$249,999
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	30MPPB2	30MPNB2	30MSPB2	30MSNB2	30MPSB2	30MSSB2	30PPPB2	30FPNB2	30FSPB2	30FSNB2	30FPSB2	30FSSB2
18	1.34	1.53	1.75	1.88	2.85	3.68	1.26	1.33	1.59	1.63	2.06	2.52
19	1.34	1.53	1.75	1.88	2.85	3.68	1.26	1.33	1.59	1.63	2.06	2.52
20	1.34	1.53	1.75	1.88	2.85	3.68	1.26	1.33	1.59	1.63	2.06	2.52
21	1.34	1.53	1.75	1.88	2.87	3.70	1.26	1.33	1.59	1.63	2.08	2.55
22	1.34	1.53	1.75	1.88	2.89	3.73	1.26	1.33	1.60	1.64	2.11	2.59
23	1.34	1.53	1.75	1.88	2.92	3.77	1.26	1.33	1.61	1.65	2.14	2.62
24	1.34	1.53	1.75	1.88	2.97	3.83	1.26	1.33	1.61	1.65	2.16	2.64
25	1.34	1.53	1.75	1.90	3.02	3.89	1.26	1.33	1.61	1.65	2.17	2.66
26	1.35	1.54	1.77	1.93	3.07	3.96	1.26	1.34	1.61	1.68	2.23	2.74
27	1.36	1.55	1.79	1.97	3.13	4.04	1.27	1.35	1.63	1.73	2.29	2.82
28	1.37	1.56	1.81	2.02	3.20	4.13	1.28	1.36	1.65	1.78	2.35	2.90
29	1.38	1.57	1.83	2.07	3.27	4.22	1.28	1.37	1.67	1.83	2.41	2.98
30	1.38	1.57	1.84	2.10	3.32	4.30	1.28	1.38	1.67	1.86	2.44	3.04
31	1.42	1.60	1.88	2.17	3.45	4.47	1.28	1.41	1.71	1.92	2.57	3.21
32	1.46	1.63	1.92	2.25	3.58	4.65	1.30	1.44	1.75	1.98	2.70	3.38
33	1.50	1.68	1.96	2.34	3.74	4.87	1.32	1.47	1.80	2.04	2.83	3.55
34	1.54	1.73	2.01	2.44	3.93	5.13	1.34	1.49	1.85	2.10	2.96	3.72
35	1.57	1.77	2.06	2.56	4.12	5.40	1.34	1.49	1.87	2.15	3.10	3.89
36	1.65	1.88	2.19	2.73	4.47	5.83	1.40	1.57	1.95	2.27	3.29	4.20
37	1.73	1.99	2.33	2.92	4.84	6.28	1.46	1.64	2.03	2.39	3.49	4.53
38	1.82	2.10	2.47	3.13	5.27	6.79	1.52	1.72	2.11	2.51	3.70	4.87
39	1.92	2.21	2.64	3.35	5.71	7.31	1.57	1.81	2.19	2.64	3.91	5.24
40	2.02	2.34	2.80	3.58	6.18	7.88	1.61	1.89	2.26	2.78	4.10	5.60
41	2.17	2.55	3.09	3.88	6.88	8.71	1.72	2.00	2.40	2.96	4.55	6.14
42	2.34	2.78	3.41	4.21	7.62	9.58	1.84	2.13	2.54	3.14	5.05	6.74
43	2.51	3.02	3.75	4.55	8.40	10.49	1.97	2.26	2.70	3.33	5.60	7.39
44	2.69	3.27	4.12	4.91	9.20	11.43	2.11	2.41	2.87	3.54	6.21	8.10
45	2.89	3.56	4.54	5.29	9.98	12.35	2.25	2.55	3.04	3.76	6.89	8.89
46	3.16	3.85	4.96	5.76	10.73	13.23	2.48	2.80	3.36	4.11	7.80	10.03
47	3.45	4.14	5.38	6.25	11.42	13.91	2.72	3.08	3.72	4.49	9.01	11.46
48	3.76	4.43	5.80	6.74	12.09	14.46	3.00	3.36	4.10	4.90	9.98	12.68
49	4.12	4.77	6.24	7.24	12.81	14.97	3.28	3.67	4.52	5.32	10.81	13.74
50	4.50	5.13	6.75	7.81	13.64	15.37	3.58	4.00	4.97	5.78	11.24	14.49
51	5.23	5.87	7.46	8.62	15.43	16.37	4.06	4.54	5.60	6.27	12.17	15.53
52	5.95	6.61	8.21	9.49	17.12	17.18	4.53	5.09	6.31	6.76	13.10	16.62
53	6.75	7.43	8.96	10.33	17.27	17.31	5.05	5.67	7.02	7.29	14.51	17.27
54	7.67	8.37	9.73	11.00			5.65	6.25	7.72	7.90		
55	8.77	9.48	10.70	11.48			6.39	6.87	8.42	8.64		
56	9.86	10.58	11.65	12.33			7.12	7.64	9.35	9.60		
57	10.93	11.66	12.34	12.42			7.89	8.51	10.39	10.67		
58	12.00	12.59	12.64	12.67			8.77	9.47	11.54	11.87		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999											
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref Plus NonTobacco		Std Plus NonTobacco		Pref Tobacco		Std Tobacco		Pref Plus NonTobacco		Std Plus NonTobacco	
	10MPPB3	10MPNB3	10MSPB3	10MSNB3	10MPSB3	10MSSB3	10FPPB3	10FPNB3	10FSPB3	10FSNB3	10FPSB3	10FSSB3
18	0.61	0.69	0.88	1.00	1.43	1.86	0.55	0.64	0.76	0.82	1.15	1.45
19	0.61	0.69	0.88	1.00	1.43	1.86	0.55	0.64	0.76	0.82	1.15	1.45
20	0.61	0.69	0.88	1.00	1.43	1.86	0.55	0.64	0.76	0.82	1.15	1.45
21	0.61	0.69	0.88	1.00	1.43	1.87	0.55	0.64	0.76	0.82	1.16	1.45
22	0.61	0.69	0.88	1.00	1.43	1.88	0.55	0.64	0.76	0.82	1.17	1.47
23	0.61	0.69	0.88	1.00	1.44	1.89	0.55	0.64	0.76	0.82	1.18	1.49
24	0.61	0.69	0.88	1.00	1.45	1.90	0.55	0.64	0.76	0.82	1.19	1.50
25	0.61	0.69	0.88	1.00	1.46	1.91	0.55	0.64	0.76	0.82	1.19	1.50
26	0.61	0.69	0.88	1.00	1.47	1.92	0.55	0.64	0.76	0.83	1.20	1.50
27	0.61	0.69	0.88	1.00	1.48	1.93	0.55	0.64	0.76	0.83	1.21	1.51
28	0.61	0.69	0.88	1.00	1.49	1.94	0.55	0.64	0.76	0.83	1.22	1.54
29	0.61	0.69	0.88	1.00	1.50	1.96	0.56	0.64	0.76	0.83	1.24	1.57
30	0.61	0.69	0.88	1.01	1.52	1.98	0.56	0.64	0.77	0.84	1.24	1.57
31	0.61	0.69	0.88	1.02	1.54	2.01	0.56	0.64	0.78	0.85	1.27	1.61
32	0.61	0.69	0.88	1.03	1.56	2.04	0.56	0.65	0.78	0.86	1.30	1.65
33	0.61	0.69	0.88	1.04	1.58	2.07	0.57	0.66	0.78	0.87	1.33	1.70
34	0.61	0.70	0.90	1.04	1.61	2.11	0.57	0.67	0.79	0.88	1.38	1.76
35	0.62	0.72	0.92	1.06	1.66	2.18	0.58	0.67	0.80	0.91	1.44	1.84
36	0.64	0.74	0.95	1.10	1.73	2.28	0.59	0.69	0.83	0.94	1.50	1.94
37	0.66	0.76	0.98	1.14	1.80	2.40	0.61	0.72	0.86	0.97	1.57	2.04
38	0.68	0.79	1.04	1.20	1.92	2.57	0.63	0.74	0.89	1.01	1.65	2.14
39	0.70	0.84	1.10	1.26	2.04	2.75	0.65	0.75	0.93	1.05	1.74	2.24
40	0.72	0.86	1.15	1.32	2.18	2.96	0.66	0.78	0.98	1.11	1.85	2.35
41	0.77	0.92	1.24	1.42	2.38	3.26	0.70	0.83	1.05	1.17	1.99	2.53
42	0.82	0.99	1.33	1.52	2.60	3.59	0.74	0.88	1.15	1.25	2.16	2.75
43	0.87	1.06	1.42	1.63	2.81	3.91	0.79	0.94	1.24	1.34	2.32	2.98
44	0.92	1.13	1.51	1.75	3.02	4.23	0.84	1.00	1.31	1.43	2.48	3.23
45	0.97	1.20	1.60	1.89	3.26	4.61	0.90	1.06	1.39	1.50	2.67	3.49
46	1.03	1.29	1.70	2.04	3.53	5.03	0.96	1.15	1.50	1.63	2.92	3.87
47	1.09	1.38	1.81	2.19	3.80	5.45	1.03	1.25	1.61	1.77	3.19	4.27
48	1.16	1.48	1.93	2.34	4.08	5.87	1.10	1.35	1.72	1.91	3.46	4.68
49	1.23	1.59	2.05	2.48	4.36	6.31	1.15	1.42	1.83	2.01	3.72	5.09
50	1.29	1.70	2.17	2.62	4.63	6.81	1.19	1.46	1.90	2.06	3.91	5.44
51	1.41	1.83	2.34	2.83	5.02	7.35	1.27	1.56	2.02	2.20	4.20	5.89
52	1.53	2.00	2.54	3.08	5.43	7.89	1.35	1.66	2.14	2.34	4.49	6.34
53	1.68	2.17	2.76	3.36	5.91	8.50	1.43	1.76	2.25	2.48	4.78	6.78
54	1.84	2.36	3.02	3.70	6.46	9.20	1.51	1.86	2.36	2.62	5.06	7.22
55	2.05	2.60	3.34	4.10	7.02	9.91	1.59	1.97	2.46	2.80	5.48	7.95
56	2.26	2.84	3.67	4.50	7.65	10.72	1.69	2.09	2.63	2.98	5.93	8.68
57	2.47	3.09	4.00	4.89	8.32	11.57	1.81	2.23	2.81	3.19	6.38	9.41
58	2.68	3.37	4.33	5.27	9.04	12.49	1.93	2.39	3.01	3.42	6.83	10.14
59	2.91	3.65	4.67	5.65	9.80	13.43	2.07	2.55	3.24	3.68	7.28	10.87
60	3.16	3.95	5.03	6.02	10.61	14.43	2.22	2.72	3.48	3.95	7.75	11.70
61	3.53	4.35	5.53	6.57	11.70	15.81	2.41	2.96	3.79	4.31	8.33	12.67
62	3.92	4.79	6.08	7.17	12.80	17.27	2.61	3.20	4.10	4.68	8.97	13.67
63	4.38	5.31	6.74	7.90	14.08	18.96	2.83	3.45	4.42	5.08	9.63	14.71
64	4.92	5.92	7.49	8.73	15.69	21.04	3.10	3.77	4.83	5.57	10.40	16.03
65	5.52	6.59	8.33	9.64	17.27	23.19	3.37	4.08	5.21	6.05	11.13	17.29
66	6.19	7.29	9.23	10.65	19.09	25.49	3.65	4.41	5.65	6.60	12.06	18.69
67	6.87	8.01	10.25	11.80	21.15	28.06	3.94	4.76	6.12	7.18	13.11	20.09
68	7.60	8.96	11.52	13.22	23.48	30.98	4.34	5.25	6.76	7.98	14.39	21.73
69	8.38	9.91	12.80	14.65	25.89	33.96	4.82	5.82	7.58	9.00	15.86	23.76
70	9.39	10.99	14.31	16.32	28.75	37.50	5.45	6.59	8.52	10.18	17.57	26.10
71	10.72	12.73	16.71	19.09	31.57	41.76	6.35	7.62	9.65	11.61	19.81	28.90
72	11.96	14.33	18.93	21.66	34.82	47.14	7.48	8.86	11.14	13.11	22.65	31.91
73	13.19	15.97	21.25	24.30	38.13	53.83	8.66	10.19	12.68	14.84	25.46	35.02
74	14.80	18.01	24.01	27.83	41.88	61.05	10.04	11.74	14.48	16.84	28.29	38.74
75	16.82	20.70	27.35	31.86	46.21	69.97	11.66	13.56	16.57	19.16	31.65	42.92
76	19.42	23.60	31.31	36.24	54.30	74.40	13.39	15.69	18.99	21.92	37.56	50.62
77	22.32	26.82	35.72	41.07	60.08	80.28	15.48	18.27	21.85	25.01	43.64	59.06
78	26.60	31.60	42.25	48.27	75.51	96.62	18.15	21.58	25.35	29.54	51.62	70.59
79	31.14	36.59	49.09	55.71	90.85	115.11	21.28	25.46	29.57	34.50	61.40	84.35
80	36.97	42.98	57.88	65.28	109.56	132.83	25.08	30.17	34.66	40.50	71.97	99.76

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref Tobacco		Pref		Std		Std Tobacco	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco
	15MPPB3	15MPNB3	15MSPB3	15MSNB3	15MPSPB3	15MSSB3	15FPPB3	15FPNB3	15FSPB3	15FSNB3	15FPPSB3	15FSSB3
18	0.69	0.81	0.92	1.07	1.71	2.16	0.62	0.70	0.84	0.95	1.32	1.62
19	0.69	0.81	0.92	1.07	1.71	2.16	0.62	0.70	0.84	0.95	1.32	1.62
20	0.69	0.81	0.92	1.07	1.71	2.16	0.62	0.70	0.84	0.95	1.32	1.62
21	0.69	0.81	0.92	1.07	1.71	2.17	0.62	0.70	0.84	0.95	1.33	1.63
22	0.69	0.81	0.92	1.07	1.71	2.18	0.62	0.70	0.84	0.95	1.34	1.65
23	0.69	0.81	0.92	1.07	1.71	2.19	0.62	0.70	0.84	0.95	1.35	1.66
24	0.69	0.81	0.92	1.07	1.72	2.20	0.62	0.70	0.84	0.95	1.36	1.67
25	0.69	0.81	0.92	1.07	1.72	2.20	0.62	0.70	0.84	0.95	1.36	1.67
26	0.69	0.81	0.92	1.07	1.72	2.20	0.62	0.70	0.84	0.95	1.36	1.67
27	0.69	0.81	0.92	1.07	1.72	2.21	0.62	0.70	0.84	0.96	1.38	1.69
28	0.69	0.81	0.92	1.07	1.72	2.22	0.62	0.70	0.84	0.97	1.40	1.71
29	0.69	0.81	0.93	1.07	1.73	2.23	0.62	0.71	0.84	0.97	1.42	1.73
30	0.69	0.82	0.94	1.08	1.74	2.24	0.62	0.71	0.85	0.97	1.42	1.73
31	0.71	0.84	0.96	1.09	1.77	2.28	0.63	0.72	0.87	0.98	1.46	1.78
32	0.73	0.86	0.97	1.11	1.82	2.33	0.64	0.73	0.89	0.99	1.50	1.85
33	0.74	0.87	0.98	1.13	1.87	2.40	0.65	0.74	0.91	1.01	1.54	1.92
34	0.75	0.88	1.00	1.15	1.93	2.48	0.66	0.76	0.93	1.04	1.59	2.00
35	0.76	0.88	1.02	1.18	2.00	2.57	0.68	0.78	0.96	1.06	1.65	2.10
36	0.79	0.92	1.07	1.24	2.11	2.72	0.71	0.81	1.00	1.12	1.74	2.23
37	0.82	0.96	1.12	1.30	2.23	2.88	0.74	0.84	1.04	1.18	1.85	2.38
38	0.85	1.00	1.19	1.38	2.37	3.09	0.77	0.87	1.09	1.25	1.96	2.54
39	0.88	1.06	1.26	1.46	2.52	3.30	0.80	0.90	1.14	1.33	2.07	2.71
40	0.91	1.11	1.34	1.55	2.69	3.55	0.84	0.94	1.19	1.42	2.17	2.87
41	0.98	1.19	1.45	1.68	2.98	3.92	0.89	1.00	1.27	1.54	2.35	3.10
42	1.07	1.29	1.58	1.82	3.32	4.34	0.95	1.06	1.36	1.68	2.55	3.37
43	1.16	1.39	1.71	1.96	3.66	4.75	1.01	1.12	1.45	1.82	2.77	3.66
44	1.23	1.47	1.83	2.10	3.99	5.15	1.07	1.19	1.53	1.94	3.01	3.96
45	1.31	1.56	1.94	2.23	4.34	5.53	1.11	1.26	1.61	2.03	3.26	4.28
46	1.43	1.66	2.08	2.39	4.71	6.02	1.19	1.36	1.74	2.19	3.54	4.69
47	1.55	1.78	2.22	2.57	5.09	6.52	1.27	1.46	1.87	2.36	3.82	5.11
48	1.67	1.90	2.36	2.76	5.54	7.02	1.36	1.56	2.00	2.53	4.11	5.54
49	1.78	2.03	2.50	2.97	6.03	7.52	1.45	1.66	2.13	2.67	4.40	5.97
50	1.90	2.18	2.63	3.21	6.58	8.00	1.51	1.75	2.23	2.78	4.64	6.37
51	2.07	2.39	2.87	3.51	7.20	8.80	1.61	1.87	2.38	2.97	4.99	6.86
52	2.23	2.66	3.11	3.82	7.83	9.61	1.71	1.99	2.53	3.16	5.34	7.35
53	2.39	2.92	3.35	4.14	8.51	10.51	1.83	2.13	2.69	3.35	5.70	7.85
54	2.55	3.16	3.61	4.50	9.26	11.49	1.96	2.28	2.89	3.56	6.10	8.48
55	2.74	3.40	3.94	4.94	10.01	12.48	2.10	2.45	3.09	3.83	6.65	9.17
56	2.99	3.69	4.32	5.43	10.79	13.46	2.26	2.64	3.37	4.16	7.20	9.87
57	3.28	4.01	4.76	5.97	11.67	14.60	2.44	2.86	3.68	4.53	7.75	10.65
58	3.59	4.35	5.24	6.56	12.59	15.80	2.63	3.10	4.02	4.93	8.35	11.52
59	3.92	4.72	5.74	7.19	13.57	17.06	2.84	3.36	4.39	5.37	9.04	12.48
60	4.27	5.10	6.30	7.88	14.57	18.35	3.07	3.64	4.81	5.86	9.80	13.52
61	4.80	5.76	7.10	8.79	16.03	20.19	3.35	3.98	5.32	6.47	10.66	14.89
62	5.33	6.42	7.91	9.72	17.48	22.02	3.63	4.32	5.83	7.13	11.55	16.29
63	5.96	7.18	8.85	10.79	19.09	24.05	3.93	4.67	6.34	7.84	12.50	17.81
64	6.69	8.07	9.95	12.04	21.13	26.63	4.28	5.09	6.96	8.67	13.62	19.58
65	7.54	9.10	11.21	13.47	23.28	29.34	4.63	5.52	7.62	9.54	14.77	21.44
66	8.52	10.36	12.70	15.21	26.09	33.16	5.15	6.13	8.43	10.51	16.37	24.00
67	9.62	11.79	14.39	17.19	29.21	37.45	5.78	6.87	9.28	11.67	18.24	26.82
68	10.98	13.54	16.47	19.61	32.79	42.37	6.56	7.77	10.29	12.83	20.13	30.09
69	12.34	15.29	18.56	22.07	36.37	47.32	7.48	8.85	11.38	13.98	22.39	33.75
70	14.10	17.62	21.28	25.20	40.92	53.60	8.57	10.12	12.79	15.08	24.88	37.82
71	16.92	21.24	25.06	29.38	48.54	62.66	10.14	11.92	14.58	16.76	27.87	42.93
72	19.72	24.84	28.76	33.03	57.27	73.15	11.73	13.76	16.63	18.86	31.17	48.76
73	22.95	28.99	32.70	37.41	67.32	85.31	13.55	15.77	19.10	21.35	34.80	55.12
74	26.30	33.20	36.82	42.52			15.66	18.09	21.80	24.04		
75	30.59	38.14	42.36	48.44			18.09	20.81	24.94	27.15		
76	35.77	44.56	49.35	56.19			20.94	23.98	29.00	31.33		
77	40.95	50.98	56.34	62.57			24.17	27.31	33.55	35.69		
78	47.80	59.22	65.30	68.56			28.05	31.60	38.52	40.44		
79												
80												

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999	\$250,000 - \$499,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	20MPPB3	20MPNB3	20MSPB3	20MSNB3	20MPSB3	20MSSB3	20FPPB3	20FPNB3	20FSPB3	20FSNB3	20FPSB3	20FSSB3
18	0.75	0.92	0.99	1.22	1.97	2.33	0.69	0.79	0.92	1.02	1.50	1.77
19	0.75	0.92	0.99	1.22	1.97	2.33	0.69	0.79	0.92	1.02	1.50	1.77
20	0.75	0.92	0.99	1.22	1.97	2.33	0.69	0.79	0.92	1.02	1.50	1.77
21	0.75	0.92	0.99	1.22	1.97	2.33	0.69	0.79	0.92	1.02	1.51	1.79
22	0.75	0.92	0.99	1.22	1.97	2.34	0.69	0.79	0.92	1.02	1.53	1.82
23	0.75	0.92	0.99	1.22	1.97	2.36	0.69	0.79	0.92	1.02	1.55	1.84
24	0.75	0.92	0.99	1.22	1.97	2.38	0.69	0.79	0.92	1.02	1.56	1.85
25	0.75	0.92	0.99	1.22	1.98	2.38	0.69	0.79	0.92	1.02	1.56	1.85
26	0.75	0.92	1.00	1.22	2.00	2.39	0.69	0.79	0.92	1.02	1.56	1.86
27	0.75	0.92	1.02	1.22	2.02	2.40	0.70	0.80	0.93	1.02	1.59	1.88
28	0.75	0.92	1.04	1.23	2.04	2.42	0.70	0.80	0.93	1.02	1.62	1.90
29	0.76	0.93	1.07	1.24	2.06	2.44	0.70	0.80	0.93	1.03	1.64	1.92
30	0.76	0.93	1.09	1.24	2.06	2.45	0.71	0.81	0.94	1.04	1.64	1.94
31	0.77	0.94	1.11	1.26	2.11	2.54	0.72	0.83	0.96	1.07	1.71	2.03
32	0.78	0.95	1.12	1.28	2.16	2.64	0.74	0.85	0.98	1.10	1.78	2.14
33	0.79	0.95	1.13	1.30	2.23	2.77	0.76	0.87	1.00	1.14	1.87	2.25
34	0.80	0.96	1.15	1.34	2.32	2.93	0.78	0.88	1.02	1.18	1.96	2.38
35	0.82	0.98	1.18	1.38	2.41	3.11	0.79	0.90	1.04	1.22	2.05	2.52
36	0.86	1.02	1.24	1.46	2.56	3.33	0.82	0.94	1.09	1.29	2.18	2.68
37	0.90	1.07	1.31	1.54	2.73	3.55	0.85	0.98	1.14	1.36	2.32	2.86
38	0.94	1.13	1.39	1.62	2.94	3.82	0.88	1.02	1.20	1.43	2.46	3.05
39	0.99	1.19	1.47	1.71	3.15	4.10	0.92	1.06	1.26	1.50	2.60	3.23
40	1.04	1.25	1.55	1.80	3.36	4.41	0.95	1.09	1.32	1.57	2.73	3.39
41	1.13	1.36	1.69	1.96	3.73	4.88	1.01	1.16	1.42	1.69	2.94	3.72
42	1.23	1.48	1.84	2.13	4.13	5.40	1.07	1.23	1.54	1.83	3.17	4.09
43	1.34	1.60	1.99	2.30	4.54	5.92	1.14	1.32	1.65	1.96	3.43	4.49
44	1.45	1.73	2.16	2.48	4.96	6.45	1.22	1.41	1.75	2.08	3.70	4.94
45	1.57	1.88	2.34	2.68	5.47	7.08	1.29	1.49	1.84	2.19	3.98	5.42
46	1.70	2.04	2.53	2.91	5.97	7.70	1.39	1.61	1.99	2.37	4.32	5.91
47	1.83	2.21	2.72	3.14	6.45	8.30	1.50	1.73	2.14	2.56	4.68	6.40
48	1.96	2.38	2.93	3.37	6.93	8.90	1.61	1.85	2.30	2.75	5.05	6.88
49	2.10	2.55	3.15	3.60	7.48	9.57	1.72	1.97	2.46	2.94	5.42	7.35
50	2.26	2.73	3.39	3.87	8.09	10.31	1.84	2.08	2.61	3.12	5.78	7.77
51	2.46	2.99	3.71	4.27	8.83	11.17	1.97	2.23	2.79	3.36	6.27	8.35
52	2.73	3.25	4.04	4.70	9.60	12.05	2.10	2.39	2.97	3.60	6.76	8.93
53	3.00	3.53	4.41	5.19	10.46	13.02	2.26	2.57	3.15	3.85	7.25	9.61
54	3.27	3.85	4.83	5.74	11.40	14.08	2.43	2.76	3.34	4.12	7.80	10.33
55	3.54	4.24	5.32	6.41	12.33	15.11	2.61	2.98	3.60	4.49	8.53	11.10
56	3.90	4.66	5.87	7.08	13.30	16.41	2.85	3.26	3.99	4.93	9.26	12.25
57	4.31	5.10	6.52	7.76	14.40	17.91	3.11	3.59	4.42	5.43	9.99	13.54
58	4.75	5.59	7.22	8.52	15.56	19.49	3.40	3.94	4.89	5.98	10.84	14.98
59	5.23	6.11	7.98	9.35	16.78	21.18	3.72	4.33	5.43	6.59	11.78	16.58
60	5.77	6.69	8.82	10.26	18.07	22.98	4.07	4.76	6.02	7.26	12.80	18.34
61	6.62	7.74	10.01	11.75	20.28	25.55	4.54	5.34	6.77	8.21	14.79	21.30
62	7.48	8.79	11.25	13.26	22.46	28.09	5.06	5.97	7.59	9.21	16.73	24.19
63	8.46	10.01	12.66	15.01	24.77	30.77	5.64	6.68	8.51	10.35	18.64	27.04
64	9.60	11.41	14.28	17.02	27.59	34.05	6.33	7.53	9.61	11.69	20.83	30.36
65	10.88	13.00	16.10	19.29	30.57	37.48	7.09	8.46	10.78	13.17	23.20	33.93
66	12.37	14.77	17.90	21.61			7.98	9.55	12.01	14.76		
67	14.03	16.74	19.68	23.93			8.97	10.78	13.30	16.48		
68	15.97	19.03	21.72	26.58			10.11	12.19	14.57	18.47		
69	17.94	21.37	23.81	29.27			11.40	13.79	15.81	20.70		
70	20.54	24.45	26.48	32.87			12.95	15.70	17.15	23.39		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$250,000 - \$499,999											
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	30MPPB3	30MPNB3	30MSPB3	30MSNB3	30MPSB3	30MSSB3	30FPPB3	30FPNB3	30FSPB3	30FSNB3	30FPSB3	30FSSB3
18	1.06	1.23	1.50	1.73	2.63	3.36	0.91	1.00	1.17	1.43	1.85	2.30
19	1.06	1.23	1.50	1.73	2.63	3.36	0.91	1.00	1.17	1.43	1.85	2.30
20	1.06	1.23	1.50	1.73	2.63	3.36	0.91	1.00	1.17	1.43	1.85	2.30
21	1.06	1.23	1.50	1.73	2.65	3.38	0.91	1.00	1.17	1.44	1.87	2.33
22	1.06	1.23	1.50	1.73	2.68	3.40	0.91	1.00	1.18	1.45	1.90	2.37
23	1.06	1.23	1.50	1.73	2.71	3.42	0.91	1.00	1.19	1.46	1.92	2.40
24	1.06	1.23	1.50	1.73	2.74	3.48	0.91	1.00	1.19	1.46	1.94	2.43
25	1.06	1.23	1.50	1.75	2.80	3.55	0.91	1.00	1.19	1.46	1.95	2.44
26	1.06	1.25	1.51	1.77	2.86	3.62	0.92	1.02	1.20	1.47	2.01	2.51
27	1.06	1.27	1.53	1.80	2.92	3.69	0.93	1.04	1.24	1.50	2.07	2.59
28	1.06	1.29	1.56	1.83	2.98	3.78	0.93	1.06	1.26	1.52	2.13	2.67
29	1.06	1.31	1.59	1.86	3.05	3.87	0.93	1.08	1.29	1.54	2.19	2.75
30	1.06	1.31	1.60	1.87	3.11	3.95	0.93	1.09	1.31	1.55	2.23	2.81
31	1.09	1.33	1.63	1.91	3.23	4.09	0.95	1.11	1.34	1.59	2.35	2.97
32	1.12	1.34	1.66	1.95	3.35	4.24	0.98	1.13	1.38	1.63	2.47	3.13
33	1.15	1.35	1.70	1.99	3.51	4.43	1.01	1.15	1.42	1.67	2.60	3.31
34	1.19	1.36	1.75	2.05	3.68	4.65	1.03	1.17	1.44	1.71	2.73	3.49
35	1.23	1.38	1.79	2.10	3.87	4.88	1.04	1.19	1.46	1.72	2.86	3.67
36	1.30	1.46	1.89	2.25	4.16	5.27	1.09	1.26	1.56	1.82	3.07	3.94
37	1.37	1.55	2.00	2.40	4.48	5.68	1.14	1.31	1.66	1.92	3.28	4.23
38	1.46	1.65	2.12	2.55	4.82	6.13	1.20	1.42	1.76	2.03	3.52	4.55
39	1.55	1.75	2.25	2.73	5.17	6.61	1.26	1.53	1.87	2.14	3.73	4.87
40	1.64	1.86	2.38	2.91	5.56	7.12	1.31	1.60	1.99	2.25	3.93	5.18
41	1.78	2.04	2.62	3.16	6.29	7.81	1.41	1.75	2.15	2.42	4.32	5.68
42	1.93	2.23	2.89	3.43	7.08	8.54	1.52	1.92	2.34	2.60	4.71	6.24
43	2.08	2.43	3.16	3.70	7.93	9.29	1.63	2.09	2.50	2.78	5.15	6.84
44	2.26	2.65	3.46	4.00	8.81	10.10	1.76	2.22	2.60	2.98	5.61	7.50
45	2.45	2.90	3.77	4.34	9.68	11.00	1.90	2.29	2.67	3.20	6.12	8.23
46	2.65	3.16	4.09	4.79	10.50	11.89	2.08	2.45	2.90	3.53	6.76	9.41
47	2.87	3.42	4.45	5.29	11.19	12.75	2.27	2.62	3.15	3.89	7.74	10.88
48	3.12	3.68	4.83	5.86	11.84	13.58	2.47	2.79	3.41	4.28	8.48	12.17
49	3.38	3.98	5.25	6.47	12.46	14.39	2.69	2.97	3.68	4.70	9.12	13.33
50	3.67	4.32	5.71	7.17	12.97	15.24	2.92	3.15	3.97	5.14	9.72	14.25
51	4.19	4.87	6.41	7.92	14.39	16.27	3.21	3.55	4.38	5.59	10.48	15.31
52	4.72	5.43	7.12	8.66	16.26	17.09	3.52	3.95	4.82	6.07	11.24	16.37
53	5.31	6.07	7.83	9.39	17.19	17.28	3.88	4.38	5.29	6.62	12.54	17.17
54	5.99	6.79	8.56	10.12			4.28	4.88	5.83	7.23		
55	6.79	7.64	9.51	10.99			4.77	5.50	6.47	7.98		
56	7.65	8.56	10.57	12.04			5.31	6.13	7.21	8.85		
57	8.51	9.48	11.66	12.40			5.91	6.82	8.04	9.82		
58	9.37	10.49	12.62	12.65			6.58	7.54	8.96	10.89		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref Tobacco		Pref		Std		Std Tobacco	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco
	10MPPB4	10MPNB4	10MSPB4	10MSNB4	10MPPB4	10MSSB4	10FPPB4	10FPNB4	10FSPB4	10FSNB4	10FPPB4	10FSSB4
18	0.55	0.62	0.78	0.89	1.39	1.76	0.49	0.56	0.68	0.74	1.06	1.36
19	0.55	0.62	0.78	0.89	1.39	1.76	0.49	0.56	0.68	0.74	1.06	1.36
20	0.55	0.62	0.78	0.89	1.39	1.76	0.49	0.56	0.68	0.74	1.06	1.36
21	0.55	0.62	0.78	0.89	1.39	1.77	0.49	0.56	0.68	0.74	1.07	1.37
22	0.55	0.62	0.78	0.89	1.39	1.78	0.49	0.56	0.68	0.74	1.08	1.38
23	0.55	0.62	0.78	0.89	1.39	1.79	0.49	0.56	0.68	0.74	1.09	1.39
24	0.55	0.62	0.78	0.89	1.39	1.80	0.49	0.56	0.68	0.74	1.10	1.40
25	0.55	0.62	0.78	0.89	1.39	1.81	0.49	0.56	0.68	0.74	1.10	1.40
26	0.55	0.62	0.78	0.89	1.40	1.82	0.49	0.56	0.68	0.74	1.11	1.41
27	0.55	0.62	0.78	0.89	1.41	1.83	0.49	0.56	0.69	0.75	1.13	1.43
28	0.55	0.62	0.78	0.89	1.42	1.84	0.49	0.56	0.69	0.75	1.14	1.45
29	0.55	0.62	0.78	0.89	1.44	1.86	0.49	0.56	0.69	0.75	1.15	1.47
30	0.55	0.62	0.78	0.90	1.46	1.89	0.50	0.56	0.69	0.76	1.16	1.48
31	0.55	0.62	0.78	0.91	1.48	1.92	0.50	0.56	0.70	0.77	1.18	1.52
32	0.55	0.62	0.78	0.92	1.50	1.95	0.50	0.56	0.70	0.78	1.21	1.56
33	0.55	0.63	0.78	0.93	1.52	1.98	0.50	0.57	0.70	0.80	1.24	1.61
34	0.55	0.64	0.79	0.94	1.54	2.04	0.50	0.58	0.71	0.82	1.28	1.67
35	0.56	0.65	0.81	0.95	1.57	2.12	0.51	0.59	0.72	0.84	1.33	1.75
36	0.57	0.67	0.84	0.98	1.63	2.22	0.52	0.61	0.75	0.87	1.39	1.84
37	0.58	0.69	0.87	1.02	1.71	2.34	0.53	0.63	0.78	0.90	1.46	1.95
38	0.61	0.72	0.92	1.08	1.83	2.51	0.55	0.65	0.82	0.93	1.53	2.06
39	0.63	0.75	0.98	1.14	1.95	2.69	0.57	0.67	0.86	0.97	1.62	2.21
40	0.65	0.78	1.03	1.20	2.08	2.90	0.59	0.70	0.91	1.02	1.71	2.34
41	0.69	0.83	1.11	1.29	2.28	3.21	0.63	0.75	0.98	1.10	1.87	2.52
42	0.73	0.88	1.20	1.38	2.50	3.53	0.67	0.80	1.05	1.18	2.02	2.74
43	0.78	0.95	1.29	1.50	2.71	3.84	0.71	0.85	1.13	1.26	2.17	2.97
44	0.83	1.03	1.38	1.63	2.92	4.14	0.75	0.91	1.21	1.34	2.32	3.19
45	0.88	1.12	1.48	1.77	3.11	4.51	0.80	0.97	1.24	1.43	2.46	3.38
46	0.94	1.21	1.60	1.92	3.38	4.93	0.86	1.04	1.34	1.56	2.70	3.72
47	1.00	1.30	1.72	2.07	3.67	5.35	0.92	1.12	1.45	1.70	2.95	4.07
48	1.06	1.39	1.83	2.21	3.96	5.78	0.98	1.20	1.56	1.83	3.20	4.43
49	1.13	1.49	1.94	2.34	4.26	6.23	1.04	1.26	1.65	1.92	3.45	4.78
50	1.21	1.60	2.06	2.46	4.56	6.70	1.08	1.31	1.72	1.98	3.64	5.06
51	1.33	1.73	2.22	2.66	4.96	7.24	1.17	1.40	1.84	2.12	3.89	5.48
52	1.45	1.87	2.41	2.89	5.42	7.80	1.25	1.49	1.96	2.26	4.13	5.90
53	1.60	2.04	2.63	3.15	5.88	8.43	1.33	1.58	2.08	2.40	4.36	6.32
54	1.77	2.24	2.88	3.46	6.36	9.16	1.41	1.67	2.20	2.54	4.58	6.74
55	1.98	2.47	3.19	3.84	6.92	9.90	1.51	1.78	2.33	2.70	4.89	7.43
56	2.19	2.71	3.50	4.22	7.55	10.67	1.62	1.91	2.49	2.91	5.32	8.12
57	2.40	2.96	3.81	4.60	8.22	11.46	1.73	2.05	2.66	3.12	5.79	8.81
58	2.62	3.21	4.14	4.98	8.95	12.30	1.84	2.22	2.85	3.33	6.33	9.50
59	2.84	3.46	4.49	5.36	9.72	13.18	1.97	2.39	3.07	3.54	6.92	10.19
60	3.07	3.74	4.86	5.74	10.54	14.09	2.11	2.58	3.30	3.74	7.55	10.95
61	3.40	4.14	5.35	6.26	11.63	15.45	2.30	2.82	3.62	4.10	8.18	11.94
62	3.75	4.56	5.88	6.84	12.73	16.89	2.52	3.06	3.94	4.46	8.80	12.95
63	4.17	5.08	6.52	7.55	14.01	18.54	2.74	3.33	4.29	4.84	9.41	14.03
64	4.65	5.67	7.25	8.36	15.62	20.58	3.01	3.66	4.72	5.31	10.01	15.38
65	5.19	6.33	8.07	9.25	17.20	22.69	3.29	3.98	5.14	5.78	10.56	16.71
66	5.78	7.00	8.89	10.19	18.99	24.88	3.57	4.30	5.57	6.28	11.53	18.26
67	6.41	7.77	9.82	11.27	20.90	27.34	3.86	4.64	6.03	6.83	12.61	20.01
68	7.22	8.72	10.98	12.61	23.11	30.12	4.24	5.12	6.65	7.56	13.92	21.70
69	8.04	9.67	12.14	13.95	25.40	32.97	4.70	5.66	7.45	8.51	15.44	23.49
70	9.01	10.80	13.48	15.51	28.10	36.33	5.32	6.41	8.37	9.59	17.19	25.69
71	10.33	12.42	15.82	18.35	31.28	40.69	6.21	7.41	9.48	10.82	19.47	27.96
72	11.54	13.94	18.07	20.95	34.70	45.85	7.29	8.63	10.93	12.42	22.37	30.66
73	12.78	15.47	20.32	23.62	38.07	52.36	8.43	9.92	12.46	14.09	25.23	33.56
74	14.48	17.41	23.15	27.17	41.55	59.43	9.76	11.42	14.22	16.02	28.09	36.96
75	16.31	19.92	26.59	31.25	45.73	64.89	11.32	13.17	16.28	18.26	31.51	40.76
76	18.16	22.92	30.42	35.72	54.22	73.44	13.31	15.49	18.87	21.37	37.50	49.87
77	22.03	26.03	34.48	40.40	59.80	78.48	15.42	17.97	21.70	24.48	43.57	58.43
78	26.25	30.66	40.52	47.38	75.25	93.94	18.11	21.14	25.25	29.02	51.54	69.81
79	30.73	35.48	46.79	54.59	90.61	111.76	21.25	24.84	29.46	34.05	61.31	83.83
80	36.49	41.66	54.84	63.84	109.09	127.85	24.92	29.35	34.54	40.14	71.86	99.10

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999											
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref Tobacco		Pref		Std		Std Tobacco	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco
	15MPPB4	15MPNB4	15MSPB4	15MSNB4	15MPSPB4	15MSSB4	15FPPB4	15FPNB4	15FSPB4	15FSNB4	15FPPSB4	15FSSB4
18	0.63	0.75	0.83	0.97	1.59	2.06	0.55	0.64	0.74	0.88	1.26	1.55
19	0.63	0.75	0.83	0.97	1.59	2.06	0.55	0.64	0.74	0.88	1.26	1.55
20	0.63	0.75	0.83	0.97	1.59	2.06	0.55	0.64	0.74	0.88	1.26	1.55
21	0.63	0.75	0.83	0.97	1.59	2.07	0.55	0.64	0.74	0.88	1.27	1.56
22	0.63	0.75	0.83	0.97	1.59	2.08	0.55	0.64	0.74	0.88	1.28	1.58
23	0.63	0.75	0.83	0.97	1.60	2.09	0.55	0.64	0.74	0.88	1.29	1.60
24	0.63	0.75	0.83	0.97	1.61	2.10	0.55	0.64	0.74	0.88	1.30	1.61
25	0.63	0.75	0.83	0.97	1.61	2.10	0.55	0.64	0.74	0.88	1.30	1.61
26	0.63	0.75	0.83	0.97	1.61	2.10	0.55	0.64	0.74	0.88	1.30	1.61
27	0.63	0.75	0.83	0.97	1.61	2.10	0.55	0.64	0.75	0.88	1.32	1.63
28	0.63	0.75	0.83	0.97	1.62	2.11	0.55	0.64	0.75	0.88	1.34	1.65
29	0.63	0.76	0.83	0.98	1.63	2.12	0.55	0.64	0.75	0.89	1.36	1.67
30	0.63	0.76	0.84	0.98	1.64	2.13	0.55	0.65	0.76	0.90	1.37	1.67
31	0.64	0.78	0.86	1.00	1.68	2.15	0.56	0.66	0.77	0.92	1.40	1.72
32	0.64	0.79	0.87	1.02	1.72	2.17	0.57	0.67	0.79	0.94	1.44	1.78
33	0.65	0.80	0.88	1.04	1.79	2.22	0.58	0.68	0.81	0.96	1.48	1.85
34	0.67	0.81	0.90	1.07	1.87	2.28	0.59	0.70	0.83	0.98	1.54	1.92
35	0.68	0.82	0.92	1.10	1.94	2.34	0.61	0.72	0.85	1.02	1.59	2.01
36	0.71	0.85	0.97	1.16	2.05	2.49	0.64	0.75	0.89	1.07	1.69	2.14
37	0.74	0.88	1.02	1.22	2.16	2.65	0.67	0.78	0.93	1.12	1.79	2.30
38	0.77	0.92	1.07	1.29	2.30	2.85	0.70	0.81	0.97	1.18	1.91	2.46
39	0.80	0.97	1.14	1.38	2.45	3.07	0.73	0.84	1.01	1.24	2.03	2.62
40	0.84	1.01	1.21	1.46	2.62	3.31	0.75	0.86	1.06	1.31	2.12	2.79
41	0.91	1.09	1.32	1.60	2.94	3.72	0.80	0.92	1.15	1.43	2.32	3.05
42	0.99	1.17	1.44	1.75	3.26	4.15	0.85	0.98	1.24	1.55	2.52	3.31
43	1.07	1.25	1.56	1.90	3.58	4.58	0.90	1.04	1.33	1.67	2.72	3.57
44	1.15	1.34	1.67	2.05	3.90	5.01	0.95	1.10	1.42	1.79	2.94	3.84
45	1.23	1.44	1.78	2.20	4.23	5.45	1.00	1.16	1.51	1.89	3.16	4.13
46	1.33	1.56	1.90	2.36	4.61	5.94	1.08	1.25	1.64	2.05	3.43	4.54
47	1.43	1.68	2.03	2.52	4.99	6.44	1.16	1.34	1.78	2.22	3.72	4.97
48	1.53	1.80	2.19	2.68	5.42	6.94	1.24	1.44	1.92	2.39	4.01	5.41
49	1.63	1.92	2.35	2.84	5.92	7.44	1.32	1.54	2.02	2.52	4.29	5.85
50	1.76	2.07	2.51	3.04	6.47	7.95	1.39	1.61	2.09	2.62	4.53	6.26
51	1.92	2.28	2.75	3.35	7.08	8.70	1.48	1.72	2.23	2.80	4.89	6.75
52	2.08	2.49	2.99	3.66	7.73	9.48	1.57	1.84	2.37	2.98	5.25	7.24
53	2.24	2.70	3.27	4.00	8.42	10.33	1.68	1.97	2.52	3.16	5.62	7.75
54	2.43	2.94	3.56	4.38	9.18	11.27	1.79	2.11	2.67	3.36	6.02	8.37
55	2.65	3.24	3.92	4.84	9.95	12.20	1.91	2.26	2.88	3.61	6.58	9.05
56	2.91	3.55	4.29	5.34	10.72	13.14	2.05	2.44	3.13	3.94	7.15	9.76
57	3.17	3.86	4.72	5.84	11.59	14.29	2.20	2.64	3.41	4.29	7.73	10.54
58	3.45	4.18	5.17	6.35	12.52	15.46	2.37	2.85	3.73	4.69	8.31	11.40
59	3.75	4.54	5.67	6.87	13.48	16.70	2.55	3.09	4.07	5.12	8.98	12.38
60	4.08	4.93	6.20	7.48	14.48	17.97	2.75	3.35	4.45	5.60	9.75	13.43
61	4.60	5.57	7.00	8.44	15.92	19.87	3.06	3.70	4.94	6.18	10.61	14.82
62	5.12	6.21	7.80	9.40	17.35	21.75	3.37	4.07	5.44	6.79	11.47	16.22
63	5.73	6.96	8.73	10.52	18.95	23.78	3.69	4.46	5.94	7.44	12.38	17.74
64	6.43	7.84	9.82	11.83	20.98	26.39	4.07	4.93	6.46	8.21	13.46	19.55
65	7.25	8.86	11.07	13.33	23.11	29.14	4.48	5.41	7.06	9.00	14.57	21.38
66	8.18	10.09	12.49	14.92	25.91	32.97	4.97	6.00	7.80	9.95	16.16	23.94
67	9.25	11.48	14.11	16.70	29.03	37.27	5.57	6.72	8.71	11.10	18.04	26.76
68	10.54	13.18	16.08	18.88	32.62	42.21	6.29	7.60	9.81	12.25	19.95	30.02
69	11.83	14.88	18.05	21.06	36.20	47.19	7.15	8.64	11.12	13.41	22.23	33.69
70	13.52	17.12	20.62	23.84	40.76	53.52	8.16	9.87	12.67	14.90	24.74	37.76
71	16.29	20.67	24.28	28.00	48.33	62.57	9.75	11.66	14.40	16.54	27.71	42.87
72	19.14	24.20	27.91	31.98	57.02	73.04	11.34	13.48	16.41	18.57	30.97	48.69
73	22.40	28.24	32.12	36.34	67.02	85.18	13.16	15.48	18.81	21.01	34.58	55.04
74	25.81	32.36	36.43	41.73			15.27	17.78	21.43	23.63		
75	30.28	37.28	42.25	48.25			17.72	20.48	24.49	26.65		
76	35.43	43.57	49.22	56.11			20.59	23.63	28.42	30.70		
77	40.58	49.86	56.19	62.48			23.86	26.95	33.00	34.90		
78	47.39	57.93	65.12	68.46			27.77	31.22	38.14	39.68		
79												
80												

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	20MPPB4	20MPNB4	20MSPB4	20MSNB4	20MPSB4	20MSSB4	20FPPB4	20FPNB4	20FSPB4	20FSNB4	20FPSB4	20FSSB4
18	0.68	0.85	0.95	1.11	1.87	2.24	0.59	0.70	0.84	0.92	1.40	1.70
19	0.68	0.85	0.95	1.11	1.87	2.24	0.59	0.70	0.84	0.92	1.40	1.70
20	0.68	0.85	0.95	1.11	1.87	2.24	0.59	0.70	0.84	0.92	1.40	1.70
21	0.68	0.85	0.95	1.11	1.87	2.25	0.59	0.70	0.84	0.92	1.42	1.72
22	0.68	0.85	0.95	1.11	1.88	2.26	0.59	0.70	0.84	0.92	1.44	1.74
23	0.68	0.85	0.95	1.11	1.89	2.27	0.59	0.70	0.84	0.92	1.46	1.76
24	0.68	0.85	0.95	1.11	1.90	2.29	0.59	0.70	0.84	0.92	1.47	1.77
25	0.68	0.85	0.95	1.11	1.90	2.30	0.59	0.70	0.84	0.92	1.47	1.77
26	0.68	0.85	0.95	1.11	1.91	2.31	0.59	0.70	0.85	0.93	1.48	1.78
27	0.68	0.85	0.97	1.11	1.93	2.32	0.60	0.70	0.85	0.94	1.50	1.80
28	0.68	0.86	0.99	1.13	1.95	2.34	0.60	0.70	0.85	0.94	1.52	1.82
29	0.69	0.87	1.01	1.15	1.97	2.36	0.61	0.71	0.86	0.94	1.54	1.85
30	0.69	0.87	1.02	1.15	1.97	2.36	0.62	0.72	0.87	0.95	1.55	1.87
31	0.70	0.87	1.03	1.16	2.03	2.45	0.64	0.73	0.88	0.98	1.63	1.95
32	0.71	0.87	1.04	1.18	2.09	2.54	0.65	0.75	0.90	1.01	1.71	2.05
33	0.72	0.88	1.05	1.20	2.16	2.69	0.67	0.77	0.92	1.05	1.79	2.15
34	0.74	0.89	1.08	1.22	2.26	2.85	0.69	0.79	0.94	1.09	1.88	2.26
35	0.76	0.90	1.10	1.24	2.37	3.03	0.72	0.80	0.96	1.13	1.98	2.38
36	0.80	0.95	1.16	1.31	2.52	3.24	0.75	0.84	1.01	1.19	2.11	2.55
37	0.84	1.00	1.22	1.38	2.69	3.47	0.78	0.88	1.06	1.25	2.25	2.75
38	0.88	1.05	1.30	1.47	2.89	3.75	0.82	0.92	1.11	1.32	2.39	2.95
39	0.93	1.10	1.38	1.56	3.09	4.03	0.86	0.96	1.16	1.39	2.53	3.15
40	0.98	1.14	1.46	1.66	3.32	4.34	0.90	1.00	1.21	1.47	2.66	3.34
41	1.07	1.25	1.60	1.82	3.72	4.85	0.96	1.08	1.31	1.60	2.90	3.66
42	1.16	1.36	1.75	2.00	4.12	5.36	1.02	1.16	1.42	1.73	3.14	4.01
43	1.25	1.48	1.91	2.18	4.52	5.87	1.08	1.24	1.53	1.86	3.38	4.39
44	1.34	1.60	2.07	2.37	4.92	6.40	1.14	1.32	1.63	1.99	3.63	4.81
45	1.45	1.73	2.25	2.58	5.42	7.04	1.19	1.40	1.73	2.10	3.91	5.26
46	1.58	1.89	2.43	2.81	5.92	7.68	1.28	1.51	1.87	2.26	4.25	5.71
47	1.72	2.06	2.61	3.04	6.41	8.29	1.38	1.63	2.02	2.43	4.60	6.16
48	1.86	2.23	2.81	3.25	6.89	8.89	1.48	1.75	2.18	2.61	4.96	6.60
49	2.00	2.39	3.02	3.45	7.42	9.54	1.58	1.87	2.34	2.79	5.32	7.03
50	2.14	2.53	3.24	3.67	8.02	10.18	1.68	1.98	2.49	2.95	5.69	7.45
51	2.34	2.75	3.54	4.10	8.75	11.03	1.82	2.13	2.67	3.17	6.19	8.00
52	2.58	3.01	3.84	4.53	9.54	11.94	1.96	2.28	2.85	3.39	6.68	8.56
53	2.82	3.30	4.18	5.04	10.41	12.92	2.11	2.44	3.03	3.63	7.17	9.15
54	3.05	3.59	4.56	5.60	11.35	14.00	2.29	2.61	3.22	3.89	7.72	9.79
55	3.28	3.85	5.02	6.29	12.31	15.06	2.48	2.81	3.48	4.23	8.46	10.65
56	3.63	4.25	5.54	6.97	13.28	16.32	2.70	3.10	3.84	4.68	9.21	11.75
57	4.03	4.72	6.15	7.64	14.37	17.79	2.96	3.41	4.24	5.17	9.96	12.96
58	4.48	5.23	6.82	8.38	15.51	19.33	3.23	3.75	4.68	5.73	10.71	14.33
59	4.96	5.79	7.54	9.19	16.73	20.97	3.53	4.14	5.17	6.34	11.59	15.86
60	5.51	6.40	8.34	10.10	18.00	22.71	3.86	4.57	5.72	7.03	12.57	17.53
61	6.36	7.41	9.54	11.58	20.22	25.25	4.35	5.16	6.49	8.01	14.38	20.50
62	7.21	8.42	10.75	13.10	22.41	27.76	4.86	5.79	7.31	9.04	16.14	23.42
63	8.19	9.54	12.14	14.85	24.69	30.43	5.45	6.51	8.25	10.21	17.87	26.31
64	9.32	10.86	13.73	16.85	27.50	33.68	6.15	7.35	9.36	11.60	19.83	29.71
65	10.60	12.35	15.53	19.13	30.48	37.09	6.92	8.30	10.60	13.15	21.94	33.35
66	12.01	14.19	17.43	21.45			7.77	9.41	11.84	14.74		
67	13.55	16.24	19.33	23.77			8.72	10.67	13.08	16.43		
68	15.36	18.66	21.23	26.09			9.80	12.12	14.31	18.40		
69	17.17	21.14	23.13	28.41			11.01	13.76	15.53	20.61		
70	19.57	24.39	25.78	30.93			12.48	15.68	16.85	23.27		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999	\$500,000 - \$999,999
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref Tobacco		Std Tobacco		Pref		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	30MPPB4	30MPNB4	30MSPB4	30MSNB4	30MPSB4	30MSSB4	30FPPB4	30FPNB4	30FSPB4	30FSNB4	30FPSB4	30FSSB4
18	0.92	1.14	1.37	1.64	2.56	3.28	0.82	0.94	1.11	1.37	1.77	2.24
19	0.92	1.14	1.37	1.64	2.56	3.28	0.82	0.94	1.11	1.37	1.77	2.24
20	0.92	1.14	1.37	1.64	2.56	3.28	0.82	0.94	1.11	1.37	1.77	2.24
21	0.92	1.14	1.37	1.64	2.58	3.30	0.82	0.94	1.11	1.37	1.79	2.27
22	0.92	1.14	1.37	1.64	2.60	3.33	0.82	0.94	1.11	1.37	1.82	2.31
23	0.92	1.14	1.37	1.64	2.62	3.36	0.82	0.94	1.11	1.37	1.85	2.34
24	0.92	1.14	1.37	1.64	2.67	3.41	0.82	0.94	1.11	1.37	1.88	2.36
25	0.92	1.14	1.37	1.67	2.72	3.48	0.82	0.94	1.12	1.37	1.88	2.38
26	0.92	1.15	1.39	1.70	2.77	3.55	0.83	0.95	1.14	1.38	1.93	2.46
27	0.93	1.16	1.42	1.73	2.83	3.62	0.84	0.97	1.16	1.41	2.00	2.54
28	0.95	1.17	1.45	1.76	2.90	3.71	0.84	0.99	1.19	1.43	2.07	2.62
29	0.97	1.19	1.49	1.79	2.97	3.80	0.84	1.00	1.22	1.45	2.13	2.70
30	0.97	1.20	1.52	1.80	3.04	3.87	0.85	1.01	1.24	1.46	2.16	2.76
31	0.99	1.21	1.55	1.83	3.16	4.02	0.87	1.03	1.28	1.50	2.27	2.92
32	1.01	1.23	1.58	1.87	3.29	4.17	0.89	1.05	1.31	1.54	2.39	3.08
33	1.04	1.25	1.61	1.91	3.44	4.37	0.91	1.07	1.34	1.58	2.52	3.25
34	1.07	1.27	1.66	1.95	3.62	4.58	0.93	1.09	1.36	1.60	2.65	3.42
35	1.10	1.28	1.70	2.00	3.81	4.81	0.95	1.09	1.37	1.62	2.77	3.60
36	1.16	1.36	1.81	2.14	4.11	5.21	1.00	1.16	1.46	1.71	2.98	3.85
37	1.23	1.45	1.92	2.29	4.42	5.61	1.05	1.21	1.55	1.81	3.19	4.12
38	1.31	1.54	2.03	2.45	4.77	6.06	1.10	1.28	1.65	1.92	3.40	4.40
39	1.39	1.65	2.16	2.63	5.14	6.54	1.15	1.36	1.75	2.03	3.63	4.68
40	1.47	1.76	2.30	2.83	5.53	7.05	1.21	1.43	1.87	2.16	3.86	4.96
41	1.60	1.95	2.55	3.10	6.28	7.76	1.31	1.58	2.03	2.34	4.24	5.47
42	1.75	2.14	2.81	3.37	7.06	8.50	1.42	1.74	2.19	2.52	4.63	6.00
43	1.90	2.33	3.07	3.65	7.81	9.24	1.53	1.90	2.32	2.70	5.06	6.58
44	2.05	2.55	3.35	3.95	8.59	10.03	1.64	2.03	2.42	2.88	5.53	7.22
45	2.23	2.80	3.67	4.29	9.40	10.93	1.76	2.07	2.52	3.09	6.03	7.91
46	2.42	3.05	3.99	4.70	10.19	11.80	1.92	2.24	2.75	3.41	6.64	8.74
47	2.63	3.30	4.34	5.15	10.93	12.61	2.08	2.42	3.01	3.76	7.30	9.96
48	2.85	3.59	4.73	5.64	11.59	13.38	2.24	2.60	3.28	4.13	8.00	10.98
49	3.10	3.89	5.14	6.18	12.21	14.11	2.42	2.80	3.56	4.54	8.71	11.91
50	3.37	4.23	5.59	6.78	12.71	14.78	2.62	3.00	3.87	4.97	9.48	12.69
51	3.89	4.75	6.19	7.47	14.11	15.91	2.95	3.34	4.28	5.44	10.27	13.53
52	4.42	5.29	6.81	8.17	15.65	16.78	3.28	3.68	4.71	5.91	11.06	14.41
53	4.98	5.90	7.50	8.94	17.14	17.19	3.64	4.07	5.17	6.46	12.11	15.66
54	5.60	6.59	8.28	9.80			4.06	4.52	5.70	7.08		
55	6.36	7.39	9.18	10.79			4.58	5.06	6.32	7.84		
56	7.10	8.21	10.18	11.82			5.09	5.61	7.03	8.70		
57	7.83	9.08	11.20	12.31			5.63	6.22	7.79	9.61		
58	8.61	10.04	12.32	12.63			6.25	6.91	8.67	10.56		
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$1,000,000 and over											
Term Period	10	10	10	10	10	10	10	10	10	10	10	10
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	10MPPB5	10MPNB5	10MSPB5	10MSNB5	10MP5B5	10MSSB5	10FPPB5	10FPNB5	10FSPB5	10FSNB5	10FFPB5	10FSSB5
18	0.50	0.58	0.75	0.84	1.34	1.70	0.44	0.52	0.63	0.69	1.00	1.30
19	0.50	0.58	0.75	0.84	1.34	1.70	0.44	0.52	0.63	0.69	1.00	1.30
20	0.50	0.58	0.75	0.84	1.34	1.70	0.44	0.52	0.63	0.69	1.00	1.30
21	0.50	0.58	0.75	0.84	1.34	1.71	0.44	0.52	0.63	0.69	1.01	1.31
22	0.50	0.58	0.75	0.84	1.34	1.72	0.44	0.52	0.63	0.69	1.02	1.32
23	0.50	0.58	0.75	0.84	1.34	1.73	0.44	0.52	0.63	0.69	1.03	1.33
24	0.50	0.58	0.75	0.84	1.34	1.74	0.44	0.52	0.63	0.69	1.04	1.34
25	0.50	0.58	0.75	0.84	1.34	1.75	0.44	0.52	0.63	0.69	1.04	1.34
26	0.50	0.58	0.75	0.84	1.35	1.76	0.44	0.52	0.63	0.69	1.05	1.35
27	0.50	0.58	0.75	0.84	1.36	1.78	0.44	0.52	0.64	0.70	1.07	1.37
28	0.50	0.58	0.75	0.84	1.37	1.80	0.44	0.52	0.64	0.70	1.09	1.39
29	0.50	0.58	0.75	0.84	1.38	1.82	0.45	0.52	0.64	0.70	1.11	1.41
30	0.50	0.58	0.75	0.85	1.40	1.83	0.45	0.52	0.64	0.71	1.11	1.42
31	0.50	0.58	0.75	0.86	1.42	1.85	0.45	0.53	0.65	0.73	1.13	1.45
32	0.50	0.59	0.75	0.87	1.44	1.87	0.45	0.53	0.66	0.75	1.16	1.49
33	0.50	0.60	0.75	0.88	1.46	1.89	0.46	0.54	0.67	0.76	1.19	1.54
34	0.50	0.61	0.77	0.89	1.48	1.97	0.46	0.55	0.68	0.77	1.22	1.60
35	0.51	0.62	0.78	0.91	1.50	2.04	0.47	0.56	0.68	0.79	1.27	1.68
36	0.52	0.64	0.81	0.95	1.58	2.15	0.49	0.58	0.71	0.82	1.33	1.77
37	0.53	0.66	0.84	0.99	1.66	2.26	0.50	0.60	0.74	0.85	1.40	1.86
38	0.56	0.68	0.89	1.04	1.78	2.44	0.51	0.62	0.77	0.89	1.48	1.97
39	0.57	0.71	0.94	1.10	1.91	2.63	0.53	0.64	0.80	0.93	1.56	2.09
40	0.59	0.74	1.00	1.16	2.06	2.84	0.55	0.66	0.84	0.99	1.67	2.24
41	0.63	0.80	1.08	1.26	2.25	3.15	0.58	0.71	0.91	1.07	1.82	2.45
42	0.66	0.86	1.18	1.36	2.46	3.47	0.62	0.76	0.99	1.15	1.97	2.66
43	0.70	0.91	1.27	1.46	2.67	3.78	0.66	0.81	1.06	1.23	2.11	2.87
44	0.75	0.97	1.36	1.57	2.87	4.08	0.70	0.87	1.12	1.31	2.25	3.10
45	0.81	1.03	1.46	1.70	3.05	4.44	0.74	0.93	1.19	1.40	2.38	3.34
46	0.87	1.11	1.58	1.84	3.33	4.87	0.80	1.01	1.29	1.53	2.62	3.70
47	0.94	1.19	1.70	1.98	3.63	5.30	0.86	1.08	1.39	1.67	2.85	4.06
48	1.01	1.27	1.81	2.12	3.93	5.73	0.92	1.15	1.49	1.80	3.07	4.42
49	1.08	1.36	1.92	2.26	4.22	6.16	0.98	1.22	1.56	1.89	3.27	4.77
50	1.16	1.45	2.02	2.43	4.45	6.60	1.03	1.26	1.62	1.95	3.41	5.05
51	1.27	1.58	2.19	2.63	4.84	7.14	1.11	1.35	1.73	2.09	3.66	5.47
52	1.38	1.73	2.37	2.87	5.30	7.68	1.19	1.44	1.84	2.23	3.91	5.89
53	1.52	1.89	2.58	3.14	5.76	8.28	1.26	1.53	1.95	2.37	4.15	6.30
54	1.68	2.08	2.81	3.45	6.26	8.98	1.33	1.62	2.06	2.51	4.39	6.71
55	1.87	2.31	3.11	3.83	6.82	9.69	1.42	1.72	2.20	2.67	4.79	7.36
56	2.07	2.56	3.42	4.21	7.44	10.48	1.52	1.84	2.35	2.88	5.19	8.02
57	2.27	2.81	3.74	4.59	8.13	11.28	1.64	1.98	2.52	3.09	5.59	8.68
58	2.48	3.06	4.06	4.97	8.86	12.09	1.77	2.15	2.70	3.30	5.99	9.34
59	2.71	3.31	4.38	5.35	9.63	12.97	1.91	2.32	2.91	3.51	6.44	10.03
60	2.96	3.57	4.71	5.71	10.46	13.89	2.07	2.50	3.13	3.71	6.93	10.84
61	3.27	3.98	5.21	6.22	11.56	15.27	2.25	2.72	3.44	4.04	7.48	11.80
62	3.59	4.40	5.74	6.80	12.67	16.70	2.43	2.96	3.75	4.37	8.13	12.80
63	3.98	4.91	6.38	7.49	13.95	18.36	2.64	3.22	4.09	4.71	8.82	13.86
64	4.43	5.51	7.11	8.28	15.56	20.39	2.89	3.53	4.52	5.14	9.62	15.18
65	4.93	6.17	7.93	9.16	17.16	22.50	3.14	3.84	4.94	5.54	10.39	16.48
66	5.49	6.83	8.75	10.12	18.87	24.74	3.40	4.16	5.36	6.04	11.31	18.00
67	6.05	7.53	9.67	11.20	20.67	27.18	3.70	4.51	5.79	6.58	12.33	19.70
68	6.62	8.44	10.83	12.56	22.77	29.99	4.09	4.99	6.40	7.32	13.58	21.38
69	7.22	9.35	11.99	13.92	24.91	32.85	4.55	5.54	7.19	8.26	15.01	23.00
70	8.02	10.41	13.33	15.47	27.46	36.25	5.17	6.28	8.07	9.34	16.67	24.66
71	9.40	11.99	15.66	18.27	30.56	40.59	6.02	7.29	9.22	10.60	18.89	26.81
72	10.62	13.47	17.90	20.79	34.15	45.72	7.09	8.52	10.66	12.22	21.71	28.96
73	11.84	14.97	20.14	23.39	37.67	52.16	8.21	9.83	12.18	13.92	24.49	32.37
74	13.49	16.85	22.93	26.86	41.28	59.16	9.52	11.35	13.94	15.89	27.27	35.91
75	15.52	19.30	26.35	30.84	45.49	64.59	11.05	13.13	15.99	18.19	30.59	39.81
76	18.11	22.15	30.04	35.02	53.10	72.14	12.78	15.16	18.43	20.97	36.31	47.54
77	21.05	25.33	34.12	39.62	59.04	77.18	14.88	17.64	21.30	24.11	42.53	56.11
78	25.34	30.04	40.20	46.49	73.04	92.10	17.56	20.80	24.86	28.67	50.91	67.78
79	29.94	34.99	46.52	53.60	87.30	108.76	20.71	24.51	29.14	33.74	61.10	81.78
80	35.89	41.35	54.63	62.70	105.36	124.52	24.52	29.02	34.32	39.90	71.59	97.61

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$1,000,000 and over											
Term Period	15	15	15	15	15	15	15	15	15	15	15	15
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref Tobacco		Std Tobacco		Pref		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	15MPPB5	15MPNB5	15MSPB5	15MSNB5	15MPBS5	15MSSB5	15FPPB5	15FPNB5	15FSPB5	15FSNB5	15FPBS5	15FSSB5
18	0.57	0.71	0.79	0.92	1.53	2.00	0.51	0.59	0.70	0.85	1.19	1.49
19	0.57	0.71	0.79	0.92	1.53	2.00	0.51	0.59	0.70	0.85	1.19	1.49
20	0.57	0.71	0.79	0.92	1.53	2.00	0.51	0.59	0.70	0.85	1.19	1.49
21	0.57	0.71	0.79	0.92	1.53	2.01	0.51	0.59	0.70	0.85	1.20	1.50
22	0.57	0.71	0.79	0.92	1.53	2.02	0.51	0.59	0.70	0.85	1.21	1.52
23	0.57	0.71	0.79	0.92	1.54	2.03	0.51	0.59	0.70	0.85	1.22	1.54
24	0.57	0.71	0.79	0.92	1.55	2.04	0.51	0.59	0.70	0.85	1.23	1.55
25	0.57	0.71	0.79	0.92	1.55	2.04	0.51	0.59	0.70	0.85	1.23	1.55
26	0.57	0.71	0.79	0.92	1.55	2.04	0.51	0.59	0.70	0.85	1.23	1.55
27	0.57	0.71	0.79	0.92	1.55	2.05	0.51	0.59	0.71	0.86	1.24	1.57
28	0.57	0.71	0.79	0.92	1.55	2.07	0.51	0.59	0.71	0.87	1.25	1.59
29	0.57	0.72	0.79	0.93	1.56	2.09	0.51	0.60	0.71	0.88	1.27	1.61
30	0.57	0.72	0.80	0.93	1.56	2.09	0.51	0.60	0.72	0.88	1.28	1.61
31	0.59	0.73	0.82	0.96	1.59	2.11	0.53	0.61	0.73	0.90	1.31	1.66
32	0.60	0.74	0.84	0.99	1.62	2.14	0.54	0.62	0.75	0.92	1.34	1.71
33	0.61	0.75	0.86	1.02	1.67	2.18	0.55	0.64	0.77	0.94	1.38	1.78
34	0.62	0.76	0.88	1.04	1.74	2.24	0.57	0.66	0.79	0.97	1.43	1.85
35	0.64	0.78	0.89	1.07	1.80	2.30	0.59	0.69	0.82	1.01	1.48	1.94
36	0.67	0.81	0.94	1.13	1.91	2.45	0.62	0.72	0.86	1.06	1.57	2.08
37	0.70	0.84	0.99	1.19	2.02	2.62	0.64	0.75	0.90	1.11	1.68	2.24
38	0.73	0.88	1.04	1.27	2.17	2.83	0.66	0.78	0.94	1.16	1.79	2.40
39	0.77	0.92	1.11	1.35	2.32	3.04	0.69	0.81	0.98	1.21	1.91	2.57
40	0.81	0.96	1.18	1.44	2.50	3.29	0.72	0.84	1.03	1.28	2.03	2.75
41	0.88	1.03	1.29	1.58	2.79	3.69	0.77	0.90	1.11	1.39	2.22	3.01
42	0.96	1.10	1.41	1.72	3.09	4.11	0.82	0.96	1.20	1.50	2.41	3.27
43	1.04	1.19	1.53	1.86	3.39	4.53	0.87	1.02	1.29	1.61	2.59	3.53
44	1.12	1.28	1.65	2.00	3.68	4.95	0.92	1.08	1.36	1.72	2.78	3.80
45	1.19	1.38	1.76	2.15	3.97	5.40	0.96	1.13	1.43	1.78	2.99	4.10
46	1.30	1.50	1.89	2.32	4.39	5.93	1.04	1.22	1.55	1.95	3.28	4.50
47	1.40	1.62	2.02	2.49	4.80	6.43	1.12	1.31	1.67	2.13	3.57	4.90
48	1.49	1.74	2.18	2.66	5.20	6.93	1.20	1.41	1.79	2.31	3.88	5.30
49	1.58	1.86	2.33	2.83	5.61	7.43	1.28	1.51	1.90	2.46	4.19	5.70
50	1.68	2.00	2.50	3.03	6.14	7.91	1.35	1.59	1.97	2.57	4.47	6.06
51	1.85	2.22	2.74	3.34	6.80	8.67	1.45	1.71	2.11	2.75	4.80	6.51
52	2.02	2.44	2.98	3.65	7.46	9.45	1.55	1.83	2.25	2.93	5.13	6.96
53	2.19	2.65	3.26	3.99	8.20	10.30	1.65	1.95	2.39	3.12	5.47	7.41
54	2.38	2.86	3.55	4.37	9.00	11.23	1.78	2.09	2.53	3.31	5.83	7.98
55	2.61	3.16	3.91	4.83	9.80	12.16	1.90	2.25	2.75	3.58	6.34	8.60
56	2.88	3.46	4.28	5.33	10.60	13.09	2.04	2.43	2.99	3.90	6.86	9.36
57	3.15	3.77	4.71	5.83	11.39	14.22	2.19	2.63	3.26	4.26	7.38	10.20
58	3.42	4.10	5.16	6.34	12.16	15.38	2.36	2.84	3.55	4.64	7.89	11.15
59	3.69	4.47	5.66	6.86	12.91	16.59	2.54	3.08	3.88	5.08	8.42	12.22
60	4.01	4.86	6.19	7.46	13.63	17.84	2.74	3.34	4.23	5.55	9.07	13.38
61	4.51	5.48	6.99	8.42	15.07	19.82	3.04	3.65	4.69	6.11	9.99	14.78
62	5.02	6.10	7.79	9.38	16.50	21.72	3.34	4.00	5.17	6.72	10.91	16.18
63	5.62	6.83	8.71	10.49	18.06	23.73	3.67	4.36	5.65	7.38	11.91	17.70
64	6.31	7.68	9.79	11.78	20.05	26.33	4.04	4.79	6.19	8.14	13.11	19.52
65	7.11	8.66	11.04	13.28	22.16	29.07	4.44	5.24	6.79	8.94	14.29	21.32
66	8.04	9.87	12.40	14.87	25.25	32.90	4.93	5.85	7.48	9.83	15.89	23.80
67	9.09	11.24	13.93	16.65	28.72	37.20	5.52	6.59	8.29	10.93	17.65	26.54
68	10.37	12.91	15.81	18.83	32.56	42.14	6.25	7.49	9.30	12.02	19.69	29.70
69	11.65	14.57	17.69	21.01	36.15	47.12	7.10	8.56	10.50	13.36	21.96	33.26
70	13.32	16.81	20.09	23.79	40.70	53.44	8.11	9.84	11.90	14.80	24.46	37.20
71	16.09	20.30	23.81	27.94	48.26	62.48	9.70	11.63	13.67	16.45	27.29	42.16
72	18.94	23.76	27.49	31.93	56.93	72.93	11.29	13.44	15.65	18.44	30.42	47.60
73	22.18	27.73	31.66	36.29	66.92	85.05	13.11	15.44	18.07	20.84	33.88	53.57
74	25.58	31.78	35.99	41.67			15.22	17.73	20.69	23.41		
75	30.05	36.65	41.83	48.18			17.67	20.43	23.76	26.37		
76	35.18	42.83	48.77	56.03			20.54	23.57	27.74	30.32		
77	40.31	49.01	55.72	62.38			23.81	26.89	32.18	34.85		
78	47.08	56.96	64.61	68.36			27.73	31.15	37.06	39.62		
79												
80												

TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$1,000,000 and over											
Term Period	20	20	20	20	20	20	20	20	20	20	20	20
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Plus	NonTobacco
	20MPPB5	20MPNB5	20MSPB5	20MSNB5	20MPB5	20MSSB5	20FPPB5	20FPNB5	20FSPB5	20FSNB5	20FPPB5	20FSSB5
18	0.64	0.81	0.93	1.04	1.74	2.20	0.56	0.65	0.80	0.89	1.34	1.64
19	0.64	0.81	0.93	1.04	1.74	2.20	0.56	0.65	0.80	0.89	1.34	1.64
20	0.64	0.81	0.93	1.04	1.74	2.20	0.56	0.65	0.80	0.89	1.34	1.64
21	0.64	0.81	0.93	1.04	1.75	2.20	0.56	0.65	0.80	0.89	1.35	1.66
22	0.64	0.81	0.93	1.04	1.76	2.21	0.56	0.65	0.80	0.89	1.37	1.68
23	0.64	0.81	0.93	1.04	1.77	2.22	0.56	0.65	0.80	0.89	1.38	1.70
24	0.64	0.81	0.93	1.04	1.78	2.23	0.56	0.65	0.80	0.89	1.39	1.71
25	0.64	0.81	0.93	1.04	1.78	2.23	0.56	0.65	0.80	0.89	1.39	1.71
26	0.64	0.81	0.93	1.05	1.79	2.24	0.56	0.65	0.80	0.90	1.40	1.72
27	0.64	0.81	0.94	1.06	1.81	2.25	0.57	0.65	0.81	0.91	1.42	1.74
28	0.64	0.81	0.95	1.06	1.83	2.27	0.57	0.65	0.81	0.91	1.44	1.76
29	0.65	0.82	0.96	1.07	1.85	2.29	0.57	0.66	0.81	0.91	1.46	1.79
30	0.65	0.82	0.96	1.07	1.86	2.29	0.58	0.67	0.82	0.92	1.48	1.81
31	0.66	0.82	0.97	1.09	1.91	2.38	0.59	0.68	0.84	0.95	1.54	1.89
32	0.68	0.83	0.98	1.12	1.96	2.47	0.60	0.70	0.86	0.98	1.61	1.99
33	0.70	0.84	1.00	1.15	2.04	2.59	0.63	0.72	0.88	1.02	1.69	2.10
34	0.72	0.85	1.03	1.19	2.15	2.76	0.65	0.74	0.90	1.06	1.77	2.21
35	0.74	0.86	1.05	1.23	2.25	2.92	0.67	0.76	0.91	1.10	1.86	2.33
36	0.78	0.90	1.11	1.30	2.40	3.15	0.70	0.80	0.96	1.16	1.99	2.50
37	0.82	0.94	1.17	1.37	2.56	3.39	0.73	0.84	1.01	1.22	2.14	2.70
38	0.86	0.99	1.25	1.46	2.75	3.68	0.76	0.88	1.07	1.29	2.29	2.90
39	0.90	1.04	1.33	1.55	2.94	3.99	0.79	0.92	1.13	1.36	2.45	3.10
40	0.93	1.10	1.42	1.64	3.16	4.32	0.83	0.95	1.18	1.44	2.59	3.29
41	1.02	1.20	1.56	1.80	3.56	4.80	0.89	1.02	1.28	1.56	2.82	3.59
42	1.11	1.31	1.71	1.97	3.96	5.31	0.95	1.09	1.39	1.70	3.05	3.92
43	1.20	1.42	1.86	2.14	4.36	5.81	1.00	1.17	1.49	1.84	3.29	4.27
44	1.29	1.53	2.03	2.33	4.79	6.31	1.05	1.26	1.58	1.97	3.55	4.65
45	1.40	1.66	2.21	2.54	5.29	6.92	1.11	1.34	1.68	2.05	3.83	5.06
46	1.53	1.82	2.41	2.78	5.81	7.56	1.20	1.45	1.83	2.23	4.17	5.50
47	1.67	1.98	2.60	3.02	6.32	8.20	1.30	1.56	1.98	2.41	4.52	5.94
48	1.81	2.14	2.80	3.23	6.82	8.83	1.40	1.67	2.13	2.59	4.88	6.38
49	1.95	2.29	3.01	3.43	7.31	9.45	1.50	1.79	2.28	2.76	5.24	6.82
50	2.08	2.45	3.22	3.65	7.89	10.07	1.61	1.90	2.44	2.91	5.60	7.25
51	2.28	2.67	3.52	4.05	8.59	10.95	1.75	2.05	2.62	3.13	6.05	7.80
52	2.51	2.93	3.82	4.48	9.33	11.85	1.89	2.20	2.80	3.35	6.50	8.35
53	2.75	3.21	4.16	4.96	10.14	12.85	2.04	2.38	2.98	3.59	6.96	8.94
54	2.99	3.49	4.53	5.50	11.03	13.93	2.21	2.57	3.17	3.86	7.48	9.58
55	3.24	3.76	4.99	6.16	11.92	15.00	2.41	2.76	3.42	4.20	8.16	10.42
56	3.58	4.15	5.49	6.85	12.91	16.26	2.64	3.04	3.78	4.64	8.89	11.52
57	3.98	4.61	6.08	7.55	14.07	17.72	2.89	3.34	4.19	5.13	9.65	12.74
58	4.40	5.11	6.71	8.25	15.28	19.25	3.18	3.68	4.63	5.68	10.52	14.13
59	4.88	5.66	7.40	9.04	16.66	20.89	3.49	4.06	5.13	6.29	11.49	15.66
60	5.39	6.26	8.16	9.94	17.93	22.62	3.84	4.48	5.68	6.97	12.54	17.35
61	6.23	7.26	9.35	11.30	20.14	24.80	4.30	5.06	6.33	7.95	13.96	20.25
62	7.08	8.26	10.55	12.68	22.32	26.98	4.79	5.68	7.04	8.97	15.37	23.10
63	8.04	9.37	11.93	14.28	24.61	29.42	5.35	6.39	7.83	10.14	16.82	25.92
64	9.16	10.68	13.51	16.09	27.41	32.30	6.02	7.23	8.76	11.53	18.54	29.24
65	10.43	12.16	15.31	18.14	30.38	35.31	6.75	8.17	9.79	13.08	20.29	32.79
66	11.71	13.87	17.17	20.29			7.59	9.29	10.88	14.63		
67	13.13	15.76	19.03	22.44			8.55	10.56	12.10	16.30		
68	14.75	17.97	20.89	24.99			9.65	12.02	13.47	18.24		
69	16.37	20.23	22.75	27.54			10.88	13.68	15.00	20.40		
70	18.53	23.19	25.35	30.88			12.36	15.66	16.83	23.01		
71												
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TL16 BASE LEVEL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band	\$1,000,000 and over											
Term Period	30	30	30	30	30	30	30	30	30	30	30	30
Gender	Male	Male	Male	Male	Male	Male	Female	Female	Female	Female	Female	Female
Risk Class	Pref		Std		Pref		Pref		Std		Std	
	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco	Pref Plus	NonTobacco	Std Plus	NonTobacco	Pref Tobacco	Std Tobacco
	30MPPB5	30MPNB5	30MSPB5	30MSNB5	30MPBS5	30MSSB5	30FPPB5	30FPNB5	30FSPB5	30FSNB5	30FPSB5	30FSSB5
18	0.83	1.08	1.31	1.54	2.49	3.22	0.75	0.86	1.06	1.31	1.71	2.16
19	0.83	1.08	1.31	1.54	2.49	3.22	0.75	0.86	1.06	1.31	1.71	2.16
20	0.83	1.08	1.31	1.54	2.49	3.22	0.75	0.86	1.06	1.31	1.71	2.16
21	0.83	1.08	1.31	1.54	2.50	3.24	0.75	0.86	1.06	1.31	1.73	2.19
22	0.83	1.08	1.31	1.54	2.52	3.26	0.75	0.86	1.06	1.31	1.76	2.23
23	0.83	1.08	1.31	1.54	2.54	3.28	0.76	0.86	1.06	1.31	1.77	2.26
24	0.83	1.08	1.31	1.56	2.56	3.34	0.76	0.86	1.06	1.31	1.79	2.29
25	0.83	1.08	1.31	1.58	2.60	3.41	0.76	0.86	1.07	1.31	1.81	2.30
26	0.85	1.09	1.32	1.60	2.66	3.48	0.77	0.88	1.08	1.33	1.87	2.37
27	0.86	1.10	1.34	1.63	2.73	3.55	0.78	0.90	1.11	1.36	1.93	2.45
28	0.88	1.11	1.38	1.67	2.81	3.64	0.78	0.92	1.14	1.39	1.99	2.53
29	0.90	1.12	1.41	1.71	2.89	3.73	0.78	0.94	1.17	1.42	2.05	2.61
30	0.91	1.13	1.43	1.74	2.97	3.81	0.79	0.95	1.18	1.43	2.09	2.67
31	0.93	1.15	1.47	1.77	3.07	3.94	0.82	0.97	1.21	1.46	2.21	2.81
32	0.95	1.17	1.51	1.80	3.18	4.07	0.84	0.99	1.24	1.49	2.34	2.97
33	0.98	1.19	1.55	1.83	3.31	4.23	0.86	1.01	1.27	1.52	2.47	3.13
34	1.01	1.21	1.59	1.87	3.46	4.41	0.89	1.03	1.29	1.55	2.60	3.29
35	1.04	1.23	1.64	1.91	3.62	4.60	0.91	1.04	1.30	1.55	2.73	3.44
36	1.10	1.31	1.74	2.04	3.92	5.00	0.96	1.10	1.38	1.66	2.92	3.70
37	1.17	1.39	1.84	2.17	4.25	5.43	1.00	1.15	1.47	1.77	3.12	3.99
38	1.24	1.48	1.96	2.33	4.62	5.91	1.05	1.21	1.56	1.88	3.33	4.28
39	1.32	1.59	2.08	2.49	5.00	6.41	1.10	1.27	1.67	2.01	3.54	4.59
40	1.41	1.68	2.21	2.66	5.41	6.95	1.15	1.34	1.77	2.14	3.74	4.90
41	1.54	1.87	2.45	2.92	6.08	7.66	1.25	1.48	1.93	2.31	4.11	5.39
42	1.68	2.06	2.69	3.19	6.74	8.38	1.37	1.63	2.09	2.48	4.48	5.89
43	1.82	2.25	2.93	3.46	7.41	9.12	1.49	1.78	2.25	2.66	4.89	6.44
44	1.97	2.45	3.20	3.76	8.14	9.90	1.61	1.88	2.37	2.85	5.33	7.05
45	2.14	2.69	3.50	4.10	8.85	10.80	1.72	1.96	2.44	3.05	5.82	7.71
46	2.34	2.95	3.84	4.50	9.56	11.71	1.88	2.14	2.68	3.37	6.49	8.66
47	2.54	3.20	4.18	4.91	10.26	12.58	2.04	2.32	2.92	3.70	7.15	9.84
48	2.75	3.45	4.54	5.37	10.96	13.32	2.19	2.50	3.18	4.07	7.82	10.88
49	2.98	3.73	4.93	5.86	11.72	14.02	2.34	2.69	3.45	4.45	8.53	11.77
50	3.24	4.04	5.37	6.40	12.54	14.65	2.49	2.89	3.73	4.86	9.29	12.49
51	3.72	4.56	5.93	7.09	13.91	15.80	2.80	3.21	4.23	5.35	10.04	13.33
52	4.22	5.08	6.50	7.85	15.42	16.68	3.11	3.54	4.70	5.83	10.78	14.22
53	4.75	5.67	7.13	8.68	16.82	17.13	3.43	3.91	5.16	6.36	11.79	15.53
54	5.34	6.34	7.84	9.62			3.82	4.31	5.69	6.97		
55	6.07	7.11	8.65	10.72			4.30	4.72	6.16	7.72		
56	6.78	7.91	9.59	11.76			4.78	5.23	6.84	8.47		
57	7.48	8.71	10.54	12.26			5.28	5.76	7.56	9.28		
58	8.22	9.58	11.60	12.61			5.85	6.29	8.40	10.07		
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TL16 RENEWAL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band 1 (\$25,000 - \$99,999)					Band 2+ (\$100,000+)				
Guaranteed Renewal Premiums					Guaranteed Renewal Premiums				
Att'd Age	MNT	MT	FNT	FT	Att'd Age	MNT	MT	FNT	FT
23	2.25	3.45	1.66	2.76	23	1.70	2.90	1.11	2.21
24	2.32	3.69	1.71	2.91	24	1.77	3.14	1.16	2.36
25	2.51	4.08	1.71	3.06	25	1.96	3.53	1.16	2.51
26	2.88	4.34	1.81	3.18	26	2.33	3.79	1.26	2.63
27	3.33	4.61	1.90	3.36	27	2.78	4.06	1.35	2.81
28	3.39	4.73	2.00	3.51	28	2.84	4.18	1.45	2.96
29	3.39	4.79	2.14	3.63	29	2.84	4.24	1.59	3.08
30	3.39	4.89	2.19	3.79	30	2.84	4.34	1.64	3.24
31	3.39	5.03	2.29	3.91	31	2.84	4.48	1.74	3.36
32	3.39	5.20	2.38	4.03	32	2.84	4.65	1.83	3.48
33	3.44	5.29	2.48	4.17	33	2.89	4.74	1.93	3.62
34	3.49	5.66	2.63	4.39	34	2.94	5.11	2.08	3.84
35	3.54	5.82	2.82	4.57	35	2.99	5.27	2.27	4.02
36	3.68	6.21	2.96	4.86	36	3.13	5.66	2.41	4.31
37	3.78	6.48	3.11	5.23	37	3.23	5.93	2.56	4.68
38	4.02	6.95	3.20	5.61	38	3.47	6.40	2.65	5.06
39	4.26	7.37	3.39	6.15	39	3.71	6.82	2.84	5.60
40	4.45	7.92	3.54	6.59	40	3.90	7.37	2.99	6.04
41	4.79	8.25	3.68	7.33	41	4.24	7.70	3.13	6.78
42	5.22	8.50	3.92	7.85	42	4.67	7.95	3.37	7.30
43	5.65	9.00	4.16	8.59	43	5.10	8.45	3.61	8.04
44	6.23	9.63	4.45	9.11	44	5.68	9.08	3.90	8.56
45	6.86	10.65	4.79	9.85	45	6.31	10.10	4.24	9.30
46	7.48	11.60	5.22	10.47	46	6.93	11.05	4.67	9.92
47	8.15	12.65	5.75	11.23	47	7.60	12.10	5.20	10.68
48	8.49	13.63	6.33	11.92	48	7.94	13.08	5.78	11.37
49	8.92	14.54	6.95	12.91	49	8.37	13.99	6.40	12.36
50	9.50	16.25	7.72	13.83	50	8.95	15.70	7.17	13.28
51	10.17	17.45	8.49	14.75	51	9.62	16.90	7.94	14.20
52	11.14	19.32	9.40	15.79	52	10.59	18.77	8.85	15.24
53	12.19	21.58	10.32	17.01	53	11.64	21.03	9.77	16.46
54	13.54	23.78	11.33	18.25	54	12.99	23.23	10.78	17.70
55	15.17	27.05	12.34	19.55	55	14.62	26.50	11.79	19.00
56	16.86	30.01	13.59	20.85	56	16.31	29.46	13.04	20.30
57	18.64	33.10	14.79	22.09	57	18.09	32.55	14.24	21.54
58	20.08	35.48	15.69	23.25	58	19.53	34.93	15.14	22.70
59	21.76	38.51	16.65	24.45	59	21.21	37.96	16.10	23.90
60	23.83	45.02	17.76	25.77	60	23.28	44.47	17.21	25.22
61	26.52	48.57	19.07	27.47	61	25.97	48.02	18.52	26.92
62	29.89	52.53	20.71	29.53	62	29.34	51.98	20.16	28.98
63	33.64	56.74	22.77	32.31	63	33.09	56.19	22.22	31.76
64	37.58	62.58	25.21	35.41	64	37.03	62.03	24.66	34.96
65	41.76	68.31	27.85	38.89	65	41.21	67.76	27.30	38.34
66	45.95	73.82	30.27	42.33	66	45.40	73.27	29.72	41.78
67	50.18	79.08	32.87	45.91	67	49.63	78.53	32.32	45.36
68	54.74	87.09	35.80	49.15	68	54.19	86.54	35.25	48.60
69	59.41	95.41	38.97	52.79	69	58.86	94.86	38.42	52.24
70	66.69	106.19	43.15	56.65	70	66.14	105.64	42.60	56.10
71	72.84	117.86	47.43	61.65	71	72.29	117.31	46.88	61.10
72	81.20	128.29	51.87	67.85	72	80.65	127.74	51.32	67.30
73	89.95	140.05	56.62	75.41	73	89.40	139.50	56.07	74.86
74	99.23	152.87	61.89	84.23	74	98.68	152.32	61.34	83.68
75	113.37	167.02	70.17	94.03	75	112.82	166.47	69.62	93.48
76	124.91	181.63	76.83	104.59	76	124.36	181.08	76.28	104.04
77	138.42	196.42	84.04	115.67	77	137.87	195.87	83.49	115.12
78	154.21	211.14	92.10	127.21	78	153.66	210.59	91.55	126.66
79	171.05	226.32	100.68	139.57	79	170.50	225.77	100.13	139.02
80	186.99	242.50	115.14	153.27	80	186.44	241.95	114.59	152.72
81	204.64	260.14	134.54	168.75	81	204.09	259.59	133.99	168.20
82	224.72	279.83	157.00	186.43	82	224.17	279.28	156.45	185.88
83	247.26	326.50	178.38	206.49	83	246.71	325.95	177.83	205.94
84	273.46	350.63	197.61	230.05	84	272.91	350.08	197.06	229.50
85	303.29	374.92	219.27	253.59	85	302.74	374.37	218.72	253.04
86	333.93	398.78	238.92	280.33	86	333.38	398.23	238.37	279.78
87	367.07	423.28	268.50	306.09	87	366.52	422.73	267.95	305.54
88	402.23	448.82	299.40	335.21	88	401.68	448.27	298.85	334.66
89	432.46	474.22	332.34	362.89	89	431.91	473.67	331.79	362.34
90	463.46	499.85	362.70	394.77	90	462.91	499.30	362.15	394.22
91	496.40	526.53	378.06	428.75	91	495.85	525.98	377.51	428.20
92	532.51	557.45	408.27	465.83	92	531.96	556.90	407.72	465.28
93	575.31	597.11	453.09	507.85	93	574.76	596.56	452.54	507.30
94	620.59	651.15	499.15	559.37	94	620.04	650.60	498.60	558.82
95	660.67	815.07	540.75	634.27	95	660.12	814.52	540.20	633.72
96	769.85	846.76	572.25	686.96	96	769.30	846.21	571.70	686.41
97	895.54	900.28	608.25	703.13	97	884.99	899.73	607.70	702.58
98	904.58	909.37	658.55	719.36	98	904.03	908.82	658.00	718.81
99	913.71	918.55	712.20	735.59	99	913.16	918.00	711.65	735.04
100	922.93	927.82	766.85	783.15	100	922.38	927.27	766.30	782.60
101	932.24	937.18	808.25	816.75	101	931.69	936.63	807.70	816.20
102	941.65	946.64	851.00	859.95	102	941.10	946.09	850.45	859.40
103	951.15	956.19	889.00	903.15	103	950.60	955.64	888.45	902.60
104	960.75	960.75	912.75	912.75	104	960.20	960.20	912.20	912.20

TL16 RENEWAL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band 1 (\$25,000 - \$99,999)

Current Renewal Premiums

	MPP	MPNT	MSP	MSNT	MPT	MST	FPP	FPNT	FSP	FSNT	FPT	FST
23	2.07	2.16	2.19	2.25	3.22	3.45	1.53	1.54	1.54	1.66	2.46	2.76
24	2.07	2.16	2.19	2.32	3.24	3.69	1.53	1.54	1.54	1.71	2.46	2.91
25	2.07	2.16	2.19	2.51	3.26	4.08	1.53	1.54	1.54	1.71	2.46	2.97
26	2.07	2.16	2.19	2.58	3.27	4.20	1.69	1.71	1.71	1.81	2.69	3.18
27	2.07	2.20	2.23	2.58	3.27	4.20	1.90	1.90	1.90	1.90	2.91	3.32
28	2.09	2.22	2.25	2.62	3.33	4.27	2.00	2.00	2.00	2.00	3.15	3.40
29	2.10	2.22	2.25	2.64	3.35	4.30	2.07	2.09	2.09	2.14	3.15	3.50
30	2.12	2.22	2.25	2.66	3.37	4.34	2.07	2.09	2.09	2.19	3.15	3.62
31	2.16	2.26	2.30	2.71	3.45	4.48	2.09	2.12	2.12	2.29	3.21	3.87
32	2.20	2.30	2.34	2.74	3.53	4.63	2.10	2.13	2.13	2.38	3.22	3.99
33	2.23	2.32	2.38	2.82	3.65	4.76	2.12	2.15	2.15	2.48	3.24	4.16
34	2.28	2.39	2.41	2.82	3.71	4.89	2.16	2.19	2.19	2.62	3.35	4.18
35	2.34	2.44	2.45	2.94	3.85	5.02	2.20	2.23	2.23	2.67	3.45	4.44
36	2.40	2.52	2.53	2.98	3.89	5.16	2.23	2.27	2.31	2.72	3.54	4.56
37	2.48	2.59	2.60	3.12	4.07	5.34	2.28	2.31	2.39	2.82	3.78	4.78
38	2.57	2.70	2.73	3.21	4.16	5.56	2.34	2.37	2.45	2.90	3.87	5.02
39	2.66	2.80	2.85	3.39	4.40	5.89	2.40	2.44	2.52	3.05	3.98	5.16
40	2.81	2.96	3.00	3.53	4.70	6.35	2.48	2.51	2.60	3.14	4.08	5.34
41	3.00	3.16	3.20	3.78	5.07	6.73	2.57	2.61	2.70	3.29	4.27	5.56
42	3.20	3.38	3.44	4.11	5.41	7.12	2.66	2.70	2.74	3.29	4.42	5.89
43	3.42	3.62	3.68	4.43	5.69	7.50	2.81	2.86	2.96	3.58	4.85	6.35
44	3.67	3.88	3.95	4.82	6.20	8.04	3.00	3.04	3.09	3.73	5.08	6.73
45	3.93	4.16	4.23	5.18	6.83	8.67	3.20	3.25	3.38	4.10	5.41	7.12
46	4.21	4.49	4.57	5.57	7.38	9.36	3.42	3.48	3.54	4.30	5.69	7.50
47	4.51	4.86	4.95	6.00	7.97	10.13	3.67	3.80	3.87	4.72	6.10	8.04
48	4.86	5.16	5.25	6.48	8.37	10.99	3.93	4.13	4.16	5.18	6.81	8.67
49	5.24	5.57	5.67	6.89	8.94	11.94	4.21	4.46	4.51	5.44	7.38	9.36
50	5.67	6.03	6.05	7.32	9.73	13.01	4.51	4.79	4.88	5.98	7.97	10.13
51	6.14	6.46	6.54	7.96	10.59	14.18	4.86	5.16	5.25	6.48	8.63	10.99
52	6.67	7.04	7.11	8.61	11.56	15.51	5.24	5.57	5.67	7.02	9.35	11.94
53	7.26	7.68	7.75	9.44	13.01	17.49	5.67	6.03	6.17	7.61	10.18	13.01
54	7.92	8.45	8.50	10.35	14.53	19.56	6.14	6.54	6.74	8.28	11.09	14.18
55	8.63	9.22	9.39	11.74	15.95	21.50	6.67	7.11	7.31	9.02	12.11	15.51
56	9.41	10.06	10.25	12.84	17.45	23.55	7.26	7.75	8.03	9.85	13.63	17.49
57	10.26	10.97	11.18	14.04	18.92	25.56	7.92	8.45	8.73	10.76	15.22	19.56
58	11.17	11.95	12.18	15.25	20.45	27.65	8.63	9.22	9.50	11.76	16.71	21.50
59	12.15	13.00	13.25	16.51	22.05	29.83	9.41	10.06	10.25	12.85	18.29	23.55
60	13.19	14.12	14.39	18.06	23.83	32.25	10.26	10.97	11.18	14.04	19.83	25.56
61	14.30	15.31	15.61	19.88	25.63	34.71	11.17	11.95	12.18	15.31	21.44	27.47
62	15.47	16.92	17.25	21.32	27.99	37.46	12.15	13.00	13.25	16.68	23.12	29.53
63	16.71	18.11	18.77	23.36	31.10	40.57	13.19	14.12	14.39	18.06	24.99	32.25
64	19.01	20.20	20.28	26.08	33.96	43.92	14.30	15.31	15.61	19.54	26.88	34.71
65	20.97	21.99	21.99	28.36	36.84	47.67	15.47	16.57	16.89	21.13	28.99	37.46
66	22.81	23.92	23.92	30.87	40.13	51.94	16.71	17.91	18.26	22.90	31.38	40.57
67	24.91	26.12	26.12	33.74	43.20	56.81	18.05	19.35	19.73	24.84	33.96	43.92
68	27.31	28.64	28.64	37.01	46.19	62.39	19.56	20.97	21.38	27.04	36.84	47.67
69	29.83	31.72	31.79	41.08	50.64	68.86	21.27	22.81	23.26	29.42	40.13	51.94
70	32.65	34.71	35.78	44.98	56.23	76.48	23.22	24.91	25.40	32.06	43.88	56.65
71	36.43	40.03	40.82	50.62	62.59	86.93	25.46	27.31	27.85	34.93	48.16	61.65
72	42.38	45.51	46.41	58.94	70.62	101.13	28.25	30.31	30.91	38.16	53.14	67.85
73	49.45	53.11	54.16	66.03	83.61	112.60	31.78	34.11	34.41	41.96	59.01	75.41
74	57.26	60.48	61.51	75.80	95.86	130.89	36.43	37.84	38.59	48.13	67.04	84.23
75	65.76	68.29	69.65	87.08	109.68	149.33	42.38	43.28	44.14	56.04	77.39	94.03
76	72.20	75.69	77.19	98.35	120.08	159.37	49.45	50.50	51.50	65.42	86.79	104.59
77	77.25	82.97	83.00	104.18	131.17	169.37	57.26	58.48	58.78	75.80	100.86	115.67
78	85.08	89.92	91.71	112.74	143.58	186.98	65.76	67.16	67.16	87.08	112.30	127.21
79	96.99	97.36	99.30	122.39	153.17	204.27	72.20	73.73	73.73	95.63	123.29	139.57
80	108.25	109.22	111.52	137.90	169.72	221.22	77.25	78.89	82.11	102.34	134.56	153.27
81	119.03	124.69	124.95	154.51	179.33	236.69	83.68	86.89	88.62	110.94	145.27	168.75
82	132.57	139.17	139.17	172.12	197.21	256.15	93.56	97.35	97.36	121.51	159.08	186.43
83	147.67	155.02	155.02	191.75	223.11	293.75	108.25	108.25	110.40	133.52	177.57	206.49
84	164.64	172.84	172.84	213.81	254.09	324.49	119.03	119.09	121.46	150.48	191.32	230.05
85	185.52	189.52	189.52	234.46	266.03	343.48	132.57	137.47	139.17	167.46	207.04	253.59
86	207.36	207.36	207.36	256.55	314.83	372.24	147.67	155.02	155.02	187.71	237.49	280.33
87	232.53	232.53	232.53	287.71	325.22	394.87	168.55	172.84	172.84	212.50	265.67	306.09
88	249.01	249.01	249.01	308.11	340.08	419.49	189.52	189.52	189.52	234.46	283.61	335.21
89	272.38	272.38	272.38	337.05	359.71	443.79	207.36	207.36	207.36	256.55	324.76	362.89
90	289.45	289.45	289.45	358.19	392.21	468.13	232.53	232.53	232.53	285.62	344.05	394.77
91	319.44	319.44	319.44	395.31	425.38	492.99	248.21	249.01	249.01	294.99	352.08	428.75
92	324.14	324.14	324.14	401.14	461.86	519.41	268.81	268.81	272.38	332.73	370.74	465.83
93	342.00	342.00	342.00	427.34	490.54	553.35	289.45	289.45	289.45	352.40	405.81	507.82
94	360.21	360.21	360.21	455.30	516.66	597.05	319.44	319.44	319.44	383.94	446.62	559.37
95	394.44	394.44	394.44	493.03	570.95	648.36	371.24	371.24	371.24	434.58	565.25	634.27
96	427.07	427.07	427.07	527.94	605.62	675.87	422.23	422.23	422.23	481.54	597.38	658.91
97	462.17	462.17	462.17	565.09	641.83	703.99	457.56	457.56	457.56	529.32	635.42	698.23
98	499.94	499.94	499.94	604.65	679.62	732.71	470.96	470.96	470.96	530.70	666.97	711.22
99	540.57	540.57	540.57	646.73	719.02	762.01	503.25	503.25	503.25	552.55	705.80	735.59
100	584.25	584.25	584.25	680.19	760.01	783.07	552.08	552.08	552.08	590.79	736.59	754.88
101	630.58	630.58	630.58	720.17	794.95	805.25	615.72	615.72	615.73	647.37	770.77	788.09
102	680.34	680.34	680.34	762.51	827.68	827.68	673.55	673.55	673.55	710.04	816.96	819.42
103	733.73	733.73	733.73	807.28	850.26	850.26	726.41	726.41	726.41	778.05	841.77	841.77
104	791.04	791.04	791.04	854.68	872.98	872.98	783.14	783.14	783.14	846.15	864.26	864.26

TL16 RENEWAL-PERIOD ADDITIONAL INSURED RIDER PREMIUM RATES PER 1,000

Band 2+ (\$100,000+)

Current Renewal Premiums

	MPP	MPNT	MSP	MSNT	MPT	MST	FPP	FPNT	FSP	FSNT	FPT	FST
23	1.52	1.61	1.64	1.70	2.67	2.90	0.98	0.99	0.99	1.11	1.91	2.21
24	1.52	1.61	1.64	1.77	2.69	3.14	0.98	0.99	0.99	1.16	1.91	2.36
25	1.52	1.61	1.64	1.96	2.71	3.53	0.98	0.99	0.99	1.16	1.91	2.42
26	1.52	1.61	1.64	2.03	2.72	3.65	1.14	1.16	1.16	1.26	2.14	2.63
27	1.52	1.65	1.68	2.03	2.72	3.65	1.35	1.35	1.35	1.35	2.36	2.77
28	1.54	1.67	1.70	2.07	2.78	3.72	1.45	1.45	1.45	1.45	2.60	2.85
29	1.55	1.67	1.70	2.09	2.80	3.75	1.52	1.54	1.54	1.59	2.60	2.95
30	1.57	1.67	1.70	2.11	2.82	3.79	1.52	1.54	1.54	1.64	2.60	3.07
31	1.61	1.71	1.75	2.16	2.88	3.93	1.54	1.57	1.57	1.74	2.66	3.32
32	1.65	1.75	1.79	2.19	2.98	4.08	1.55	1.58	1.58	1.83	2.67	3.44
33	1.68	1.77	1.83	2.27	3.10	4.21	1.57	1.60	1.60	1.93	2.69	3.61
34	1.73	1.84	1.86	2.27	3.16	4.34	1.61	1.64	1.64	2.07	2.80	3.63
35	1.79	1.89	1.90	2.39	3.30	4.47	1.65	1.68	1.68	2.12	2.90	3.89
36	1.85	1.97	1.98	2.43	3.34	4.61	1.68	1.72	1.72	2.17	2.99	4.01
37	1.93	2.04	2.05	2.57	3.52	4.79	1.73	1.76	1.84	2.27	3.23	4.23
38	2.02	2.15	2.18	2.66	3.61	5.01	1.79	1.82	1.90	2.35	3.32	4.47
39	2.11	2.25	2.30	2.84	3.85	5.34	1.85	1.89	1.97	2.50	3.43	4.61
40	2.26	2.41	2.45	2.98	4.15	5.80	1.93	1.96	2.05	2.59	3.53	4.79
41	2.45	2.61	2.65	3.23	4.52	6.18	2.02	2.06	2.15	2.74	3.72	5.01
42	2.65	2.83	2.89	3.56	4.86	6.57	2.11	2.15	2.19	2.74	3.87	5.34
43	2.87	3.07	3.13	3.88	5.14	6.95	2.26	2.31	2.41	3.03	4.30	5.80
44	3.12	3.33	3.40	4.27	5.65	7.49	2.45	2.49	2.54	3.18	4.53	6.18
45	3.38	3.61	3.68	4.63	6.28	8.12	2.65	2.70	2.83	3.55	4.86	6.57
46	3.66	3.94	4.02	5.02	6.83	8.81	2.87	2.93	2.99	3.75	5.14	6.95
47	3.96	4.31	4.40	5.45	7.42	9.58	3.12	3.25	3.32	4.17	5.55	7.49
48	4.31	4.61	4.70	5.93	7.82	10.44	3.38	3.58	3.61	4.63	6.26	8.12
49	4.69	5.02	5.12	6.34	8.39	11.39	3.66	3.91	3.96	4.89	6.83	8.81
50	5.12	5.48	5.50	6.77	9.18	12.46	3.96	4.24	4.33	5.43	7.42	9.58
51	5.59	5.91	5.99	7.41	10.04	13.63	4.31	4.61	4.70	5.93	8.08	10.44
52	6.12	6.49	6.56	8.06	11.01	14.96	4.69	5.02	5.12	6.47	8.80	11.39
53	6.71	7.13	7.20	8.89	12.46	16.94	5.12	5.48	5.62	7.06	9.63	12.46
54	7.37	7.90	7.95	9.80	13.98	19.01	5.59	5.99	6.19	7.73	10.54	13.63
55	8.08	8.67	8.84	11.19	15.40	20.95	6.12	6.56	6.76	8.47	11.56	14.96
56	8.86	9.51	9.70	12.29	16.90	23.00	6.71	7.20	7.48	9.30	13.08	16.94
57	9.71	10.42	10.63	13.49	18.37	25.01	7.37	7.90	8.18	10.21	14.67	19.01
58	10.62	11.40	11.63	14.70	19.90	27.10	8.08	8.67	8.95	11.21	16.16	20.95
59	11.60	12.45	12.70	15.96	21.50	29.28	8.86	9.51	9.70	12.30	17.74	23.00
60	12.64	13.57	13.84	17.51	23.28	31.70	9.71	10.42	10.63	13.49	19.28	25.01
61	13.75	14.76	15.06	19.13	25.08	34.16	10.62	11.40	11.63	14.76	20.89	26.92
62	14.92	16.37	16.70	20.77	27.44	36.91	11.60	12.45	12.70	16.13	22.57	28.98
63	16.51	17.56	18.22	22.81	30.55	40.02	12.64	13.57	13.84	17.51	24.44	31.70
64	18.46	19.65	19.73	25.53	33.41	43.37	13.75	14.76	15.06	18.99	26.33	34.16
65	20.42	21.44	21.44	27.81	36.29	47.12	14.92	16.02	16.34	20.58	28.44	36.91
66	22.26	23.37	23.37	30.32	39.58	51.39	16.16	17.36	17.71	22.35	30.83	40.02
67	24.36	25.57	25.57	33.19	42.65	56.26	17.50	18.80	19.18	24.29	33.41	43.37
68	26.76	28.09	28.09	36.46	45.64	61.84	19.01	20.42	20.83	26.49	36.29	47.12
69	29.28	31.17	31.24	40.53	50.09	68.31	20.72	22.26	22.71	28.87	39.58	51.39
70	32.10	34.16	35.23	44.43	55.68	75.93	22.67	24.36	24.85	31.51	43.33	56.10
71	35.88	39.48	40.27	50.07	62.04	86.38	24.91	26.76	27.30	34.38	47.61	61.10
72	41.83	44.96	45.86	58.39	70.07	100.58	27.70	29.76	30.36	37.61	52.59	67.30
73	48.90	52.56	53.61	65.48	83.06	112.05	31.23	33.56	33.86	41.41	58.46	74.86
74	56.71	59.93	60.96	75.25	95.31	130.34	35.88	37.29	38.04	47.58	66.49	83.68
75	65.21	67.74	69.10	86.53	109.13	148.78	41.83	42.73	43.59	55.49	76.84	93.48
76	71.65	75.14	76.64	97.80	119.53	158.82	48.90	49.95	50.95	64.87	86.24	104.04
77	76.70	82.42	82.45	103.63	130.62	168.82	56.71	57.93	58.23	75.25	100.31	115.12
78	84.53	89.37	91.16	112.19	143.03	186.43	65.21	66.61	66.61	86.53	111.75	126.66
79	96.44	96.81	98.75	121.84	152.62	203.72	71.65	73.18	73.18	95.08	122.74	139.02
80	107.70	108.67	110.97	137.35	169.17	220.67	76.70	78.34	81.56	101.79	134.01	152.72
81	118.48	124.14	124.40	153.96	178.78	236.14	83.13	86.34	88.07	110.39	144.72	168.20
82	132.02	138.62	138.62	171.57	196.66	255.60	93.01	96.80	96.81	120.96	158.53	185.88
83	147.12	154.47	154.47	191.20	222.56	293.20	107.70	107.70	109.85	132.97	177.02	205.94
84	164.09	172.29	172.29	213.26	253.54	323.94	118.48	118.54	120.91	149.93	190.77	229.50
85	184.97	188.97	188.97	233.91	265.48	342.93	132.02	136.92	138.62	166.91	206.49	253.04
86	206.81	206.81	206.81	256.00	314.28	371.69	147.12	154.47	154.47	187.16	236.94	279.78
87	231.98	231.98	231.98	287.16	324.67	394.32	168.00	172.29	172.29	211.95	265.12	305.54
88	248.46	248.46	248.46	307.56	339.53	418.94	188.97	188.97	188.97	233.91	283.06	334.66
89	271.83	271.83	271.83	336.50	359.16	443.24	206.81	206.81	206.81	256.00	324.21	362.34
90	288.90	288.90	288.90	357.64	391.66	467.58	231.98	231.98	231.98	285.07	343.50	394.22
91	318.89	318.89	318.89	394.76	424.83	492.44	247.66	248.46	248.46	294.44	351.53	428.20
92	323.59	323.59	323.59	400.59	461.31	518.86	268.26	268.26	271.83	332.18	370.19	465.28
93	341.45	341.45	341.45	426.79	489.99	552.80	288.90	288.90	288.90	351.85	405.26	507.27
94	359.66	359.66	359.66	454.75	516.11	596.50	318.89	318.89	318.89	383.39	446.07	558.82
95	393.89	393.89	393.89	492.48	570.40	647.81	370.69	370.69	370.69	434.03	564.70	633.72
96	426.52	426.52	426.52	527.39	605.07	675.32	421.68	421.68	421.68	480.99	596.83	658.36
97	461.62	461.62	461.62	564.54	641.28	703.44	457.01	457.01	457.01	528.77	634.87	688.68
98	499.39	499.39	499.39	604.10	679.07	732.16	470.41	470.41	470.41	530.15	666.42	710.67
99	540.02	540.02	540.02	646.18	718.47	761.46	502.70	502.70	502.70	552.00	705.25	735.04
100	583.70	583.70	583.70	679.64	759.46	782.52	551.53	551.53	551.53	590.24	736.04	754.33
101	630.03	630.03	630.03	719.62	794.40	804.70	615.17	615.17	615.18	646.82	770.22	787.54
102	679.79	679.79	679.79	761.96	827.13	827.13	673.00	673.00	673.00	709.49	816.41	818.87
103	733.18	733.18	733.18	806.73	849.71	849.71	725.86	725.86	725.86	777.50	841.22	841.22
104	790.49	790.49	790.49	854.13	872.43	872.43	782.59	782.59	782.59	845.60	863.71	863.71

SERFF Tracking Number: AEGB-126772757 State: Arkansas
 Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46615
 Company Tracking Number: (WRL:10000233, 30822730)
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: TL16 AR, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 AR (WRL), U326 0510 AR (WRL)
 Project Name/Number: TL16, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 (WRL), U326 0510 (WRL)/Term to Age 105 Life Insurance
 Policy

Supporting Document Schedules

	Item Status:	Status Date:
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Satisfied - Item: Flesch Certification

Comments:

Flesch certification
 Regulation 19 Certification
 Regulation 49 Certification
 Bulletin 15-2009 Certification

We use a Disclosure form to comply with Bulletin 11-88

Attachments:

Flesch Score WRL.pdf
 AR - Rule and Regulation 19-TL16.pdf
 AR Regulation 49 Certification-TL16-WRL.pdf
 AR Bulletin 15-2009 Certification-TL16-WRL.pdf

	Item Status:	Status Date:
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Satisfied - Item: Application

Comments:

Copy of previously approved U322 0209 application that will be used with this product

Attachment:

U322 0209 STD FINAL.pdf

	Item Status:	Status Date:
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Satisfied - Item: SOV

Comments:

Attachment:

Statement of Variability -WRL -FINAL - 7-22-10.pdf

**WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO
FLESCH READABILITY CERTIFICATION**

<u>Form Number (may vary by state)</u>	<u>Flesch Score</u>
TL16	51.3
AIR12	52.0
CONVR02	56.6
CR11	51.4
IPO01	51.3
RPR05	51.2
WPR13	50.2
U325 0510	52.1
U326 0510	52.6

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: TL16 AR, CR11, WPR13, AIR12, RPR05, CONVR02, IPO01

Date: 08/25/10

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.



Anton A. Harper, FSA, MAAA
Assistant Vice President, Life Pricing

August 25, 2010

Date

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Home Office: Columbus, Ohio

REGULATION 49 CERTIFICATION

Policy Form: TL16 AR

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.



Cheryl Bock
Assistant Vice President

08/25/2010
Date

WESTERN RESERVE LIFE ASSURANCE CO. OF OHIO

Home Office: Columbus, Ohio

BULLETIN 15-2009 CERTIFICATION

Policy Form: TL16 AR

We certify that, for policies issued in Arkansas on the above-referenced policy form number, we will deliver the Consumer Information Notice required by Bulletin 15-2009.

Cheryl Bock

Cheryl Bock
Assistant Vice President

08/25/2010

Date

9 PROPOSED INSURED INFORMATION

Last Name: _____ First Name: _____ M.I. _____

Date of Birth (Month/Day/Year) _____ Marital Status: _____

Social Security No. _____ Height (Ft., In.): _____ Weight (Lbs): _____

Name, address and telephone number of your primary care physician? (If none check box) None _____

Date and reason last consulted? _____

What treatment was given or medication prescribed? _____

10 MEDICAL INFORMATION ABOUT THE PROPOSED INSURED

- A) For the last 180 days have you been actively at work, on a full time basis, at your usual place of business or employment? Yes No
- B) To the best of your knowledge, have you within the last 10 years, had or been told by a member of the medical profession that you have, or been diagnosed with or treated for:
 - 1) High blood pressure, heart attack, murmur, chest pain, palpitation, anemia, or any disease of the heart, blood vessels or blood? Yes No
 - 2) Asthma, chronic bronchitis, pneumonia, emphysema, tuberculosis, or any disease or abnormality of the lungs or respiratory system? Yes No
 - 3) Cancer, tumor, polyp or cyst? Yes No
 - 4) Sugar, protein, or blood in the urine, sexually transmitted disease, or any disease or abnormality of the kidney, bladder, prostate, breasts, ovaries or reproductive system? Yes No
 - 5) Stroke, seizure, epilepsy, fainting, loss of consciousness, tremor, paralysis, multiple sclerosis, or any disease of the brain or nervous system? Yes No
 - 6) Anxiety, depression, suicide attempt, or any psychiatric, mental or nervous or emotional condition or disorder? Yes No
 - 7) Diabetes, or any disease or abnormality of the thyroid, adrenal, pancreas, pituitary or other glands? Yes No
 - 8) Ulcer, colitis, hepatitis, cirrhosis, or any disease or abnormality of the esophagus, stomach, intestines, rectum, gallbladder or liver? Yes No
 - 9) Arthritis, gout, connective tissue disease, back trouble or any disease or abnormality of the joints, muscles or bones or any physical deformity or amputation? Yes No
- 10) Any disease or abnormality of the eyes, ears, nose, throat or skin? Yes No
- C) To the best of your knowledge, have you within the last 10 years:
 - 1) Used amphetamines, heroin, cocaine, marijuana, or any other illegal or controlled substance except as prescribed by a physician? Yes No
 - 2) Sought or been advised to seek treatment, limit or discontinue use of alcohol, drugs or other substance or joined an organization for alcohol or drug dependence or abuse? Yes No
 - 3) Been on or are now on prescribed medication or prescribed diet? Yes No
 - 4) Had or been advised to have any hospitalization, surgery, or any diagnostic test including, but not limited to, electrocardiograms, blood studies, scans, MRI's or other test? Yes No
 - 5) Had an examination, treatment or consultation with a doctor or health care provider other than above? Yes No
- D) Within the last 10 years, have you been told by a member of the medical profession that you have or had a diagnosis of AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or the HIV (Human Immunodeficiency Virus) infection? Yes No
- E) Have you had a parent, brother, or sister, who has/had coronary artery or cardiovascular disease, internal cancer, or melanoma, prior to age 60? Yes No
- F) Has your weight changed by more than 15 pounds in the past year? Yes No

11 DETAILS Give details for "No" answer to question 10A and all "Yes" answers to 10B, C, D, E and F

Question No.	Diagnosis, disease, symptom, injury, etc.	Dates	Duration	Treatments/Results?	Name and Address of Attending Physicians and Hospitals

12 CERTIFICATION

I represent that I have read and understand all the statements and answers herein, based on the information provided to the Company during a telephone interview on a recorded line or to this examiner; and in Part I of my application; that they are complete and true to the best of my knowledge and belief, and are correctly recorded. I fully understand and agree that if any material information has been omitted from the application, it could provide the basis for the Company to rescind coverage and to refund all my premium as though my coverage had never been in force. I agree that this application and any policy or policies issued based on this application shall constitute the entire contract of insurance. Acceptance of the policy by me is acknowledgment and ratification of any corrections made in the application. I further acknowledge that the information contained in Parts 1 and 2 of this form is being obtained on behalf of Western Reserve Life Assurance Co. of Ohio and that such information will be released to the Company, its agents, employees, representatives and reinsurers.

Date _____

Signature of proposed Insured _____

Signature of Examiner _____

Print Examiner's Name _____

EXAMINATION OF: (Print full name) _____

13. Height		14. Weight		15. Girth-Chest		16. Girth
Ft.	In.	Present	1 Yr. Ago	Inap.	Exp.	Abdomen
17. Temperature		18. Pulse Rate		IF PULSE IS IRREGULAR, complete exercise test, question 23 f, below		
19. Blood Pressure		Systolic	Diastolic (Phase V)			
1st Reading				IF BLOOD PRESSURE IS ABNORMAL, record additional reading after 5 minutes.		
Additional						

24. Urinalysis See note below	Specific Gravity	Albumin	Sugar
			YES NO
a. Are you satisfied specimen is authentic?.....			<input type="checkbox"/> <input type="checkbox"/>
b. Are you forwarding Specimen?.....			<input type="checkbox"/> <input type="checkbox"/>
c. Have you completed with this exam: An EKG?			<input type="checkbox"/> <input type="checkbox"/>
Blood Profile?			<input type="checkbox"/> <input type="checkbox"/>
TVC?			<input type="checkbox"/> <input type="checkbox"/>

On inquiry and examination is there evidence of: **YES NO**

20. Present or past disease or abnormalities of:

a. Brain, nervous system? (test reflexes; coordination).....

b. Eye, ears, nose, throat, teeth, gums?.....

c. Thyroid or lymph glands?

d. Lungs or respiratory system?

e. Stomach or abdominal organs?

f. Genito-urinary systems?

g. Skin, skeletal structure or extremities?

21. Varicose veins or ulcers?

22. Arteriosclerosis; other peripheral vascular disease?.....

23. Presence of past diseases or abnormalities of heart or blood vessels? (if "Yes", complete questions 23a through g.).....

25. Have you any pertinent information affecting proposed Insured not brought out above?.....

DETAILS

a. Is there a history of rheumatic fever, scarlet fever, endocarditis, recurrent tonsillitis?

b. Is there hypertrophy? (If "Yes", state degree)

c. Is there a murmur?

Type:	Quality:	Intensity:	Location:
<input type="checkbox"/> Systolic	<input type="checkbox"/> Soft	<input type="checkbox"/> Faint	<input type="checkbox"/> Apex
<input type="checkbox"/> Diastolic	<input type="checkbox"/> Rough	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aortic
<input type="checkbox"/> Presystolic	<input type="checkbox"/> Blowing	<input type="checkbox"/> Loud	<input type="checkbox"/> Pulmonic

d. Is murmur constant?.....

e. Is murmur transmitted?

If "Yes", where? _____

f. EXERCISE TEST -	Pulse	Irregularities		Murmur	
	Rate	No. per minute		Present	Absent
50 vigorous hops					
Before exercise					
Immediately after					
3 minutes after					

g. PLEASE RECORD FINDINGS USING FOLLOWING SYMBOLS:

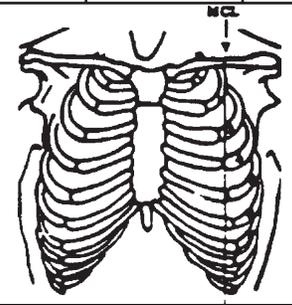
Position of apex beat.....
(____ Ins. or ____ cms. from midsternum in ____ interspace)

Murmur:

Area of distribution

Point of greatest intensity.....

Direction of transmission.....



MEDICAL EXAMINER: _____

YES NO

Are you in any way related to the proposed Insured or Insurance Producer? *If yes, give details.*

YES NO

Was the examination conducted in a language other than English? *If yes, indicate language used and if applicable, name & relationship of person acting as interpreter.*

Name of Insurance Producer requesting examination: _____

INSTRUCTIONS Complete all questions above. You must ask the proposed Insured each question and record the answer.
No examiner has any authority to issue a certificate of health or to declare the proposed Insured acceptable for insurance. Under our rules, only the Company's underwriting department has authority to determine the insurability of the applicants for insurance.

Mail the specimen for laboratory analysis to the laboratory listed on the collection kit or as instructed by your paramedical company.

EXAMINATION WAS MADE AT:

- My Office
- Residence of proposed Insured
- Place of Business of proposed Insured
- Other: _____

At _____ AM/PM on _____

Others present (indicate None or list name/relationship):

SIGNATURE OF EXAMINER _____

Print Examiner name: _____

Company Branch #: _____

Tax Identification Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____

If mailing, send to: Western Reserve Life Assurance Co. of Ohio
4333 Edgewood Road NE
Cedar Rapids, IA 52499
AWD Fax #: 1-800-814-2205

STATEMENT OF VARIABILITY

Text that is intended to be variable is bracketed. Each variable bracketed text is described below. The number for each identified item of variability corresponds to each numbered set of brackets for each form included in this submission. Form numbers may vary by state.

TL16:

Face page:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.
2. Telephone Number: This may change in the future.
3. Policy Number: Issued sequentially.
4. Insured: This information will be case specific at time of issue to represent the name of the Insured as shown on the application for insurance.
5. Owner: This information will be case specific at time of issue and will be the Insured person, unless otherwise specified in the application for insurance.
6. Face Amount: This information will be case specific at time of issue.
7. Policy Date: This will change to represent the date coverage under this policy becomes effective.
8. Signed for the Company at: This information will be case specific at time of issue.

Policy Data – Page 3:

9. Policy Number: Issued sequentially.
10. Face Amount: This information will be case specific at time of issue.
11. Age of Insured: This policy form is issued to ages 18-80. There are further restrictions in availability based on underwriting class, level premium period, and the election of Riders.
12. Sex of Insured: Case specific at time of issue; male or female.
13. Insured: This information will be case specific at time of issue to represent the name of the Insured as shown on the application for insurance.
14. Class of Risk: Preferred Plus, Preferred Nontobacco, Standard Plus, Standard Nontobacco, Preferred Tobacco, or Standard Tobacco. Subject to underwriting.
15. Owner: This information will be case specific at time of issue and will be the Insured person, unless otherwise specified in the application for insurance.
16. Policy Date: This will change to represent the date coverage under this policy becomes effective.
17. Date of Issue: Case specific at time of issue; may or may not be the same as the Policy Date.
18. First Premium Increase Date: The first day on which the premium will increase. This policy form can be issued with a 10, 15, 20, or 30 year level premium period before the first premium

increase date. The Intermediate Endowment Benefit Rider may be issued with a 20 or 30 year level premium period only.

19. Expiry Date: The Policy Anniversary nearest the Insured's 105th birthday.
20. Last Date to Convert: For all Classes of Risk except Preferred Plus, 70th birthday; for Preferred Plus, 75th birthday.
21. Type of Coverage: The riders shown in this section will be any approved riders issued by us and which are available for the applicable policy.
22. Amount:

Policy: Elected by Policyholder. Minimum \$25,000 or higher; maximum subject to underwriting

Riders: Benefits are optional at the owner's request

Additional Insured Rider - Minimum - \$25,000; maximum coverage on base

Additional Insured [Name]

Issue Age [age of the additional insured]

Sex [of the additional insured- male or female]

Class of Risk: [Preferred Plus, Preferred Nontobacco, Standard Plus, Standard Nontobacco, Preferred Tobacco, or Standard Tobacco. Subject to underwriting]

Children's Benefit Rider - Minimum - \$1,000; Maximum - \$99,000

Fixed Settlement Endorsement– The initial lump sum, monthly payment amount, time period for monthly payments and the final lump sum are elected on the application, which then determines the face amount of the policy.

The Guaranteed Interest Rate will range from 0-4% and is determined by the Company at policy issue. The fee may change for future new issues but is fixed for each contract at policy issue.

23. Policy Years Premium is Payable: Intermediate Endowment Benefit Rider – 20 or 30 years.
24. Premium Payments (Annual): Based on Face Amount and riders selected.

Policy Data – Page 3A:

25. Policy Year: 10, 15, 20, or 30 years.
26. Schedule of Premiums: Based on a modal factor times the annual premium.
- | | |
|----------------|-------|
| Annually: | 1.00 |
| Semi-Annually: | .51 |
| Quarterly: | .26 |
| Monthly: | .0875 |
27. Total Annual Premium on Policy Date: Annual policy/benefit premiums if the premium is paid annually.
28. Initial Premium Payment Amount and Mode: Based on benefits selected; annually, semi-

annually, quarterly, monthly; Check-O-Matic, Direct Bill, Civil Service and Government Allotment, Group Bill, and Credit Card. The billing method is selected by the consumer.

29. Total Payments Per Year: Annual policy/benefit premiums based on mode of payment(s).

30. Footnote with **: 10, 15, 20, or 30 years.

Policy Data – Pages 3B, 3C:

31. Policy Number: Issued sequentially.

32. Insured: This information will be case specific at time of issue to represent the name of the Insured as shown on the application for insurance.

33. Schedule of Non-Guaranteed Premiums (page 3B) and Schedule of Guaranteed Premiums (page 3C): This is a table of projected annual premiums for the base policy and any additional benefits selected by the owner.

34. Annual Policy Fee: This charge may range from \$0 to \$200. The fee may change for future new issues but is fixed for each contract at policy issue. It may be lower for higher bands and may vary in some jurisdictions.

Policy Data – Page 3D:

35. Policy Number - Policy Number - Issued sequentially.

36. Issue Age – This policy form is issued to ages 18-80. There are further restrictions in availability based on the underwriting class, level premium period, and the election of Riders.

37. Endowment Date – Date the Endowment Period ends, which corresponds to the First Premium Increase Date.

38. Table of Rider Values for the Intermediate Endowment Benefit Rider – This is a table of projected Intermediate Endowment Benefit Rider Values at the end of certain Policy Years.

Last Page:

39. Administrative Office Address: The address is bracketed to take into consideration any future address changes.

40. Telephone Number: This may change in the future.

AIR12:

41. Administrative Office Address: The address is bracketed to take into consideration any future address changes.

42. Telephone Number: This may change in the future.

CONVR02:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.

2. The Insured's [] birthday – will be – 70th for all Classes of Risk except Preferred Plus; for Preferred Plus, 75th.
3. Telephone Number: This may change in the future.

CR11:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.
2. Telephone Number: This may change in the future.

IPO01:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.
2. Telephone Number: This may change in the future.

RPR05:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.
2. Telephone Number: This may change in the future.
3. This Rider provides an Endowment Benefit. The Insured may select a Level Premium Period for when the benefit ends of [] Years: 20 or 30 years.

WPR13:

1. Administrative Office Address: The address is bracketed to take into consideration any future address changes.
2. Telephone Number: This may change in the future.

Application U325

1. Home Office Address: The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address: The address is bracketed to take into consideration any future address changes
3. Page 1 - Section 4 – Plan of Insurance – future offerings may have a different marketing name
4. Page 1 – Minimum Specified Amount for Term – may vary on future offerings
5. Page 1 - Section 4 – Class of Risk Quoted: - future offerings may vary on some products

6. Page 1 -Section 4 – Additional Benefits – not all Riders are available under all plans

Application U326

1. Home Office Address: The address is bracketed to take into consideration any future address changes.
2. Administrative Office Address: The address is bracketed to take into consideration any future address changes
3. Page 1 – Section 1 – No. 18 – Class of Risk Quoted –future offerings may vary on some products
4. Page 1 – Section 2 – No. 18 – Class of Risk Quoted – future offerings may vary on some products
5. Page 2 – Section 7 – Proposed Plan of Insurance – future offerings may have a different marketing name
6. Page 2 – Section 8 – Additional Benefits – not all Riders are available under all plans

SERFF Tracking Number: AEGB-126772757 State: Arkansas
 Filing Company: Western Reserve Life Assurance Co. of Ohio State Tracking Number: 46615
 Company Tracking Number: (WRL:10000233, 30822730)
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: TL16 AR, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 AR (WRL), U326 0510 AR (WRL)
 Project Name/Number: TL16, AIR12, CONVR02, CR11, RPR05, WPR13, IPO01, U325 0510 (WRL), U326 0510 (WRL)/Term to Age 105 Life Insurance
 Policy

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/25/2010	Form	Term to Age 105 Life Insurance Policy	09/07/2010	TL16 AR WRL.pdf (Superseded)



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

(Referred to as the Company, we, our or us)

Policy Number: [SPECIMEN]

Face Amount: \$[100,000]

Insured: [John Doe]

Policy Date: [SEPTEMBER 01, 2010]

Owner: [John Doe]
 [Jane Doe]

While this policy is In Force, we will pay the death benefit to the Beneficiary if the Insured dies before the Expiry Date. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.

Secretary

President

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

**Term Insurance with
Level Death Benefit Payable at Death Before the Expiry Date**

Premiums Payable During Life of Insured or until the Expiry Date

**Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data**

Nonparticipating – No Dividends

This policy is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

Assignment of the Policy.....	5
Beneficiary's Rights.....	5
Change of Beneficiary.....	5
Death Benefit.....	6
Definitions.....	4
Dividends.....	9
Extra Benefit Riders.....	9
Grace Period for Paying Premiums.....	7
Incontestability of the Policy.....	8
Interest from Date of Death.....	6
Misstatement of Age or Sex.....	9
Ownership Provisions.....	5
Payment of the Death Benefit.....	6
Policy Contract.....	8
Policy Data.....	3
Policy Date.....	4
Premiums.....	7
Proof of Death.....	6
Reinstatement.....	8
Schedules of Premiums.....	3
Settlement Provisions.....	10
Option A: Installments for a Guaranteed Period.....	10
Option B: Annuity.....	10
Option C: Benefit Deposited with Interest.....	10
Option D: Installments of a Selected Amount.....	10
Suicide.....	8
Termination of Insurance.....	9
Your Rights.....	9

POLICY DATA

POLICY NUMBER:	[SPECIMEN]	POLICY DATE:	[SEPTEMBER 01, 2010]
FACE AMOUNT:	[\$100,000]	DATE OF ISSUE:	[SEPTEMBER 01, 2010]
AGE OF INSURED:	[35]	FIRST PREMIUM INCREASE DATE:	[SEPTEMBER 01, 2030]
SEX OF INSURED:	[MALE]	EXPIRY DATE:	[SEPTEMBER 01, 2080]
		[LAST DATE TO CONVERT:]	SEPTEMBER 01, 2030]
INSURED:	[JOHN DOE]		
CLASS OF RISK:	[PREFERRED PLUS]		
OWNER:	[JOHN DOE]		
	[JANE DOE]		

SCHEDULE OF BENEFITS

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	*PREMIUM PAYMENTS (ANNUAL)
**BASIC POLICY LEVEL TERM INSURANCE TO AGE 105	\$ [100,000.00]	TO AGE 105	\$ [122.00]
**[ADDITIONAL INSURED RIDER] ADDITIONAL INSURED: [JANE DOE] ISSUE AGE: [35] SEX: [FEMALE] CLASS OF RISK:[STANDARD NON-TOBACCO]	\$ [25,000.00]	TO THE EARLIER \$ [56.75] OF THE ADDITIONAL INSURED'S AGE 105 OR THE INSURED'S AGE 105	
[CHILDREN'S BENEFIT RIDER]	\$ [10,000.00]	TO AGE 65	\$ [60.00]
[INTERMEDIATE ENDOWMENT BENEFIT RIDER]		[20]	\$ [263.52]
***[FIXED SETTLEMENT ENDORSEMENT] INITIAL LUMP SUM MONTHLY PAYMENTS FOR [5] YEARS FINAL LUMP SUM PAYMENT AFTER [5] YEARS GUARANTEED ANNUAL INTEREST RATE:[3%]	\$ [10,000.00] \$ [100.00] \$ [97,861.00]		

SEE FOOTNOTES ON NEXT PAGE.

POLICY DATA

SCHEDULE OF PREMIUMS

Policy Year	Annually	Semi-Annually	Quarterly	Monthly
Years 1-[20]	\$ [502.27]	\$ [256.16]	\$ [130.59]	\$ [43.95]
TOTAL PAYMENTS PER YEAR	\$ [502.27]	\$ [512.32]	\$ [522.36]	\$ [527.40]

The Schedule of Premiums above is for direct billing only. A Schedule of Premiums for other payment modes will be provided on request.

*Total Annual Premium on Policy Date.....\$[502.27]

Initial Premium Payment Amount and Mode.....\$[502.27] [ANNUALLY] [DIRECTBILL]

Total Payments Per Year.....\$[502.27]

*THE "PREMIUM PAYMENTS (ANNUAL)" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" ARE THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**PREMIUMS ARE LEVEL FOR THE FIRST [20] YEARS AND WILL INCREASE ANNUALLY THEREAFTER.

***THE NUMBER OF YEARS SHOWN FOR MONTHLY PAYMENTS IS THE GUARANTEED PERIOD. ANY DEATH BENEFIT IN EXCESS OF THE FACE AMOUNT WILL BE ADDED OR PAID AS AN INITIAL LUMP SUM.

POLICY DATA

***SCHEDULE OF NON-GUARANTEED PREMIUMS
** ANNUAL PREMIUMS**

POLICY NUMBER: [123456789]
INSURED: [JOHN DOE]

***BASE POLICY PLUS			***BASE POLICY PLUS		
POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS	POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS
[21]	\$ [818.00]	\$ [1,103.50]	[46]	\$ [10,780.00]	\$ [13,338.50]
[22]	[896.00]	[1,202.25]	[47]	[11,858.00]	[14,631.50]
[23]	[981.00]	[1,310.00]	[48]	[13,212.00]	[16,249.75]
[24]	[1,072.00]	[1,426.00]	[49]	[14,722.00]	[18,060.00]
[25]	[1,170.00]	[1,551.25]	[50]	[16,419.00]	[20,181.00]
[26]	[1,274.00]	[1,685.00]	[51]	[18,507.00]	[22,693.50]
[27]	[1,385.00]	[1,827.75]	[52]	[20,691.00]	[25,383.75]
[28]	[1,502.00]	[1,979.00]	[53]	[23,208.00]	[28,520.50]
[29]	[1,661.00]	[2,172.50]	[54]	[24,856.00]	[30,717.50]
[30]	[1,856.00]	[2,404.50]	[55]	[27,193.00]	[33,606.75]
[31]	[2,052.00]	[2,580.25]	[56]	[28,900.00]	[36,040.50]
[32]	[2,236.00]	[2,808.50]	[57]	[31,899.00]	[39,273.75]
[33]	[2,446.00]	[3,067.00]	[58]	[32,369.00]	[40,687.25]
[34]	[2,686.00]	[3,362.00]	[59]	[34,155.00]	[42,965.00]
[35]	[2,938.00]	[3,673.50]	[60]	[35,976.00]	[45,574.50]
[36]	[3,220.00]	[4,021.50]	[61]	[39,399.00]	[50,263.50]
[37]	[3,598.00]	[4,471.25]	[62]	[42,662.00]	[54,700.50]
[38]	[4,193.00]	[5,147.00]	[63]	[46,172.00]	[59,405.00]
[39]	[4,900.00]	[5,949.00]	[64]	[49,949.00]	[63,216.50]
[40]	[5,681.00]	[6,884.25]	[65]	[54,012.00]	[67,825.75]
[41]	[6,531.00]	[7,932.00]	[66]	[58,380.00]	[73,149.75]
[42]	[7,175.00]	[8,810.50]	[67]	[63,013.00]	[79,197.25]
[43]	[7,680.00]	[9,575.00]	[68]	[67,989.00]	[85,740.00]
[44]	[8,463.00]	[10,640.00]	[69]	[73,328.00]	[92,779.25]
[45]	[9,654.00]	[12,044.75]	[70]	[79,059.00]	[100,212.75]

*THE SCHEDULE ON THIS PAGE SHOWS THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**INCLUDES ANNUAL POLICY FEE OF \$[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMNS INCLUDE PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER IF ELECTED. INITIAL PREMIUMS FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER, IF ELECTED, ARE SHOWN IN THE SCHEDULE OF BENEFITS.

POLICY DATA

***SCHEDULE OF GUARANTEED PREMIUMS
** ANNUAL PREMIUMS**

POLICY NUMBER: [123456789]
INSURED: [JOHN DOE]

***BASE POLICY PLUS			***BASE POLICY PLUS		
POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS	POLICY YEAR	BASE POLICY	ADDITIONAL BENEFITS
[21]	\$ [1,472.00]	\$ [1,840.50]	[46]	\$ [18,654.00]	\$ [21,532.50]
[22]	[1,641.00]	[2,040.75]	[47]	[20,419.00]	[23,782.50]
[23]	[1,819.00]	[2,248.75]	[48]	[22,427.00]	[26,352.00]
[24]	[1,963.00]	[2,415.25]	[49]	[24,681.00]	[29,140.50]
[25]	[2,131.00]	[2,607.25]	[50]	[27,301.00]	[32,241.25]
[26]	[2,338.00]	[2,842.00]	[51]	[30,284.00]	[35,765.75]
[27]	[2,607.00]	[3,143.75]	[52]	[33,348.00]	[39,321.00]
[28]	[2,944.00]	[3,521.75]	[53]	[36,662.00]	[43,374.50]
[29]	[3,319.00]	[3,948.25]	[54]	[40,178.00]	[47,663.00]
[30]	[3,713.00]	[4,403.25]	[55]	[43,201.00]	[51,509.50]
[31]	[4,131.00]	[4,827.25]	[56]	[46,301.00]	[55,368.50]
[32]	[4,550.00]	[5,306.75]	[57]	[49,595.00]	[59,046.50]
[33]	[4,973.00]	[5,794.75]	[58]	[53,206.00]	[63,412.75]
[34]	[5,429.00]	[6,324.00]	[59]	[57,486.00]	[68,813.25]
[35]	[5,896.00]	[6,870.25]	[60]	[62,014.00]	[74,492.75]
[36]	[6,624.00]	[7,702.75]	[61]	[66,022.00]	[79,540.75]
[37]	[7,239.00]	[8,424.75]	[62]	[76,940.00]	[91,246.25]
[38]	[8,075.00]	[9,371.75]	[63]	[89,509.00]	[104,715.25]
[39]	[8,950.00]	[10,365.50]	[64]	[90,413.00]	[106,876.75]
[40]	[9,878.00]	[11,425.25]	[65]	[91,326.00]	[109,131.00]
[41]	[11,292.00]	[13,046.25]	[66]	[92,248.00]	[111,419.25]
[42]	[12,446.00]	[14,366.75]	[67]	[93,179.00]	[113,385.25]
[43]	[13,797.00]	[15,898.00]	[68]	[94,120.00]	[115,395.00]
[44]	[15,376.00]	[17,678.50]	[69]	[95,070.00]	[117,295.00]
[45]	[17,060.00]	[19,577.00]	[70]	[96,030.00]	[118,848.75]

*THE SCHEDULE ON THIS PAGE SHOWS THE AMOUNT YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE.

**INCLUDES ANNUAL POLICY FEE OF \$[30.00]. POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

***BASE POLICY PLUS ADDITIONAL BENEFITS COLUMNS INCLUDE PREMIUMS FOR ANY ADDITIONAL BENEFITS WHICH MAY BE ATTACHED TO YOUR POLICY, EXCEPT FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER IF ELECTED. INITIAL PREMIUMS FOR THE MONTHLY DISABILITY INCOME RIDER AND CRITICAL ILLNESS RIDER, IF ELECTED, ARE SHOWN IN THE SCHEDULE OF BENEFITS.

POLICY DATA

TABLE OF RIDER VALUES FOR THE INTERMEDIATE ENDOWMENT BENEFIT RIDER

POLICY NUMBER: [SPECIMEN]
ISSUE AGE: [35]
ENDOWMENT DATE: [SEPTEMBER 1, 2030]

Projected Rider Values at the end of certain Policy Years are shown below. The Rider Values shown are based on the initial premium mode applicable to the policy and assume that all premiums have been paid to the Policy Anniversary. Rider Values will vary if any premiums are paid on a different mode or if any premiums have not been paid.

END OF POLICY YEAR	PERCENTAGE OF ELIGIBLE PREMIUMS	RIDER VALUE	PAID-UP INSURANCE
[1]	[0.0] %	\$ [0.00]	\$ [0.00]
[2]	[0.0]	[0.00]	[0.00]
[3]	[0.0]	[0.00]	[0.00]
[4]	[0.0]	[0.00]	[0.00]
[5]	[12.1]	[233.24]	[1,332.00]
[6]	[26.0]	[601.41]	[3,291.00]
[7]	[36.1]	[974.21]	[5,112.00]
[8]	[43.8]	[1,350.86]	[6,798.00]
[9]	[49.8]	[1,727.90]	[8,341.00]
[10]	[54.5]	[2,101.08]	[9,734.00]
[11]	[60.9]	[2,582.60]	[11,486.00]
[12]	[66.3]	[3,067.20]	[13,100.00]
[13]	[70.7]	[3,543.31]	[14,538.00]
[14]	[74.7]	[4,031.77]	[15,890.00]
[15]	[78.3]	[4,527.93]	[17,142.00]
[16]	[83.2]	[5,132.04]	[18,666.00]
[17]	[87.6]	[5,741.16]	[20,065.00]
[18]	[91.3]	[6,335.64]	[21,286.00]
[19]	[95.6]	[7,002.59]	[22,624.00]
[20]	[100.0]	[7,710.40]	[23,968.00]
[21 & LATER]	[0.0]	[0.00]	[0.00]

*THE PAID-UP INSURANCE AMOUNT IS THE AMOUNT OF REDUCED PAID-UP INSURANCE THAT THE RIDER VALUE DEPICTED WOULD PURCHASE AT THE END OF THE APPLICABLE POLICY YEAR IF THERE ARE NO LOANS OUTSTANDING.

DEFINITIONS

Age	A person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.
Beneficiary	The person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.
Date of Issue	The date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.
Expiry Date	The date on which coverage under this policy expires. The Expiry Date is the Policy Anniversary nearest the Insured's 105th birthday and is shown in the Policy Data.
Face Amount	The amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.
In Force	Insurance coverage is in effect and has not terminated.
Insured	The person whose life is insured under this policy. The Insured is identified in the Policy Data.
Lapse	Termination of the policy at the end of the grace period due to non-payment of premiums. If this policy Lapses, the Insured's life will no longer be insured under the terms of this policy.
Monthly Anniversary Date	The day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.
Policy Anniversary	The same day and month as the Policy Date for each year this policy remains In Force.
Policy Date	The date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries, and Policy Years. The Policy Date is shown in the Policy Data.
Policy Year	The 12 month period directly preceding a Policy Anniversary.
Reinstate	To restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.
Rider	An attachment to this policy that provides an additional benefit.
Written Request	A signed request in a form satisfactory to us that is received at our Administrative Office.
You and your	The owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary You may name or change the Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Death Benefit The amount of the death benefit is equal to:

- (a) the Face Amount of this policy,

plus (b) the amount payable under any attached rider, subject to its terms,

plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death (excluding any premiums waived under any disability rider attached to this policy),

minus (d) the amount of any portion of a premium due under the Grace Period provision.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision of this policy.

Interest from Date of Death We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be at least 1%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments 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 state and federal reporting requirements.

In the event of the death of the Insured, the death benefit payable under this policy shall include a refund of all premiums, if any, paid beyond the Insured's date of death. If the refund of premiums is not paid within 30 days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 1%.

PREMIUMS

Premium

To keep this policy In Force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

Schedules of Premiums

Premiums for this policy (excluding premiums for certain riders) will remain level until the First Premium Increase Date shown in the Policy Data. Beginning on the First Premium Increase Date, premiums will increase annually.

The Policy Data includes two schedules of annual premiums. For any Policy Year after the First Premium Increase Date, we may charge a lower premium than the guaranteed annual premium, but we will not charge a higher annual premium. Any lower annual premium will be in effect for one year and will apply to all policies having the same plan, issue year, class of risk, face amount, sex, and premium schedule as this policy.

The Schedule of Non-Guaranteed Premiums shown in the Policy Data is based on our current premium scale, but is not guaranteed. Any change in the non-guaranteed premium rates will be prospective and will be subject to our expectation as to future cost factors. Such cost factors may include, but are not limited to: mortality; expenses; interest; persistency; regulatory changes; and any applicable federal, state and local taxes.

The semi-annual, quarterly and monthly premiums for each Policy Year will be determined on the same basis used to determine the initial semi-annual, quarterly and monthly premiums.

Grace Period

If premiums are not paid when they are due, this policy will Lapse. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. If you do not pay the premium due before the end of the grace period, the policy will Lapse and all coverage will terminate. You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured's death from the death benefits payable under this policy.

Reinstatement

If this policy Lapses, you may Reinstatement it as provided in this section. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstatement your policy, we will require:

1. Your Written Request to Reinstatement this policy,
2. The Insured's written consent to Reinstatement,
3. Evidence of insurability satisfactory to us, and
4. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum, compounded annually.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

GENERAL PROVISIONS

This Policy is Our Contract with You

This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the rider.

Incontestability

We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

Amount Payable Is Limited in the Event of Suicide

If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy.

Misstatement of Age or Sex in the Application If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

Extra Benefit Riders The extra benefit riders, if any, are listed in the Policy Data.

Who Can Make Changes in the Policy No change or waiver of any of the provisions of this Policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this Policy.

Termination of Insurance This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The Expiry Date; or
2. The date this policy Lapses; or
3. The date the owner requests termination; or
4. The date this policy is converted pursuant to a Conversion Option Endorsement; or
5. The date of the Insured's death.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the premium rates.

Your Rights During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

- To change the owner or Beneficiary.
- To change the frequency of premium payments.
- To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

SETTLEMENT PROVISIONS

- Lump Sum Payment** When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.
- Settlement Options** During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.
- Option A:
Installments for a
Guaranteed Period** We will pay equal installments for a guaranteed period. Each installment will consist of part benefit and part interest. We will pay the installments monthly, quarterly, semi-annually or annually, as requested.
- Option B: Annuity** We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.
- Option C:
Benefit Deposited
with Interest** We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.
- Option D: Installments
of a Selected Amount** We will pay installments of a selected amount until we have paid the entire benefit and accumulated interest. The amount of the final payment may vary as it will consist of the remaining balance.
- Installment Interest
Rate** Any unpaid balance we hold under options A or D will earn interest at the rate we are paying at the time of settlement. We will not pay less than 1% annual interest.
- Conditions** Settlements of less than \$10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than \$100.
- A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

**Payments Exempt
from the Claims of
Creditors**

To the extent permitted by law:

1. no payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. if you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.



Western Reserve Life Assurance Co. of Ohio
Home Office: Columbus, OH
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

**Term Insurance with
Level Death Benefit Payable at Death Before the Expiry Date**

Premiums Payable During Life of Insured or until the Expiry Date

**Premiums are Subject to Change as Stated in Schedules of Premiums Provision,
But Will Not Exceed Specified Guaranteed Premiums
See Schedule of Guaranteed Premiums shown in Policy Data**

Nonparticipating – No Dividends