

SERFF Tracking Number: NELLI-127778249 State: Arkansas  
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 50129  
Company Tracking Number: L-0018  
TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
Product Name: L-0018  
Project Name/Number: L-0018/L-0018

## Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: L-0018

SERFF Tr Num: NELLI-127778249 State: Arkansas

TOI: L071 Individual Life - Whole

SERFF Status: Closed-Approved-Closed  
State Tr Num: 50129

Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design

Co Tr Num: L-0018

State Status: Approved-Closed

Filing Type: Form

Author: Brian Hull

Reviewer(s): Linda Bird

Date Submitted: 10/28/2011

Disposition Date: 11/08/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: L-0018

Status of Filing in Domicile:

Project Number: L-0018

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/08/2011

State Status Changed: 11/08/2011

Deemer Date:

Created By: Brian Hull

Submitted By: Brian Hull

Corresponding Filing Tracking Number:

Filing Description:

NEW FORMS FILING – INDIVIDUAL WHOLE LIFE INSURANCE

PHILADELPHIA AMERICAN LIFE INSURANCE COMPANY

NAIC # 67784 / FEIN # 74-1952955

Form Number / Description

L-0018 rev. 09 / Individual Whole Life Insurance Policy

L-0018.AP.PAL / Application

L-0018.BR rev. 09 / Brochure

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Product Name: L-0018  
 Project Name/Number: L-0018/L-0018  
 L/A REPL.PAL (7.1.03) / Replacement Form  
 U-001RP / Receipt of Delivery  
 BUYERS.GUIDE / Buyers Guide

We are submitting the captioned forms for review and approval. The forms are new and not intended to replace any previously approved forms in Arkansas. These forms will be marketed through independent agents.

## Company and Contact

### Filing Contact Information

Brian Hull, bhull@neweralife.com  
 200 Westlake Blvd. Ste. #1200 281-368-7278 [Phone]  
 Houston, TX 77079

### Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas  
 200 Westlake Park #1200 Group Code: 520 Company Type:  
 Houston, TX 77079 Group Name: State ID Number:  
 (281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$150.00  
 Retaliatory? Yes  
 Fee Explanation: Greater amount than our domicilliary state of TX.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$150.00	10/28/2011	53296593
Philadelphia American Life Insurance Company	\$150.00	10/31/2011	53317624

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/08/2011	11/08/2011

### 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	11/03/2011	11/03/2011	Brian Hull	11/08/2011	11/08/2011
Pending Industry Response	Linda Bird	10/31/2011	10/31/2011	Brian Hull	10/31/2011	10/31/2011

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## Disposition

Disposition Date: 11/08/2011

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
<b>Supporting Document (revised)</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Flesch Certification	Replaced	Yes
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		Yes
<b>Supporting Document</b>	Redlined Forms		Yes
<b>Form (revised)</b>	Policy		Yes
<b>Form</b>	Policy	Replaced	Yes
<b>Form (revised)</b>	Application		Yes
<b>Form</b>	Application	Replaced	Yes
<b>Form (revised)</b>	Brochure		Yes
<b>Form</b>	Brochure	Replaced	Yes
<b>Form</b>	Replacement Form		Yes
<b>Form</b>	Receipt of Delivery		Yes
<b>Form</b>	Buyer's Guide		Yes
<b>Rate (revised)</b>	rates		Yes
<b>Rate</b>	rates	Replaced	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/03/2011  
Submitted Date 11/03/2011  
Respond By Date 12/05/2011

Dear Brian Hull,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

The policy is required to include a Table of Contents if the policy has more than 3000 words or 3 pages as outlined in Ark. Code Ann. 23-80-206(a)(4).

Please update the right to return policy provision to include the 30 day replacement language as required by Rule and Regulation 97s6(a)(4).

Life policies with reduced death benefits in early years are subject to Bulletin 8-85. The policy is in violation of Guideline One of this bulletin.

We did not find a provision in the policy that provides for the payment of 8% interest on delayed death claim payments as described in Ark. Code Ann. 23-81-118.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.



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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 11/08/2011  
Submitted Date 11/08/2011

Dear Linda Bird,

### Comments:

Thank you for your review of our filing.

### Response 1

Comments: 1st, 2nd and 3rd paragraphs have been corrected by uploading a new Certification under Supporting Documents. All other corrections were made to the forms. I have included redlined versions for your convenience. Please note that we removed the Modified Benefit Plan altogether as well as changed the form numbers.

### Related Objection 1

Comment:

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**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Flesch Certification

Comment:

Satisfied -Name: Redlined Forms

Comment:

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Policy	L-0018.PAL.AR		Policy/Contract/Fraternal Certificate	Initial		49.100	L-0018.PAL.AR.pdf
<b>Previous Version</b>							
Policy	L-0018 rev. 09		Policy/Contract/Fraternal Certificate	Initial		49.100	L-0018 rev. 09.pdf
Application	L-0018.AP.PAL.AR		Application/Enrollment Form	Initial		40.200	L-0018.AP.PAL.AR.pdf
<b>Previous Version</b>							
Application	L-0018.AP.PAL		Application/Enrollment Form	Initial		40.200	L-0018.AP.PAL.pdf
Brochure	L-0018.BR.PAL.AR		Advertising	Initial		40.800	L-0018.BR.PAL.AR.pdf
<b>Previous Version</b>							
Brochure	L-0018.BR rev. 09		Advertising	Initial		40.800	L-0018.BR rev. 09.pdf

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**Rate/Rule Schedule Item Changes**

**Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:**

rates L-0018.PAL.AR New Previous State Filing Number  
0

**Previous Version**

rates L-0018 rev. 09 New Previous State Filing Number  
0

Thank you!

Sincerely,  
Brian Hull

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/31/2011  
Submitted Date 10/31/2011  
Respond By Date 12/01/2011

Dear Brian Hull,

This will acknowledge receipt of the captioned filing.

### 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 \$150.00 is received.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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 10/31/2011  
Submitted Date 10/31/2011

Dear Linda Bird,

### Comments:

Thank you.

### Response 1

Comments: We have added the additional fees.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$150.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thanks!

Sincerely,  
Brian Hull

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## Form Schedule

Lead Form Number: L-0018 rev. 09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	L-0018.PAL.AR	Policy/Cont Policy ract/Fratern al Certificate	Initial		49.100	L-0018.PAL.AR.pdf
	L-0018.AP.PAL.AR	Application/ Application Enrollment Form	Initial		40.200	L-0018.AP.PAL.AR.pdf
	L-0018.BR.PAL.AR	Advertising Brochure	Initial		40.800	L-0018.BR.PAL.AR.pdf
	L/A REPL.PAL (7.1.03)	Application/ Replacement Form Enrollment Form	Initial		56.100	LA REPL.PAL (7.1.03).pdf
	U-001RP	Application/ Receipt of Delivery Enrollment Form	Initial		41.000	U-001RP.pdf
	BUYERS.GUIDE	Application/ Buyer's Guide Enrollment Form	Initial		51.400	BUYERS.GUIDE.pdf



P. O. Box 4884  
Houston, Texas 77210-4884  
(281) 368-7200

We will pay the Face Amount of this Policy to the Beneficiary immediately upon receipt at its Executive Office of due proof of the death of the Insured occurring while this policy is in full force and upon surrender of this policy.

#### **NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY**

Please examine this policy carefully. If for any reason you are not satisfied, you may at any time within 10 days after receipt of this policy, 30 days if this policy is a replacement, return it to us at our Home Office or to any of our branch offices or the agent through whom it was purchased. If the policy is so returned, it shall be deemed void from its effective date and any premium or considerations paid, including any policy fees or charges, will be refunded.

Signed for the company at its Home Office in Houston, Texas on the Date of Issue shown in the Policy Specifications.

Secretary

President

#### **WHOLE LIFE POLICY**

Non-participating

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POLICY SPECIFICATIONS

INSURED [JOHN DOE] POLICY NUMBER [0000000001]  
DATE OF ISSUE [January 1, 2009]  
ISSUE AGE [35 MALE] POLICY DATE [January 1, 2009]  
PREMIUM CLASS [CLASS AA] MATURITY DATE [January 1, 2094]  
FACE AMOUNT [\$1,000]  
  
PREMIUM MODE [ANNUAL]

\*\*\*\*\*

SCHEDULE OF PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$46.58]	[\$24.97]	[\$12.95]	[\$4.19]

---

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE]

[0000000001] POLICY NUMBER

\*\*\*\*\*

SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS

Benefits and Units	Effective Date	Termination Date	Payment Period	Premium
----- [1.000]	----- [1/1/2009]	----- [1/1/2094]	----- [85] yrs	----- [\$46.58]

Total First Year Annual Premium: [\$46.58]

POLICY SPECIFICATIONS (CONTINUED)

INSURED: [JOHN DOE]

POLICY NUMBER [000000001]

\*\*\*\*\*

TABLE OF GUARANTEED VALUES  
2001 CSO MORTALITY TABLE AGE LAST BIRTHDATE

Policy Year	Death Benefit	Guaranteed Cash Value	Paid-Up Insurance	Extended Term Insurance	
				Years	Days
1	[1,000	0.00	0	0	0
2	1,000	0.00	0	0	0
3	1,000	3.41	21	2	241
4	1,000	11.90	70	7	278
5	1,000	20.75	116	11	265
6	1,000	29.95	161	14	262
7	1,000	39.50	203	16	320
8	1,000	49.38	244	18	204
9	1,000	59.61	282	19	294
10	1,000	70.17	319	20	272
11	1,000	81.07	354	21	179
12	1,000	92.34	387	22	37
13	1,000	104.03	419	22	213
14	1,000	116.21	449	22	347
15	1,000	128.86	478	23	71
16	1,000	141.98	506	23	126
17	1,000	155.53	533	23	155
18	1,000	169.48	559	23	160
19	1,000	183.83	583	23	142
20	1,000	198.50	606	23	105
Age 60	1,000	277.13	704	22	38
Age 62	1,000	311.05	737	21	155
Age 65	1,000	363.25	780	20	93]

Values for years not shown will be furnished upon request.

Guaranteed death benefits for those years not shown in this table are equal to the Face Amount.

On the Maturity Date the policy matures for an amount equal to the Face Amount.

Policy Year	Nonforfeiture Interest Rate	Nonforfeiture Factor	Reserve Basis
All Years	[5.00%]	[9.17824]	[2001 CSO CRVM 4%]

## DEFINITIONS

The following definitions apply whenever used in this policy.

**Attained Age** on any date means the Issue Age plus the number of full years from the Policy Date to that date.

**Home Office** means Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, TX 77210-4884.

**Issue Age** means the Insured's age on the birthday on or preceding the Policy Date.

**Maturity Date** is the date shown in the Policy Specifications. It is the policy anniversary on or next following the Insured's 120th birthday.

**Basic Annual Premium** means the annual premium paid by the insured for life coverage.

**Premium Class** is shown in the Policy Specifications. Premium Class means

Class AA - Non-Smoker Premium Rate  
Class A - Smoker Premium Rate

**Proceeds** means the amount payable on the Maturity Date, on the surrender of this policy prior to Maturity or upon death of the Insured. On the Maturity Date the proceeds will be the accumulation cash value. If the policy is surrendered, the proceeds will be the cash surrender value. The proceeds payable on death will be:

1. The death benefit; plus
2. The portion of any premium paid which applies to a period beyond the policy month of the Insured's death; less

3. The portion of any unpaid and past due premium which applies to a period before the end of the policy month of the Insured's death.

If proceeds are not paid within a reasonable amount of time after proof of death, We will pay interest upon the proceeds or refunds of premiums at the rate of eight percent (8%) per year.

**Rider** means an attachment to the policy which provides additional benefits.

**We, our, us** or **Company** means Philadelphia American Life Insurance Company.

**You** or **your** means the owner of this policy.

## GENERAL PROVISIONS

**Entire Contract.** This policy is issued in consideration of the application, and the payment of the premiums. This policy and the application are the entire contract between the applicant and the Company. Statements made in the application by or for the Insured are considered as representations rather than warranties except in case of fraud. No statement will void this policy nor be used in defense of a claim unless it is contained in the application, a copy of which was attached to this policy when issued.

**Modification of Policy.** Any change in this policy will be valid only when made in writing and duly signed by an executive officer of the Company. Executive officers of the Company are its Chairman, President, Vice President, Secretary, Treasurer and Actuary.

**Policy in Full Force.** The policy will not be considered in full force if it is in force as insurance arising on lapse.

**Deferment.** The company may defer any payment of any cash value or the granting of any loan other than a loan for the purpose of premium payment to the Company, for the maximum period permitted by law, but not more than six months.

**Assignments.** The policy may be assigned. If the assignment is absolute, all rights of the owner, any Contingent Owner, any beneficiary and any Contingent Beneficiary (except the rights of any irrevocably designated beneficiaries and contingent beneficiaries) will be automatically transferred to the assignee. If the assignment is collateral, such rights will be transferred only to the extent of the assignee's interest. No assignment will be binding on the Company unless the assignment is in writing and filed with the Company at its Home Office. The Company is not responsible for the validity of any assignment. Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the owner, or in the Owner's estate, successors or assigns.

**PREMIUMS**

**PREMIUM PAYMENT.** Premiums are due and payable in advance for the period which they cover. All premiums after the first are payable either at the Company's Home Office, or to any authorized agent of the Company in exchange for the Company's official receipt signed by an executive officer and countersigned by such agent. The payment of any premium will not maintain this policy in full force beyond the date when the next premium is due. These premiums include the charges for any additional benefits. Later premiums for the policy will be reduced when premiums for any additional benefit are no longer payable.

Premiums for each benefit are payable in the amount stated in the application, beginning on the Date of Issue. The date from which policy anniversaries and policy years are computed is the Date of Issue shown on the policy specifications page.

**GRACE PERIOD.** A grace period of 31 days (without interest) will be allowed for the payment of any premium after the first. The policy will remain in full force during the grace period. If death occurs within the grace period, any premium then due and unpaid (according to the mode of the last premium paid) will be deducted from the amount otherwise payable. Failure to pay any premium on or before its due date will result in a premium default and if the premium remains unpaid at the end of the grace period the policy will then lapse and become void except as provided under "Guaranteed Values".

**REINSTATEMENT.** This policy may be reinstated at any time within five years after default in the payment of premiums provided:

- a) it has not been surrendered for cash; and
- b) evidence of insurability of the Insured satisfactory to the Company is furnished to the Company; and
- c) all premiums are paid from the date of default to the premium due date at or after reinstatement, with interest on such past-due premiums at the rate of six percent (6%) per year compounded annually; and
- d) all indebtedness at the date of premium default is paid or reinstated with interest no greater than six percent (6%) from the date of default.

**CONDITIONS AFFECTING CLAIMS**

**INCONTESTABILITY.** We cannot contest any claim, except for non-payment of

premiums, after this policy has been in force during the lifetime of the Insured for two years or longer.

**MISSTATEMENT OF AGE.** If the age of the insured was incorrectly stated, any amount payable under this policy will be the amount the premium paid would have purchased at the correct age according to the Company's published rate on the Date of Issue.

**SUICIDE.** If the Insured commits suicide during the first two years, we will not pay the Face Amount but will return all of the premiums that have been paid.

## OWNER AND BENEFICIARY

**OWNERSHIP.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the Owner may exercise all rights and receive all the benefits under this policy during the lifetime of the Insured. The Owner may designate a new Owner and designate or change a contingent Owner who, in the event the Owner does not survive the Insured, will be the Owner. If a new Owner or Contingent Owner is designated, then unless otherwise specified, any prior designation of a Contingent Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the Owner, or in the Owner's estate, successors or assigns.

**BENEFICIARY.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the owner may designate or change the beneficiary or Contingent Beneficiary during the lifetime of the Insured. In the absence of any designation of beneficiary, the Owner will be deemed to be the Beneficiary. If two or more beneficiaries are designated to receive payment in equal shares or if their shares are not specified, then unless other conditions of

the designation apply, any payment to them will be made in shares or to the survivors in equal share or all to the last survivor. If the Beneficiary does not survive the Insured, the Contingent Beneficiary will be the Beneficiary. The interest of any Beneficiary or Contingent Beneficiary who does not survive the Insured will, unless otherwise specified, revert to the Owner, or to the owner's estate, successors, or assigns. Should any beneficiaries be designated otherwise than by name, the company shall be fully discharged by payment made in good faith in reliance upon proofs furnished to it.

**COMMON DISASTER.** Unless otherwise provided in the beneficiary designation, if a beneficiary dies simultaneously with or within 15 days after the death of the Insured and before receiving the proceed of this policy, then the interest of the beneficiary shall terminate in the same manner as if the beneficiary had predeceased the Insured.

**DESIGNATION OR CHANGE OF OWNER OR BENEFICIARY.** Designation or change of an Owner, Contingent Owner, Beneficiary, or Contingent Beneficiary shall be made by filing a written designation or change with the company at its Home Office in Houston, Texas. Such designation or change will then be effective as of the date it was signed, except that it will not apply with respect to any payment made by the Company before it was received. If required by the company, the policy must be presented for endorsement of any such designation or change.

## LOAN PROVISIONS

**POLICY LOANS.** If this policy is in force and cash value has been established as provided in the Guaranteed Values provisions hereof, the Company will advance as a loan, upon the sole security and assignment of this

policy, a sum which together with interest at six percent (6%) per year, in advance, to the end of the policy year then the current and plus unpaid premium, if any, to the end of the policy year then current, shall not exceed the net cash value of this policy (or the surrender value of any reduced paid-up insurance) at the end of such current policy year. The Company may at its option require that this policy be presented for endorsement before a loan is made.

**AUTOMATIC PREMIUM LOANS.**

Whenever, and as often as necessary to prevent lapse of this policy for non-payment of premiums, the Company will automatically advance on the last day of the grace period, as a loan under this policy, to bear interest from the premium due date, any premium not less than a quarterly; provided, the amount of the premium with interest at six percent (6%) per year, in advance, from its due date to the end of the policy year then current does not exceed the net cash value at the due date of the premium so charged and, provided further the Owner shall have signed a written request with the Company to make such premium loans and such request has not been revoked in writing.

**INDEBTEDNESS.** Indebtedness as used in this policy, shall mean indebtedness arising under the provisions of this policy. Indebtedness, including all advances as loans under this policy, will be a first lien on this policy or on any policy to which this policy be converted, deductible from any amount payable hereunder, and shall bear interest at the rate of six percent (6%) per year, in advance, to the end of the policy year current when incurred, and interest at the same rate shall be due and payable annually, in advance, on each subsequent policy anniversary, and if not so paid, will be added to and become a part of the principal and shall bear the same rate of interest. Failure to pay any indebtedness or interest will not terminate this policy unless the total

indebtedness under the policy, whether due or not, equals or exceeds the total cash value, and in no event until 31 days after notice of termination shall have been mailed by the Company to the last known address of the Owner and of any assignee on record at the Home Office.

**SETTLEMENT OPTIONS**

The proceeds may be made payable in such a manner as may be mutually agreed upon with the Company.

**GUARANTEED VALUES**

**CASH VALUE DEFINITIONS.** After premiums have been paid beyond the beginning of the policy year for which a cash value (as defined in the Basis of Computation provision below) is first shown in the Table of Guaranteed Values applicable to this policy, and not otherwise, this policy while in force shall have total and net cash value determined from the Table of Guaranteed Values and the provisions hereof.

- a) The term "total cash value" means the cash value determined from the Table of Guaranteed Values and the provisions hereof.
- b) The term "net cash value" means the total cash value less any indebtedness to the Company on this policy.
- c) Cash values shown in the Table of Guaranteed Values are applicable at the end of the policy year shown. On any date other than the end of a policy year, cash values will be computed with due allowance for the time elapsed between policy years and the date to which premiums have been paid. All non-forfeiture values provided are not less than minimum values required by the insurance law

of the state in which this policy is delivered.

**CASH SURRENDER.** The net cash value will be available to the Owner, in lieu of all other benefits and values, upon the legal surrender of this policy to the Company while the policy is in full force or not later than 60 days after premium default and prior to the death of the Insured.

**OPTIONS AVAILABLE.** Upon written request of the Owner at such surrender the net cash value may be applied to purchase paid-up life insurance for such amount as the net cash value will be provide. Paid-up insurance granted upon surrender or lapse will be without disability or special accidental death benefits or other supplementary or additional benefits provided by rider or otherwise. Paid-up insurance will automatically be granted on surrender unless the Owner directs otherwise. In which case the Owner may request coverage continued as extended term insurance. The period of extended term insurance shall be the net single premium at the Insured's age last birthday at the date of default.

**SURRENDER OF PAID-UP INSURANCE.** Paid-up insurance may be surrendered at any time for a cash value equal to the reserve for such insurance, reduced by any indebtedness; however, within 30 days after any policy anniversary the cash value shall not be less than the reserve on the anniversary reduced by any indebtedness.

**BASIS OF COMPUTATION.** The cash value amount, paid-up insurance and extended term insurance provided under this policy are computed on the basis listed in the Policy Specifications. Interest is assumed at the rate shown in the Policy Specifications. Supplemental benefits provided by Rider are not included. If all premiums due have been

paid the cash value at the end of any policy year is the excess of:

- a) the then present value of future benefits; less
- b) the then present value of future nonforfeiture factors.

Nonforfeiture factors are assumed to be paid annually in advance for the remainder of the premiums paying period.

### TABLE OF GUARANTEED VALUES

The guaranteed values applicable to this policy are those set forth in the table herein under the age and sex of the Insured as shown on the application for this policy. The cash or loan values, and paid-up amount shown are for \$1,000 face amount of insurance; for other face amounts any such value will be in proportion.



# Application for Whole Life Insurance

P.O. BOX 4884, HOUSTON, TX 77210-4884 \* 281-368-7200 \* 1-877-368-4692

## Section A General Information (Please Print)

Proposed Insured's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Effective Date	
Daytime Phone		Social Security #		
Address		City	State	Zip Code
Birthdate	State or Country of Birth	Height (ft./in):	Weight (lbs.):	

### Complete the Owner's Information Below Only If The Proposed Insured Is Not The Owner:

Owner's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #	Day Time Phone
Description of Relationship To Insured:	Owner's Address	City	State	Zip Code	

### Contingent Owner Information:

### Beneficiary Information:

Primary Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	
Contingent Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	

Within the past 24 months, has the proposed Insured used tobacco in any form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

## Section B Standard Plan Benefit Qualifying Section

1. Are you currently hospitalized, bedridden, confined to a nursing facility, receiving hospice home health care, or confined to a wheelchair? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had or been treated for (including prescription medications): congestive heart failure, organ transplant, Alzheimer's disease, dementia, ALS (Lou Gehrig's disease, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months, have you had: kidney dialysis, heart attack, stroke, or Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any heart procedure to improve coronary circulation? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 24 months, have you been diagnosed as having or been treated for (including prescription medications): internal cancer or melanoma, or Mental Incapacity? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the past 12 months, have you had, or been treated for (including prescription medications): alcoholism and/or drug addiction, Chronic Obstructive Pulmonary Disease (COPD), or used oxygen to assist in breathing? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had an application for life insurance rejected in the past 6 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Within the past 24 months, have you had, been treated for (including prescription medications), or been advised to receive treatment for: heart attack, stroke, Transient Ischemic Attack (TIA), lung disease or disorder, liver disease or disorder, neuro-muscular disease, Cirrhosis, emphysema or Chronic Obstructive Pulmonary Disease (COPD), kidney failure or had any heart procedure to improve coronary circulation? .....  Yes  No

8. Within the past 24 months, have you had, or been advised to receive treatment for (including prescription medications):

a) Alcohol and/or drug use? .....  Yes  No

b) Insulin dependent diabetes? .....  Yes  No

c) Parkinson's disease, multiple sclerosis, or systemic lupus erythematosus? .....  Yes  No

9. Within the past 48 months, have you been diagnosed as having, or been treated for (including prescription medications), or advised to receive treatment for internal cancer or Melanoma? .....  Yes  No

10. Does your weight exceed the maximum weight on the Maximum Weight Table below? .....  Yes  No

Height	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
Weight (lbs)	200	205	215	220	225	230	235	240	250	255	265	270	280	285	295	305	315	320	335

Name, Address and Phone Number of Personal Physician:

**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 insurance fraud and may be subject to fines and confinement in prison.**

**Section C Premium Information**

Plan:  **Standard (Immediate Full Death Benefit)**

Face Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Automatic Premium Loan:  Yes  No

Premium Mode: **PAC:**  Monthly - from account indicated below

**Direct Bill:**  Annual  Semi-Annual  Quarterly  Monthly

I represent that these statements are true and complete as of the date I signed this application. I agree that this application will be the basis for, and part of, the Policy that is issued; and that coverage will begin on the effective date in the Policy if the first premium has been paid during the Proposed Insured's lifetime and while his/her insurability remains as stated herein. I understand any material misstatement or omissions may be used as a basis for rescinding my coverage. This means all claims will be denied and the Company's liability will be limited to full refund of premium less any claims previously paid.

I have received and read a copy of the Notice Of Disclosure Of Information, which describes how information is obtained and used by Philadelphia American Life Insurance Company.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or the Medical Information Bureau, Inc., that has any records or knowledge of me or my health, to give to Philadelphia American Life Insurance Company, or its reinsurers, any such information for use to determine eligibility for insurance or benefits under an existing policy. A photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two years from the date shown below. I understand that I or my authorized representative may receive a copy of this authorization.

**X** \_\_\_\_\_ On \_\_\_\_\_, 20\_\_\_\_.

Proposed Insured's Signature Signed at (City and State)

**X** \_\_\_\_\_

Witness (Licensed Resident Agent) Child's Parent if not Owner Owner, if other than Proposed Insured Contingent Owner

**Mail policy to:**  Policyholder  Agent

**Pre-Authorization (PAC) Check Payment Plan (Attach voided check or deposit slip)**

Your Name (as it appears on your bank account) \_\_\_\_\_  
Account Number \_\_\_\_\_  
Name of Financial Institution (Bank) \_\_\_\_\_  
Address of Financial Institution (Bank) \_\_\_\_\_

**I hereby authorize** Philadelphia American Life Insurance Company to initiate debit entries to my account indicated above, and I authorize the Financial Institution named above to charge the amount of such entries to my account. I further authorize Company to initiate credits to my account to correct errors, and Institution to deposit any such corrections to my account.

This authority is to remain in full force and effect until I revoke the agreement as hereafter provided. Any revocation is effective only after Company has received written notice from me to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I have the right to stop payment of a debit entry by notification to Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Second Signature for Joint Account Date

**Telephone Interview Information**

Philadelphia American Life Insurance Company reserves the right to conduct a telephone interview ("Personal History Interview") directly with the Proposed Insured. Please assist us in completing the interview by providing the following information:

Best time to call: \_\_\_\_\_  AM  PM Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  HOME  WORK

**Agent Information**

I certify that I have personally asked each question on the application to the applicant and have truly and accurately recorded the answers provided. To the best of my knowledge, replacement of an existing policy  IS  IS NOT involved in this transaction.

Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_  
Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_

**Conditional Receipt**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

**X** \_\_\_\_\_  
Proposed Insured's Signature Date Agent Owner, if other than Proposed Insured

**Notice of Disclosure of Information**

Information regarding your insurability will be treated as confidential. However, Philadelphia American Life Insurance Company or its reinsurers may request information from the Medical Information Bureau (MIB, Inc.) and make a brief report to it. The MIB, Inc. is a non-profit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB company for life or health insurance or a claim is submitted to such a company, the MIB may supply that company with information it has in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it has in its file. If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Federal Fair Credit Reporting Act. The address of the MIB information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, Telephone (617) 426-3660. The Company and its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted.

-----  
Tear Along the Dotted Line

**Conditional Receipt**

Received from: \_\_\_\_\_ for Life Insurance.

Payment is: \$ \_\_\_\_\_  Cash  Check Other \_\_\_\_\_

**IMPORTANT:** No insurance will be effective until your application is approved and the policy is issued. The agent cannot accept risk or waive any of the Company's rights or requirements. This receipt is not valid unless it is signed by an agent of the Company, the Proposed Insured and the Owner.

All premium checks shall be made payable to Philadelphia American Life Insurance Company  
Do not make checks payable to the agent or leave the payee blank

**SIGNATURE REQUIRED ON THE REVERSE SIDE OF CONDITIONAL RECEIPT**

# PHILADELPHIA AMERICAN PLATINUM SERIES

Philadelphia American's Platinum Series Whole Life is a fixed premium, fixed face amount whole life insurance policy.

**Issue Ages:** 0 through 85 (age last birthday)

## Face Amount:

Minimum: **\$2,000**  
 Maximum: AGE 0 - 75 **\$25,000**  
 AGE 76 - 80 **\$10,000**  
 AGE 81 - 85 **\$5,000**

**Premiums:** Level premiums that never increase

**Guaranteed Death Benefit**  
**Platinum Series Standard Plan**  
 Immediate Full Death Benefit

The death benefit is paid to your beneficiary  
**Income-Tax Free!**

## Rate Classifications:

- Male & Female
- Non-Tobacco User & Tobacco User

## Underwriting:

- Yes/No Application
- No Medical Exams (issuance is based upon answers to questions on application), No Attending Physician Statements, No Blood Tests

**Cash Values:** Guaranteed. Your cash values are accumulated on a tax-deferred basis.

**Policy can never be canceled except by insured.**

**General Provision:** For details on any general provision such as incontestability, suicide (two year suicide provision)...etc., please read your policy form.

**Will my premiums ever increase?**  
 No, your premiums will never increase regardless of your current age or your health.

## Annual Premiums Per \$1,000 Face Amount

Add \$35 Annual Policy Fee  
 Monthly PAC: 0.09 \* Quarterly: 0.278 \* Semi-Annually: 0.536  
 Add \$1.00 for Monthly Direct Bill

AGE	STANDARD LEVEL BENEFIT PLAN			
	NON-TOBACCO		TOBACCO	
	M	F	M	F
0-5	4.45	3.43	4.45	3.43
6-10	5.45	4.13	5.45	4.13
11-15	6.71	5.06	6.71	5.06
16-20	6.16	5.24	10.95	11.29
21-25	7.45	6.42	12.68	12.86
26-30	9.21	7.94	14.99	14.70
31-35	11.59	9.92	17.97	16.88
36-40	14.73	12.48	21.74	19.35
41-45	18.91	15.79	26.48	22.09
46-50	24.60	19.91	35.97	28.13
51	24.95	20.46	36.80	28.96
52	26.48	21.06	39.38	29.85
53	28.11	22.28	42.16	31.63
54	29.84	23.58	45.13	33.53
55	31.68	24.96	48.32	35.57
56	33.64	26.44	51.72	37.73
57	35.74	28.02	55.40	40.07
58	38.00	29.72	59.37	42.56
59	40.41	31.55	63.64	45.27
60	42.98	33.52	68.23	48.18
61	45.74	35.64	73.18	51.32
62	48.70	37.92	78.52	54.70
63	51.86	40.36	84.26	58.32
64	55.24	42.97	90.45	62.20
65	58.85	45.98	97.10	66.68
66	62.74	48.07	101.63	68.99
67	66.91	50.16	106.37	71.23
68	71.39	53.30	111.37	74.88
69	76.23	56.43	116.64	78.45
70	81.46	60.20	122.18	82.77
71	87.06	63.36	127.97	86.18
72	93.05	67.59	134.00	90.91
73	99.43	72.87	140.20	96.91
74	106.21	78.15	146.57	102.77
75	113.40	83.43	153.09	108.45
76	121.08	90.70	159.82	116.55
77	129.29	98.17	166.78	124.67
78	138.13	106.70	174.05	133.92
79	147.68	115.24	181.64	142.89
80	157.98	125.91	189.57	154.24
81	175.65	147.28	205.52	178.20
82	192.34	161.26	219.27	192.71
83	210.61	176.59	233.79	208.38
84	230.62	193.36	249.08	225.27
85	252.53	211.73	265.16	243.49

Hotline for Policyholders:

**1-877-368-4692**

**PLAN NOW TO HELP YOUR  
 FAMILY WHEN THEY WILL NEED  
 IT THE MOST**



## SAMPLE PREMIUM CALCULATION – STD LEVEL PLAN

MALE 70 NON-TOBACCO USER	
FACE AMOUNT	\$7,500.00
ANNUAL PREMIUM PER \$1,000 FACE	\$81.46
x 7,500 / 1,000	\$610.95
ADD \$35 POLICY FEE = ANNUAL PRFMII IM	\$645.95
x 0.09 MONTHLY PAC MODAL FACTOR	
= TOTAL MONTHLY PAC PREMIUM	\$58.14

**PHILADELPHIA AMERICAN LIFE  
INSURANCE COMPANY INVITES YOUR  
REVIEW:**

We are a consumer-oriented company specializing in the needs of policyholders. Our philosophy is based on the promotion of family concepts between policyholders, employees and agents and our reputation is based on honesty and integrity. Most importantly, we are managed by experienced and knowledgeable insurance executives who believe in the old-fashioned commitment of providing excellent products with highly competitive rates, as well as providing personal touch service to our policyholders.



Administrative Office

P.O. Box 4884

Houston, TX 77210-4884

(281) 368-7200 ★ (877) 368-4692

Facsimile: (281) 368-7282



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

**PLATINUM  
SERIES**

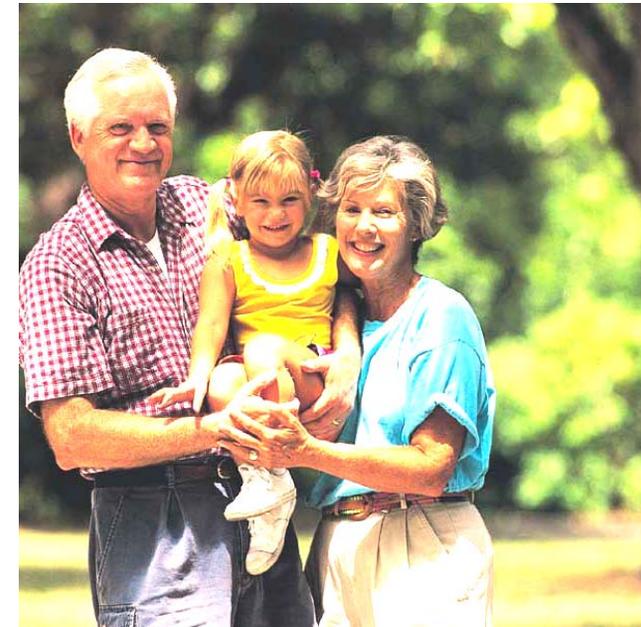
**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

**PLATINUM  
SERIES**

**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



- **SIMPLIFIED ISSUE LIFE**
- **LEVEL DEATH BENEFITS**
- **IMMEDIATE DEATH BENEFITS**
- **PREMIUMS DO NOT INCREASE**





## RECEIPT FOR DELIVERY OF POLICY

Proposed Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I acknowledge delivery of the policy identified above issued by Philadelphia American Life Insurance Company (the "Company"). I understand that the policy will not take effect unless (1) any balance due for the amount of the first premium has been paid to the Company on or before the effective date of the policy; (2) the policy is accepted during the lifetime of any persons proposed for insurance under the policy; (3) any amendment, exclusion rider or other required form has been signed, by the primary insured, returned to and approved by the underwriter; and (4) all of the statements and answers given in the application remain true, complete and correct on the date the policy is delivered.

I represent that, since the date of the application, no person proposed for insurance under this policy has:

- (a) received treatment from or consulted any physician or provider of medical services for any health condition not revealed in the application;
- (b) been treated or confined in any hospital, clinic, sanitarium, or rest home;
- (c) submitted an application for life insurance to any other insurer; or
- (d) had an application for insurance declined, postponed, or modified.

I FULLY UNDERSTAND THAT IF ANY STATEMENT ABOVE IS NOT TRUE AT THIS TIME, THAT I SHOULD NOT SIGN THIS FORM OR ACCEPT DELIVERY OF THE POLICY, BUT SHOULD RETURN THE POLICY TO THE COMPANY WITH FULL DETAILS FOR FURTHER CONSIDERATION BY THE UNDERWRITER.

To the best of my knowledge and belief, all of the answers recorded in the original application remain true, complete and correct at this time.

Date at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness: \_\_\_\_\_ Proposed Insured: \_\_\_\_\_  
(Purchaser if Proposed Insured is under age 15)

Witness: \_\_\_\_\_ Owner: \_\_\_\_\_



## LIFE INSURANCE BUYER'S GUIDE

This guide can help you get the most for your money when you shop for life insurance. It can help you answer questions about:

- Buying Life Insurance
- Deciding How Much You Need
- Finding a Low Cost Policy
- Things to Remember

Prepared by the National Association of Insurance Commissioners.

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers.

This Guide Does Not Endorse Any Company or Policy. Reprinted by New Era Life Insurance Company

### Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs and doesn't cost too much.

*First, decide how much you need--and for how long--and what you can afford to pay.*

*Next, find out what kinds of policies are available to meet your needs and pick the one that best suits you.*

*Then, find out what different companies charge for that kind of policy--for the amount of insurance you want. You can find important cost differences between life insurance policies by using cost comparison indexes as described in this guide.*

It makes good sense to ask a life insurance agent or company to help you. An agent can be particularly useful in reviewing your insurance needs and in giving you information about the kinds of policies that are available. If one kind doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or at your public library.

**What About Your Present Policy?** Think twice before dropping a life insurance policy you already have to buy a new one.

- a. It can be costly because much of what you paid in the early years of the policy you now have was used for the company's expense of selling and issuing the policy. This expense will be incurred again for a new policy.
- b. If you are older or your health has changed, premiums for the new policy will often be higher.
- c. You may have valuable rights and benefits in your present policy that are not in the new one.
- d. You might be able to change your present policy or even add to it to get the coverage or benefits you now want.
- e. Check with the agent or the company that issued your present policy--get both sides of the story. In any case, don't give up your present policy until you are covered by a new one.

## How Much Do You Need?

To decide how much life insurance you need, figure out what your dependents would have if you were to die now, and what they would actually need. Your new policy should come as close to making up the difference as you can afford.

In figuring what you have, count your present insurance-- including any group insurance where you work, social security, or veteran's insurance. Add other assets you have--savings, investments, real estate, and personal property.

In figuring what you need, think of income for your dependents--for family living expenses, educational costs, and any other future needs. Think also of cash needs--for the expenses of a final illness and for paying taxes, mortgages, or other debts.

## What Is the Right Kind?

All life insurance policies agree to pay an amount of money when you die. But all policies are not the same. Some provide permanent coverage and others temporary coverage. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Your choice should be based on your needs and what you can afford.

A wide variety of plans is being offered today. Here is a brief description of two basic kinds--term and whole life--and some combinations and variations. You can get detailed information from a life insurance agent or company.

**Term Insurance** Covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally provides the largest immediate death protection for your premium dollar.

(a) Most term insurance policies are renewable for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. Check the premiums at older ages and how long the policy can be continued.

(b) Many term insurance policies can be traded before the end of a conversion period for a whole life policy--even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Whole Life Insurance** Covers you for as long as you live. The common type is called straight life or ordinary life insurance-- you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay at first for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

(a) Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

(b) Whole life policies develop cash values. If you stop paying premiums, you can take the cash--or you can use the cash value to buy continuing insurance protection for a limited time or a reduced amount. (Some term policies that provide coverage for a long period also have cash values.)

(c) You may borrow against the cash values by taking a policy loan. Any loan and interest on the loan that you do not pay back will be deducted from the benefits if you die, or from the cash value if you stop paying premiums.

**Combinations and Variations** You can combine different kinds of insurance. For example, you can buy whole life insurance for lifetime coverage and add term insurance for the period of your greatest insurance need. Usually the term insurance is on your life--but it can also be bought for your spouse or children.

(a) Endowment insurance policies pay a sum or income to you if you live to a certain age. If you die before then, the death benefit is paid to the person you named as beneficiary.

(b) Other policies may have special features which allow flexibility as to premiums and coverage. Some let you choose the death benefit you want and the premium amount you can pay. The kind of insurance and coverage period are determined by these choices.

(c) One kind of flexible premium policy, often called universal life, lets you vary your premium payments every year, and even skip a payment if you wish. The premiums you pay (less expense charges) go into a policy account that earns interest, and charges for the insurance are deducted from the account. Here, insurance continues as long as there is enough money in the account to pay the insurance charges.

(d) Variable life is a special kind of insurance where the death benefits and cash values depend upon the investment performance of one or more separate accounts. Be sure to get the prospectus provided by the company when buying this kind of policy. The method of cost comparison outlined in this guide does not apply to policies of this kind.

### **Finding a Low Cost Policy**

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- (1) Do premiums or benefits vary from year to year?
- (2) How much cash value builds up under the policy?
- (3) What part of the premiums or benefits is not guaranteed?
- (4) What is the effect of interest on money paid and received at different times on the policy?

Cost Comparison Index numbers, which you get from life insurance agents or companies, take these sorts of items into account and can point the way to better buys.

### **Cost Comparison Indexes**

There are two types of cost comparison index numbers. Both assume you will live and pay premiums for the next 10 or 20 years.

(1) The Surrender Cost Comparison Index helps you compare costs over a 10 or 20 year period assuming you give up (surrender) the policy and take its cash value at the end of the period. It is useful if you consider the level of cash values to be of special importance to you.

(2) The Net Payment Cost Comparison Index helps you compare costs over a 10 or 20 year period assuming you will continue to pay premiums on your policy and do not take its cash value. It is useful if your main concern is the benefits that are to be paid at your death.

b. The two index numbers are the same for a policy without cash values.

### **Guaranteed and Illustrated Figures**

Many policies provide benefits on a more favorable basis than the minimum guaranteed basis in the policy. They may do this by paying dividends, or by charging less than the maximum premium specified. Or they may do this in other ways, such as by providing higher cash values or death benefits than the minimums guaranteed in the policy. In these cases, the index numbers are shown on both a guaranteed and currently illustrated basis. The currently illustrated basis reflects the company's current scale of dividends, premiums, or benefits. These scales can be changed after the policy is issued, so that the actual dividends, premiums, or benefits over the years can be higher or lower than those assumed in the indexes on the currently illustrated basis.

Some policies are sold only on a guaranteed or fixed cost basis. These policies do not pay dividends; the premiums and benefits are fixed at the time you buy the policy and will not change.

### **Using Cost Comparison Indexes**

The most important thing to remember is that a policy with smaller index numbers is generally a better buy than a similar policy with larger index numbers.

Compare index numbers only for similar policies--those which provide essentially the same benefits, with premiums payable for the same length of time. Make sure they are for your age, and for the kind of policy and amount you intend to buy. Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance.

Small differences in index numbers should be disregarded, particularly where there are dividends or non-guaranteed premiums or benefits. Also, small differences could easily be offset by other policy features, or difference in the quality of service from the agent or company. When you find small differences in the indexes, your choice should be based on something other than cost.

Finally, keep in mind that index numbers cannot tell you the whole story. You should also consider:

(1) The pattern of policy benefits. Some policies have low cash values in the early years that build rapidly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a Policy Summary that will show benefits and premiums for selected years.)

(2) Any special policy features may be particularly suited to your needs.

(3) The methods by which non-guaranteed values are calculated. For example, interest rates are an important factor in determining policy dividends. In some companies, dividends reflect the average interest earnings on all policies whenever issued. In others, the dividends for policies issued in a recent year, or a group of years, reflect the interest earnings on those policies; in this case, dividends are likely to change more rapidly when interest rates change.

### **Things to Remember.**

Review your particular insurance needs and circumstances. Choose the kind of policy with benefits that most closely fit your needs. Ask an agent or company to help you.

Be sure that the premiums are within your ability to pay. Don't look only at the initial premium, but take account of any later premium increase.

Ask about cost comparison index numbers and check several companies which offer similar policies. Remember, smaller index numbers generally represent a better buy.

Don't buy life insurance unless you intend to stick with it. It can be very costly if you quit during the early years of the policy.

Read your policy carefully. Ask your agent or company about anything that is not clear to you.

Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

SERFF Tracking Number: NELL-127778249 State: Arkansas  
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 50129  
 Company Tracking Number: L-0018  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: L-0018  
 Project Name/Number: L-0018/L-0018

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	rates	L-0018.PAL.AR	New		Rates.pdf

## L-0018 RATES

AGE	STANDARD LEVEL BENEFIT PLAN			
	NON-TOBACCO		TOBACCO	
	M	F	M	F
0-5	4.45	3.43	4.45	3.43
6-10	5.45	4.13	5.45	4.13
11-15	6.71	5.06	6.71	5.06
16-20	6.16	5.24	10.95	11.29
21-25	7.45	6.42	12.68	12.86
26-30	9.21	7.94	14.99	14.70
31-35	11.59	9.92	17.97	16.88
36-40	14.73	12.48	21.74	19.35
41-45	18.91	15.79	26.48	22.09
46-50	24.60	19.91	35.97	28.13
51	24.95	20.46	36.80	28.96
52	26.48	21.06	39.38	29.85
53	28.11	22.28	42.16	31.63
54	29.84	23.58	45.13	33.53
55	31.68	24.96	48.32	35.57
56	33.64	26.44	51.72	37.73
57	35.74	28.02	55.40	40.07
58	38.00	29.72	59.37	42.56
59	40.41	31.55	63.64	45.27
60	42.98	33.52	68.23	48.18
61	45.74	35.64	73.18	51.32
62	48.70	37.92	78.52	54.70
63	51.86	40.36	84.26	58.32
64	55.24	42.97	90.45	62.20
65	58.85	45.98	97.10	66.68
66	62.74	48.07	101.63	68.99
67	66.91	50.16	106.37	71.23
68	71.39	53.30	111.37	74.88
69	76.23	56.43	116.64	78.45
70	81.46	60.20	122.18	82.77
71	87.06	63.36	127.97	86.18
72	93.05	67.59	134.00	90.91
73	99.43	72.87	140.20	96.91
74	106.21	78.15	146.57	102.77
75	113.40	83.43	153.09	108.45
76	121.08	90.70	159.82	116.55
77	129.29	98.17	166.78	124.67
78	138.13	106.70	174.05	133.92
79	147.68	115.24	181.64	142.89
80	157.98	125.91	189.57	154.24
81	175.65	147.28	205.52	178.20
82	192.34	161.26	219.27	192.71
83	210.61	176.59	233.79	208.38
84	230.62	193.36	249.08	225.27
85	252.53	211.73	265.16	243.49

SERFF Tracking Number: NELI-127778249 State: Arkansas  
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 50129  
 Company Tracking Number: L-0018  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: L-0018  
 Project Name/Number: L-0018/L-0018

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Please see Form Schedule		
<b>Comments:</b>		

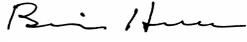
	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Life & Annuity - Acturial Memo		
<b>Comments:</b>		
<b>Attachment:</b> Actuarial Memorandum.doc.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Redlined Forms		
<b>Comments:</b>		
<b>Attachments:</b> L-0018.PAL.AR redlined revised.pdf L-0018.AP.PAL.AR redlined revised.pdf L-0018.BR.PAL.AR redlined revised.pdf		

CERTIFICATION

I, Brian Hull, hereby certify that Philadelphia American Life Insurance Company complies with the following:

Rule and Regulation 19 Unfair Sex Discrimination  
Rule and Regulation 49 Guaranty Association Notice  
ACA 23-80-206 Flesch Readability  
ACA 23-79-138 Consumer Information Notice



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Brian Hull, AIRC  
Assistant Vice President  
Philadelphia American Life Insurance Company



P. O. Box 4884  
Houston, Texas 77210-4884  
(281) 368-7200

We will pay the Face Amount of this Policy to the Beneficiary immediately upon receipt at its Executive Office of due proof of the death of the Insured occurring while this policy is in full force and upon surrender of this policy.

#### NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

Please examine this policy carefully. If for any reason you are not satisfied, you may at any time within 10 days after receipt of this policy, 30 days if this policy is a replacement, return it to us at our Home Office or to any of our branch offices or the agent through whom it was purchased. If the policy is so returned, it shall be deemed void from its effective date and any premium or considerations paid, including any policy fees or charges, will be refunded.

Signed for the company at its Home Office in Houston, Texas on the Date of Issue shown in the Policy Specifications.

Secretary

President

#### WHOLE LIFE POLICY

Non-participating

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POLICY SPECIFICATIONS

INSURED [JOHN DOE] POLICY NUMBER [0000000001]  
DATE OF ISSUE [January 1, 2009]  
ISSUE AGE [35 MALE] POLICY DATE [January 1, 2009]  
PREMIUM CLASS [CLASS AA] MATURITY DATE [January 1, 2094]  
FACE AMOUNT [\$1,000]  
  
PREMIUM MODE [ANNUAL]

\*\*\*\*\*

SCHEDULE OF PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
[\$46.58]	[\$24.97]	[\$12.95]	[\$4.19]

---

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE]

[0000000001] POLICY NUMBER

\*\*\*\*\*

SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS

Benefits and Units	Effective Date	Termination Date	Payment Period	Premium
----- [1.000]	----- [1/1/2009]	----- [1/1/2094]	----- [85] yrs	----- [\$46.58]

Total First Year Annual Premium: [\$46.58]

POLICY SPECIFICATIONS (CONTINUED)

INSURED: [JOHN DOE]

POLICY NUMBER [000000001]

\*\*\*\*\*

TABLE OF GUARANTEED VALUES  
2001 CSO MORTALITY TABLE AGE LAST BIRTHDATE

Policy Year	Death Benefit	Guaranteed Cash Value	Paid-Up Insurance	Extended Term Insurance	
				Years	Days
1	[1,000	0.00	0	0	0
2	1,000	0.00	0	0	0
3	1,000	3.41	21	2	241
4	1,000	11.90	70	7	278
5	1,000	20.75	116	11	265
6	1,000	29.95	161	14	262
7	1,000	39.50	203	16	320
8	1,000	49.38	244	18	204
9	1,000	59.61	282	19	294
10	1,000	70.17	319	20	272
11	1,000	81.07	354	21	179
12	1,000	92.34	387	22	37
13	1,000	104.03	419	22	213
14	1,000	116.21	449	22	347
15	1,000	128.86	478	23	71
16	1,000	141.98	506	23	126
17	1,000	155.53	533	23	155
18	1,000	169.48	559	23	160
19	1,000	183.83	583	23	142
20	1,000	198.50	606	23	105
Age 60	1,000	277.13	704	22	38
Age 62	1,000	311.05	737	21	155
Age 65	1,000	363.25	780	20	93]

Values for years not shown will be furnished upon request.

Guaranteed death benefits for those years not shown in this table are equal to the Face Amount.

On the Maturity Date the policy matures for an amount equal to the Face Amount.

Policy Year	Nonforfeiture Interest Rate	Nonforfeiture Factor	Reserve Basis
All Years	[5.00%]	[9.17824]	[2001 CSO CRVM 4%]

## DEFINITIONS

The following definitions apply whenever used in this policy.

**Attained Age** on any date means the Issue Age plus the number of full years from the Policy Date to that date.

**Home Office** means Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, TX 77210-4884.

**Issue Age** means the Insured's age on the birthday on or preceding the Policy Date.

**Maturity Date** is the date shown in the Policy Specifications. It is the policy anniversary on or next following the Insured's 120th birthday.

**Basic Annual Premium** means the annual premium paid by the insured for life coverage.

**Premium Class** is shown in the Policy Specifications. Premium Class means

Class AA - Non-Smoker Premium Rate  
Class A - Smoker Premium Rate

**Proceeds** means the amount payable on the Maturity Date, on the surrender of this policy prior to Maturity or upon death of the Insured. On the Maturity Date the proceeds will be the accumulation cash value. If the policy is surrendered, the proceeds will be the cash surrender value. The proceeds payable on death will be:

1. The death benefit; plus
2. The portion of any premium paid which applies to a period beyond the policy month of the Insured's death; less

3. The portion of any unpaid and past due premium which applies to a period before the end of the policy month of the Insured's death.

If proceeds are not paid within a reasonable amount of time after proof of death, We will pay interest upon the proceeds or refunds of premiums at the rate of eight percent (8%) per year.

**Rider** means an attachment to the policy which provides additional benefits.

**We, our, us** or **Company** means Philadelphia American Life Insurance Company.

**You** or **your** means the owner of this policy.

## GENERAL PROVISIONS

**Entire Contract.** This policy is issued in consideration of the application, and the payment of the premiums. This policy and the application are the entire contract between the applicant and the Company. Statements made in the application by or for the Insured are considered as representations rather than warranties except in case of fraud. No statement will void this policy nor be used in defense of a claim unless it is contained in the application, a copy of which was attached to this policy when issued.

**Modification of Policy.** Any change in this policy will be valid only when made in writing and duly signed by an executive officer of the Company. Executive officers of the Company are its Chairman, President, Vice President, Secretary, Treasurer and Actuary.

**Policy in Full Force.** The policy will not be considered in full force if it is in force as insurance arising on lapse.

**Deferment.** The company may defer any payment of any cash value or the granting of any loan other than a loan for the purpose of premium payment to the Company, for the maximum period permitted by law, but not more than six months.

**Assignments.** The policy may be assigned. If the assignment is absolute, all rights of the owner, any Contingent Owner, any beneficiary and any Contingent Beneficiary (except the rights of any irrevocably designated beneficiaries and contingent beneficiaries) will be automatically transferred to the assignee. If the assignment is collateral, such rights will be transferred only to the extent of the assignee's interest. No assignment will be binding on the Company unless the assignment is in writing and filed with the Company at its Home Office. The Company is not responsible for the validity of any assignment. Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the owner, or in the Owner's estate, successors or assigns.

## PREMIUMS

**PREMIUM PAYMENT.** Premiums are due and payable in advance for the period which they cover. All premiums after the first are payable either at the Company's Home Office, or to any authorized agent of the Company in exchange for the Company's official receipt signed by an executive officer and countersigned by such agent. The payment of any premium will not maintain this policy in full force beyond the date when the next premium is due. These premiums include the charges for any additional benefits. Later premiums for the policy will be reduced when premiums for any additional benefit are no longer payable.

Premiums for each benefit are payable in the amount stated in the application, beginning on the Date of Issue. The date from which policy anniversaries and policy years are computed is the Date of Issue shown on the policy specifications page.

**GRACE PERIOD.** A grace period of 31 days (without interest) will be allowed for the payment of any premium after the first. The policy will remain in full force during the grace period. If death occurs within the grace period, any premium then due and unpaid (according to the mode of the last premium paid) will be deducted from the amount otherwise payable. Failure to pay any premium on or before its due date will result in a premium default and if the premium remains unpaid at the end of the grace period the policy will then lapse and become void except as provided under "Guaranteed Values".

**REINSTATEMENT.** This policy may be reinstated at any time within five years after default in the payment of premiums provided:

- a) it has not been surrendered for cash; and
- b) evidence of insurability of the Insured satisfactory to the Company is furnished to the Company; and
- c) all premiums are paid from the date of default to the premium due date at or after reinstatement, with interest on such past-due premiums at the rate of six percent (6%) per year compounded annually; and
- d) all indebtedness at the date of premium default is paid or reinstated with interest no greater than six percent (6%) from the date of default.

## CONDITIONS AFFECTING CLAIMS

**INCONTESTABILITY.** We cannot contest any claim, except for non-payment of

premiums, after this policy has been in force during the lifetime of the Insured for two years or longer.

**MISSTATEMENT OF AGE.** If the age of the insured was incorrectly stated, any amount payable under this policy will be the amount the premium paid would have purchased at the correct age according to the Company's published rate on the Date of Issue.

**SUICIDE.** If the Insured commits suicide during the first two years, we will not pay the Face Amount but will return all of the premiums that have been paid.

## OWNER AND BENEFICIARY

**OWNERSHIP.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the Owner may exercise all rights and receive all the benefits under this policy during the lifetime of the Insured. The Owner may designate a new Owner and designate or change a contingent Owner who, in the event the Owner does not survive the Insured, will be the Owner. If a new Owner or Contingent Owner is designated, then unless otherwise specified, any prior designation of a Contingent Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the Owner, or in the Owner's estate, successors or assigns.

**BENEFICIARY.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the owner may designate or change the beneficiary or Contingent Beneficiary during the lifetime of the Insured. In the absence of any designation of beneficiary, the Owner will be deemed to be the Beneficiary. If two or more beneficiaries are designated to receive payment in equal shares or if their shares are not specified, then unless other conditions of

the designation apply, any payment to them will be made in shares or to the survivors in equal share or all to the last survivor. If the Beneficiary does not survive the Insured, the Contingent Beneficiary will be the Beneficiary. The interest of any Beneficiary or Contingent Beneficiary who does not survive the Insured will, unless otherwise specified, revert to the Owner, or to the owner's estate, successors, or assigns. Should any beneficiaries be designated otherwise than by name, the company shall be fully discharged by payment made in good faith in reliance upon proofs furnished to it.

**COMMON DISASTER.** Unless otherwise provided in the beneficiary designation, if a beneficiary dies simultaneously with or within 15 days after the death of the Insured and before receiving the proceed of this policy, then the interest of the beneficiary shall terminate in the same manner as if the beneficiary had predeceased the Insured.

**DESIGNATION OR CHANGE OF OWNER OR BENEFICIARY.** Designation or change of an Owner, Contingent Owner, Beneficiary, or Contingent Beneficiary shall be made by filing a written designation or change with the company at its Home Office in Houston, Texas. Such designation or change will then be effective as of the date it was signed, except that it will not apply with respect to any payment made by the Company before it was received. If required by the company, the policy must be presented for endorsement of any such designation or change.

## LOAN PROVISIONS

**POLICY LOANS.** If this policy is in force and cash value has been established as provided in the Guaranteed Values provisions hereof, the Company will advance as a loan, upon the sole security and assignment of this

policy, a sum which together with interest at six percent (6%) per year, in advance, to the end of the policy year then the current and plus unpaid premium, if any, to the end of the policy year then current, shall not exceed the net cash value of this policy (or the surrender value of any reduced paid-up insurance) at the end of such current policy year. The Company may at its option require that this policy be presented for endorsement before a loan is made.

#### **AUTOMATIC PREMIUM LOANS.**

Whenever, and as often as necessary to prevent lapse of this policy for non-payment of premiums, the Company will automatically advance on the last day of the grace period, as a loan under this policy, to bear interest from the premium due date, any premium not less than a quarterly; provided, the amount of the premium with interest at six percent (6%) per year, in advance, from its due date to the end of the policy year then current does not exceed the net cash value at the due date of the premium so charged and, provided further the Owner shall have signed a written request with the Company to make such premium loans and such request has not been revoked in writing.

**INDEBTEDNESS.** Indebtedness as used in this policy, shall mean indebtedness arising under the provisions of this policy. Indebtedness, including all advances as loans under this policy, will be a first lien on this policy or on any policy to which this policy be converted, deductible from any amount payable hereunder, and shall bear interest at the rate of six percent (6%) per year, in advance, to the end of the policy year current when incurred, and interest at the same rate shall be due and payable annually, in advance, on each subsequent policy anniversary, and if not so paid, will be added to and become a part of the principal and shall bear the same rate of interest. Failure to pay any indebtedness or interest will not terminate this policy unless the total

indebtedness under the policy, whether due or not, equals or exceeds the total cash value, and in no event until 31 days after notice of termination shall have been mailed by the Company to the last known address of the Owner and of any assignee on record at the Home Office.

### **SETTLEMENT OPTIONS**

The proceeds may be made payable in such a manner as may be mutually agreed upon with the Company.

### **GUARANTEED VALUES**

**CASH VALUE DEFINITIONS.** After premiums have been paid beyond the beginning of the policy year for which a cash value (as defined in the Basis of Computation provision below) is first shown in the Table of Guaranteed Values applicable to this policy, and not otherwise, this policy while in force shall have total and net cash value determined from the Table of Guaranteed Values and the provisions hereof.

- a) The term "total cash value" means the cash value determined from the Table of Guaranteed Values and the provisions hereof.
- b) The term "net cash value" means the total cash value less any indebtedness to the Company on this policy.
- c) Cash values shown in the Table of Guaranteed Values are applicable at the end of the policy year shown. On any date other than the end of a policy year, cash values will be computed with due allowance for the time elapsed between policy years and the date to which premiums have been paid. All non-forfeiture values provided are not less than minimum values required by the insurance law

of the state in which this policy is delivered.

**CASH SURRENDER.** The net cash value will be available to the Owner, in lieu of all other benefits and values, upon the legal surrender of this policy to the Company while the policy is in full force or not later than 60 days after premium default and prior to the death of the Insured.

**OPTIONS AVAILABLE.** Upon written request of the Owner at such surrender the net cash value may be applied to purchase paid-up life insurance for such amount as the net cash value will be provide. Paid-up insurance granted upon surrender or lapse will be without disability or special accidental death benefits or other supplementary or additional benefits provided by rider or otherwise. Paid-up insurance will automatically be granted on surrender unless the Owner directs otherwise. In which case the Owner may request coverage continued as extended term insurance. The period of extended term insurance shall be the net single premium at the Insured's age last birthday at the date of default.

**SURRENDER OF PAID-UP INSURANCE.** Paid-up insurance may be surrendered at any time for a cash value equal to the reserve for such insurance, reduced by any indebtedness; however, within 30 days after any policy anniversary the cash value shall not be less than the reserve on the anniversary reduced by any indebtedness.

**BASIS OF COMPUTATION.** The cash value amount, paid-up insurance and extended term insurance provided under this policy are computed on the basis listed in the Policy Specifications. Interest is assumed at the rate shown in the Policy Specifications. Supplemental benefits provided by Rider are not included. If all premiums due have been

paid the cash value at the end of any policy year is the excess of:

- a) the then present value of future benefits; less
- b) the then present value of future nonforfeiture factors.

Nonforfeiture factors are assumed to be paid annually in advance for the remainder of the premiums paying period.

### TABLE OF GUARANTEED VALUES

The guaranteed values applicable to this policy are those set forth in the table herein under the age and sex of the Insured as shown on the application for this policy. The cash or loan values, and paid-up amount shown are for \$1,000 face amount of insurance; for other face amounts any such value will be in proportion.



# Application for Whole Life Insurance

P.O. BOX 4884, HOUSTON, TX 77210-4884 \* 281-368-7200 \* 1-877-368-4692

## Section A General Information (Please Print)

Proposed Insured's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Effective Date	
Daytime Phone		Social Security #		
Address		City	State	Zip Code
Birthdate	State or Country of Birth	Height (ft./in):	Weight (lbs.):	

### Complete the Owner's Information Below Only If The Proposed Insured Is Not The Owner:

Owner's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #	Day Time Phone
Description of Relationship To Insured:	Owner's Address	City	State	Zip Code	

### Contingent Owner Information:

### Beneficiary Information:

Primary Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	
Contingent Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	

Within the past 24 months, has the proposed Insured used tobacco in any form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

## Section B ~~Modified Standard Plan~~ Benefit Qualifying Section

**If any question in Section B is answered "Yes", the proposed insured is not eligible for any coverage**

1. Are you currently hospitalized, bedridden, confined to a nursing facility, receiving hospice home health care, or confined to a wheelchair? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had or been treated for (including prescription medications): congestive heart failure, organ transplant, Alzheimer's disease, dementia, ALS (Lou Gehrig's disease, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months, have you had: kidney dialysis, heart attack, stroke, or Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any heart procedure to improve coronary circulation? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 24 months, have you been diagnosed as having or been treated for (including prescription medications): internal cancer or melanoma, or Mental Incapacity? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the past 12 months, have you had, or been treated for (including prescription medications): alcoholism and/or drug addiction, Chronic Obstructive Pulmonary Disease (COPD), or used oxygen to assist in breathing? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had an application for life insurance rejected in the past 6 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

~~Section C — Standard Level Benefit Qualifying Section~~

~~Complete Section C only if every question in Section B was answered "No"~~

71. Within the past 24 months, have you had, been treated for (including prescription medications), or been advised to receive treatment for: heart attack, stroke, Transient Ischemic Attack (TIA), lung disease or disorder, liver disease or disorder, neuro-muscular disease, Cirrhosis, emphysema or Chronic Obstructive Pulmonary Disease (COPD), kidney failure or had any heart procedure to improve coronary circulation? .....  Yes  No

82. Within the past 24 months, have you had, or been advised to receive treatment for (including prescription medications):

a) Alcohol and/or drug use? .....  Yes  No

b) Insulin dependent diabetes? .....  Yes  No

c) Parkinson's disease, multiple sclerosis, or systemic lupus erythematosus? .....  Yes  No

93. Within the past 48 months, have you been diagnosed as having, or been treated for (including prescription medications), or advised to receive treatment for internal cancer or Melanoma? .....  Yes  No

104. Does your weight exceed the maximum weight on the Maximum Weight Table below? .....

Height	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
Weight (lbs)	200	205	215	220	225	230	235	240	250	255	265	270	280	285	295	305	315	320	335

**~~IF ANY QUESTION IN SECTION C IS ANSWERED "YES" THE PROPOSED INSURED QUALIFIES ONLY FOR THE MODIFIED BENEFIT PLAN. IF ALL QUESTIONS IN SECTION B & C ARE ANSWERED "NO" THE PROPOSED INSURED QUALIFIES FOR THE STANDARD LEVEL BENEFIT PLAN.~~**

Name, Address and Phone Number of Personal Physician:

**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 insurance fraud and may be subject to fines and confinement in prison.**

~~Section CD Plan and Premium Information~~

Plan:  Standard (Immediate Full Death Benefit)  ~~Modified (Modified Death Benefit)~~

Face Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Automatic Premium Loan:  Yes  No

Premium Mode: **PAC:**  Monthly - from account indicated below

**Direct Bill:**  Annual  Semi-Annual  Quarterly  Monthly

I represent that these statements are true and complete as of the date I signed this application. I agree that this application will be the basis for, and part of, the Policy that is issued; and that coverage will begin on the effective date in the Policy if the first premium has been paid during the Proposed Insured's lifetime and while his/her insurability remains as stated herein. I understand any material misstatement or omissions may be used as a basis for rescinding my coverage. This means all claims will be denied and the Company's liability will be limited to full refund of premium less any claims previously paid.

I have received and read a copy of the Notice Of Disclosure Of Information, which describes how information is obtained and used by Philadelphia American Life Insurance Company.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or the Medical Information Bureau, Inc., that has any records or knowledge of me or my health, to give to Philadelphia American Life Insurance Company, or its reinsurers, any such information for use to determine eligibility for insurance or benefits under an existing policy. A photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two years from the date shown below. I understand that I or my authorized representative may receive a copy of this authorization.

**X** \_\_\_\_\_ On \_\_\_\_\_, 20\_\_\_\_  
Proposed Insured's Signature Signed at (City and State)

**X** \_\_\_\_\_  
Witness (Licensed Resident Agent) Child's Parent if not Owner Owner, if other than Proposed Insured Contingent Owner

Mail policy to:  Policyholder  Agent

**Pre-Authorization (PAC) Check Payment Plan (Attach voided check or deposit slip)**

Your Name (as it appears on your bank account) \_\_\_\_\_  
Account Number \_\_\_\_\_  
Name of Financial Institution (Bank) \_\_\_\_\_  
Address of Financial Institution (Bank) \_\_\_\_\_

**I hereby authorize** Philadelphia American Life Insurance Company to initiate debit entries to my account indicated above, and I authorize the Financial Institution named above to charge the amount of such entries to my account. I further authorize Company to initiate credits to my account to correct errors, and Institution to deposit any such corrections to my account.

This authority is to remain in full force and effect until I revoke the agreement as hereafter provided. Any revocation is effective only after Company has received written notice from me to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I have the right to stop payment of a debit entry by notification to Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Second Signature for Joint Account Date

**Telephone Interview Information**

Philadelphia American Life Insurance Company reserves the right to conduct a telephone interview ("Personal History Interview") directly with the Proposed Insured. Please assist us in completing the interview by providing the following information:

Best time to call: \_\_\_\_\_  AM  PM Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  HOME  WORK

**Agent Information**

I certify that I have personally asked each question on the application to the applicant and have truly and accurately recorded the answers provided. To the best of my knowledge, replacement of an existing policy  IS  IS NOT involved in this transaction.

Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_  
Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_

**Conditional Receipt**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

**X** \_\_\_\_\_  
Proposed Insured's Signature Date Agent Owner, if other than Proposed Insured

**Notice of Disclosure of Information**

Information regarding your insurability will be treated as confidential. However, Philadelphia American Life Insurance Company, ~~Philadelphia American Life Insurance Company of the Midwest~~, or its reinsurers may request information from the Medical Information Bureau (MIB, Inc.) and make a brief report to it. The MIB, Inc. is a non-profit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB company for life or health insurance or a claim is submitted to such a company, the MIB may supply that company with information it has in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it has in its file. If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Federal Fair Credit Reporting Act. The address of the MIB information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, Telephone (617) 426-3660. The Company and its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted.

-----  
Tear Along the Dotted Line

**Conditional Receipt**

Received from: \_\_\_\_\_ for Life Insurance.

Payment is: \$ \_\_\_\_\_  Cash  Check Other \_\_\_\_\_

**IMPORTANT:** No insurance will be effective until your application is approved and the policy is issued. The agent cannot accept risk or waive any of the Company's rights or requirements. This receipt is not valid unless it is signed by an agent of the Company, the Proposed Insured and the Owner.

All premium checks shall be made payable to Philadelphia American Life Insurance Company  
Do not make checks payable to the agent or leave the payee blank

**SIGNATURE REQUIRED ON THE REVERSE SIDE OF CONDITIONAL RECEIPT**

# PHILADELPHIA AMERICAN PLATINUM SERIES

Philadelphia American's Platinum Series Whole Life is a fixed premium, fixed face amount whole life insurance policy.

**Issue Ages:** 0 through 85 (age last birthday)

## Face Amount:

Minimum: **\$2,000**  
 Maximum: AGE 0 - 75 **\$25,000**  
 AGE 76 - 80 **\$10,000**  
 AGE 81 - 85 **\$5,000**

**Premiums:** Level premiums that never increase

## Guaranteed Death Benefit:

**Platinum Series Standard Plan:**  
 Immediate Full Death Benefit

## Platinum Series Modified Plan:

<u>Date of Death</u>	<u>Death Benefit</u>
First Policy Year .....	Return of premium
	paid plus 10%
Second Policy Year .....	50% of Face Amount
Third Policy Year .....	75% of Face Amount
After Third Policy Year .....	100% of Face Amount

- Should death occur as a result of an accident, the full death benefit will be paid.
- The death benefit is paid to your beneficiary **Income-Tax Free!**

## Rate Classifications:

- Male & Female
- Non-Tobacco User & Tobacco User

## Underwriting:

- Yes/No Application
- No Medical Exams (issuance is based upon answers to questions on application), No Attending Physician Statements, No Blood Tests

**Cash Values:** Guaranteed. Your cash values are accumulated on a tax-deferred basis.

**Policy can never be canceled except by insured.**

**General Provision:** For details on any general provision such as incontestability, suicide (two year suicide provision)...etc., please read your policy form.

## Will my premiums ever increase?

No, your premiums will never increase regardless of your current age or your health.

Hotline for Policyholders:

**1-877-368-4692**

**PLAN NOW TO HELP YOUR  
FAMILY WHEN THEY WILL NEED  
IT THE MOST**

## Annual Premiums Per \$1,000 Face Amount

Add \$35 Annual Policy Fee  
 Monthly PAC: 0.09 \* Quarterly: 0.278 \* Semi-Annually: 0.536  
 Add \$1.00 for Monthly Direct Bill

AGE	STANDARD LEVEL BENEFIT PLAN				MODIFIED BENEFIT PLAN			
	NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
	M	F	M	F	M	F	M	F
0-5	4.45	3.43	4.45	3.43	7.12	5.43	7.12	5.43
6-10	5.45	4.13	5.45	4.13	8.72	6.20	8.72	6.20
11-15	6.71	5.06	6.71	5.06	10.74	7.59	10.74	7.59
16-20	6.16	5.24	10.95	11.29	9.86	7.86	17.52	16.93
21-25	7.45	6.42	12.68	12.86	11.92	9.63	20.28	19.29
26-30	9.21	7.94	14.99	14.70	14.73	11.90	23.96	22.05
31-35	11.59	9.92	17.97	16.88	18.54	14.87	28.75	25.30
36-40	14.73	12.48	21.74	19.35	23.58	18.72	34.79	29.02
41-45	18.91	15.79	26.48	22.09	30.25	23.68	42.37	33.45
46-50	24.60	19.91	35.97	28.13	39.35	29.87	57.55	42.19
51	24.95	20.46	36.80	28.96	39.91	30.69	58.88	43.43
52	26.48	21.06	39.38	29.85	42.37	31.59	63.04	44.76
53	28.11	22.28	42.16	31.63	44.97	33.41	67.45	47.45
54	29.84	23.58	45.13	33.53	47.73	35.36	72.20	50.30
55	31.68	24.96	48.32	35.57	50.69	37.44	77.30	53.35
56	33.64	26.44	51.72	37.73	53.82	39.65	82.75	56.60
57	35.74	28.02	55.40	40.07	57.18	42.02	88.63	60.40
58	38.00	29.72	59.37	42.56	60.79	44.57	94.98	63.84
59	40.41	31.55	63.64	45.27	64.64	47.33	101.81	67.91
60	42.98	33.52	68.23	48.18	68.77	50.27	109.16	72.27
61	45.74	35.64	73.18	51.32	72.73	53.46	116.35	76.98
62	48.70	37.92	78.52	54.70	76.94	56.87	124.06	82.04
63	51.86	40.36	84.26	58.32	81.42	60.54	132.29	87.48
64	55.24	42.97	90.45	62.20	86.16	64.45	141.09	93.28
65	58.85	45.98	97.10	66.68	91.22	68.97	150.51	100.02
66	62.74	48.07	101.63	68.99	96.61	72.11	156.50	103.47
67	66.91	50.16	106.37	71.23	102.36	75.24	162.75	106.85
68	71.39	53.30	111.37	74.88	108.51	79.95	169.28	112.33
69	76.23	56.43	116.64	78.45	115.11	84.65	176.11	117.66
70	81.46	60.20	122.18	82.77	122.18	90.29	183.28	124.15
71	87.06	63.36	127.97	86.18	130.59	95.04	191.95	129.25
72	93.05	67.59	134.00	90.91	139.57	101.38	200.99	136.36
73	99.43	72.87	140.20	96.91	149.14	109.30	210.29	145.37
74	106.21	78.15	146.57	102.77	159.31	117.22	219.84	154.15
75	113.40	83.43	153.09	108.45	170.10	125.14	229.63	162.68
76	121.08	90.70	159.82	116.55	181.61	136.05	239.73	174.82
77	129.29	98.17	166.78	124.67	193.92	147.25	250.17	187.00
78	138.13	106.70	174.05	133.92	207.19	160.05	261.06	200.86
79	147.68	115.24	181.64	142.89	221.51	172.86	272.46	214.34
80	157.98	125.91	189.57	154.24	236.96	188.86	284.34	231.36
81	175.65	147.28	205.52	178.20	263.49	220.92	308.28	267.30
82	192.34	161.26	219.27	192.71	288.51	241.91	328.90	289.07
83	210.61	176.59	233.79	208.38	315.92	264.88	350.67	312.56
84	230.62	193.36	249.08	225.27	345.93	290.04	373.61	337.90
85	252.53	211.73	265.16	243.49	378.80	317.60	397.73	365.24

## SAMPLE PREMIUM CALCULATION - STD LEVEL PLAN

MALE 70 NON-TOBACCO USER	
FACE AMOUNT	\$7,500.00
ANNUAL PREMIUM PER \$1,000 FACE	\$81.46
x 7,500 / 1,000	\$610.95
ADD \$35 POLICY FEE = ANNUAL PRFMIIM	\$645.95
x 0.09 MONTHLY PAC MODAL FACTOR	
= TOTAL MONTHLY PAC PREMIUM	\$58.14

**PHILADELPHIA AMERICAN LIFE  
INSURANCE COMPANY INVITES YOUR  
REVIEW:**

We are a consumer-oriented company specializing in the needs of policyholders. Our philosophy is based on the promotion of family concepts between policyholders, employees and agents and our reputation is based on honesty and integrity. Most importantly, we are managed by experienced and knowledgeable insurance executives who believe in the old-fashioned commitment of providing excellent products with highly competitive rates, as well as providing personal touch service to our policyholders.



Administrative Office  
P.O. Box 4884  
Houston, TX 77210-4884  
(281) 368-7200 ★ (877) 368-4692  
Facsimile: (281) 368-7282



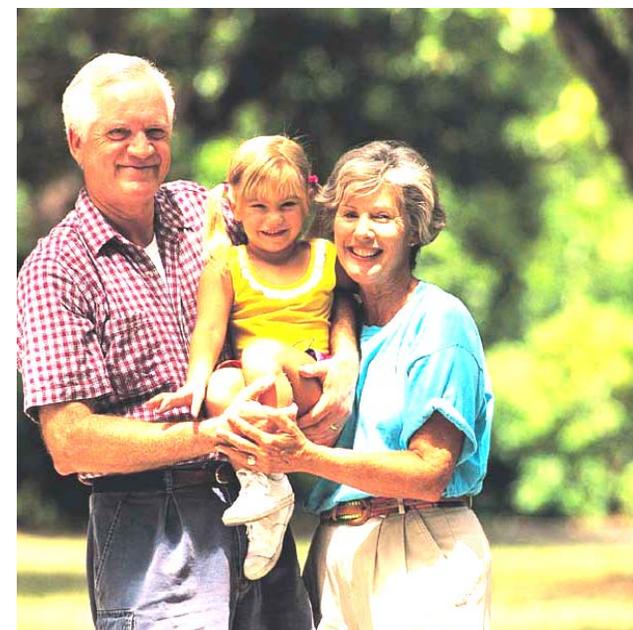
**PLATINUM  
SERIES**

**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



**PLATINUM  
SERIES**

**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



- SIMPLIFIED ISSUE LIFE
- LEVEL DEATH BENEFITS ~~OR~~ **MODIFIED DEATH BENEFITS**
- IMMEDIATE DEATH BENEFITS
- PREMIUMS DO NOT INCREASE

SERFF Tracking Number: NELL-127778249 State: Arkansas  
 Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 50129  
 Company Tracking Number: L-0018  
 TOI: L071 Individual Life - Whole Sub-TOI: L071.201 Early Duration Reduced Benefit - Level Premium - Any Policy Design  
 Product Name: L-0018  
 Project Name/Number: L-0018/L-0018

## 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)
10/28/2011	Form	Brochure	11/08/2011	L-0018.BR rev. 09.pdf (Superseded)
10/28/2011	Rate and Rule	rates	11/08/2011	Rates.pdf (Superseded)
10/28/2011	Form	Policy	11/08/2011	L-0018 rev. 09.pdf (Superseded)
10/28/2011	Form	Application	11/08/2011	L-0018.AP.PAL.pdf (Superseded)
10/28/2011	Supporting Document	Flesch Certification	11/08/2011	Readability Certification.pdf (Superseded)

## L-0018 RATES

AGE	STANDARD LEVEL BENEFIT PLAN				MODIFIED BENEFIT PLAN			
	NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
	M	F	M	F	M	F	M	F
0-5	4.45	3.43	4.45	3.43	7.12	5.13	7.12	5.13
6-10	5.45	4.13	5.45	4.13	8.72	6.20	8.72	6.20
11-15	6.71	5.06	6.71	5.06	10.74	7.59	10.74	7.59
16-20	6.16	5.24	10.95	11.29	9.86	7.86	17.52	16.93
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31-35	11.59	9.92	17.97	16.88	18.54	14.87	28.75	25.30
36-40	14.73	12.48	21.74	19.35	23.58	18.72	34.79	29.02
41-45	18.91	15.79	26.48	22.09	30.25	23.68	42.37	33.15
46-50	24.60	19.91	35.97	28.13	39.35	29.87	57.55	42.19
51	24.95	20.46	36.80	28.96	39.91	30.69	58.88	43.43
52	26.48	21.06	39.38	29.85	42.37	31.59	63.01	44.76
53	28.11	22.28	42.16	31.63	44.97	33.41	67.45	47.45
54	29.84	23.58	45.13	33.53	47.73	35.36	72.20	50.30
55	31.68	24.96	48.32	35.57	50.69	37.44	77.30	53.35
56	33.64	26.44	51.72	37.73	53.82	39.65	82.75	56.60
57	35.74	28.02	55.40	40.07	57.18	42.02	88.63	60.10
58	38.00	29.72	59.37	42.56	60.79	44.57	94.98	63.84
59	40.41	31.55	63.64	45.27	64.64	47.33	101.81	67.91
60	42.98	33.52	68.23	48.18	68.77	50.27	109.16	72.27
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62	48.70	37.92	78.52	54.70	76.94	56.87	124.06	82.04
63	51.86	40.36	84.26	58.32	81.42	60.54	132.29	87.48
64	55.24	42.97	90.45	62.20	86.16	64.45	141.09	93.28
65	58.85	45.98	97.10	66.68	91.22	68.97	150.51	100.02
66	62.74	48.07	101.63	68.99	96.61	72.11	156.50	103.47
67	66.91	50.16	106.37	71.23	102.36	75.24	162.75	106.85
68	71.39	53.30	111.37	74.88	108.51	79.95	169.28	112.33
69	76.23	56.43	116.64	78.45	115.11	84.65	176.11	117.66
70	81.46	60.20	122.18	82.77	122.18	90.29	183.28	124.15
71	87.06	63.36	127.97	86.18	130.59	95.04	191.95	129.25
72	93.05	67.59	134.00	90.91	139.57	101.38	200.99	136.36
73	99.43	72.87	140.20	96.91	149.14	109.30	210.29	145.37
74	106.21	78.15	146.57	102.77	159.31	117.22	219.84	154.15
75	113.40	83.43	153.09	108.45	170.10	125.14	229.63	162.68
76	121.08	90.70	159.82	116.55	181.61	136.05	239.73	174.82
77	129.29	98.17	166.78	124.67	193.92	147.25	250.17	187.00
78	138.13	106.70	174.05	133.92	207.19	160.05	261.06	200.86
79	147.68	115.24	181.64	142.89	221.51	172.86	272.46	214.34
80	157.98	125.91	189.57	154.24	236.96	188.86	284.34	231.36
81	175.65	147.28	205.52	178.20	263.49	220.92	308.28	267.30
82	192.34	161.26	219.27	192.71	288.51	241.91	328.90	289.07
83	210.61	176.59	233.79	208.38	315.92	264.88	350.67	312.56
84	230.62	193.36	249.08	225.27	345.93	290.04	373.61	337.90
85	252.53	211.73	265.16	243.49	378.80	317.60	397.73	365.24

# PHILADELPHIA AMERICAN PLATINUM SERIES

Philadelphia American's Platinum Series Whole Life is a fixed premium, fixed face amount whole life insurance policy.

**Issue Ages:** 0 through 85 (age last birthday)

## Face Amount:

Minimum: **\$2,000**  
 Maximum: AGE 0 - 75 **\$25,000**  
 AGE 76 - 80 **\$10,000**  
 AGE 81 - 85 **\$5,000**

**Premiums:** Level premiums that never increase

## Guaranteed Death Benefit:

**Platinum Series Standard Plan:**  
 Immediate Full Death Benefit

## Platinum Series Modified Plan:

Date of Death	Death Benefit
First Policy Year .....	Return of premium paid plus 10%
Second Policy Year .....	50% of Face Amount
Third Policy Year .....	75% of Face Amount
After Third Policy Year .....	100% of Face Amount

- Should death occur as a result of an accident, the full death benefit will be paid.
- The death benefit is paid to your beneficiary **Income-Tax Free!**

## Rate Classifications:

- Male & Female
- Non-Tobacco User & Tobacco User

## Underwriting:

- Yes/No Application
- No Medical Exams (issuance is based upon answers to questions on application), No Attending Physician Statements, No Blood Tests

**Cash Values:** Guaranteed. Your cash values are accumulated on a tax-deferred basis.

**Policy can never be canceled except by insured.**

**General Provision:** For details on any general provision such as incontestability, suicide (two year suicide provision)...etc., please read your policy form.

## Will my premiums ever increase?

No, your premiums will never increase regardless of your current age or your health.

Hotline for Policyholders:

**1-877-368-4692**

**PLAN NOW TO HELP YOUR  
FAMILY WHEN THEY WILL NEED  
IT THE MOST**

## Annual Premiums Per \$1,000 Face Amount

Add \$35 Annual Policy Fee  
 Monthly PAC: 0.09 \* Quarterly: 0.278 \* Semi-Annually: 0.536  
 Add \$1.00 for Monthly Direct Bill

AGE	STANDARD LEVEL BENEFIT PLAN				MODIFIED BENEFIT PLAN			
	NON-TOBACCO		TOBACCO		NON-TOBACCO		TOBACCO	
	M	F	M	F	M	F	M	F
0-5	4.45	3.43	4.45	3.43	7.12	5.13	7.12	5.13
6-10	5.45	4.13	5.45	4.13	8.72	6.20	8.72	6.20
11-15	6.71	5.06	6.71	5.06	10.74	7.59	10.74	7.59
16-20	6.16	5.24	10.95	11.29	9.86	7.86	17.52	16.93
21-25	7.45	6.42	12.68	12.86	11.92	9.63	20.28	19.29
26-30	9.21	7.94	14.99	14.70	14.73	11.90	23.96	22.05
31-35	11.59	9.92	17.97	16.88	18.54	14.87	28.75	25.30
36-40	14.73	12.48	21.74	19.35	23.58	18.72	34.79	29.02
41-45	18.91	15.79	26.48	22.09	30.25	23.68	42.37	33.15
46-50	24.60	19.91	35.97	28.13	39.35	29.87	57.55	42.19
51	24.95	20.46	36.80	28.96	39.91	30.69	58.88	43.43
52	26.48	21.06	39.38	29.85	42.37	31.59	63.01	44.76
53	28.11	22.28	42.16	31.63	44.97	33.41	67.45	47.45
54	29.84	23.58	45.13	33.53	47.73	35.36	72.20	50.30
55	31.68	24.96	48.32	35.57	50.69	37.44	77.30	53.35
56	33.64	26.44	51.72	37.73	53.82	39.65	82.75	56.60
57	35.74	28.02	55.40	40.07	57.18	42.02	88.63	60.10
58	38.00	29.72	59.37	42.56	60.79	44.57	94.98	63.84
59	40.41	31.55	63.64	45.27	64.64	47.33	101.81	67.91
60	42.98	33.52	68.23	48.18	68.77	50.27	109.16	72.27
61	45.74	35.64	73.18	51.32	72.73	53.46	116.35	76.98
62	48.70	37.92	78.52	54.70	76.94	56.87	124.06	82.04
63	51.86	40.36	84.26	58.32	81.42	60.54	132.29	87.48
64	55.24	42.97	90.45	62.20	86.16	64.45	141.09	93.28
65	58.85	45.98	97.10	66.68	91.22	68.97	150.51	100.02
66	62.74	48.07	101.63	68.99	96.61	72.11	156.50	103.47
67	66.91	50.16	106.37	71.23	102.36	75.24	162.75	106.85
68	71.39	53.30	111.37	74.88	108.51	79.95	169.28	112.33
69	76.23	56.43	116.64	78.45	115.11	84.65	176.11	117.66
70	81.46	60.20	122.18	82.77	122.18	90.29	183.28	124.15
71	87.06	63.36	127.97	86.18	130.59	95.04	191.95	129.25
72	93.05	67.59	134.00	90.91	139.57	101.38	200.99	136.36
73	99.43	72.87	140.20	96.91	149.14	109.30	210.29	145.37
74	106.21	78.15	146.57	102.77	159.31	117.22	219.84	154.15
75	113.40	83.43	153.09	108.45	170.10	125.14	229.63	162.68
76	121.08	90.70	159.82	116.55	181.61	136.05	239.73	174.82
77	129.29	98.17	166.78	124.67	193.92	147.25	250.17	187.00
78	138.13	106.70	174.05	133.92	207.19	160.05	261.06	200.86
79	147.68	115.24	181.64	142.89	221.51	172.86	272.46	214.34
80	157.98	125.91	189.57	154.24	236.98	188.86	284.34	231.36
81	175.65	147.28	205.52	178.20	263.49	220.92	308.28	267.30
82	192.34	161.26	219.27	192.71	288.51	241.91	328.90	289.07
83	210.61	176.59	233.79	208.38	315.92	264.88	350.67	312.56
84	230.62	193.36	249.08	225.27	345.93	290.04	373.61	337.90
85	252.53	211.73	265.16	243.49	378.80	317.60	397.73	365.24

## SAMPLE PREMIUM CALCULATION - STD LEVEL PLAN

MALE 70 NON-TOBACCO USER	
FACE AMOUNT	\$7,500.00
ANNUAL PREMIUM PER \$1,000 FACE	\$81.46
x 7,500 / 1,000	\$610.95
ADD \$35 POLICY FEE = ANNUAL PRFMII IM	\$645.95
x 0.09 MONTHLY PAC MODAL FACTOR	
= TOTAL MONTHLY PAC PREMIUM	\$58.14

**PHILADELPHIA AMERICAN LIFE  
INSURANCE COMPANY INVITES YOUR  
REVIEW:**

We are a consumer-oriented company specializing in the needs of policyholders. Our philosophy is based on the promotion of family concepts between policyholders, employees and agents and our reputation is based on honesty and integrity. Most importantly, we are managed by experienced and knowledgeable insurance executives who believe in the old-fashioned commitment of providing excellent products with highly competitive rates, as well as providing personal touch service to our policyholders.



Administrative Office

P.O. Box 4884

Houston, TX 77210-4884

(281) 368-7200 ★ (877) 368-4692

Facsimile: (281) 368-7282



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

**PLATINUM  
SERIES**

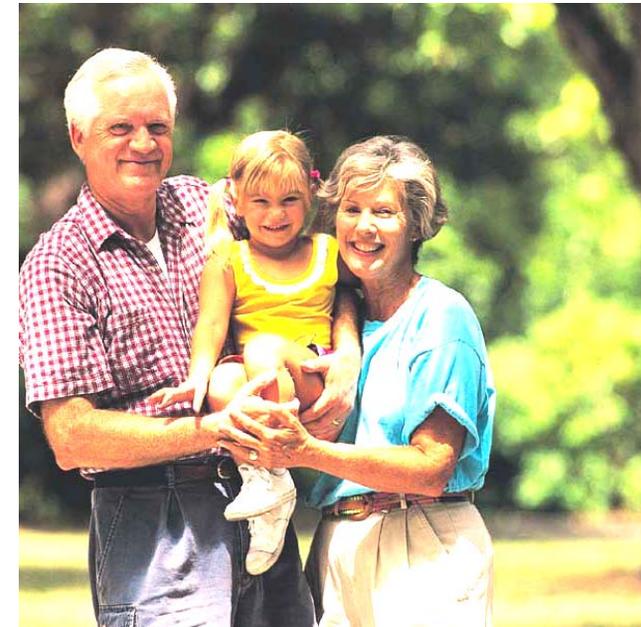
**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



**PHILADELPHIA  
AMERICAN**  
LIFE INSURANCE COMPANY®

**PLATINUM  
SERIES**

**INDIVIDUAL WHOLE  
LIFE INSURANCE  
PLAN**



- **SIMPLIFIED ISSUE LIFE**
- **LEVEL DEATH BENEFITS OR MODIFIED DEATH BENEFITS**
- **IMMEDIATE DEATH BENEFITS**
- **PREMIUMS DO NOT INCREASE**



P. O. Box 4884  
Houston, Texas 77210-4884  
(281) 368-7200

We will pay the Face Amount of this Policy to the Beneficiary immediately upon receipt at its Executive Office of due proof of the death of the Insured occurring while this policy is in full force and upon surrender of this policy.

#### **NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY**

Please examine this policy carefully. If for any reason you are not satisfied, you may at any time within 10 days after receipt of this policy return it to us at our Home Office or to any of our branch offices or the agent through whom it was purchased. If the policy is so returned, it shall be deemed void from its effective date and any premium paid will be refunded.

Signed for the company at its Home Office in Houston, Texas on the Date of Issue shown in the Policy Specifications.

Secretary

President

#### **WHOLE LIFE POLICY**

Non-participating

POLICY SPECIFICATIONS

INSURED [JOHN DOE] [0000000001] POLICY NUMBER  
[January 1, 2009] DATE OF ISSUE  
ISSUE AGE [35 MALE] [January 1, 2009] POLICY DATE  
PREMIUM CLASS [CLASS AA] [January 1, 2094] MATURITY DATE  
FACE AMOUNT [\$1,000]  
  
PREMIUM MODE [ANNUAL]

\*\*\*\*\*

SCHEDULE OF PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	PAC/SD MONTHLY
[\$46.58]	[\$24.97]	[\$12.95]	[\$4.19]

(add \$1.00 for direct monthly)

---

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE]

[0000000001] POLICY NUMBER

\*\*\*\*\*

SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS

FORM #	Benefits, Units and Initial Amount	Effective Date	Termination Date	Payment Period	Premium
[L- 0018 rev. 09]	Basic Policy [\$1,000]	[1/1/2009]	[1/1/2094]	[85] yrs	[\$46.58]

Total First Year Annual Premium: [\$46.58]

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE] [0000000001] POLICY NUMBER

\*\*\*\*\*

TABLE OF GUARANTEED VALUES  
2001 CSO MORTALITY TABLE AGE LAST BIRTHDATE

Policy Year	Death Benefit	Guaranteed Cash Value	Paid-Up Insurance	Extended Term Insurance	
				Years	Days
1	[1,000	0.00	0	0	0
2	1,000	0.00	0	0	0
3	1,000	3.41	21	2	241
4	1,000	11.90	70	7	278
5	1,000	20.75	116	11	265
6	1,000	29.95	161	14	262
7	1,000	39.50	203	16	320
8	1,000	49.38	244	18	204
9	1,000	59.61	282	19	294
10	1,000	70.17	319	20	272
11	1,000	81.07	354	21	179
12	1,000	92.34	387	22	37
13	1,000	104.03	419	22	213
14	1,000	116.21	449	22	347
15	1,000	128.86	478	23	71
16	1,000	141.98	506	23	126
17	1,000	155.53	533	23	155
18	1,000	169.48	559	23	160
19	1,000	183.83	583	23	142
20	1,000	198.50	606	23	105
Age 60	1,000	277.13	704	22	38
Age 62	1,000	311.05	737	21	155
Age 65	1,000	363.25	780	20	93]

Values for years not shown will be furnished upon request.

Guaranteed death benefits for those years not shown in this table are equal to the Face Amount.

On the Maturity Date the policy matures for an amount equal to the Face Amount.

Policy Year	Nonforfeiture Interest Rate	Nonforfeiture Factor	Reserve Basis
All Years	[5.00%]	[9.17824]	[2001 CSO CRVM 4%]

POLICY SPECIFICATIONS

INSURED [JOHN DOE] [0000000001] POLICY NUMBER  
 [January 1, 2009] DATE OF ISSUE  
 ISSUE AGE [35 MALE] [January 1, 2009] POLICY DATE  
 PREMIUM CLASS [CLASS A] [January 1, 2094] MATURITY DATE  
 FACE AMOUNT [\$1,000]

DEATH BENEFIT:

FIRST POLICY YEAR . . . . .RETURN OF PREMIUM PAID WITH AN ADDITIONAL  
 PAYMENT OF 10% OF THE PREMIUM PAID  
 SECOND POLICY YEAR . . . . . [\$500]  
 THIRD POLICY YEAR . . . . .[\$750]  
 AFTER THIRD POLICY YEAR . . . . .[\$1,000]

PREMIUM MODE [ANNUAL]

\*\*\*\*\*

SCHEDULE OF PREMIUMS

ANNUAL	SEMI-ANNUAL	QUARTERLY	PAC/SD MONTHLY
[\$63.75]	[\$34.17]	[\$17.72]	[\$5.74]

(add \$1.00 for direct monthly)

---

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE] [0000000001] POLICY NUMBER

\*\*\*\*\*

SCHEDULE OF BENEFITS AND ANNUAL PREMIUMS

FORM # -----	Benefits, Units and Initial Amount -----	Effective Date -----	Termination Date -----	Payment Period -----	Premium -----
[L-0018 rev. 09]	Basic Policy [\$1,000]	[1/1/2009]	[1/1/2094]	[85] yrs	[\$63.75]

Total First Year Annual Premium: [\$63.75]

POLICY SPECIFICATIONS (CONTINUED)

INSURED [JOHN DOE] [0000000001] POLICY NUMBER

\*\*\*\*\*

TABLE OF GUARANTEED VALUES  
2001 CSO MORTALITY TABLE AGE LAST BIRTHDATE

Policy Year	Death Benefit	Guaranteed Cash Value	Paid-Up Insurance	Extended Term Insurance Years	Days
1	Return of Premium Paid Plus 10% Interest	[0.00	0	0	0
2	500	0.62	4	0	206
3	750	11.40	55	5	332
4	1,000	22.00	102	7	180
5	1,000	32.98	147	9	329
6	1,000	44.32	189	11	354
7	1,000	55.99	230	13	193
8	1,000	67.98	268	14	266
9	1,000	80.25	305	15	268
10	1,000	92.78	339	16	201
11	1,000	105.60	372	17	64
12	1,000	118.74	404	17	235
13	1,000	132.28	434	18	5
14	1,000	146.34	463	18	115
15	1,000	160.89	491	18	206
16	1,000	175.87	517	18	281
17	1,000	191.21	543	18	338
18	1,000	206.84	567	19	11
19	1,000	222.69	590	19	28
20	1,000	238.67	612	19	30
Age 60	1,000	321.35	704	18	203
Age 62	1,000	355.75	735	18	41
Age 65	1,000	406.50	775	17	100]

Values for years not shown will be furnished upon request.

Guaranteed death benefits for those years not shown in this table are equal to the Face Amount.

On the Maturity Date the policy matures for an amount equal to the Face Amount.

Policy Year	Nonforfeiture Interest Rate	Nonforfeiture Factor	Reserve Basis
All Years	[5.00%]	[11.86677]	[2001 CSO CRVM 4%]

## DEFINITIONS

The following definitions apply whenever used in this policy.

**Attained Age** on any date means the Issue Age plus the number of full years from the Policy Date to that date.

**Home Office** means Philadelphia American Life Insurance Company, P.O. Box 4884, Houston, TX 77210-4884.

**Issue Age** means the Insured's age on the birthday on or preceding the Policy Date.

**Maturity Date** is the date shown in the Policy Specifications. It is the policy anniversary on or next following the Insured's 120th birthday.

**Basic Annual Premium** means the annual premium paid by the insured for life coverage.

**Premium Class** is shown in the Policy Specifications. Premium Class means

Class AA - Non-Smoker Premium Rate  
Class A - Smoker Premium Rate

**Proceeds** means the amount payable on the Maturity Date, on the surrender of this policy prior to Maturity or upon death of the Insured. On the Maturity Date the proceeds will be the accumulation cash value. If the policy is surrendered, the proceeds will be the cash surrender value. The proceeds payable on death will be:

1. The death benefit; plus
2. The portion of any premium paid which applies to a period beyond the policy month of the Insured's death; less

3. The portion of any unpaid and past due premium which applies to a period before the end of the policy month of the Insured's death.

**Rider** means an attachment to the policy which provides additional benefits.

**We, our, us** or **Company** means Philadelphia American Life Insurance Company.

**You** or **your** means the owner of this policy.

## GENERAL PROVISIONS

**Entire Contract.** This policy is issued in consideration of the application, and the payment of the premiums. This policy and the application are the entire contract between the applicant and the Company. Statements made in the application by or for the Insured are considered as representations rather than warranties except in case of fraud. No statement will void this policy nor be used in defense of a claim unless it is contained in the application, a copy of which was attached to this policy when issued.

**Modification of Policy.** Any change in this policy will be valid only when made in writing and duly signed by an executive officer of the Company. Executive officers of the Company are its Chairman, President, Vice President, Secretary, Treasurer and Actuary.

**Policy in Full Force.** The policy will not be considered in full force if it is in force as insurance arising on lapse.

**Deferment.** The company may defer any payment of any cash value or the granting of any loan other than a loan for the purpose of premium payment to the Company, for the

maximum period permitted by law, but not more than six months.

**Assignments.** The policy may be assigned. If the assignment is absolute, all rights of the owner, any Contingent Owner, any beneficiary and any Contingent Beneficiary (except the rights of any irrevocably designated beneficiaries and contingent beneficiaries) will be automatically transferred to the assignee. If the assignment is collateral, such rights will be transferred only to the extent of the assignee's interest. No assignment will be binding on the Company unless the assignment is in writing and filed with the Company at its Home Office. The Company is not responsible for the validity of any assignment. Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the owner, or in the Owner's estate, successors or assigns.

## PREMIUMS

**PREMIUM PAYMENT.** Premiums are due and payable in advance for the period which they cover. All premiums after the first are payable either at the Company's Home Office, or to any authorized agent of the Company in exchange for the Company's official receipt signed by an executive officer and countersigned by such agent. The payment of any premium will not maintain this policy in full force beyond the date when the next premium is due. These premiums include the charges for any additional benefits. Later premiums for the policy will be reduced when premiums for any additional benefit are no longer payable.

Premiums for each benefit are payable in the amount stated in the application, beginning on the Date of Issue. The date from which policy anniversaries and policy years are computed is the Date of Issue shown on the policy specifications page.

**GRACE PERIOD.** A grace period of 31 days (without interest) will be allowed for the payment of any premium after the first. The policy will remain in full force during the grace period. If death occurs within the grace period, any premium then due and unpaid (according to the mode of the last premium paid) will be deducted from the amount otherwise payable. Failure to pay any premium on or before its due date will result in a premium default and if the premium remains unpaid at the end of the grace period the policy will then lapse and become void except as provided under "Guaranteed Values".

**REINSTATEMENT.** This policy may be reinstated at any time within five years after default in the payment of premiums provided:

- a) it has not been surrendered for cash; and
- b) evidence of insurability of the Insured satisfactory to the Company is furnished to the Company; and
- c) all premiums are paid from the date of default to the premium due date at or after reinstatement, with interest on such past-due premiums at the rate of six percent (6%) per year compounded annually; and
- d) all indebtedness at the date of premium default is paid or reinstated with interest no greater than six percent (6%) from the date of default.

## CONDITIONS AFFECTING CLAIMS

**INCONTESTABILITY.** We cannot contest any claim, except for non-payment of premiums, after this policy has been in force during the lifetime of the Insured for two years or longer.

**MISSTATEMENT OF AGE.** If the age of the insured was incorrectly stated, any

amount payable under this policy will be the amount the premium paid would have purchased at the correct age according to the Company's published rate on the Date of Issue.

**SUICIDE.** If the Insured commits suicide during the first two years, we will not pay the Face Amount but will return all of the premiums that have been paid.

## OWNER AND BENEFICIARY

**OWNERSHIP.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the Owner may exercise all rights and receive all the benefits under this policy during the lifetime of the Insured. The Owner may designate a new Owner and designate or change a contingent Owner who, in the event the Owner does not survive the Insured, will be the Owner. If a new Owner or Contingent Owner is designated, then unless otherwise specified, any prior designation of a Contingent Owner will automatically be voided. Unless otherwise specified all rights under this policy are vested in the Owner, or in the Owner's estate, successors or assigns.

**BENEFICIARY.** Subject to any assignment and the approval of each irrevocably designated beneficiary, if any, the owner may designate or change the beneficiary or Contingent Beneficiary during the lifetime of the Insured. In the absence of any designation of beneficiary, the Owner will be deemed to be the Beneficiary. If two or more beneficiaries are designated to receive payment in equal shares or if their shares are not specified, then unless other conditions of the designation apply, any payment to them will be made in shares or to the survivors in equal share or all to the last survivor. If the Beneficiary does not survive the Insured, the Contingent Beneficiary will be the Beneficiary. The interest of any Beneficiary

or Contingent Beneficiary who does not survive the Insured will, unless otherwise specified, revert to the Owner, or to the owner's estate, successors, or assigns. Should any beneficiaries be designated otherwise than by name, the company shall be fully discharged by payment made in good faith in reliance upon proofs furnished to it.

**COMMON DISASTER.** Unless otherwise provided in the beneficiary designation, if a beneficiary dies simultaneously with or within 15 days after the death of the Insured and before receiving the proceed of this policy, then the interest of the beneficiary shall terminate in the same manner as if the beneficiary had predeceased the Insured.

**DESIGNATION OR CHANGE OF OWNER OR BENEFICIARY.** Designation or change of an Owner, Contingent Owner, Beneficiary, or Contingent Beneficiary shall be made by filing a written designation or change with the company at its Home Office in Houston, Texas. Such designation or change will then be effective as of the date it was signed, except that it will not apply with respect to any payment made by the Company before it was received. If required by the company, the policy must be presented for endorsement of any such designation or change.

## LOAN PROVISIONS

**POLICY LOANS.** If this policy is in force and cash value has been established as provided in the Guaranteed Values provisions hereof, the Company will advance as a loan, upon the sole security and assignment of this policy, a sum which together with interest at six percent (6%) per year, in advance, to the end of the policy year then the current and plus unpaid premium, if any, to the end of the policy year then current, shall not exceed the net cash value of this policy (or the surrender value of any reduced paid-up insurance) at

the end of such current policy year. The Company may at its option require that this policy be presented for endorsement before a loan is made.

**AUTOMATIC PREMIUM LOANS.**

Whenever, and as often as necessary to prevent lapse of this policy for non-payment of premiums, the Company will automatically advance on the last day of the grace period, as a loan under this policy, to bear interest from the premium due date, any premium not less than a quarterly; provided, the amount of the premium with interest at six percent (6%) per year, in advance, from its due date to the end of the policy year then current does not exceed the net cash value at the due date of the premium so charged and, provided further the Owner shall have signed a written request with the Company to make such premium loans and such request has not been revoked in writing.

**INDEBTEDNESS.** Indebtedness as used in this policy, shall mean indebtedness arising under the provisions of this policy. Indebtedness, including all advances as loans under this policy, will be a first lien on this policy or on any policy to which this policy be converted, deductible from any amount payable hereunder, and shall bear interest at the rate of six percent (6%) per year, in advance, to the end of the policy year current when incurred, and interest at the same rate shall be due and payable annually, in advance, on each subsequent policy anniversary, and if not so paid, will be added to and become a part of the principal and shall bear the same rate of interest. Failure to pay any indebtedness or interest will not terminate this policy unless the total indebtedness under the policy, whether due or not, equals or exceeds the total cash value, and in no event until 31 days after notice of termination shall have been mailed by the Company to the last known address of the Owner and of any assignee on record at the Home Office.

**SETTLEMENT OPTIONS**

The proceeds may be made payable in such a manner as may be mutually agreed upon with the Company

**GUARANTEED VALUES**

**CASH VALUE DEFINITIONS.** After premiums have been paid beyond the beginning of the policy year for which a cash value (as defined in the Basis of Computation provision below) is first shown in the Table of Guaranteed Values applicable to this policy, and not otherwise, this policy while in force shall have total and net cash value determined from the Table of Guaranteed Values and the provisions hereof.

- a) The term "total cash value" means the cash value determined from the Table of Guaranteed Values and the provisions hereof.
- b) The term "net cash value" means the total cash value less any indebtedness to the Company on this policy.
- c) Cash values shown in the Table of Guaranteed Values are applicable at the end of the policy year shown. On any date other than the end of a policy year, cash values will be computed with due allowance for the time elapsed between policy years and the date to which premiums have been paid. All non-forfeiture values provided are not less than minimum values required by the insurance law of the state in which this policy is delivered.

**CASH SURRENDER.** The net cash value will be available to the Owner, in lieu of all other benefits and values, upon the legal surrender of this policy to the Company while

the policy is in full force or not later than 60 days after premium default and prior to the death of the Insured.

**OPTIONS AVAILABLE.** Upon written request of the Owner at such surrender the net cash value may be applied to purchase paid-up life insurance for such amount as the net cash value will provide. Paid-up insurance granted upon surrender or lapse will be without disability or special accidental death benefits or other supplementary or additional benefits provided by rider or otherwise. Paid-up insurance will automatically be granted on surrender unless the Owner directs otherwise. In which case the Owner may request coverage continued as extended term insurance. The period of extended term insurance shall be the net single premium at the Insured's age last birthday at the date of default.

**SURRENDER OF PAID-UP INSURANCE.** Paid-up insurance may be surrendered at any time for a cash value equal to the reserve for such insurance, reduced by any indebtedness; however, within 30 days after any policy anniversary the cash value shall not be less than the reserve on the anniversary reduced by any indebtedness.

**BASIS OF COMPUTATION.** The cash value amount, paid-up insurance and extended term insurance provided under this policy are computed on the basis listed in the Policy Specifications. Interest is assumed at the rate shown in the Policy Specifications. Supplemental benefits provided by Rider are not included. If all premiums due have been paid the cash value at the end of any policy year is the excess of:

- a) the then present value of future benefits; less
- b) the then present value of future nonforfeiture factors.

Nonforfeiture factors are assumed to be paid annually in advance for the remainder of the premiums paying period.

## TABLE OF GUARANTEED VALUES

The guaranteed values applicable to this policy are those set forth in the table herein under the age and sex of the Insured as shown on the application for this policy. The cash or loan values, and paid-up amount shown are for \$1,000 face amount of insurance; for other face amounts any such value will be in proportion.

## READABILITY CERTIFICATION

I hereby certify that the forms listed below meet the minimum reading ease score on a Flesch test basis:

<u>New Form Number</u>	<u>Readability Score</u>
L-0018 rev. 09 .....	49.1
L-0018.AP.PAL.....	40.2
L-0018.BR rev. 09 .....	40.8
L/A REPL.PAL (7.1.03) .....	56.1
U-001RP.....	41.0
BUYERS.GUIDE .....	51.4



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James B. Hobelman, FSA, MAAA  
Second Vice-President & Actuary



# Application for Whole Life Insurance

P.O. BOX 4884, HOUSTON, TX 77210-4884 \* 281-368-7200 \* 1-877-368-4692

## Section A General Information (Please Print)

Proposed Insured's Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	Requested Effective Date	
Daytime Phone		Social Security #		
Address		City	State	Zip Code
Birthdate	State or Country of Birth	Height (ft./in):	Weight (lbs.):	

### Complete the Owner's Information Below Only If The Proposed Insured Is Not The Owner:

Owner's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #	Day Time Phone
Description of Relationship To Insured:	Owner's Address	City	State	Zip Code	

### Contingent Owner Information:

### Beneficiary Information:

Primary Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	
Contingent Beneficiary	Description of Relationship To <input type="checkbox"/> Insured <input type="checkbox"/> Owner	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trust	Birthdate or Trust Date	State or Country of Birth	Social Security # Or Tax ID #
Address		City:	State:	Zip Code:	

Within the past 24 months, has the proposed Insured used tobacco in any form? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

## Section B Modified Benefit Qualifying Section

**If any question in Section B is answered "Yes", the proposed insured is not eligible for any coverage**

1. Are you currently hospitalized, bedridden, confined to a nursing facility, receiving hospice home health care, or confined to a wheelchair? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever had or been treated for (including prescription medications): congestive heart failure, organ transplant, Alzheimer's disease, dementia, ALS (Lou Gehrig's disease, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 12 months, have you had: kidney dialysis, heart attack, stroke, or Transient Ischemic Attack (TIA), aneurysm, angina pectoris, or any heart procedure to improve coronary circulation? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 24 months, have you been diagnosed as having or been treated for (including prescription medications): internal cancer or melanoma, or Mental Incapacity? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the past 12 months, have you had, or been treated for (including prescription medications): alcoholism and/or drug addiction, Chronic Obstructive Pulmonary Disease (COPD), or used oxygen to assist in breathing? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had an application for life insurance rejected in the past 6 months? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section C Standard Level Benefit Qualifying Section**

Complete **Section C** only if every question in **Section B** was answered "No"

1. Within the past 24 months, have you had, been treated for (including prescription medications), or been advised to receive treatment for: heart attack, stroke, Transient Ischemic Attack (TIA), lung disease or disorder, liver disease or disorder, neuro-muscular disease, Cirrhosis, emphysema or Chronic Obstructive Pulmonary Disease (COPD), kidney failure or had any heart procedure to improve coronary circulation? .....  Yes  No
2. Within the past 24 months, have you had, or been advised to receive treatment for (including prescription medications):
  - a) Alcohol and/or drug use? .....  Yes  No
  - b) Insulin dependent diabetes? .....  Yes  No
  - c) Parkinson's disease, multiple sclerosis, or systemic lupus erythematosus? .....  Yes  No
3. Within the past 48 months, have you been diagnosed as having, or been treated for (including prescription medications), or advised to receive treatment for internal cancer or Melanoma? .....  Yes  No
4. Does your weight exceed the maximum weight on the Maximum Weight Table below? .....  Yes  No

Height	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
Weight (lbs)	200	205	215	220	225	230	235	240	250	255	265	270	280	285	295	305	315	320	335

**IF ANY QUESTION IN SECTION C IS ANSWERED "YES" THE PROPOSED INSURED QUALIFIES ONLY FOR THE MODIFIED BENEFIT PLAN. IF ALL QUESTIONS IN SECTION B & C ARE ANSWERED "NO" THE PROPOSED INSURED QUALIFIES FOR THE STANDARD LEVEL BENEFIT PLAN.**

Name, Address and Phone Number of Personal Physician:

**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 insurance fraud and may be subject to fines and confinement in prison.**

**Section D Plan and Premium Information**

Plan:  **Standard (Immediate Full Death Benefit)**       **Modified (Modified Death Benefit)**  
 Face Amount: \$ \_\_\_\_\_ Premium: \$ \_\_\_\_\_  
 Automatic Premium Loan:  Yes       No  
 Premium Mode: **PAC:**  Monthly - from account indicated below  
**Direct Bill:**  Annual       Semi-Annual       Quarterly       Monthly

I represent that these statements are true and complete as of the date I signed this application. I agree that this application will be the basis for, and part of, the Policy that is issued; and that coverage will begin on the effective date in the Policy if the first premium has been paid during the Proposed Insured's lifetime and while his/her insurability remains as stated herein. I understand any material misstatement or omissions may be used as a basis for rescinding my coverage. This means all claims will be denied and the Company's liability will be limited to full refund of premium less any claims previously paid.

I have received and read a copy of the Notice Of Disclosure Of Information, which describes how information is obtained and used by Philadelphia American Life Insurance Company.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or the Medical Information Bureau, Inc., that has any records or knowledge of me or my health, to give to Philadelphia American Life Insurance Company, or its reinsurers, any such information for use to determine eligibility for insurance or benefits under an existing policy. A photographic copy of this authorization shall be as valid as the original. I agree this authorization shall be valid for two years from the date shown below. I understand that I or my authorized representative may receive a copy of this authorization.

**X** \_\_\_\_\_ On \_\_\_\_\_, 20\_\_\_\_\_  
 Proposed Insured's Signature      Signed at (City and State)

**X** \_\_\_\_\_  
 Witness (Licensed Resident Agent)      Child's Parent if not Owner      Owner, if other than Proposed Insured      Contingent Owner

**Mail policy to:**  Policyholder       Agent

**Pre-Authorization (PAC) Check Payment Plan (Attach voided check or deposit slip)**

Your Name (as it appears on your bank account) \_\_\_\_\_  
Account Number \_\_\_\_\_  
Name of Financial Institution (Bank) \_\_\_\_\_  
Address of Financial Institution (Bank) \_\_\_\_\_

**I hereby authorize** Philadelphia American Life Insurance Company to initiate debit entries to my account indicated above, and I authorize the Financial Institution named above to charge the amount of such entries to my account. I further authorize Company to initiate credits to my account to correct errors, and Institution to deposit any such corrections to my account.

This authority is to remain in full force and effect until I revoke the agreement as hereafter provided. Any revocation is effective only after Company has received written notice from me to terminate this agreement in such time and manner to afford a reasonable opportunity to act upon the notice. I have the right to stop payment of a debit entry by notification to Institution in such time and manner to afford a reasonable opportunity to act prior to charging the account.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature Second Signature for Joint Account Date

**Telephone Interview Information**

Philadelphia American Life Insurance Company reserves the right to conduct a telephone interview ("Personal History Interview") directly with the Proposed Insured. Please assist us in completing the interview by providing the following information:

Best time to call: \_\_\_\_\_  AM  PM Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_  HOME  WORK

**Agent Information**

I certify that I have personally asked each question on the application to the applicant and have truly and accurately recorded the answers provided. To the best of my knowledge, replacement of an existing policy  IS  IS NOT involved in this transaction.

Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_  
Agent \_\_\_\_\_ Percent \_\_\_\_\_ License No. \_\_\_\_\_

**Conditional Receipt**

I have received and read this conditional receipt. It has been explained to me by the agent. I understand and agree to all the conditions and limitations.

**X** \_\_\_\_\_  
Proposed Insured's Signature Date Agent Owner, if other than Proposed Insured

**Notice of Disclosure of Information**

Information regarding your insurability will be treated as confidential. However, Philadelphia American Life Insurance Company, Philadelphia American Life Insurance Company of the Midwest, or its reinsurers may request information from the Medical Information Bureau (MIB, Inc.) and make a brief report to it. The MIB, Inc. is a non-profit membership organization of life insurance companies operating as an information exchange for its members. If you apply to another MIB company for life or health insurance or a claim is submitted to such a company, the MIB may supply that company with information it has in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it has in its file. If you question the accuracy of information in the file, you may contact the MIB and seek a correction in accordance with the procedures in the Federal Fair Credit Reporting Act. The address of the MIB information office is P.O. Box 105, Essex Station, Boston, Massachusetts 02112, Telephone (617) 426-3660. The Company and its reinsurers may release information in its file to its reinsurers and to other life and health insurance companies to whom you apply for insurance or to whom a claim is submitted.

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Tear Along the Dotted Line

**Conditional Receipt**

Received from: \_\_\_\_\_ for Life Insurance.

Payment is: \$ \_\_\_\_\_  Cash  Check Other \_\_\_\_\_

**IMPORTANT:** No insurance will be effective until your application is approved and the policy is issued. The agent cannot accept risk or waive any of the Company's rights or requirements. This receipt is not valid unless it is signed by an agent of the Company, the Proposed Insured and the Owner.

All premium checks shall be made payable to Philadelphia American Life Insurance Company  
Do not make checks payable to the agent or leave the payee blank

**SIGNATURE REQUIRED ON THE REVERSE SIDE OF CONDITIONAL RECEIPT**