

SERFF Tracking Number: CNSC-126997100 State: Arkansas
Filing Company: Washington National Insurance Company State Tracking Number: 48016
Company Tracking Number: WNIC-3002
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: WNIC-3002 & WNIC-3003R
Project Name/Number: /

Filing at a Glance

Company: Washington National Insurance Company

Product Name: WNIC-3002 & WNIC-3003R SERFF Tr Num: CNSC-126997100 State: Arkansas
TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 48016
Closed

Sub-TOI: L04I.500 Other Co Tr Num: WNIC-3002 State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird
Author: Janet Jones Disposition Date: 02/24/2011
Date Submitted: 02/17/2011 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: 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: 02/24/2011
State Status Changed: 02/24/2011

Deemer Date: Created By: Janet Jones
Submitted By: Janet Jones Corresponding Filing Tracking Number:

Filing Description:

Attached please find the below noted forms for your review and approval. The forms are new and do not replace any forms currently on file with your department. These forms are being filed concurrently with our state of domicile, Indiana.

Policies

Form WNIC-3002-AR is a renewable term life insurance policy to age 98. The death benefit is level for the life of the contract. The premiums are guaranteed and will increase annually after the Level Premium Period. The Level Premium Periods are 15 years or To Age 65 (selected at time of application by the applicant). The premiums are unisex and vary by issue age, level premium period length and non-tobacco/tobacco underwriting classes. The policy fee is \$48 per year. The available issue ages, on age last birthday, are 18 to 65 for the 15-year level premium period and 18-55 for the

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level premium period To Age 65.

Form WNIC-3003R-AR is a renewable term life insurance policy to age 98 with return of premium available. The death benefit is level for the life of the contract. The premiums are guaranteed and will increase annually after the Level Premium Period. The Level Premium Periods are 15 years or To Age 65 (selected at time of application by the applicant). The premiums are unisex and vary by issue age, level premium period length and non-tobacco/tobacco underwriting classes. The policy fee is \$48 per year. The available issue ages, on an age last birthday basis, are to 18 to 65 for the 15-year level premium period and 18-55 for the level premium period To Age 65..

Statements of Variability are attached, which explains all the variables of the bracketed information on Policy Forms WNIC-3002-AR and WNIC-3003R-AR.

MARKETING INFORMATION

These individual term life insurance policies will be offered to employees of various companies in their place of employment by independent marketing organizations and independent personal producing general agents.

Application for Life Insurance – WNIC-8000-GI

Application WNIC-8000-GI is a guaranteed issue life application (no medical questions are asked) to be used with Policy Forms

WNIC-3002-AR and WNIC-3001R-AR, and other policies that may be filed at a later date.

Life Application Supplement – WNIC-8001-EOI

Application WNIC-8001-EOI is a Life Application Supplement. This form will be completed by the applicant if the applicant elects a death benefit amount greater than the guaranteed issue amount. The medical questions will only apply to the amount of the death benefit greater than the guaranteed issue death benefit amount. If the proposed insured is not eligible for the full death benefit elected, the proposed insured still qualifies for the guaranteed issue face amount.

This supplement will also be used for reinstating the policy if the policy lapsed due to non-payment of premium or other policies that may be filed at a later date.

Certain sections on the application are being filed as variable. Please see the Statement of Variability for the applications attached to the Supporting Documentation tab.

Please note that in the future we may offer our clients the opportunity to complete the applications electronically and will be accepting their signature in an electronic format.

We reserve the right to make any typographical corrections, or make minor revisions to the appearance of the forms due

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to printing constraints.

These forms will be effective upon your approval. This filing does not contain any controversial or unusual items from normal company or industry standards.

Thank you for your time and consideration on this filing. If you have any further questions regarding this filing, please feel free to contact me.

Sincerely,

Janet Jones, AIRC, HIA
Policy Filing Analyst
Policy Approval and Compliance
1-800-888-4918 extension 73177

Company and Contact

Filing Contact Information

Janet Jones,
11815 N. Pennsylvania Street
Carmel, IN 46032

Janet_Jones@conseco.com
800-888-4918 [Phone] 3177 [Ext]
317-817-2333 [FAX]

Filing Company Information

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, IN 46032
(800) 888-4918 ext. [Phone]

CoCode: 70319
Group Code: 233
Group Name:
FEIN Number: 36-1933760

State of Domicile: Indiana
Company Type: Insurance
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$140.00
Retaliatory? Yes
Fee Explanation: \$35 per form

SERFF Tracking Number: CNSC-126997100 *State:* Arkansas
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TOI: L041 Individual Life - Term *Sub-TOI:* L041.500 Other
Product Name: WNIC-3002 & WNIC-3003R
Project Name/Number: /
4 x 35 = \$140.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Washington National Insurance Company	\$140.00	02/17/2011	44816848
Washington National Insurance Company	\$60.00	02/18/2011	44857335

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 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	02/24/2011	02/24/2011

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	02/18/2011	02/18/2011	Janet Jones	02/18/2011	02/18/2011

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Disposition

Disposition Date: 02/24/2011

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
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statements of Variability		Yes
Form	Renewable Term Life Insurance to Age 98		Yes
Form	Renewable Term Life Insurance To Age 98 with Return of Premium Available		Yes
Form	Application for Life		Yes
Form	Life Application Supplement		Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/18/2011
Submitted Date 02/18/2011
Respond By Date 03/18/2011

Dear Janet Jones,

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 \$60.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Product Name: WNIC-3002 & WNIC-3003R
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/18/2011
Submitted Date 02/18/2011

Dear Linda Bird,

Comments:

Thank you for your letter.

Response 1

Comments: I have submitted through EFT today the \$60 additional filing fee.

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 \$60.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you need any additional information, please let me know.

Sincerely,
Janet Jones

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Form Schedule

Lead Form Number: WNIC-3002-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	WNIC-3002-AR	Policy/Cont Renewable Term Life Initial ract/Fratern Insurance to Age 98 al Certificate			53.200	WNIC-3002-AR.pdf
	WNIC-3003R-AR	Policy/Cont Renewable Term Life Initial ract/Fratern Insurance To Age 98 al with Return of Certificate Premium Available			53.900	WNIC-3003R-AR.pdf
	WNIC-8001-GI	Application/ Application for Life Enrollment Form	Initial		51.100	WNIC-8001-GI.pdf
	WNIC-8001-EOI	Application/Life Application Enrollment Supplement Form	Initial		50.100	WNIC-8001-EOI.pdf

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Owner and Washington National Insurance Company ("The Company"). The Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Our Home Office or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

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POLICY SPECIFICATIONS

POLICY NUMBER: [0000000]	INSURED: [JOHN DOE]
POLICY EFFECTIVE DATE: [OCTOBER 15, 2010]	AGE: [35]
EXPIRY DATE: [OCTOBER 15, 2073]	RATING
INITIAL ANNUAL PREMIUM: \$[244.00]	CLASS: [STANDARD NON-TOBACCO]
PREMIUM MODE: [ANNUAL]	LEVEL PREMIUM
	PERIOD: [15 YEARS]
	DEATH BENEFIT: \$[100,000]

THE PREMIUMS ARE GUARANTEED AND ARE SHOWN ON THE TABLE OF GUARANTEED ANNUAL PREMIUMS, SEE PAGE 4. THE PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD, WHICH IS SHOWN ABOVE.

<u>Modal Factors:</u>		<u>* Premiums:</u>	
{**Payroll Deduction Mode: [26 Pay]}	[0.04002]	{ \$9.76 }	
Annual	1.00	{ \$244.00 }	
Semiannual	0.51	{ \$124.44 }	
Quarterly	0.26	{ \$63.44 }	
Monthly (EFT)	0.0867	{ \$21.15 }	

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

*THE PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

{ **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE. }

POLICY/RIDER BENEFIT SCHEDULE

Form Number	Description of Benefit	Insurance Amount	Annual Premium	Years Payable
WNIC-3002	Renewable Term Insurance To Age 98	{ \$100,000 }	{ \$244.00 }	{ 63 }

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL PREMIUM PERIOD: [15 YEARS]

PREMIUMS ARE BASED ON YOUR ATTAINED AGE. PREMIUMS ARE LEVEL DURING THE LEVEL PREMIUM PERIOD. AFTER THE LEVEL PREMIUM PERIOD, THE PREMIUM WILL INCREASE ANNUALLY.

AGE	POLICY YEAR	PREMIUM	AGE	POLICY YEAR	PREMIUM
35	1	\$244.00	67	33	4,980.00
36	2	244.00	68	34	5,415.00
37	3	244.00	69	35	5,898.00
38	4	244.00	70	36	6,447.00
39	5	244.00	71	37	7,101.00
40	6	244.00	72	38	7,845.00
41	7	244.00	73	39	8,637.00
42	8	244.00	74	40	9,492.00
43	9	244.00	75	41	10,428.00
44	10	244.00	76	42	11,466.00
45	11	244.00	77	43	12,645.00
46	12	244.00	78	44	13,974.00
47	13	244.00	79	45	15,444.00
48	14	244.00	80	46	17,139.00
49	15	244.00	81	47	19,077.00
50	16	1,008.00	82	48	21,111.00
51	17	1,107.00	83	49	23,277.00
52	18	1,218.00	84	50	25,671.00
53	19	1,347.00	85	51	28,188.00
54	20	1,494.00	86	52	31,020.00
55	21	1,659.00	87	53	34,272.00
56	22	1,836.00	88	54	37,680.00
57	23	2,013.00	89	55	41,103.00
58	24	2,193.00	90	56	43,896.00
59	25	2,391.00	91	57	46,482.00
60	26	2,616.00	92	58	50,037.00
61	27	2,880.00	93	59	54,558.00
62	28	3,180.00	94	60	60,066.00
63	29	3,501.00	95	61	66,045.00
64	30	3,840.00	96	62	72,006.00
65	31	4,200.00	97	63	76,263.00
66	32	4,578.00			

PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

DEFINITIONS
(Defined terms are capitalized throughout this policy)

AGE AND ATTAINED AGE. Age means the Insured's Age last birthday on the Policy Effective Date. Attained Age means the Age on the Policy Effective Date plus the number of Policy Years elapsed since the Policy Effective Date.

BENEFICIARY. The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

CLAIM FORMS. The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that We provide to the Beneficiary for the submission of a claim for the Death Benefit.

DEATH BENEFIT. The amount of insurance shown on the Policy Specifications Page or any supplemental Policy Specifications Page.

DEFERRED EFFECTIVE DATE OF COVERAGE. A Deferred Effective Date of Coverage may apply if any person covered under the policy is in a hospital, nursing home or other medical facility, which provides skilled medical care, on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home, or other medical facility and is able to perform his/her normal activities. We will refund any premium accepted before the Policy Effective Date.

EXPIRY DATE. The Expiration Date is shown on the Policy Specifications Page. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98th birthday.

HOME OFFICE. Washington National Insurance Company 11825 N. Pennsylvania Street, Carmel, IN 46032-4555.

INSURED. The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Specifications Page.

LEVEL PREMIUM PERIOD. The number of years or the Attained Age to which premiums are level. See Policy Specifications Page 4 for the table of guaranteed annual premiums.

NONPARTICIPATING. This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFY, NOTIFYING. Written requests and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S). The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY. The same date each year as of the Policy Effective Date.

POLICY EFFECTIVE DATE. This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

POLICY MONTH. A period beginning each month on the day of your Policy Effective Date and ending the next month on the day preceding the day of the Policy Effective Date.

POLICY SPECIFICATIONS PAGE. The Policy Specifications Page or any supplemental Policy Specifications Page that We have most recently sent You.

DEFINITIONS (cont'd)
(Defined terms are capitalized throughout this policy)

POLICY YEAR. One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM MODE. The frequency You have chosen to pay premiums on this policy.

PROCEEDS. The Proceeds are the Death Benefit then in force, plus any death benefit insurance amount on the Insured provided by benefit rider; plus that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less any unpaid premium if death occurs during the grace period.

WE, OUR, US, COMPANY. "We", "Us" or "Our" means Washington National Insurance Company (the Company).

YOU, YOUR . "You" or "Your" means the Owner(s) of this policy.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS

OWNERSHIP. This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is recorded by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

BENEFICIARY. If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions, except for payment of premiums.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is "children," this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

OWNER AND BENEFICIARY CHANGE. You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. Any change will take effect on the date We receive Notice at Our Home Office and the change is recorded by Us. The change will not apply to any payments made or actions taken by Us before We receive and record the Notice.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS (cont'd)

SIMULTANEOUS DEATH. If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT. You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Home Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM PAYMENT PROVISIONS

PAYMENT OF PREMIUM. Premiums must be paid in a form acceptable to the Company. The first premium is due on the Policy Effective Date. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts will be given upon request.

Exception: During the time, if any, that it is agreed between You and Us that premiums will be billed and remitted through payroll deduction or credit union share account deduction, premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating premium payments on Your behalf.

If after at least one premium payment, premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting premium through one of Our other payment methods that is shown on the Policy Specifications Page.

GUARANTEED PREMIUMS. The premiums are guaranteed and are shown on the table of guaranteed annual premiums. The premium will increase annually after the Level Premium Period.

POLICY FEE. This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Specifications Page and included in Your premium payment.

GRACE PERIOD. A grace period of 31 days will be allowed for payment of each premium after the first. This policy will continue in force during the grace period. If the premium remains unpaid at the end of the grace period, this policy will lapse. It then provides no further value or benefits unless kept in force under the options on premium default provision, see page 9. If the insured dies during the grace period, the unpaid premium through the Policy Month of death will be deducted in the Proceeds.

REINSTATEMENT. If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date this policy is reinstated;
- (4) reinstatement of the policy within 5 years of the due date of the first unpaid premium; and

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

DEATH OF INSURED PROVISIONS

DEATH BENEFIT. We will pay the Death Benefit of this policy to the Beneficiary after We receive a completed Claim Form and due proof that the Insured died while this policy was in force. Failure of the Beneficiary to cooperate in the claims process may delay payment of the Death Benefit.

This policy is intended to comply with the cash value accumulation test under Section 7702 of the Internal Revenue Code of 1986, as amended.

AMOUNT AND PAYMENT OF PROCEEDS. If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force; plus
- (2) any death benefit insurance amount on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by this policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

CONVERSION PROVISION

CONVERSION. Until the earlier of the Insured's Attained Age 70 or the end of the Level Premium Period, You may convert this policy to a new policy without evidence of insurability. The new policy may be any plan of insurance, except term, then in effect and approved by Us as available for conversion. There will always be at least one policy available for conversion.

At time of conversion, the premium rate for the new policy must be greater than the premium rate for this policy. The Death Benefit on the new policy may not be more than the Death Benefit provided by this policy. The new policy will be in an equivalent rating class as this policy. The conversion date will be the Policy Effective Date of the new policy.

A conversion policy will be issued in exchange for this policy. We must receive this policy and Your Notice of conversion at Our Home Office signed by You, any assignee and any irrevocable Beneficiary of record. The first premium for the conversion policy must be paid.

If the original application is made a part of the new policy, evidence included in such original application will not be contestable after two years from the original Policy Effective Date. The period for death by suicide under the new policy will begin as of the Policy Effective Date of the original policy.

RENEWAL PROVISION

RENEWAL. If You do not convert and continue to pay required premiums Your policy will continue to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

MODIFICATION OF POLICY. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY. Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting.

CHOICE OF LAW. The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Owner, exclusive of such state's choice of laws provisions.

MISSTATEMENT OF AGE. If the Insured's Age is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age. The Age shown on the Policy Specifications Page is the Insured's Age as of the Policy Effective Date.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid.

TERMINATION. This policy and its attached riders, if any, will terminate:

- (1) upon the death of the Insured; or
- (2) the Policy Anniversary date coinciding with or next following the Insured's 98th birthday; or
- (3) at the expiration of the grace period; or
- (4) on the premium due date following receipt of a written request from You.

SETTLEMENT OPTIONS/PAYOUT PROVISIONS

ELECTION OF OPTIONS. Any amount payable at the death of the Insured will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent. We have the right to change the frequency of payment in order to make a payment of at least \$25.

Any election must be made in writing to Us.

ELECTION BY OWNER. During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY. If no settlement option is in effect when the Insured dies, a Beneficiary may elect payment according to the provisions of this section by filing a request after the death of the Insured and before any settlement is made. The beneficiary's election is subject to any existing assignment of this policy, and will take effect when We record it. Once recorded, the effective date is the date the request was signed. The election is subject to any Proceeds paid or other action taken by Us before the election was recorded.

SUPPLEMENTARY CONTRACT. When We receive a request for a settlement option, We will issue a supplementary contract in exchange for the policy stating the terms under which We will make payments. The supplementary contract will state to whom We will pay any remaining Proceeds if the Beneficiary dies.

If the Beneficiary dies before payments under the supplementary contract are complete, We will pay any remaining balance at least as rapidly as under the method of payment in effect on the date of death.

INTEREST ON SETTLEMENT OPTIONS. We will pay the greater of:

- (1) the current rate of interest on settlement options We declare; or
- (2) the minimum rate required.

EXCESS INTEREST. Excess interest is the difference between the current rate We declare, and the minimum rate required. We will determine excess interest, if any, on settlement option amounts. We will pay this excess under Options 1, 2, and 4, and will add it to the period of payment under Option 3.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

Guaranteed Minimum Payment for each \$1,000 of net proceeds

Guaranteed interest rate: 1.00%

ANNUAL YEARS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
1	\$1,000.00	\$501.24	\$250.93	\$83.71
2	502.49	251.87	126.09	42.07
3	336.66	168.75	84.48	28.18
4	253.74	127.19	63.67	21.24
5	204.00	102.25	51.19	17.08
6	170.84	85.63	42.87	14.30
7	147.16	73.76	36.93	12.32
8	129.40	64.86	32.47	10.83
9	115.58	57.94	29.00	9.68
10	104.54	52.40	26.23	8.75
11	95.50	47.87	23.96	7.99
12	87.97	44.09	22.07	7.36
13	81.60	40.90	20.48	6.83
14	76.14	38.16	19.11	6.37
15	71.41	35.79	17.92	5.98
16	67.27	33.72	16.88	5.63
17	63.62	31.89	15.96	5.33
18	60.38	30.26	15.15	5.05
19	57.48	28.81	14.42	4.81
20	54.87	27.50	13.77	4.59
21	52.51	26.32	13.18	4.40
22	50.36	25.24	12.64	4.22
23	48.40	24.26	12.15	4.05
24	46.61	23.36	11.70	3.90
25	44.96	22.53	11.28	3.76

OPTION 2. EQUAL PAYMENTS FOR LIFE – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 1.00%.

OPTION 2/MALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.78	\$1.78	\$1.78	52	\$3.11	\$3.08	\$3.02
19	1.80	1.80	1.80	53	3.19	3.15	3.08
20	1.82	1.82	1.82	54	3.27	3.22	3.15
21	1.84	1.84	1.84	55	3.35	3.30	3.21
22	1.87	1.86	1.86	56	3.44	3.38	3.28
23	1.89	1.89	1.88	57	3.53	3.46	3.35
24	1.91	1.91	1.91	58	3.62	3.55	3.42
25	1.94	1.93	1.93	59	3.73	3.63	3.49
26	1.96	1.96	1.96	60	3.83	3.73	3.56
27	1.99	1.98	1.98	61	3.94	3.82	3.63
28	2.01	2.01	2.01	62	4.06	3.92	3.70
29	2.04	2.04	2.04	63	4.19	4.02	3.77
30	2.07	2.07	2.06	64	4.31	4.12	3.84
31	2.10	2.10	2.09	65	4.45	4.23	3.91
32	2.13	2.13	2.12	66	4.59	4.34	3.98
33	2.16	2.16	2.15	67	4.74	4.45	4.05
34	2.20	2.19	2.19	68	4.89	4.55	4.11
35	2.23	2.23	2.22	69	5.05	4.66	4.17
36	2.27	2.26	2.26	70	5.22	4.77	4.22
37	2.31	2.30	2.29	71	5.39	4.88	4.27
38	2.35	2.34	2.33	72	5.56	4.98	4.32
39	2.39	2.38	2.37	73	5.74	5.08	4.36
40	2.43	2.42	2.41	74	5.92	5.18	4.40
41	2.48	2.47	2.45	75	6.10	5.27	4.43
42	2.52	2.51	2.49	76	6.29	5.36	4.46
43	2.57	2.56	2.54	77	6.47	5.44	4.49
44	2.62	2.61	2.59	78	6.66	5.51	4.51
45	2.67	2.66	2.63	79	6.84	5.58	4.53
46	2.73	2.71	2.68	80	7.01	5.64	4.55
47	2.79	2.77	2.74	81	7.19	5.70	4.56
48	2.85	2.82	2.79	82	7.35	5.75	4.57
49	2.91	2.88	2.84	83	7.51	5.79	4.58
50	2.97	2.95	2.90	84	7.66	5.83	4.58
51	3.04	3.01	2.96	85	7.80	5.86	4.59

OPTION 2/FEMALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.71	\$1.70	\$1.70	52	\$2.87	\$2.85	\$2.82
19	1.72	1.72	1.72	53	2.93	2.91	2.88
20	1.74	1.74	1.74	54	3.00	2.98	2.94
21	1.76	1.76	1.76	55	3.07	3.05	3.00
22	1.78	1.78	1.78	56	3.15	3.12	3.07
23	1.80	1.80	1.80	57	3.23	3.19	3.13
24	1.82	1.82	1.82	58	3.31	3.27	3.20
25	1.84	1.84	1.84	59	3.40	3.36	3.27
26	1.86	1.86	1.86	60	3.50	3.44	3.35
27	1.89	1.89	1.88	61	3.60	3.53	3.42
28	1.91	1.91	1.91	62	3.70	3.62	3.50
29	1.94	1.93	1.93	63	3.81	3.72	3.58
30	1.96	1.96	1.96	64	3.93	3.82	3.65
31	1.99	1.99	1.98	65	4.05	3.93	3.73
32	2.01	2.01	2.01	66	4.18	4.04	3.81
33	2.04	2.04	2.04	67	4.31	4.15	3.89
34	2.07	2.07	2.07	68	4.46	4.26	3.96
35	2.10	2.10	2.10	69	4.61	4.38	4.03
36	2.13	2.13	2.13	70	4.77	4.50	4.10
37	2.17	2.16	2.16	71	4.94	4.62	4.17
38	2.20	2.20	2.19	72	5.11	4.74	4.23
39	2.24	2.23	2.23	73	5.30	4.86	4.28
40	2.27	2.27	2.26	74	5.49	4.98	4.34
41	2.31	2.31	2.30	75	5.69	5.09	4.38
42	2.35	2.35	2.34	76	5.89	5.20	4.42
43	2.39	2.39	2.38	77	6.10	5.30	4.45
44	2.44	2.43	2.42	78	6.30	5.39	4.48
45	2.48	2.48	2.46	79	6.51	5.48	4.51
46	2.53	2.52	2.51	80	6.72	5.56	4.53
47	2.58	2.57	2.56	81	6.93	5.63	4.54
48	2.63	2.62	2.60	82	7.12	5.69	4.56
49	2.69	2.68	2.66	83	7.31	5.75	4.57
50	2.74	2.73	2.71	84	7.49	5.79	4.58
51	2.80	2.79	2.76	85	7.66	5.83	4.58

OPTION 3. Income of Specified Amount

We will pay an income of a specified amount until the principal and interest are exhausted.

OPTION 4. Interest Payments

We will hold the Proceeds as principal and pay interest at the current rate We declare annually. By Notifying Us, the Beneficiary may withdraw the Proceeds at any time, in amounts of at least \$1,000.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
[Telephone: 1-800-888-4918]

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
Telephone: [1-800-888-4918]

READ YOUR POLICY CAREFULLY

This policy is a legal contract between the Owner and Washington National Insurance Company ("The Company"). The Company agrees to pay the Proceeds of this policy to the Beneficiary upon surrender of this policy and receipt of due proof of death of the Insured, while this policy is in force, and to provide the other benefits, rights and privileges in accordance with the terms of this policy.

This is a renewable term life insurance policy providing a Death Benefit prior to the Expiry Date as long as the policy is in force. The return of premium benefit is payable at the end of the Level Premium Period if the Insured is alive and the policy is in force. Life insurance coverage may be renewed annually following the Level Premium Period to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

NOTICE OF 20 DAY RIGHT TO EXAMINE THE POLICY

Please carefully review this policy and the attached application. If You are dissatisfied for any reason, this policy can be cancelled by You by delivering or mailing the policy to Our Home Office or to the insurance agent through whom it was effected before midnight of the twentieth day after receipt of such policy by the applicant. Upon such delivery or mailing, the policy shall be void from the beginning. Return of the policy by mail is effective if postmarked, properly addressed and postage is prepaid. Any premiums paid, including any policy fee or other charges, will be refunded within twenty days after We receive this policy.

Signed for Washington National Insurance Company by



Secretary



President

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
RETURN OF PREMIUM AVAILABLE DURING LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**

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POLICY SPECIFICATIONS

POLICY NUMBER: [0000000]	INSURED: [JOHN DOE]
POLICY EFFECTIVE DATE: [OCTOBER 15, 2010]	AGE: [35]
EXPIRY DATE: [OCTOBER 15, 2073]	RATING
INITIAL ANNUAL PREMIUM: \$[364.00]	CLASS: [STANDARD NON-TOBACCO]
PREMIUM MODE: [ANNUAL]	LEVEL PREMIUM
	PERIOD: [15 YEARS]
	DEATH BENEFIT: \$[100,000]

THE PREMIUMS ARE GUARANTEED AND ARE SHOWN ON THE TABLE OF GUARANTEED ANNUAL PREMIUMS, SEE PAGE 4. THE PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD, WHICH IS SHOWN ABOVE.

<u>Modal Factors:</u>		<u>* Premiums:</u>
{**Payroll Deduction Mode: [26 Pay]}	[0.04002]	{ \$14.57 }
Annual	1.00	{ \$364.00 }
Semiannual	0.51	{ \$185.64 }
Quarterly	0.26	{ \$94.64 }
Monthly (EFT)	0.0867	{ \$31.56 }

Premiums paid other than annually are determined by multiplying the total annual premium by the factors shown above.

*THE PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

{ **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE. }

POLICY/RIDER BENEFIT SCHEDULE

Form Number	Description of Benefit	Insurance Amount	Annual Premium	Years Payable
WNIC-3003R	Renewable Term Insurance To Age 98	{ \$100,000 }	{ \$364.00 }	{ 63 }

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED ANNUAL PREMIUMS

LEVEL PREMIUM PERIOD: [15 YEARS]

PREMIUMS ARE BASED ON YOUR ATTAINED AGE. PREMIUMS ARE LEVEL DURING THE LEVEL PREMIUM PERIOD. AFTER THE LEVEL PREMIUM PERIOD, THE PREMIUM WILL INCREASE ANNUALLY.

AGE	POLICY YEAR	PREMIUM	AGE	POLICY YEAR	PREMIUM
35	1	\$364.00	67	33	4,980.00
36	2	364.00	68	34	5,415.00
37	3	364.00	69	35	5,898.00
38	4	364.00	70	36	6,447.00
39	5	364.00	71	37	7,101.00
40	6	364.00	72	38	7,845.00
41	7	364.00	73	39	8,637.00
42	8	364.00	74	40	9,492.00
43	9	364.00	75	41	10,428.00
44	10	364.00	76	42	11,466.00
45	11	364.00	77	43	12,645.00
46	12	364.00	78	44	13,974.00
47	13	364.00	79	45	15,444.00
48	14	364.00	80	46	17,139.00
49	15	364.00	81	47	19,077.00
50	16	1,008.00	82	48	21,111.00
51	17	1,107.00	83	49	23,277.00
52	18	1,218.00	84	50	25,671.00
53	19	1,347.00	85	51	28,188.00
54	20	1,494.00	86	52	31,020.00
55	21	1,659.00	87	53	34,272.00
56	22	1,836.00	88	54	37,680.00
57	23	2,013.00	89	55	41,103.00
58	24	2,193.00	90	56	43,896.00
59	25	2,391.00	91	57	46,482.00
60	26	2,616.00	92	58	50,037.00
61	27	2,880.00	93	59	54,558.00
62	28	3,180.00	94	60	60,066.00
63	29	3,501.00	95	61	66,045.00
64	30	3,840.00	96	62	72,006.00
65	31	4,200.00	97	63	76,263.00
66	32	4,578.00			

PREMIUMS LISTED ABOVE INCLUDE A \$48 ANNUAL POLICY FEE.

POLICY SPECIFICATIONS (Cont'd)

TABLE OF GUARANTEED VALUES

The values and periods shown are for the death benefit amount of this policy, based on the age of the Insured on the Policy Effective Date. The interest rate used to compute the guaranteed values for the extended level term insurance and paid-up insurance is 5.0% per year. Deaths are assumed to occur at the end of the Policy Year of death.

End of Policy Year	Return of Premium Cash Value	Extended Level Term Insurance	Paid-Up Life Insurance
1	\$0.00	0	\$0.00
2	0.00	0	0.00
3	0.00	0	0.00
4	0.00	0	0.00
5	0.00	0	0.00
6	0.00	0	0.00
7	229.32	1 Year, 176 Days	1,280.00
8	495.04	2 Years, 309 Days	2,646.00
9	753.48	3 Years, 319 Days	3,859.00
10	1,055.60	4 Years, 333 Days	5,185.00
11	1,361.36	5 Years, 271 Days	6,419.00
12	1,659.84	6 Years, 123 Days	7,512.00
13	2,034.76	6 Years, 359 Days	8,845.00
14	2,395.12	7 Years, 136 Days	10,003.00
15	2,730.00	7 Years, 205 Days	10,950.00

DEFINITIONS
(Defined terms are capitalized throughout this policy)

AGE AND ATTAINED AGE. Age means the Insured's Age last birthday on the Policy Effective Date. Attained Age means the Age on the Policy Effective Date plus the number of Policy Years elapsed since the Policy Effective Date.

BENEFICIARY. The person or persons shown on the application, or later changed by You, to whom We will pay the Proceeds.

CLAIM FORMS. The forms and authorizations, including but not limited to HIPAA authorization and affidavit of relationship, that We provide to the Beneficiary for the submission of a claim for the Death Benefit.

DEATH BENEFIT. The amount of insurance shown on the Policy Specifications Page or any supplemental Policy Specifications Page.

DEFERRED EFFECTIVE DATE OF COVERAGE. A Deferred Effective Date of Coverage may apply if any person covered under the policy is in a hospital, nursing home or other medical facility, which provides skilled medical care, on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home, or other medical facility and is able to perform his/her normal activities. We will refund any premium accepted before the Policy Effective Date.

EXPIRY DATE. The Expiration Date is shown on the Policy Specifications Page. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98th birthday.

HOME OFFICE. Washington National Insurance Company 11825 N. Pennsylvania Street, Carmel, IN 46032-4555.

INSURED. The Insured is the person whose life is insured under this policy. The Insured is named on the Policy Specifications Page.

LEVEL PREMIUM PERIOD. The number of years or the Attained Age to which premiums are level. See Policy Specifications Page 4 for the table of guaranteed annual premiums.

NONPARTICIPATING. This is a nonparticipating policy. This policy will not share in the Company's profits or surplus earnings. We will not pay dividends on this policy.

NOTICE, NOTIFY, NOTIFYING. Written requests and information We receive at Our Home Office, which You sign, and We accept.

OWNER(S). The Owner(s) named in the application, unless changed.

POLICY ANNIVERSARY. The same date each year as of the Policy Effective Date.

POLICY EFFECTIVE DATE. This is the effective date of Your policy. This date will be used to determine Policy Years and Policy Anniversaries.

POLICY MONTH. A period beginning each month on the day of your Policy Effective Date and ending the next month on the day preceding the day of the Policy Effective Date.

POLICY SPECIFICATIONS PAGE. The Policy Specifications Page or any supplemental Policy Specifications Page that We have most recently sent You.

DEFINITIONS (cont'd)
(Defined terms are capitalized throughout this policy)

POLICY YEAR. One year from the Policy Effective Date and from each Policy Anniversary.

PREMIUM MODE. The frequency You have chosen to pay premiums on this policy.

PROCEEDS. The Proceeds are the Death Benefit then in force, plus any death benefit insurance amount on the Insured provided by benefit rider; plus that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less any unpaid premium if death occurs during the grace period.

WE, OUR, US, COMPANY. "We", "Us" or "Our" means Washington National Insurance Company (the Company).

YOU, YOUR . "You" or "Your" means the Owner(s) of this policy.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS

OWNERSHIP. This contract belongs to You. During the lifetime of the Insured, You have all rights, subject to the right of:

- (1) any assignee of record with Us;
- (2) any irrevocable Beneficiary; and
- (3) any restricted ownership.

You may make changes, including change of Owner, by Notifying Us, during the lifetime of the Insured. You must do this in writing on a form acceptable by Us. Any changes will take effect on the date We receive Notice and the change is recorded by Us. Any change is subject to any action We take before receiving Notice. A change of Owner does not change the Beneficiary. The rights of the Owner end on the death of the Insured.

BENEFICIARY. If the Insured dies while this policy is in force, the Beneficiary will receive the Proceeds provided by the policy and any rider. The Beneficiary is the person(s) or entity You name in the application(s), unless changed by later designation.

You may make the Beneficiary irrevocable. If there is an irrevocable Beneficiary, You must obtain the written consent of that Beneficiary to any policy transactions, except for payment of premiums.

Unless otherwise provided, if more than one person is named as Beneficiary, the Proceeds will be paid in equal shares to the surviving Beneficiaries as follows: (1) to the primary Beneficiaries surviving at the time of the Insured's death, otherwise; (2) to the contingent Beneficiaries surviving at the time of the Insured's death, otherwise; (3) to the Owner, or the Owner's estate.

If the Beneficiary is "children," this means children born to or legally adopted by the Insured. Payments to minors will only be made to a court-appointed guardian of the assets of the minor or to the minor at age majority.

OWNER AND BENEFICIARY CHANGE. You may change the Owner and the Beneficiary at any time during the lifetime of the Insured unless otherwise provided in a previous designation. Any change must be in written form satisfactory to Us. Any change will take effect on the date We receive Notice at Our Home Office and the change is recorded by Us. The change will not apply to any payments made or actions taken by Us before We receive and record the Notice.

OWNER, BENEFICIARY & ASSIGNMENT PROVISIONS (cont'd)

SIMULTANEOUS DEATH. If any Beneficiary dies within 15 days after the death of the Insured, the Proceeds will be paid as if the Beneficiary died before such Insured. However, this provision will not apply to any payment We make before receiving and recording Notice of the Beneficiary's death.

ASSIGNMENT. You can assign this policy. No assignment will be binding on Us unless it is in writing and received by Us at Our Home Office. We will not be responsible for the validity of any assignment. We will not be liable for any payments We make or action We take before We receive and record notice of an assignment. Payments to an assignee will be made only in a lump sum. Any debt owed to Us, will be deducted prior to payment made to the assignee. The rights of the Beneficiary and Owner are subject to the rights of any assignee.

PREMIUM PAYMENT PROVISIONS

PAYMENT OF PREMIUM. Premiums must be paid in a form acceptable to the Company. The first premium is due on the Policy Effective Date. After the first premium, all premiums are to be paid to Us at Our Home Office. Receipts will be given upon request.

Exception: During the time, if any, that it is agreed between You and Us that premiums will be billed and remitted through payroll deduction or credit union share account deduction, premium is due in Our Home Office on the due date indicated in the billing provided to the administrator coordinating premium payments on Your behalf.

If after at least one premium payment, premiums cease to be remitted through a valid payroll group, You may continue Your insurance by remitting premium through one of Our other payment methods that is shown on the Policy Specifications Page.

GUARANTEED PREMIUMS. The premiums are guaranteed and are shown on the table of guaranteed annual premiums. The premium will increase annually after the Level Premium Period.

POLICY FEE. This policy has an annual policy fee. The amount of this policy fee is shown on the Policy Specifications Page and included in Your premium payment.

GRACE PERIOD. A grace period of 31 days will be allowed for payment of each premium after the first. This policy will continue in force during the grace period. If the premium remains unpaid at the end of the grace period, this policy will lapse. It then provides no further value or benefits unless kept in force under the options on premium default provision, see page 9. If the insured dies during the grace period, the unpaid premium through the Policy Month of death will be deducted in the Proceeds.

REINSTATEMENT. If the premium is not paid by the end of the grace period, We will allow the policy to be put back in force, subject to the following:

- (1) Your request in writing;
- (2) evidence of insurability satisfactory to Us;
- (3) payment to Us of all overdue premiums with 6% interest compounded annually to the date this policy is reinstated;
- (4) reinstatement of the policy within 5 years of the due date of the first unpaid premium; and
- (5) You did not elect any of the available nonforfeiture options.

The date of reinstatement will be the first day of the Policy Month on or next following the date We approve Your application for reinstatement.

RETURN OF PREMIUM PROVISIONS

RETURN OF PREMIUM BENEFIT. We will pay a return of premium benefit at the end of the Level Premium Period. The amount of the return of premium benefit will be 50% of the total premiums paid on the policy (including modalization and policy fee but excluding any rider premiums, any premium that was waived by a waiver of premium rider, if any, and any substandard extra portion of the premiums paid, if any.) No return of premium benefit is payable if the Insured dies while this policy is in effect.

If this policy includes an accelerated benefit rider for terminal illness and the Owner request to accelerates the Death Benefit in accordance with the rider provisions, the return of premium benefit will be reduced dollar for dollar by the accelerated benefit amount requested under the accelerated benefit rider for terminal illness. Such reduction by the accelerated benefit amount requested will not exceed the return of premium benefit.

The return of premium benefit will end at the earliest of the following events:

- (1) expiration of the Level Premium Period;
- (2) any nonforfeiture option goes into effect; or
- (3) this policy terminates.

NONFORFEITURE PROVISIONS

SURRENDER OF POLICY. You may by, written request, surrender this policy for its cash value. Surrender may occur at any time before the end of the Level Premium Period.

NONFORFEITURE OPTIONS ON PREMIUM DEFAULT. If the policy terminates as provided in the grace period provision and the policy has cash value, one of the following options may be chosen by Notifying Us.

- (1) **Cash Value:** The policy may be surrendered for its cash value, as shown on the table of guaranteed values.
- (2) **Extended Level Term Insurance:** Under this option, You may continue the policy as nonparticipating extended level term insurance. The term period will start on the due date of the unpaid premium. That period will be determined by applying the cash value as a net single premium for such insurance. At the end of that period, the insurance will terminate and there will be no cash value remaining.
- (3) **Reduced Paid Up Insurance:** Under this option, We will provide a paid-up insurance benefit payable upon the death of the Insured. The amount of paid-up insurance benefit will be the cash value of this policy divided by the net single premium for the Insured's Attained Age. This option is not available when the amount of paid-up insurance benefit is less than \$1,000.

Automatic Option. If no option is chosen within 61 days of the due date of the unpaid premium, the automatic option will be the extended level term insurance.

SURRENDER OF INSURANCE UNDER EXTENDED LEVEL TERM INSURANCE OPTION. Any insurance provided under extended level term insurance option may be surrendered for its cash value. The cash value will equal the net single premium for the insurance remaining. If such surrender occurs within 30 days after a Policy Anniversary, the value will not be less than the cash value on that anniversary. To surrender, We will require Your written request and return of the policy (or on a form We accept stating that the policy has been lost or destroyed).

NONFORFEITURE PROVISIONS (Cont'd)

SURRENDER OF INSURANCE UNDER REDUCED PAID-UP OPTION. Any insurance provided under the reduced paid-up option may be surrendered for its cash value. The cash value of the paid-up insurance benefit will be equal to the amount of paid-up insurance benefit multiplied by the net single premium at the Insured's Attained Age at the time of surrender of the paid-up insurance benefit.

DEFERMENT OF CASH VALUE PAYMENT. We may defer payment of the cash value for not more than six months following receipt by Us of the request unless the cash value is to be applied to pay premium for policies with Us. We will pay interest at a rate not less than the minimum rate required by state law, if the deferral period is 30 days or more.

BASIS OF VALUES. The basis of values for the cash value, the extended level term insurance and the reduced paid-up options is based on the following:

Cash value amounts equal or exceed the values based on:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rates of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Extended level term insurance option is based on:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rate of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Reduced paid-up option:

- (1) 2001 CSO Nonsmoker and Smoker Tables;
- (2) Age last birthday;
- (3) interest rate of 5.0% per year; and
- (4) death occurring at the end of the Policy Year.

Policy values equal or exceed those required by the state in which this policy is issued. A detailed statement of the method used to compute those values has been filed with the insurance department of that state.

DEATH OF INSURED PROVISIONS

DEATH BENEFIT. We will pay the Death Benefit of this policy to the Beneficiary after We receive a completed Claim Form and due proof that the Insured died while this policy was in force. Failure of the Beneficiary to cooperate in the claims process may delay payment of the Death Benefit.

This policy is intended to comply with the cash value accumulation test under Section 7702 of the Internal Revenue Code of 1986, as amended.

AMOUNT AND PAYMENT OF PROCEEDS. If the Insured dies while this policy is in force, We will pay the Proceeds to the Beneficiary. The Proceeds are the sum of:

- (1) the Death Benefit then in force; plus
- (2) any death benefit insurance amount on the Insured provided by benefit riders; plus
- (3) that portion of any premium paid which applies to a period beyond the Policy Month in which the Insured dies; less
- (4) any unpaid premium if death occurs during the grace period.

Proceeds will be paid in one sum to the Beneficiary unless a payment option is elected as provided by this policy. We will pay the Proceeds to the Beneficiary upon receipt of proof that the Insured died while this policy was in force. If Proceeds are not paid within thirty (30) days after We receive due proof of death and proper written claim, We will pay interest on the Proceeds at the rate of eight percent (8%) per year from the date of death until the date the claim is paid.

CONVERSION PROVISION

CONVERSION. Until the earlier of the Insured's Attained Age 70 or the end of the Level Premium Period, You may convert this policy to a new policy without evidence of insurability. The new policy may be any plan of insurance, except term, then in effect and approved by Us as available for conversion. There will always be at least one policy available for conversion.

At time of conversion, the premium rate for the new policy must be greater than the premium rate for this policy. The Death Benefit on the new policy may not be more than the Death Benefit provided by this policy. The new policy will be in an equivalent rating class as this policy. The conversion date will be the Policy Effective Date of the new policy.

A conversion policy will be issued in exchange for this policy. We must receive this policy and Your Notice of conversion at Our Home Office signed by You, any assignee and any irrevocable Beneficiary of record. The first premium for the conversion policy must be paid.

If the original application is made a part of the new policy, evidence included in such original application will not be contestable after two years from the original Policy Effective Date. The period for death by suicide under the new policy will begin as of the Policy Effective Date of the original policy.

RENEWAL PROVISION

RENEWAL. If You do not convert and continue to pay required premiums Your policy will continue to the Policy Anniversary coinciding with or next following the Insured's 98th birthday.

GENERAL PROVISIONS

ENTIRE CONTRACT. The entire contract consists of this policy, any riders or endorsements, the attached copy of the initial application and all supplemental applications to change this policy. All statements in the application and any supplemental applications will be deemed representations and not warranties. No statement will be used to contest this policy, or to contest a claim under it, unless it appears on the application or a supplemental application. Any application for modifications in the policy, which are to be based upon additional evidence of insurability, shall be attached to the policy in order to become part of the contract between the parties.

MODIFICATION OF POLICY. Only the President, a Vice President, the Secretary, or an Assistant Secretary of the Company has power on behalf of the Company to change, modify, or waive the provisions of this policy and then only in writing. No agent, broker, or person other than the above named officers has the authority to change or modify this policy or waive any of its provisions.

INCONTESTABILITY. Except in the case of fraud, We will not contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Effective Date or the effective date of reinstatement. If the policy has been reinstated, and was in force two years from the Policy Effective Date prior to reinstatement, only statements made in the application for reinstatement may be contested. The reinstatement application will be subject to underwriting.

CHOICE OF LAW. The insurance policy and claims arising under it are governed by the laws of the state where this policy's application has been signed by the Owner, exclusive of such state's choice of laws provisions.

GENERAL PROVISIONS (Cont'd)

MISSTATEMENT OF AGE. If the Insured's Age is misstated in the application, the Death Benefit will be adjusted. The adjusted amount will be the Death Benefit the premium paid would have provided based on the Insured's correct Age. The Age shown on the Policy Specifications Page is the Insured's Age as of the Policy Effective Date.

SUICIDE. If the Insured commits suicide, while sane or insane, within two years from the Policy Effective Date, We will not pay a Death Benefit. We will terminate this policy and refund the premiums paid.

TERMINATION. This policy and its attached riders, if any, will terminate:

- (1) upon the death of the Insured; or
- (2) the Policy Anniversary date coinciding with or next following the Insured's 98th birthday; or
- (3) at the expiration of the grace period; or
- (4) on the premium due date following receipt of a written request from You.

SETTLEMENT OPTIONS/PAYOUT PROVISIONS

ELECTION OF OPTIONS. Any amount payable at the death of the Insured will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any settlement option.

Payment under a combination of options, or payment to joint or successive payees, or payment to a Beneficiary that is not a natural person may be elected only with Our consent. We have the right to change the frequency of payment in order to make a payment of at least \$25.

Any election must be made in writing to Us.

ELECTION BY OWNER. During the lifetime of the Insured, the Owner may elect to have the Proceeds paid under one of the payment options in this policy.

ELECTION BY BENEFICIARY. If no settlement option is in effect when the Insured dies, a Beneficiary may elect payment according to the provisions of this section by filing a request after the death of the Insured and before any settlement is made. The beneficiary's election is subject to any existing assignment of this policy, and will take effect when We record it. Once recorded, the effective date is the date the request was signed. The election is subject to any Proceeds paid or other action taken by Us before the election was recorded.

SUPPLEMENTARY CONTRACT. When We receive a request for a settlement option, We will issue a supplementary contract in exchange for the policy stating the terms under which We will make payments. The supplementary contract will state to whom We will pay any remaining Proceeds if the Beneficiary dies.

If the Beneficiary dies before payments under the supplementary contract are complete, We will pay any remaining balance at least as rapidly as under the method of payment in effect on the date of death.

INTEREST ON SETTLEMENT OPTIONS. We will pay the greater of:

- (1) the current rate of interest on settlement options We declare; or
- (2) the minimum rate required.

EXCESS INTEREST. Excess interest is the difference between the current rate We declare, and the minimum rate required. We will determine excess interest, if any, on settlement option amounts. We will pay this excess under Options 1, 2, and 4, and will add it to the period of payment under Option 3.

OPTION 1. EQUAL PAYMENTS FOR A GUARANTEED PERIOD – Equal monthly payments for the number of years elected, not to exceed 25 years. Payment will begin on the option date.

Guaranteed Minimum Payment for each \$1,000 of net proceeds

Guaranteed interest rate: 1.00%

ANNUAL YEARS	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
1	\$1,000.00	\$501.24	\$250.93	\$83.71
2	502.49	251.87	126.09	42.07
3	336.66	168.75	84.48	28.18
4	253.74	127.19	63.67	21.24
5	204.00	102.25	51.19	17.08
6	170.84	85.63	42.87	14.30
7	147.16	73.76	36.93	12.32
8	129.40	64.86	32.47	10.83
9	115.58	57.94	29.00	9.68
10	104.54	52.40	26.23	8.75
11	95.50	47.87	23.96	7.99
12	87.97	44.09	22.07	7.36
13	81.60	40.90	20.48	6.83
14	76.14	38.16	19.11	6.37
15	71.41	35.79	17.92	5.98
16	67.27	33.72	16.88	5.63
17	63.62	31.89	15.96	5.33
18	60.38	30.26	15.15	5.05
19	57.48	28.81	14.42	4.81
20	54.87	27.50	13.77	4.59
21	52.51	26.32	13.18	4.40
22	50.36	25.24	12.64	4.22
23	48.40	24.26	12.15	4.05
24	46.61	23.36	11.70	3.90
25	44.96	22.53	11.28	3.76

OPTION 2. EQUAL PAYMENTS FOR LIFE – Equal monthly payments for a guaranteed period of 10, 15, or 20 years as elected and for life thereafter as shown in the table below. Amount of each monthly installment per \$1,000 net proceeds. Amounts based on 2000 IAM Table age last birthday and an annual interest rate of 1.00%.

OPTION 2/MALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.78	\$1.78	\$1.78	52	\$3.11	\$3.08	\$3.02
19	1.80	1.80	1.80	53	3.19	3.15	3.08
20	1.82	1.82	1.82	54	3.27	3.22	3.15
21	1.84	1.84	1.84	55	3.35	3.30	3.21
22	1.87	1.86	1.86	56	3.44	3.38	3.28
23	1.89	1.89	1.88	57	3.53	3.46	3.35
24	1.91	1.91	1.91	58	3.62	3.55	3.42
25	1.94	1.93	1.93	59	3.73	3.63	3.49
26	1.96	1.96	1.96	60	3.83	3.73	3.56
27	1.99	1.98	1.98	61	3.94	3.82	3.63
28	2.01	2.01	2.01	62	4.06	3.92	3.70
29	2.04	2.04	2.04	63	4.19	4.02	3.77
30	2.07	2.07	2.06	64	4.31	4.12	3.84
31	2.10	2.10	2.09	65	4.45	4.23	3.91
32	2.13	2.13	2.12	66	4.59	4.34	3.98
33	2.16	2.16	2.15	67	4.74	4.45	4.05
34	2.20	2.19	2.19	68	4.89	4.55	4.11
35	2.23	2.23	2.22	69	5.05	4.66	4.17
36	2.27	2.26	2.26	70	5.22	4.77	4.22
37	2.31	2.30	2.29	71	5.39	4.88	4.27
38	2.35	2.34	2.33	72	5.56	4.98	4.32
39	2.39	2.38	2.37	73	5.74	5.08	4.36
40	2.43	2.42	2.41	74	5.92	5.18	4.40
41	2.48	2.47	2.45	75	6.10	5.27	4.43
42	2.52	2.51	2.49	76	6.29	5.36	4.46
43	2.57	2.56	2.54	77	6.47	5.44	4.49
44	2.62	2.61	2.59	78	6.66	5.51	4.51
45	2.67	2.66	2.63	79	6.84	5.58	4.53
46	2.73	2.71	2.68	80	7.01	5.64	4.55
47	2.79	2.77	2.74	81	7.19	5.70	4.56
48	2.85	2.82	2.79	82	7.35	5.75	4.57
49	2.91	2.88	2.84	83	7.51	5.79	4.58
50	2.97	2.95	2.90	84	7.66	5.83	4.58
51	3.04	3.01	2.96	85	7.80	5.86	4.59

OPTION 2/FEMALE

Monthly Income for Life with Guaranteed Period of:				Monthly Income for Life with Guaranteed Period of:			
Age of Payee	10 Years	15 Years	20 Years	Age of Payee	10 Years	15 Years	20 Years
18	\$1.71	\$1.70	\$1.70	52	\$2.87	\$2.85	\$2.82
19	1.72	1.72	1.72	53	2.93	2.91	2.88
20	1.74	1.74	1.74	54	3.00	2.98	2.94
21	1.76	1.76	1.76	55	3.07	3.05	3.00
22	1.78	1.78	1.78	56	3.15	3.12	3.07
23	1.80	1.80	1.80	57	3.23	3.19	3.13
24	1.82	1.82	1.82	58	3.31	3.27	3.20
25	1.84	1.84	1.84	59	3.40	3.36	3.27
26	1.86	1.86	1.86	60	3.50	3.44	3.35
27	1.89	1.89	1.88	61	3.60	3.53	3.42
28	1.91	1.91	1.91	62	3.70	3.62	3.50
29	1.94	1.93	1.93	63	3.81	3.72	3.58
30	1.96	1.96	1.96	64	3.93	3.82	3.65
31	1.99	1.99	1.98	65	4.05	3.93	3.73
32	2.01	2.01	2.01	66	4.18	4.04	3.81
33	2.04	2.04	2.04	67	4.31	4.15	3.89
34	2.07	2.07	2.07	68	4.46	4.26	3.96
35	2.10	2.10	2.10	69	4.61	4.38	4.03
36	2.13	2.13	2.13	70	4.77	4.50	4.10
37	2.17	2.16	2.16	71	4.94	4.62	4.17
38	2.20	2.20	2.19	72	5.11	4.74	4.23
39	2.24	2.23	2.23	73	5.30	4.86	4.28
40	2.27	2.27	2.26	74	5.49	4.98	4.34
41	2.31	2.31	2.30	75	5.69	5.09	4.38
42	2.35	2.35	2.34	76	5.89	5.20	4.42
43	2.39	2.39	2.38	77	6.10	5.30	4.45
44	2.44	2.43	2.42	78	6.30	5.39	4.48
45	2.48	2.48	2.46	79	6.51	5.48	4.51
46	2.53	2.52	2.51	80	6.72	5.56	4.53
47	2.58	2.57	2.56	81	6.93	5.63	4.54
48	2.63	2.62	2.60	82	7.12	5.69	4.56
49	2.69	2.68	2.66	83	7.31	5.75	4.57
50	2.74	2.73	2.71	84	7.49	5.79	4.58
51	2.80	2.79	2.76	85	7.66	5.83	4.58

OPTION 3. Income of Specified Amount

We will pay an income of a specified amount until the principal and interest are exhausted.

OPTION 4. Interest Payments

We will hold the Proceeds as principal and pay interest at the current rate We declare annually. By Notifying Us, the Beneficiary may withdraw the Proceeds at any time, in amounts of at least \$1,000.

WASHINGTON NATIONAL INSURANCE COMPANY
Home Office: [11825 N. Pennsylvania St., Carmel, Indiana 46032-4555]
[Telephone: 1-800-888-4918]

**RENEWABLE TERM LIFE INSURANCE TO AGE 98
CONVERSION OPTION
PREMIUMS PAYABLE DURING LIFETIME OF THE INSURED
PREMIUMS WILL INCREASE ANNUALLY AFTER THE LEVEL PREMIUM PERIOD
RETURN OF PREMIUM AVAILABLE DURING LEVEL PREMIUM PERIOD
PROCEEDS PAYABLE AT DEATH PRIOR TO EXPIRY DATE
NONPARTICIPATING**



APPLICATION FOR LIFE INSURANCE
Underwritten by: Washington National Insurance Company
 Home Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]
 Telephone: [1-800-888-4918]

SECTION 1 – EMPLOYEE

A. Personal Information					
First Name:		MI:	Last Name: (indicate if hyphenated name)		
Home Address: (Street/Box No.)				City, State, Zip Code:	
Social Security No.:	Home Phone:	Work Phone:	E-Mail Address:		
Place of Birth:	Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Occupation:			Employer's Name:		

B. Beneficiary Designation

Primary Beneficiary:			Contingent Beneficiary:		
Relationship:			Relationship:		
Date of Birth:			Date of Birth:		
Home Address: (Street/Box No.)			Home Address: (Street/Box No.)		
City, State, Zip Code:			City, State, Zip Code:		

SECTION 2 – SPOUSE (as defined by State law)
 Complete ONLY if applying for a term life insurance policy for your Spouse (as defined by state law).

A. Personal Information					
First Name:		MI:	Last Name: (indicate if hyphenated name)		
Home Address: (Street/Box No.)				City State, Zip Code	
Social Security No.:	Home Phone:	Work Phone:	E-Mail Address:		
Place of Birth:	Date of Birth:	Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Occupation:			Employer's Name:		

SECTION 2 – SPOUSE (as defined by State law) (continued) Complete ONLY if applying for a term life insurance policy for your Spouse (as defined by state law).	
B. Beneficiary Designation	
Primary Beneficiary:	Contingent Beneficiary:
Relationship:	Relationship:
Date of Birth:	Date of Birth:
Home Address: (Street/Box No.)	Home Address: (Street/Box No.)
City, State, Zip Code:	City, State, Zip Code:

SECTION 3 – PLAN OF INSURANCE, RIDERS and BENEFIT (Riders and Benefits may vary by plan and may not be available in all states).

	Employee / Proposed Insured	Modal Premium	Spouse (as defined by State law)	Modal Premium
Plan of Insurance:				
Term Life Insurance	<input type="checkbox"/>		<input type="checkbox"/>	
Term Life Insurance with Return of Premium	<input type="checkbox"/>		<input type="checkbox"/>	
Level Premium Period:				
15 Years (Issue Ages 18-65)	<input type="checkbox"/>		<input type="checkbox"/>	
To Age 65 (Issue Ages 18-55)	<input type="checkbox"/>		<input type="checkbox"/>	
Insurance Amount:				
Death Benefit	\$	\$	\$	\$
Riders:				
Critical Illness Rider	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
Total and Permanent Disability Waiver of Premium Rider	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
* Accidental Death Benefit Rider	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
** Child Term Insurance Rider	<input type="checkbox"/> [\$10,000]	\$	<input type="checkbox"/> [\$10,000]	\$
Total Modal Premium:		\$		\$

* Accidental Death Benefit Amount equal to the initial Death Benefit of the Policy up to \$150,000.

** For the Children's Term Rider -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.) (Children's Term Rider can only be attached to one policy).

Name (First, Middle Initial, Last Name)	Gender	Relationship	Date of Birth

SECTION 4 – METHOD OF PAYMENT

Worksite:

Payroll Group No.:

Current Payroll Deduction Options: [Frequency: 9 pay; 10 pay; 12 pay; 13 pay; 24 pay; 26 pay; 52 pay]

Employee Non-payroll: Monthly Electronic Funds Transfer

SECTION 5 – REPLACEMENT & IN FORCE INSURANCE – REGARDING ALL INDIVIDUALS TO BE INSURED

- Will any existing life insurance or annuity with this or any other company be replaced, changed, or used as a source of premium payment for the insurance applied for? (If "Yes", list below). Yes No
- Does any individual applying for life insurance have any in force life insurance policies or annuity contracts? (If "Yes", list below). Yes No

Name of Person	Name of Company

Type of Coverage	Insurance Amount	Accidental Death Amount	Year Issued	To Be Replaced
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Person	Name of Company

Type of Coverage	Insurance Amount	Accidental Death Amount	Year Issued	To Be Replaced
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6– ADDITIONAL INFORMATION

ANSWER QUESTIONS BELOW ON ALL INDIVIDUALS TO BE INSURED.	Employee	Spouse <i>(as defined by State Law)</i>
1. Have you used tobacco or nicotine in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you actively at work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, do you regularly work [20] hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been employed [90] days with your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7 – DECLARATIONS

I represent that all statements and answers made in all parts of this application are full, complete and true. It is understood and agreed that:

- All such statements and answers shall be the basis for and become a part of any life insurance issued as a result of this application.
- Washington National Insurance Company (hereinafter, the "Company") and its reinsurers will use the information in order to determine whether I am insurable pursuant to the Company's underwriting standards.
- No agent, producer, broker nor examiner has the authority to accept risks, to make or change contracts or to waive any of the Company's rights or requirements.
- As a condition precedent to coverage taking effect on the Policy Effective Date, all persons to be covered under the policy must be alive and not in a hospital, nursing home or other medical facility, which provides skilled medical care on the Policy Effective Date and the full first premium must be paid. Deferred Effective Date of Coverage will apply, if any person to be covered under the policy is in a hospital, nursing home or other medical facility on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home or other medical facility and is able to perform his/her normal activities.
- If applicable, I authorize my employer to deduct the required premium from my salary for the insurance coverage for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which my employer cannot make a regularly scheduled deduction. I understand that in order to revoke this authorization, I must notify my employer in writing to cancel the premium deductions.

Soliciting Agent Statements:

Will there be any replacement, as defined by any regulation of the state in which this application is taken? (If "YES", fulfill all state requirements.)

Yes No

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

Signed at _____ on _____
City and State Month, Day, Year

Sign Full Legal Name

X _____
Signature of Applicant/Owner

X _____
Signature of Witness
(Licensed Agent must witness where required by law)

X _____
Agent Signature

X _____
Print Agent Name

Agent Number (Company Number)



LIFE APPLICATION SUPPLEMENT

Underwritten by: Washington National Insurance Company

Home Office: [11825 N. Pennsylvania Street, Carmel, IN 46032]

Telephone: [1-800-888-4918]

Employee – Evidence of Insurability

Spouse – Evidence of Insurability

Reinstatement – Policy # _____

Child/Children – Evidence of Insurability

THIS APPLICATION WILL BE USED WITH APPLICATION WNIC-8001-GI

SECTION 1 – MEDICAL INFORMATION – EVIDENCE OF INSURABILITY						
ANSWER QUESTIONS BELOW ON ALL INDIVIDUALS TO BE INSURED.		Employee / Proposed Insured	Spouse (as defined by State Law)	Child / Children		
1. Provide height and weight for each proposed insured.		Height ____ft. ____in. Weight ____lbs.	Height ____ft. ____in. Weight ____lbs.	<i>Enter requested information in Question 12</i>		
2. Has any proposed insured used tobacco or nicotine in the last 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A		
3. Is any proposed insured actively at work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A		
a. If yes, does the proposed insured on average work [20] hours per week?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
b. Has the proposed insured been employed [90] days with their current employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4. In the past 5 years has any proposed insured, received medical treatment or counseling, or been advised to seek treatment for alcohol or illegal drug use or for Marijuana?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. In the past 5 years, has any proposed insured been convicted of a felony, reckless driving, or driving under the influence of drugs or alcohol?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6. In the past 5 years has any proposed insured, or does any proposed insured intend to engage in piloting an aircraft, motor vehicle racing, scuba diving, sky diving, hang gliding, parachuting, mountain climbing, horse racing or any other hazardous sports?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Has any proposed insured in the past 6 months prior to application been:						
a. seen by a physician for anything other than a cold, flu, or routine examination?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. hospitalized?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. disabled due to accident or illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. Has any proposed insured missed more than 5 consecutive days of active work due to an illness or injury in the past 6 months prior to application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A		
9. Has any proposed insured ever been diagnosed or treated by a physician as having Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or tested positive for antibodies to Human Immunodeficiency Virus (HIV)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. In the past 5 years, has any proposed insured had:						
a. chest pain, heart attack, heart disease, high blood pressure, congestive heart failure; palpitations or other disorder of the heart or cardiovascular system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
b. stroke, including transient ischemic attack (TIA), diabetes?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
c. lung disease, chronic obstructive pulmonary disease (COPD); asthma; emphysema?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
d. liver disease, hepatitis; cirrhosis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
e. cancer, tumor, leukemia?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
f. kidney disease, blood disorder (excluding HIV)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
g. memory loss, dementia, mental disorder, nervous system disorder?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
h. other known health impairments not included on this list?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Has any proposed insured taken any prescription medicine in the past 12 months? If "yes", state name of medication, reason for taking, frequency and dosage.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. For the Children's Term Rider -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.) (Children's Term Rider can only be attached to one policy).						
Name (First, Middle Initial, Last Name)		Gender	Relationship	Date of Birth	Height	Weight

12. For the Children's Term Rider -List all unmarried dependent children who are under age 19 and proposed for coverage. (Attach a separate sheet for additional persons not listed.) **(Children's Term Rider can only be attached to one policy).** (continued)

Name (First, Middle Initial, Last Name)	Gender	Relationship	Date of Birth	Height	Weight

REMARKS – Provide details to “yes” answers in Section 7 Questions 4-11 in space provided below. (Attach extra sheet of paper, if necessary.)

Question Number:	Name of Person:
------------------	-----------------

Details: (Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)

Question Number:	Name of Person:
------------------	-----------------

Details: (Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)

Question Number:	Name of Person:
------------------	-----------------

Details: (Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)

Question Number:	Name of Person:
------------------	-----------------

Details: (Include duration, impairment, diagnosis, treatment, medication, date of occurrence, current status, and name, address and phone number of all doctors, hospitals and medical facilities.)

SECTION 2 – CONDITIONAL AMENDMENTS TO APPLICATION

If coverage cannot be issued as initially applied for, I hereby authorize Washington National Insurance Company to amend the application under the following circumstances:

- Issue a lesser benefit amount. Yes No
- Issue coverage on the remaining individuals applying for coverage if any one person's coverage is declined. Yes No
- Increase or decrease the premium amount to cover the benefit actually issued. Yes No

NOTE: NONE OF THE ABOVE CONDITIONAL AMENDMENTS CREATE ANY ADDITIONAL OBLIGATION BY WASHINGTON NATIONAL INSURANCE COMPANY TO ISSUE COVERAGE TO ANY INDIVIDUAL PROPOSED FOR COVERAGE.

SECTION 3 – ACKNOWLEDGMENTS

The Applicant/Owner's has received and acknowledges receipt of the following forms:

- Notice of Information Practices, which includes pre-notification information relating to investigative consumer reports and the Medical Information Bureau, Inc.
- Conditional Receipt (if applicable)
- Notice Regarding Replacement Form (if applicable)

SECTION 4 – DECLARATIONS

I represent that all statements and answers made in all parts of this application are full, complete and true. It is understood and agreed that:

1. All such statements and answers shall be the basis for and become a part of any life insurance issued as a result of this application.
2. No agent, producer, broker nor examiner has the authority to accept risks, to make or change contracts or to waive any of Washington National Insurance Company (hereinafter, collectively "Company") rights or requirements.
3. **As a condition precedent to coverage taking effect on the Policy Effective Date, all persons to be covered under the policy must be alive and not in a hospital, nursing home or other medical facility, which provides skilled medical care on the Policy Effective Date and the full first premium must be paid. Deferred Effective Date of Coverage will apply, if any person to be covered under the policy is in a hospital, nursing home or other medical facility on the Policy Effective Date. The insurance coverage will not become effective until the date the covered person is discharged from the hospital, nursing home or other medical facility and is able to perform his/her normal activities.**
4. Acceptance of a policy by the Owner constitutes ratification of any changes made by the Company.
5. If authorizing payroll deduction, I authorize my employer to deduct the required premium from my salary for the insurance coverage for which I am applying. These authorized deductions may be made at intervals mutually agreed upon by my employer and the Company, and are to be paid to the Company when due. I understand I am responsible for paying any premium due for which my employer cannot make a regularly scheduled deduction. I understand that in order to revoke this authorization, I must notify my employer in writing to cancel the premium deductions.

Fraud Warning: Any person who knowingly and with intent to defraud any insurance company that submits an application for insurance or statement of claim containing any materially false information, or conceals information concerning any fact material thereto for the purpose of misleading, may be committing a crime which is subject to criminal and civil penalties.

Signed at _____ on _____
City and State Month, Day, Year

Sign Full Legal Name

X _____
Signature of Applicant/Owner

X _____
Signature of Witness
(Licensed Agent Must Witness Where Required by Law)

X _____
Agent Signature

X _____
Print Agent Name

Agent Number (Company Number)

Name: _____

Address: _____

DOB: _____

SSN: _____

1. I authorize Washington National Insurance Company or its representatives (Company) to obtain the following information:
 - a. **Health Information.** Any information related to my: (i) past, present or future health condition(s), (ii) medical care or treatment, including information pertaining to mental health, communicable disease(s), HIV/AIDS and substance abuse, but excluding Psychotherapy Notes. (Psychotherapy Notes means notes recorded by a mental health professional documenting or analyzing the contents of a counseling session that are maintained separate from the individual's medical record. Psychotherapy Notes do not include information relating to prescriptions, diagnosis or functional status.)
 - b. **Non-Health Information.** Any information related to my: (i) finances, (ii) credit reports, (iii) consumer reports, (iv) driving record or motor vehicle reports, (v) criminal record, (vi) occupation and (vii) avocations, including aviation activity.
2. I authorize the following persons or entities to release Health and Non-Health Information to the Company: (i) physicians and other health care practitioners, (ii) hospitals, clinics and all other medically-related facilities, (iii) clinical laboratories, (iv) pharmacies and pharmacy-related organizations, (v) insurance companies and health plans, (vi) past and present employers, (vii) government agencies including the Veteran's Administration and Social Security Administration, and (viii) MIB, Inc. (formerly known as Medical Information Bureau) and commercial consumer reporting agencies (CRA).
3. I understand that the Company will use Health and Non-Health Information to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application which may arise during the processing of this application or in connection with a claim(s) for insurance benefits.
4. I understand that: (i) if I refuse to sign this Authorization the insurance for which I am applying will not be issued, (ii) I have the right to revoke this Authorization (except to the extent it has already been relied upon) by writing to the Company (Attention New Business, 11825 N. Pennsylvania Street, Carmel IN 46032), (iii) refusing to sign or revoking this Authorization will not effect my ability to obtain medical treatment or my eligibility for health insurance benefits, (iv) authorizing a disclosure of Health Information to persons/entities not regulated by federal privacy laws may result in the information no longer being protected, and (v) a copy of this Authorization is as valid as the original.
5. I have been offered a copy of this Authorization.
6. This Authorization is valid for twenty-four (24) months.

Sign Full Legal NameX _____
Signature_____
Print Name_____
Date

SECTION 6

AUTHORIZATION TO OBTAIN AND USE INFORMATION – SPOUSE (as defined by state law)
Compliant with HIPAA Privacy Standards

Name: _____

Address: _____

DOB: _____

SSN: _____

1. I authorize Washington National Insurance Company or its representatives (Company) to obtain the following information:
 - a. **Health Information.** Any information related to my: (i) past, present or future health condition(s), (ii) medical care or treatment, including information pertaining to mental health, communicable disease(s), HIV/AIDS and substance abuse, but excluding Psychotherapy Notes. (Psychotherapy Notes means notes recorded by a mental health professional documenting or analyzing the contents of a counseling session that are maintained separate from the individual's medical record. Psychotherapy Notes do not include information relating to prescriptions, diagnosis or functional status.)
 - b. **Non-Health Information.** Any information related to my: (i) finances, (ii) credit reports, (iii) consumer reports, (iv) driving record or motor vehicle reports, (v) criminal record, (vi) occupation and (vii) avocations, including aviation activity.
2. I authorize the following persons or entities to release Health and Non-Health Information to the Company: (i) physicians and other health care practitioners, (ii) hospitals, clinics and all other medically-related facilities, (iii) clinical laboratories, (iv) pharmacies and pharmacy-related organizations, (v) insurance companies and health plans, (vi) past and present employers, (vii) government agencies including the Veteran's Administration and Social Security Administration, and (viii) MIB, Inc. (formerly known as Medical Information Bureau) and commercial consumer reporting agencies (CRA).
3. I understand that the Company will use Health and Non-Health Information to determine my eligibility for insurance and to resolve or contest any issues of incomplete, incorrect or misrepresented information on this application which may arise during the processing of this application or in connection with a claim(s) for insurance benefits.
4. I understand that: (i) if I refuse to sign this Authorization the insurance for which I am applying will not be issued, (ii) I have the right to revoke this Authorization (except to the extent it has already been relied upon) by writing to the Company (Attention New Business, 11825 N. Pennsylvania Street, Carmel IN 46032), (iii) refusing to sign or revoking this Authorization will not effect my ability to obtain medical treatment or my eligibility for health insurance benefits, (iv) authorizing a disclosure of Health Information to persons/entities not regulated by federal privacy laws may result in the information no longer being protected, and (v) a copy of this Authorization is as valid as the original.
5. I have been offered a copy of this Authorization.
6. This Authorization is valid for twenty-four (24) months.

Sign Full Legal Name

X _____
Signature

Print Name

Date

SERFF Tracking Number: CNSC-126997100 State: Arkansas
 Filing Company: Washington National Insurance Company State Tracking Number: 48016
 Company Tracking Number: WNIC-3002
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: WNIC-3002 & WNIC-3003R
 Project Name/Number: /

Supporting Document Schedules

Item Status: **Status**
Date:

Satisfied - Item: Flesch Certification

Comments:

We are in compliance with:

Readability

Rule 19

Guaranty Notice - given to the Policyholder

Consumer Information Notice - Given to Policyholder

Attachments:

Certification Rule 19.pdf

WNIC-CN-AR.pdf

READABILITY CERTIFICATION.pdf

WNIC-CN-AR.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statements of Variability

Comments:

Attachments:

Statement of Variability--WNIC-3002-AR.pdf

Statement of Variability--WNIC-3003R-AR.pdf

Statement of Variability for WNIC-8001-GI.pdf

Statement of Variability for WNIC-8001-EOI.pdf

WASHINGTON NATIONAL INSURANCE COMPANY

Arkansas Certification for Compliance

With Rule and Regulation 19

WNIC-3002-AR	Renewable Term Life Insurance To Age 98
WNIC-3003R-AR	Renewable Term Life Insurance To Age 98 With Return of Premium
WNIC-8001-GI	Application For Life Insurance
WNIC-8001-EOI	Life Application Supplement

I, Mathias E. Brown, an authorized officer for the company, do hereby certify that the form(s) identified above are in compliance with Arkansas Rule and Regulation 19 in regards to Unfair Sex Discrimination in the Sale of Insurance.



Mathias E. Brown
Senior Director and Assistant Secretary

2/17/2011

DATE

IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: _____

Address: _____

Telephone: _____

3. If to the Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
Telephone: 1-501-371-2640
1-800-852-5494

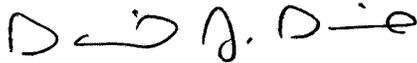
READABILITY CERTIFICATION

Company Name: WASHINGTON NATIONAL INSURANCE COMPANY

NAIC Number: 233-70319

As an officer of Washington National Insurance Company, I hereby certify that the below captioned forms achieve the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements in your state.

Flesch Score	Form Number	Description
53.2	WNIC-3002-AR	Renewable Term Life Insurance To Age 98
53.9	WNIC-3003R-AR	Renewable Term Life Insurance To Age 98 with Return of Premium Available
51.5	WNIC-8001-GI	Application for Life Insurance
50.1	WNIC-80001-EOI	Life Application Supplement



Dave J. Dennie
Assistant Secretary

1/4/2011

DATE

IMPORTANT NOTICE

Should you have any questions concerning this policy, you may direct your question to:

1. If to the Company,

Washington National Insurance Company
11815 N. Pennsylvania St.
Carmel, Indiana 46032-4555
Telephone: 1-800-940-1843

2. If to your licensed representative:

Name: _____

Address: _____

Telephone: _____

3. If to the Arkansas Insurance Department

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201
Telephone: 1-501-371-2640
1-800-852-5494

WASHINGTON NATIONAL INSURANCE COMPANY

DATE: 2/17/2011

STATEMENT OF VARIABILITY

FORM WNIC-3002-AR - RENEWABLE TERM LIFE INSURANCE TO 98

Policy form WNIC-3002-AR is Renewable Term Life Insurance To Age 98 to be issued by Washington National Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

Bracketed Item	Description
<i>Cover Page</i>	
Address	Current Company Address for Home Office
(800) Telephone	Current 800 number
Secretary's Signature	Signature of current Secretary
President's Signature	Signature of current President
<i>Page 3</i>	
Policy Number	This information is bracketed, as it will be specific to the Policy issued.
Policy Effective Date	This information is bracketed, as it will be specific to the Policy issued.
Expiry Date	This information is bracketed, as it will be specific to the Policy issued. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98 th birthday.
Initial Annual Premium	This information is bracketed, as it will be specific to the Policy issued.
Premium Mode	This information is bracketed, as it will be specific to the Policy issued.
Insured	This information is bracketed, as it will be specific to the Policy issued.
Age	This information is bracketed, as it will be specific to the Policy issued. Issue age guidelines are as follows: <ul style="list-style-type: none"> • 15 year level premium period Ages 18 through 65 • To Age 65 level premium period: Ages 18 through 55 Age Last Birthday
Rating Class	This information is bracketed, as it will be specific to the Policy issued. There are two risk classification: non-tobacco and tobacco
Level Premium Period	This information is bracketed, as it will be specific to the Policy issued. This is the number of years premiums are level. At time of application, the applicant can choose between 15-year to Age 65 Level Premium Period.
Death Benefit	This information is bracketed, as it will be specific to the Policy issued. Minimum Face Amount: \$5,000 Maximum Face Amount: \$250,000
Payroll Deduction Mode:	This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode that is chosen for the policy, The payroll deduction mode will only appear if the policy premium is paid by payroll deduction. Current Payroll Deduction Modes: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay, 26-pay, and 52-pay.

Bracketed Item	Description
Payroll Deduction Modal Factor:	This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode factor if the policy premium is paid by payroll deduction. Current Model Factors for Payroll Deduction is: 9-pay – 0.11560 10-pay – 0.10404 12-pay – 0.0867 13-pay – 0.08003 24-pay – 0.04335 26-pay – 0.04002 52-pay – 0.02001
Premiums:	Premium for each modal deduction is shown on the Policy Specification. The Payroll Deduction modal premium will only be shown if policy premium is paid by payroll deduction.
**Footnote on Policy Specification	The following footnote will appear on the Policy Specification Page if the policy premium is paid by payroll deduction **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE.
Policy/Rider Benefit Schedule Form Number Column	The form number column is bracketed as is will show the optional benefit riders form numbers the applicant has elected to have on his/her policy. Each rider's form number will appear in this column,
Policy/Rider Benefit Schedule – Description of Benefit Column	This column will show the description of the optional benefit riders the applicant has elected for his/her policy.
Policy/Rider Benefit Schedule - Insurance Amount	This column will show the insurance amount, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule – Annual Premium column	This column will show the annual premium, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule - Years Payable column	This column will show the number of years premiums are payable, if applicable, for each optional benefit rider elected.
Page 4	
Table of Guaranteed Annual Premiums - Level Premium Period	The applicant elected the Level Premium Period of either 15 years or To Age 65.
Table of Guaranteed Annual Premiums –Columns: Age, Policy Year, Premium	This information is bracketed, as it will be specific to the Policy issued. Premiums are based on the Insured's attained age. The premiums are guaranteed and will increase annually after the Level Premium Period. The guaranteed annual premiums are shown on the Table of Guaranteed Annual Premiums.
Back Page	
Address	Current Company Address for Home Office
(800) Telephone	Current 800 number

WASHINGTON NATIONAL INSURANCE COMPANY

DATE: 2/17/2011

STATEMENT OF VARIABILITY

**FORM WNIC-3003R-AR - RENEWABLE TERM LIFE INSURANCE TO 98
WITH RETURN OF PREMIUM AVAILABLE**

Policy form WNIC-3003R-AR is Renewable Term Life Insurance To Age 98 with Return of Premium Available to be issued by Washington National Insurance Company. The language that is bracketed in the attached policy is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

Bracketed Item	Description
<i>Cover Page</i>	
Address	Current Company Address for Home Office
(800) Telephone	Current 800 number
Secretary's Signature	Signature of current Secretary
President's Signature	Signature of current President
<i>Page 3</i>	
Policy Number	This information is bracketed, as it will be specific to the Policy issued.
Policy Effective Date	This information is bracketed, as it will be specific to the Policy issued.
Expiry Date	This information is bracketed, as it will be specific to the Policy issued. The Expiry Date will be the Policy Anniversary date coinciding with or next following the Insured's 98 th birthday.
Initial Annual Premium	This information is bracketed, as it will be specific to the Policy issued.
Premium Mode	This information is bracketed, as it will be specific to the Policy issued.
Insured	This information is bracketed, as it will be specific to the Policy issued.
Age	<p>This information is bracketed, as it will be specific to the Policy issued. Issue age guidelines are as follows:</p> <ul style="list-style-type: none"> • 15 year level premium period Ages 18 through 65 • To Age 65 level premium period: Ages 18 through 55 <p>Age Last Birthday</p>
Rating Class	This information is bracketed, as it will be specific to the Policy issued. There are two risk classification: non-tobacco and tobacco
Level Premium Period	This information is bracketed, as it will be specific to the Policy issued. This is the number of years premiums are level. At time of application, the applicant can choose between 15-year to Age 65 Level Premium Period.
Death Benefit	<p>This information is bracketed, as it will be specific to the Policy issued.</p> <p>Minimum Face Amount: \$5,000 Maximum Face Amount: \$250,000</p>
Payroll Deduction Mode:	<p>This information is bracketed, as it will be specific to the policy issued.</p> <p>We will only show the payroll deduction mode that is chosen for the policy, The payroll deduction mode will only appear if the policy premium is paid by payroll deduction. Current Payroll Deduction Modes: 9-pay, 10-pay, 12-pay, 13-pay, 24-pay, 26-pay, and 52-pay.</p>

Bracketed Item	Description
Payroll Deduction Modal Factor:	This information is bracketed, as it will be specific to the policy issued. We will only show the payroll deduction mode factor if the policy premium is paid by payroll deduction. Current Model Factors for Payroll Deduction is: 9-pay – 0.11560 10-pay – 0.10404 12-pay – 0.0867 13-pay – 0.08003 24-pay – 0.04335 26-pay – 0.04002 52-pay – 0.02001
Premiums:	Premium for each modal deduction is shown on the Policy Specification. The Payroll Deduction modal premium will only be shown if policy premium is paid by payroll deduction.
**Footnote on Policy Specification	The following footnote will appear on the Policy Specification Page if the policy premium is paid by payroll deduction **IF PREMIUM CEASES TO BE REMITTED THROUGH A VALID PAYROLL GROUP, YOU MAY CONTINUE YOUR INSURANCE BY REMITTING PREMIUM THROUGH ONE OF OUR OTHER PAYMENT METHODS SHOWN ABOVE.
Policy/Rider Benefit Schedule Form Number Column	The form number column is bracketed as is will show the optional benefit riders form numbers the applicant has elected to have on his/her policy. Each rider's form number will appear in this column,
Policy/Rider Benefit Schedule – Description of Benefit Column	This column will show the description of the optional benefit riders the applicant has elected for his/her policy.
Policy/Rider Benefit Schedule - Insurance Amount	This column will show the insurance amount, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule – Annual Premium column	This column will show the annual premium, if applicable, for each optional benefit rider elected.
Policy/Rider Benefit Schedule - Years Payable column	This column will show the number of years premiums are payable, if applicable, for each optional benefit rider elected.
Page 4	
Table of Guaranteed Annual Premiums - Level Premium Period	The applicant elected the Level Premium Period of either 15 years or To Age 65.
Table of Guaranteed Annual Premiums –Columns: Age, Policy Year, Premium	This information is bracketed, as it will be specific to the Policy issued. Premiums are based on the Insured's attained age. The premiums are guaranteed and will increase annually after the Level Premium Period. The guaranteed annual premiums are shown on the Table of Guaranteed Annual Premiums.
Page 5	
Table of Guaranteed Values – End of Policy Year column	This column will either show the first 15 policy years or the number of policy years for the Insured to Attain Age 65.
Table of Guaranteed Values	This information is bracketed, as it will be specific to the Policy issued.
<ul style="list-style-type: none"> • Return of Premium Cash Value 	The Return of Premium feature provides cash value, which is available if the policy terminated prior to the end of the Level Premium Period or stays in force to the end of the Level Premium Period.
<ul style="list-style-type: none"> • Extended Level Term Insurance 	If the policy terminates as provided in the policy's grace period provision and the policy has cash value, one of the following options may be chosen: Cash Value, Extended Level Term Insurance or Reduced Paid Up Insurance.
<ul style="list-style-type: none"> • Paid-Up Life Insurance 	This table shows the Cash Value and Paid-up life insurance dollar amount and the number of years and days the extended level term insurance is in-force.

<i>Back Page</i>	
Address	Current Company Address for Home Office
(800) Telephone	Current 800 number

WASHINGTON NATIONAL INSURANCE COMPANY

Date: 2/17/2011

STATEMENT OF VARIABILITY
WNIC-8000-GI

This Statement of Variability is for Application for Life Insurance Form WNIC-8000-GI that will be used with our Renewable Term Life Insurance Policy to Age 98, WNIC-3002-AR, and Renewable Term Life Insurance Policy to Age 98 with Return of Premium, WNIC-3003R-AR. The language that is bracketed on the attached application is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

Bracketed Item	Description
Page 1 – Address	Current Company Address for Home Office
Page 1 - (800) Telephone Number	Current 800 number
Page 2 – Section 3 - Riders	By making this area variable, in the future we will be able to delete any rider that is not being offered any longer or to add any new rider (once approved by the insurance departments) to the application.
Page 2 – Section 3 – Child Term Insurance Rider – Face Amount	By making the face amount of \$10,000 variable, in the future we will be able to change the amount of the Death Benefit to a higher or lower amount.
Page 3 – Section 4 - Current Payroll Deduction Options	By making this area variable, in the future we will be able to delete any payment method no longer being .offered or to add any new payment method..
Page 3 – Section 6 - -Question 2a.. If yes, do you regularly work [20] hours per week:	By making [20] hours variable, in the future we will be able to change the numbers of hours.
Page 3 – Section 6 – Question 2b. Have you been employed [90] days with your current employer?	By making [90] days variable, in the future we will be able to change the numbers of days

WASHINGTON NATIONAL INSURANCE COMPANY

Date: 2/17/2011

STATEMENT OF VARIABILITY
 WNIC-8001-EOI

This Statement of Variability is for Life Insurance Supplement Form WNIC-8001-EOI that will be used with our Renewable Term Life Insurance Policy to Age 98, WNIC-3002-AR, and Renewable Term Life Insurance Policy to Age 98 with Return of Premium, WNIC-3003R-AR. The language that is bracketed on the attached application is intended to be illustrative and variable, and may be modified by Washington National Insurance Company on a non-discriminatory basis as described below.

Bracketed Item	Description
Page 1 – Address	Current Company Address for Home Office
Page 1 - (800) Telephone Number	Current 800 number
Page 1 – Section 1- Question 3a... Does the proposed insured on average work [20] hours a week?	By making [20] hours variable, in the future we will be able to adjust the numbers of hours, if needed.
Page 1 – Section 1 – Question 3b. .. Has the proposed insured been employed [90] days with their current employer?	By making [90] days variable, in the future we will be able to adjust the numbers of days, if needed.