

SERFF Tracking Number: CMPL-127091771 State: Arkansas
Filing Company: Reassure America Life Insurance Company State Tracking Number: 48301
Company Tracking Number: REALIC WHOLE LIFE DIRECT
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: REALIC Whole Life Direct
Project Name/Number: REALIC Whole Life Direct/REALIC Whole Life Direct

Filing at a Glance

Company: Reassure America Life Insurance Company

Product Name: REALIC Whole Life Direct

TOI: L071 Individual Life - Whole

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

Filing Type: Form

SERFF Tr Num: CMPL-127091771 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 48301

Co Tr Num: REALIC WHOLE LIFE State Status: Approved-Closed
DIRECT

Author: Nancy French

Date Submitted: 03/22/2011

Reviewer(s): Linda Bird

Disposition Date: 03/23/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name: REALIC Whole Life Direct

Project Number: REALIC Whole Life Direct

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Nancy French

Filing Description:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/23/2011

State Status Changed: 03/23/2011

Created By: Nancy French

Corresponding Filing Tracking Number:

March 14, 2011

Arkansas Department of Insurance

Re: Reassure America Life Insurance Company

NAIC #70211-0181 - FEIN #23-6200031

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Form Filing - Individual Whole Life Insurance
RWL-AR 2.0 et al. (See attached forms list)

Dear Sir/Madam:

This filing is being submitted by Compliance Research Services, LLC on behalf of Reassure America Life Insurance Company (Reassure). A letter of filing authorization is enclosed.

Please find enclosed the above-referenced forms for your review and approval. The forms include an individual whole life insurance policy along with an endorsement and application forms associated with the policy. All forms are new. They do not include any provisions that are unusual. Substantially similar versions of the forms were approved by the Interstate Compact on March 7, 2011. Reassure's domiciliary state, Indiana, is a member of the Compact.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to Reassure's production printers. Reassure takes care to assure that printer-based variations are minimized; however, should changes occur, such changes will not alter the content or meaning of any approved forms.

Following is a brief description of the enclosed forms:

Form RWL-AR 2.0, Whole Life Insurance with Maturity Value at Age 120 - Individual whole life insurance policy with level premium to age 120. Issue age limits are 0-85 for policy issues. The policy is intended to be used for the conversion of temporary insurance products to a permanent whole life insurance product, and will not be illustrated.

Form RCNV APP-A 2.0, Conversion Application - Conversion Application form RCNV APP-A 2.0 is designed for use with form RWL-AR 2.0 in situations where Reassure America policies are converted to the Reassure America conversion policy.

Form RCNV APP-B 2.0, Conversion Application - Conversion Application form RCNV APP-B 2.0 is designed for use with form RWL-AR 2.0 in situations where the policies of another company are converted to Reassure America conversion policy.

RAE 2.0, Amendatory Endorsement - Will be used to maintain the same contestability and suicide periods as contained in the policy to be converted to form RWL-AR 2.0.

The forms listed below were approved by your Department for use with Reassure individual term life policy, form RTL-AR 2.0, on January 15, 2009 under SERFF #CMPL-125986342. We request your approval to use these with the

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enclosed individual whole life policy:

RWP 2.0, Waiver of Premium Rider
RADD 2.0, Accidental Death & Dismemberment Rider
ROIR 2.0, Other Insured Rider
RCTR 2.0, Children's Term Rider

Reassure administers a closed block of life insurance business. Reassure also desires the ability to issue the enclosed policy as needed in the administration of its closed block of business.

This submission includes an actuarial memorandum for the policy and riders and demonstration of cash value requirements. Premium rates are based on the 2001 CSO table. The rates are sex distinct.

We have enclosed any forms or transmittals required by your Department.

We appreciate your review of these forms. If you have questions or find that you need any additional information, you may reach me at 513-984-6050 or at dsimon@crssolutionsgroup.com.

Thank you for your time and attention to this filing.

Sincerely,

J. David Simon, CLU
President

Reassure America Life Insurance Company
NAIC #70211-0181 - FEIN #23-6200031
Individual Whole Life Insurance
Forms List

Form Number Description

RWL-AR 2.0 Whole Life Insurance Policy
RAE 2.0 Amendatory Endorsement
RCNV APP-A 2.0 Conversion Application

SERFF Tracking Number: CMPL-127091771 State: Arkansas
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RCNV APP-B 2.0 Conversion Application

Company and Contact

Filing Contact Information

Nancy French, Product Manager nrfrench@crssolutionsgroup.com
 10921 Reed Hartman Highway 513-984-6050 [Phone]
 Suite 334 513-984-7212 [FAX]
 Cincinnati, OH 45242

Filing Company Information

(This filing was made by a third party - complianceresearchservicesllc)

Reassure America Life Insurance Company	CoCode: 70211	State of Domicile: Indiana
1700 Magnavox Way	Group Code:	Company Type:
Fort Wayne, IN 46804	Group Name: Swiss Re	State ID Number:
(513) 984-6050 ext. [Phone]	FEIN Number: 23-6200031	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	\$50 per form - 4 forms = 200.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reassure America Life Insurance Company	\$200.00	03/22/2011	45851447

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/23/2011	03/23/2011

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Disposition

Disposition Date: 03/23/2011

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		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Authorization Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Whole Life Insurance Policy		Yes
Form	Amendatory Endorsement		Yes
Form	Conversion Application		Yes
Form	Conversion Application		Yes

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Form Schedule

Lead Form Number: RWL-AR 2.0

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	RWL-AR 2.0	Policy/Cont Whole Life Insurance Initial ract/Fratern Policy al Certificate			60.000	RWL-AR 2.pdf
	RAE 2.0	Policy/Cont Amendatory ract/Fratern Endorsement al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		60.000	RAE 2.0 - Amendatory Endorsement.pdf
	RCNV APP-A 2.0	Application/ Conversion Enrollment Application Form	Initial		50.000	RCNV APP-A 2.0 - Conversion Application.pdf
	RCNV APP-B 2.0	Application/ Conversion Enrollment Application Form	Initial		50.000	RCNV APP-B 2.0 - Conversion Application.pdf

Reassure America Life Insurance Company

A Stock Company
Home Office: Fort Wayne, Indiana

Administrative Office:
[Post Office Box 1147]
[Jacksonville, Illinois 62651-1147]
Phone: [1-800-637-4475]

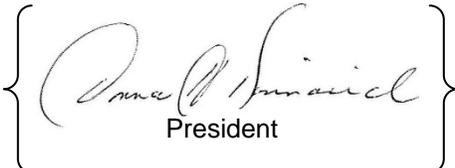
'We', 'us' or 'our' means Reassure America Life Insurance Company. 'You' or 'your' means the Owner.

We will pay the benefits of this Policy, subject to its terms and conditions. We will pay the Death Benefit to the Beneficiary when we receive due proof of the Insured's death while the Policy is in force prior to the Maturity Date. Unless changed, the Beneficiary is as named in the application. We will pay you the Maturity Value if the Insured is living on the Maturity Date.

Right to Cancel Policy – If you are not satisfied with this Policy, you may void it by returning it to us within 30 days after you receive it. Returning the Policy will void it from the Issue Date and we will refund all Premium paid on the Policy.

READ YOUR POLICY CAREFULLY. This Policy is a legal contract between you and us. This Policy is issued in consideration of the application and payment of the initial Premium.

Signed for the Reassure America Life Insurance Company at its Home Office.


President


Corporate Secretary

**Whole Life Insurance with Maturity Value at Age 120
Death Benefit Payable Upon Insured's Death Before Maturity Date
Maturity Value is payable on the Maturity Date if the Insured is living
Premiums Payable for the Period Specified
This is a Guaranteed Cost Policy
Nonparticipating**

**[A War Risk Exclusion is Contained in the [Waiver of Premium Rider] [and]
[Accidental Death and Dismemberment Rider] attached to This Policy]**

This Policy is issued for delivery in [insert issue state]. The telephone number for the [insert issue state] Department of Insurance is [insert Insurance Department telephone number].

Guide to Policy Provisions

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Policy Data

Policy Number: [12345678]
Issue Date: [April 1, 2010]
Insured: [John Doe]
Insured Age at Issue Date: [35]
Gender of Insured: [Male]
Owner¹: [John Doe]
Beneficiary¹: [Jane Doe, Spouse]
Plan of Insurance: [Whole Life Insurance]
Face Amount: \$[10,000]
Maturity Date: [April 1, 2095]
Premium: \$[16.95]²
Frequency of Premium: [Monthly]

Optional Premium Frequency Amounts:	Annually \$[188.30]	Semi-Annually \$[97.92]	Quarterly \$[51.78]	Monthly \$[16.95]
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Premium Class: [Standard Nontobacco]

¹ The Owner and Beneficiary shown are as stated in the application. The Owner and/or Beneficiary may be changed in accordance with Policy provisions.

² Includes only the premium for the base whole life insurance and the annual Policy fee. Premiums for any additional benefits provided by Rider are not included.

Policy Data (Continued)

Rider Benefits and Premiums^[3]

	<u>First Annual Premium</u> ^[3]	<u>Years Premiums Payable</u>	<u>Benefit</u>
Accidental Death and Dismemberment Rider	\$[12.70]	Rider Termination Date	\$[10,000]
Waiver of Premium for Total Disability Rider	\$[2.10]	Rider Termination Date	Premium Waived ^[4]
Other Insured Term Rider Jane Doe	\$[9.20]	Rider Termination Date	\$[10,000]
Children's Term Rider	\$[30.00]	Rider Termination Date	\$[5,000]

³ Rider Premiums are not required to keep the whole life insurance in force. Please see the Rider Termination Provision(s) for more details.

⁴ See Rider for more details about the benefit.

Summary Table of Annual Premiums - The \$90 annual Policy fee is included in the Whole Life Premiums shown below.

Policy Year	Whole Life Insurance	Accidental Death and Dismemberment Rider	Waiver of Premium For Total Disability Rider	Other Insured Term Rider	Children's Term Rider	Total Annual Premium
1	188.30	12.70	2.10	9.20	30.00	242.30
2	188.30	12.70	2.10	9.80	30.00	243.00
3	188.30	12.70	2.10	10.50	30.00	243.60
4	188.30	12.70	2.10	11.00	30.00	244.10
5	188.30	12.70	2.10	11.60	30.00	244.70
10	188.30	12.70	2.10	16.40	30.00	249.50
20	188.30	12.70	2.10	44.60	30.00	277.70
Age 65	188.30	12.70	2.10	106.20	30.00	339.30

Policy Data (Continued)

Table of Annual Policy Premiums – The \$90 annual Policy fee is included in the Whole Life Premiums shown below.

Policy Year	Whole Life Insurance Premium	Total Premium ^[5]	Policy Year	Whole Life Insurance Premium	Total Premium
1	188.30	242.30	46	188.30	188.30
2	188.30	243.00	47	188.30	188.30
3	188.30	243.60	48	188.30	188.30
4	188.30	244.10	49	188.30	188.30
5	188.30	244.70	50	188.30	188.30
6	188.30	245.40	51	188.30	188.30
7	188.30	246.20	52	188.30	188.30
8	188.30	247.10	53	188.30	188.30
9	188.30	248.20	54	188.30	188.30
10	188.30	249.50	55	188.30	188.30
11	188.30	251.00	56	188.30	188.30
12	188.30	252.80	57	188.30	188.30
13	188.30	254.90	58	188.30	188.30
14	188.30	257.20	59	188.30	188.30
15	188.30	259.80	60	188.30	188.30
16	188.30	262.70	61	188.30	188.30
17	188.30	266.00	62	188.30	188.30
18	188.30	269.70	63	188.30	188.30
19	188.30	273.60	64	188.30	188.30
20	188.30	277.70	65	188.30	188.30
21	188.30	277.70	66	188.30	188.30
22	188.30	282.40	67	188.30	188.30
23	188.30	287.50	68	188.30	188.30
24	188.30	292.90	69	188.30	188.30
25	188.30	298.50	70	188.30	188.30
26	188.30	304.20	71	188.30	188.30
27	188.30	310.20	72	188.30	188.30
28	188.30	316.80	73	188.30	188.30
29	188.30	323.80	74	188.30	188.30
30	188.30	331.20	75	188.30	188.30
31	188.30	339.30	76	188.30	188.30
32	188.30	188.30	77	188.30	188.30
33	188.30	188.30	78	188.30	188.30
34	188.30	188.30	79	188.30	188.30
35	188.30	188.30	80	188.30	188.30
36	188.30	188.30	81	188.30	188.30
37	188.30	188.30	82	188.30	188.30
38	188.30	188.30	83	188.30	188.30
39	188.30	188.30	84	188.30	188.30
40	188.30	188.30	85	188.30	188.30
41	188.30	188.30			
42	188.30	188.30			
43	188.30	188.30			
44	188.30	188.30			
45	188.30	188.30			

⁵ If riders are attached, the Total Premium includes the annual premium(s) for the rider(s) as shown in the Table of Annual Premiums – Riders.

For Frequency of Premiums other than annual premium, multiply the Total Premium by the following modal factors:

- .52 for Semi-Annual;
- .275 for Quarterly;
- .09 for Monthly.

Contact our Administrative Office for more information about the coverage provided under your Policy: Reassure America Life Insurance Company

[PO Box 1147]

[Jacksonville, Illinois 62651-1147]

Phone: [1-800-637-4475]

Policy Data (Continued)

Table of Annual Premiums – Riders

Policy Year	Accidental Death and Dismemberment	Waiver of Premium For Total Disability	Other Insured Term Rider	Children's Term Rider
1	12.70	2.10	9.20	30.00
2	12.70	2.10	9.90	30.00
3	12.70	2.10	10.50	30.00
4	12.70	2.10	11.00	30.00
5	12.70	2.10	11.60	30.00
6	12.70	2.10	12.30	30.00
7	12.70	2.10	13.10	30.00
8	12.70	2.10	14.00	30.00
9	12.70	2.10	15.10	30.00
10	12.70	2.10	16.40	30.00
11	12.70	2.10	17.90	30.00
12	12.70	2.10	19.70	30.00
13	12.70	2.10	21.80	30.00
14	12.70	2.10	24.10	30.00
15	12.70	2.10	26.70	30.00
16	12.70	2.10	29.60	30.00
17	12.70	2.10	32.90	30.00
18	12.70	2.10	36.60	30.00
19	12.70	2.10	40.50	30.00
20	12.70	2.10	44.60	30.00
21	12.70	2.10	49.30	30.00
22	12.70	2.10	54.40	30.00
23	12.70	2.10	59.80	30.00
24	12.70	2.10	65.40	30.00
25	12.70	2.10	71.10	30.00
26	12.70	2.10	77.10	30.00
27	12.70	2.10	83.70	30.00
28	12.70	2.10	90.70	30.00
29	12.70	2.10	98.10	30.00
30	12.70	2.10	106.20	30.00

For Frequency of Premiums other than annual premium, multiply the Total Premium by the following modal factors:
 .52 for Semi-Annual;
 .275 for Quarterly;
 .09 for Monthly.

Contact our Administrative Office for more information about the coverage provided under your Policy:

Reassure America Life Insurance Company
 [PO Box 1147]
 [Jacksonville, Illinois 62651-1147]
 Phone: [1-800-637-4475]

Table of Guaranteed Values

The guaranteed values for your Policy are based upon the Insured's age, gender and premium class on the Issue Date and the number of years that Premiums have been paid. The guaranteed values shown in this Table are for each \$1,000 of your Policy's Face Amount. The guaranteed values do not take into consideration any loan(s) on the Policy and assume no loan(s) has been taken out on the Policy. In the event a loan(s) is taken out on the Policy, the values shown will be affected. The Cash Values are the values at the end of the selected Policy year, if all due Premiums have been paid. Due allowance will be made for any Premium paid for a fraction of a year.

For each \$1000 of Face Amount as shown on the Policy Data page.
 Insured's Age at Issue Date: [35]

Policy Anniversary In	Number of Years Premium Paid	Cash Value	Reduced Paid-Up Insurance Value
2007	1	0.00	0.00
2008	2	0.00	0.00
2009	3	7.05	31.00
2010	4	17.58	74.00
2011	5	28.48	115.00
2012	6	39.72	155.00
2013	7	51.29	194.00
2014	8	63.20	230.00
2015	9	75.43	266.00
2016	10	87.98	300.00
2017	11	100.84	332.00
2018	12	114.05	363.00
2019	13	127.65	393.00
2020	14	141.70	422.00
2021	15	156.19	450.00
2022	16	171.10	477.00
2023	17	186.39	503.00
2024	18	202.03	528.00
2025	19	218.00	552.00
2026	20	234.24	575.00
2035	25	319.62	674.00
2030	30	410.40	753.00

Nonforfeiture factors for each \$1,000 of Face Amount: for all Policy years: [\$1.13].

Method of Calculation — The Guaranteed Cash Values and Guaranteed Reduced Paid-up Insurance Values are based on the 2001 Commissioners Standard Ordinary Ultimate Tables of Mortality. All values are calculated using a 4% interest rate. The guaranteed values for any year not shown will be provided upon request. The guaranteed values under this Policy are not less than the minimums required by the Standard Nonforfeiture Law of the state in which the Policy is delivered. See the Nonforfeiture Values section on page 8 for more information about Cash Values, Surrender for Cash and Reduced Paid-Up life insurance.

General Provisions

The Policy - This contract, the application and any riders or endorsements attached hereto are the entire Policy. A copy of the application is attached.

No agent may change this Policy or waive a right or requirement stated herein. Only our officers may waive a right or requirement stated herein.

Policy Anniversary – The same date and month of the Issue Date for each year the Policy is in force. The first Policy Anniversary is 12 months after the Issue Date.

Owner - Unless changed, the Owner is as named in the application. If all named Owners and contingent Owners have died, the Owner of this Policy is the last surviving Owner's estate.

While this Policy is in force, you may:

1. Change the Owner;
2. Assign the Policy;
3. Receive any benefit and exercise any right granted by the Policy and allowed by us; and
4. Change the Beneficiary. Irrevocable beneficiaries must give written consent to any beneficiary change.

If there is more than one Owner, we must receive written consent of all Owners for the exercise of any ownership right.

Beneficiary - Beneficiary means the person(s), or other designated entity(ies) you name on the application or on a form satisfactory to us who will receive the Death Benefit upon the death of the Insured. The Beneficiary cannot be the Insured. You may designate different classes of Beneficiaries such as primary (first) and contingent (second). These classes set the order of payment. A class may contain more than one Beneficiary. The Death Benefit will be paid in equal shares to the then living person(s) in the class with the highest priority unless you have designated otherwise. If you have (1) designated multiple Beneficiaries in a class, (2) designated a percentage payable to each such Beneficiary, and (3) one or more of the designated Beneficiaries in the class are not alive at the death of the Insured, the interest of the deceased Beneficiary(ies) in the Death Benefit will be equally distributed to the surviving Beneficiary(ies) of the class.

Change of Owner or Beneficiary - Unless you state otherwise, you may change the Owner or Beneficiary while the Insured is alive. The request must be made in writing in a form acceptable to us. An irrevocable Beneficiary designation may not be changed without the written consent of that Beneficiary. The request will take effect on the date you sign the request to change the Owner or Beneficiary unless you request a different date. However, we are not liable for any payments made or actions taken by us prior to our receipt of your written and signed request in our Administrative Office.

Premiums – The amount and frequency of the Premiums due on this Policy are shown in the Policy Data pages. Premiums may be paid at annual, semi-annual, quarterly, or monthly frequencies. All Premium due dates are measured from the Issue Date. Premiums are to be paid on or before the Premium due date with the first Premium due on the Issue Date. All Premiums must be received by us at our Administrative Office on or before the Premium due date.

You may change the frequency with which you pay Premiums upon written request to us. The modal factors for the different Premium frequencies are shown in the Policy Data pages. If you change the Premium payment frequency, the amount of the Premium will change based on the

mode you select. The change will take effect as of the next Policy Anniversary.

Grace Period - If we do not receive your Premium by its due date, we will allow a Grace Period of 31 days. This Policy will be in force during the Grace Period. If we do not receive the Premium by the end of the Grace Period, this Policy will terminate unless there is sufficient Cash Value to purchase Reduced Paid-up Insurance. Reduced Paid-up Insurance is explained on page 8 in the section entitled "Nonforfeiture Values". If the Insured dies during the Grace Period, we will deduct any Premium due us from the Death Benefits we pay. Any Premium received by us after the Policy terminates will be refunded to the Owner.

Reinstatement - You may reinstate this Policy - that is, put it back in full force, up to 5 years after the due date of any Premium not received by us by the end of the Grace Period. You may reinstate the Policy only if it terminates as a result of the non-payment of Premium, subject to the following.

We will reinstate the Policy if you:

1. Give us due proof satisfactory to us that the Insured is still insurable based on our current underwriting guidelines;
2. Pay all past due Premiums with interest at 6% annually from the due date of each unpaid Premium; and
3. Pay all interest on the loan balance, if any, which accrued from the date the Policy terminated through the date of Reinstatement.

See page 9 in the section entitled "Loan Interest" for the Loan Interest rate.

Assignment - You may assign this Policy. Any Assignment must be provided to us in writing and include written consent by the irrevocable Beneficiary, if any. An Assignment will not change or revoke the Beneficiary designation in effect at the time the Assignment is made. If an Assignment is absolute, your rights and privileges, including any right to change the Beneficiary, vest in the assignee. If an Assignment is collateral, the collateral assignee's interest in the Death Benefit has priority over the interest of any Beneficiary and the collateral assignee's interest in the Maturity Value has priority over the interest of the Owner.

We are not responsible for the validity of an Assignment. The Assignment will take effect on the date you sign such Assignment unless you request a different date. However, we are not liable for any payments made or actions taken by us prior to our receipt of a written and signed Assignment in our Administrative Office. The rights of the Owner and the Beneficiary are subject to the rights of the person or entity to whom this Policy is assigned.

Claims of Creditors – The Death Benefit payable under this Policy will be exempt from the claims of creditors and from legal process to the extent the law permits.

Misstatement of Age and/or Gender - If the Insured's age and/or gender shown on the application is misstated, the Cash Value and/or Reduced Paid-Up Insurance Value, if applicable, will be recalculated from the Issue Date using mortality charges based on the Insured's correct age and/or gender. The Death Benefit payable shall be the amount which the recalculated Cash Value would have purchased at the correct age and/or gender according to our rates in effect on the Issue Date.

Incontestability – We will not contest this Policy after it has been in force during the lifetime of the Insured for 2 years from its Issue Date. All statements made in the application are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application. This does not prevent us from terminating

this Policy if Premiums are due but not paid. A new incontestability period will apply if reinstatement occurs.

Suicide - If the Insured dies by Suicide while sane or insane within 2 years from the Issue Date of this Policy, the benefit will be limited to a refund of all the Premiums paid, less any Loans and Loan Interest, and the policy shall terminate. Any such Premium refund will be paid to the Owner or, if no Owner survives the Insured, to the last surviving Owner's estate. If there is no estate for the last surviving Owner, the Premium refund will be paid to the Beneficiary.

Nonparticipating – This Policy is Nonparticipating. It does not share in our profits or surplus earnings. We will pay no dividends on this Policy.

Death Benefit

If the Insured dies while this Policy is in force prior to the Maturity Date, we will pay a Death Benefit in one sum to the Beneficiary, to the extent possible, within 31 days upon our receipt of:

1. Due proof of the Insured's death in a form acceptable to us, such as a certified copy of the death certificate or other lawful evidence providing equivalent information;
2. Due proof of the claimant's interest in the Death Benefit; and
3. A fully completed claim form with all required documentation.

The Death Benefit will (a) be the Face Amount on the date of death as shown on the Policy Data pages, (b) plus any additional benefits provided by Riders, (c) plus a refund of Premium paid for any coverage beyond the Policy month of the Insured's death, (d) less any Premium due, and (e) less any outstanding Loans and Loan Interest. The Death Benefit is equal to or greater than the guaranteed minimum benefits required by the state in which this Policy is delivered.

If we defer the Death Benefit payment 31 days or more after our receipt of due proof of the Insured's death, the Death Benefit will include interest at the rate of eight percent (8%) from the date of death until the date the claim is paid.

Payment of the Death Benefit is subject to the interest of any assignee of record. If no Beneficiaries are alive at the death of the Insured, the Death Benefit will be paid to the Owner. If no Owner survives the Insured, the Death Benefit will be paid to the last surviving Owner's estate. If there is no estate for the last surviving Owner, the Death Benefit will be paid to the Insured's estate. Payment of the Death Benefit discharges us from all liability under this Policy.

Nonforfeiture Values

Cash Values – The Table of Guaranteed Values shows the guaranteed Cash Value at the end of selected Policy years if all due Premiums have been paid and no loans and loan interest are outstanding on the Policy. The Cash Values shown in the Table of Guaranteed Values are not less than the minimum values required by the state in which this Policy is delivered, calculated in accordance with the Basis of Values provision. You may request from us, at any time, the Cash Value of your Policy on any date other than the end of the Policy year which will reflect the Premiums which you have paid to that date and the time elapsed in the Policy year.

If you do not pay a Premium when it is due:

1. The Cash Value in the first 31 days past the due date of an unpaid Premium is the same as the Cash Value on that Premium's due date; and
2. The Cash Value after that first 31 days is the net single Premium equal to the value of any Reduced Paid-up Insurance.

On any date that this Policy has a Cash Value, you are guaranteed that value even if you stop paying Premiums. The Cash Value may be surrendered for cash or used to purchase Reduced Paid-Up Insurance as described below.

Surrender for Cash – You may, at any time upon written request acceptable to us, surrender this Policy for its Cash Value less all Loans and Loan Interest owed on the Policy. If you surrender the contract within 30 days after any Policy anniversary, the Cash Value is the same as the Cash Value on the anniversary. We reserve the right to defer the payment of any Surrender Value for 6 months after we receive your request to surrender your Policy. If we defer payment for 31 days or more, the Surrender Value will include interest at the rate currently paid by us on proceeds left on deposit beginning on the date we received your surrender request to the date we pay you the Surrender Value of this Policy. If this Policy is surrendered, it will terminate with no right of reinstatement.

Reduced Paid-Up - You may keep this Policy in force as Reduced Paid-Up insurance. The Cash Value less all Loans and Loan Interest due will be used as a net single Premium to buy the Reduced Paid-up Insurance based upon the Insured's age at the time you elect to purchase the insurance.

We will automatically exercise this option should we not receive a Premium by the end of the Grace Period if the Automatic Premium Loan option is not in effect and there is sufficient Cash Value less all Loans and Loan Interest due to purchase Reduced Paid-Up Insurance in an amount of at least \$1,000. If the amount of the net single Premium is not sufficient to purchase an amount of Reduced Paid-Up Insurance of at least \$1,000, we reserve the right to terminate this Policy and pay the Owner the Cash Value in a lump sum.

Basis of Values - If you want to know any value of this Policy, write us. Cash Values are based on the Standard Nonforfeiture Value Method. The manner in which our values are determined is filed with the insurance department of the state in which this Policy is delivered. The Table of Guaranteed Values on page 4 shows the interest rates and mortality tables we used to determine the values. The values shown on the Table of Guaranteed Values assume that there is no loan on the Policy.

Maturity Value

The Maturity Date is shown on the Policy Data page. If the Insured is living on the Maturity Date, this Policy will terminate and we will pay you the Maturity Value, which is the Cash Value on the Maturity Date less any outstanding Loan, Loan interest and Premiums due.

Loans

Maximum Loan Amount - The Maximum Loan Amount equals the Cash Value less the balance of outstanding Loan(s) less Loan Interest to the next Policy Anniversary and less the costs of the insurance to the next Policy Anniversary.

Cash Loan - While this Policy is in force, you may take Policy Loans up to the Maximum Loan Amount if you execute a written loan request and you assign this Policy to us as sole security of the loan. We reserve the right to defer the payment of any cash loan for 6 months after we receive your request for a Policy Loan, except for Automatic Premium Loans.

Automatic Premium Loan - We will make a loan in the amount of your current modal Premium to pay a Premium which is not received by the end of the Grace Period if:

1. You requested this option in the application; or
2. You wrote to us and requested this option while this Policy was in force and prior to the end of the Grace Period for the Premium due.

You must notify us in writing if you decide to terminate this option.

If the Cash Value, less all Loans and Loan Interest, is not large enough to pay the Premium due, we cannot apply this option. Rather, the Cash Value, less all Loans and Loan Interest, will be used as a net single Premium to buy Reduced Paid-up Insurance based upon the Insured's age at the time such net single Premium is used to purchase the Reduced Paid-Up insurance. Reduced Paid-up Insurance purchased under the Automatic Premium Loan provision is subject to terms and conditions explained on page 8 in the section entitled "Nonforfeiture Values".

Loan Interest - The maximum Loan Interest rate is 8%. We may change the Loan Interest rate, but it will never be more than the maximum rate of 8%. Interest accrues daily and is due at the end of each Policy year. Any interest not paid when due is added to the amount of the loan and bears interest at the same rate.

Loan Repayment - While the Insured is alive and this Policy is in force, you may pay back your Loan(s) and Loan Interest, in full or in part. If you do not, we will deduct all Loans and Loan Interest from any Death Benefit, Surrender Value or Maturity Value paid by us.

Loan Limit - If the total of your Loans and Loan Interest exceeds the Cash Value, this Policy will terminate. We will mail a notice to you and all assignees at least 31 days before we terminate this Policy based upon the Loan amount.

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Reassure America Life Insurance Company

**A Stock Company
Home Office: Fort Wayne, Indiana**

**Administrative Office:
[Post Office Box 1147]
[Jacksonville, Illinois 62651-1147]
Phone: [1-800-637-4475]**

**Whole Life Insurance with Maturity Value at Age 120
Death Benefit Payable Upon Insured's Death Before Maturity Date
Maturity Value is payable on the Maturity Date if the Insured is living
Premiums Payable for the Period Specified
This is a Guaranteed Cost Policy
Nonparticipating**

**[A War Risk Exclusion is Contained in the [Waiver of Premium Rider] [and]
[Accidental Death and Dismemberment Rider] attached to This Policy]**

AMENDATORY ENDORSEMENT

Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana
Administrative Office:
[Post Office Box 1147]
[Jacksonville, Illinois 62651-1147]
Phone: [1-800-637-4475]

THIS ENDORSEMENT CHANGES YOUR POLICY, PLEASE READ IT CAREFULLY

This Endorsement is part of the Policy to which it is attached and is effective as of the Policy Issue Date. All Policy terms will apply to this Endorsement unless they: (a) have been changed by this Endorsement; or (b) conflict with this Endorsement.

This Policy has been issued in accordance with the conversion privilege of your original life insurance policy/rider. Therefore, the **Incontestability** and **Suicide** provisions of the Policy are revised as follows:

Incontestability – After 2 years from the Policy Date/Issue Date of the original life insurance policy/rider while the Insured is alive, the Policy will be incontestable as to the statements made in the application for the original life insurance policy. In the absence of fraud, all statements made in the application are deemed to be representations and not warranties. No statement will be used by us in defense of a claim or to void this Policy unless it is in the signed application. This does not prevent us from terminating this Policy if Premiums are due but not paid. If the original life insurance policy was reinstated, a new two year contestable period applies from the date of reinstatement with respect to statements made in the application for reinstatement.

Suicide - If the Insured dies by Suicide while sane or insane within 2 years from the Policy Date/Issue Date of the original life insurance policy, the Death Benefit payable under the Policy will be limited to a refund of all Premiums paid and the Policy will terminate.

Signed for the **Reassure America Life Insurance Company** at its Home Office.


President


Corporate Secretary

CONVERSION APPLICATION

Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana

Administrative Office:

[Post Office Box 1147]

[Jacksonville, Illinois 62651-1147]

By completing this application, I am requesting that the coverage under my existing life insurance policy/rider be converted in full or in part to a new whole life insurance policy.

Policy Number being converted:		Effective date of policy being converted:			
Proposed Insured (first, middle, last)		Date of Birth		Sex	SSN
		Place		<input type="checkbox"/> M <input type="checkbox"/> F	
Address (Proposed Insured)		City		State	Zip Code
Owner (if other than insured)	Relationship	Address	City	State	Zip Code SSN
Phone Number of Proposed Insured and Owner (if other than insured):					
Beneficiary	Relationship	Address	City	State	Zip Code
Contingent Beneficiary	Relationship	Address	City	State	Zip Code
Current Face Amount: _____		If you are requesting an increase in your Face Amount, the following conditions apply:			
Face amount Requested: _____ *		1) your current policy must allow for Increases in coverage; 2) you must submit satisfactory evidence of insurability; and 3) the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.			
* I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.					
Premium Mode: <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> automatic bank draft (requires completion of Bank Authorization Form)					
Automatic Premium Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No					
The Riders checked below are available for conversion.				Indicate your acceptance by initialing the box(es) below.	
<input type="checkbox"/> Other Insured Rider: _____	Face amount: _____		<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> Children's Term Rider: _____	Face amount: _____		<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> Waiver of Premium Rider:			<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> Accidental Death & Dismemberment Rider:	Principal sum: _____		<input type="checkbox"/> I elect to convert this Rider.		
Beneficiary Designation for Other Insured Rider (if applicable)	Relationship	Address	City	State	Zip Code
Beneficiary Designation for Children's Term Rider (if applicable)	Relationship	Address	City	State	Zip Code
Comments:					

FRAUD NOTICE

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

AGREEMENT

I declare to the best of my knowledge and belief the foregoing statements and answers are complete and true.

I agree that if Reassure America Life Insurance Company ("the Company") accepts this application, such approval shall be based upon the above statements and answers, which shall be deemed to be representations and not warranties.

I further agree that insurance will not take effect until the application is approved and accepted by the Company, and at least the first modal premium has been paid in full.

I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.

I request that this transaction be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transaction.

I expressly represent that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

SIGNATURES

I have read this Conversion Application and all notices included herein, and all statements and answers are true and complete to the best of my knowledge and belief.

Dated at (City and State) Anytown, USA, this 12th Day of February, 2011.

Proposed Insured (if age 16 or over) or Legal Representative &
Legal Representative's Authority / Relationship to Proposed Insured

Spouse (if to be insured) or 2nd Proposed Insured (if J.W.L.)

Witness (not related) or Agent

Owner (if not Proposed Insured) and relationship

Telephone Number of Proposed Insured (day) (555) 555-9999 (night) (555) 555-0001

An Agent does not have the Company's authorization to accept risk, approved evidence of insurability, or make, void, waive or change any conditions or provisions of this application or policy.

Servicing Agent's Name John Smith	Agency Code 00001	Agent Code 0000123	Agent's Phone Number 555-555-1234
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CONVERSION APPLICATION

Reassure America Life Insurance Company

Home Office: Fort Wayne, Indiana
 Administrative Office:
 [Post Office Box 1147]
 [Jacksonville, Illinois 62651-1147]

By completing this application, I am requesting that the coverage under my existing life insurance policy/rider be converted in full or in part to a new whole life insurance policy.

Policy Number being converted:		Effective date of policy being converted:			
Proposed Insured (first, middle, last)		Date of Birth		Sex	SSN
		Place		<input type="checkbox"/> M <input type="checkbox"/> F	
Address (Proposed Insured)		City	State	Zip Code	
Owner (if other than insured)	Relationship	Address	City	State	Zip Code SSN
Phone Number of Proposed Insured and Owner (if other than insured):					
Beneficiary	Relationship	Address	City	State	Zip Code
Contingent Beneficiary	Relationship	Address	City	State	Zip Code
Current Face Amount: _____		If you are requesting an increase in your Face Amount, the following conditions apply:			
Face amount Requested: _____ *		1) your current policy must allow for Increases in coverage; 2) you must submit satisfactory evidence of insurability; and 3) the increase in coverage must be underwritten in accordance with our current underwriting rules and practices.			
* I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.					
Premium Mode: <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> monthly <input type="checkbox"/> automatic bank draft (requires completion of Bank Authorization Form)					
Automatic Premium Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have any existing life insurance or annuity policies? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s): Company Name: _____ Policy Number(s) : _____					
Will this policy replace or change any existing life insurance or annuity policy? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, provide company name and policy number(s): Company Name: _____ Policy Number(s) : _____					
The Riders checked below are available for conversion.				Indicate your acceptance by initialing the box(es) below.	
<input type="checkbox"/> Other Insured Rider: _____	Face amount:	_____	<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> Children's Term Rider: _____	Face amount:	_____	<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> Waiver of Premium Rider:			<input type="checkbox"/> I elect to convert this Rider.		
<input type="checkbox"/> *AD&D Rider:	Principal sum:	_____	<input type="checkbox"/> I elect to convert this Rider.		
*Accidental death and dismemberment					
Beneficiary Designation for Other Insured Rider (if applicable)		Relationship	Address	City	State Zip Code
Beneficiary Designation for Children's Term Rider (if applicable)		Relationship	Address	City	State Zip Code

FRAUD NOTICE

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

AGREEMENT

I declare to the best of my knowledge and belief the foregoing statements and answers are complete and true.

I agree that if Reassure America Life Insurance Company ("the Company") accepts this application, such approval shall be based upon the above statements and answers, which shall be deemed to be representations and not warranties.

I further agree that insurance will not take effect until the application is approved and accepted by the Company, and at least the first modal premium has been paid in full.

I acknowledge that upon the effective date of my conversion policy, my original life insurance policy/rider will terminate without value. In the case of a partial conversion, the face amount of my original life insurance policy/rider will be reduced by the face amount of the conversion policy.

I request that this transaction be completed by the Company and agree on behalf of myself and all of my heirs, beneficiaries, assignees and any others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transaction.

I expressly represent that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

SIGNATURES

I have read this Conversion Application and all notices included herein, and all statements and answers are true and complete to the best of my knowledge and belief.

Dated at (City and State) Anytown, USA, this 12th Day of February, 2011.

Proposed Insured (if age 16 or over) or Legal Representative &
Legal Representative's Authority / Relationship to Proposed Insured

Spouse (if to be insured) or 2nd Proposed Insured (if J.W.L.)

Witness (not related) or Agent

Owner (if not Proposed Insured) and relationship

Telephone Number of Proposed Insured (day) (555) 555-9999 (night) (555) 555-0001

An Agent does not have the Company's authorization to accept risk, approved evidence of insurability, or make, void, waive or change any conditions or provisions of this application or policy.

Servicing Agent's Name John Smith	Agency Code 00001	Agent Code 0000123	Agent's Phone Number 555-555-1234
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SERFF Tracking Number: CMPL-127091771 State: Arkansas
 Filing Company: Reassure America Life Insurance Company State Tracking Number: 48301
 Company Tracking Number: REALIC WHOLE LIFE DIRECT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: REALIC Whole Life Direct
 Project Name/Number: REALIC Whole Life Direct/REALIC Whole Life Direct

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachment: READABILITY CERTIFICATION - AR.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Application</p> <p>Comments: acknowledged and included.</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Authorization Letter</p> <p>Comments:</p> <p>Attachment: REALIC Authorization Letter kk.pdf</p>		

	Item Status:	Status Date:
<p>Satisfied - Item: Statement of Variability</p> <p>Comments:</p> <p>Attachment: Statement of Variability-Generic.pdf</p>		

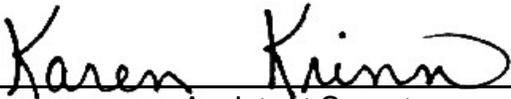
READABILITY CERTIFICATION

Reassure America – Individual Whole Life

This is to certify that the form(s) listed below have achieved at least the minimum required score on the Flesch Reading Ease Test.

Score	Form No.	Description
60	RWL-AR 2.0	Whole Life Insurance Policy
60	RAE 2.0	Amendatory Endorsement
50	RCNV APP-A 2.0	Conversion Application
50	RCNV APP-B 2.0	Conversion Application

REASSURE AMERICA LIFE INSURANCE COMPANY

By  _____
Assistant Secretary

Dated: 3-22-2011

Swiss Re



Karen Krinn
Assistant Secretary

J. David Simon, CLU
President
Compliance Research Services, LLC
10921 Reed-Hartman Highway, Suite 334
Cincinnati, OH 45242

Reassure America Life Insurance Company
1670 Magnavox Way
Fort Wayne, IN 46804
USA
Direct line +1 260 435 8654
Toll Free No. 866 794 7739
Direct fax +1 260 435 8806
karen_krinn@swissre.com

Individual Whole Life Filing

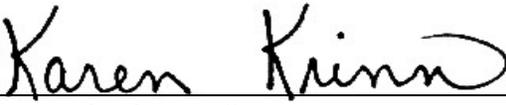
March 8, 2011

Dear Mr. Simon

Reassure America Life Insurance Company ("Reassure") authorizes Compliance Research Services, LLC ("CRS") to file on its behalf individual whole life policy form RWL 2.0 and all related application, endorsement and rider forms. This letter will serve as authorization from Reassure for employees of CRS to file these forms and respond to inquiries on our behalf with State Insurance Departments.

Sincerely

REASSURE AMERICA LIFE INSURANCE COMPANY

By 
Assistant Secretary

Reassure America Life Insurance Company

Statement of Variability

Whole Life Insurance Policy with Maturity Value at Age 120

Form RWL 2.0 - Policy

Policy Front Cover

1. **Address** - Will insert the Company administrative office address and telephone number.
2. **Signatures, Titles** - Will insert signature and appropriate title of current Company President and Corporate Secretary.
3. **Notice of War Risk Exclusion** - Will be included only when policy is issued with a Waiver of Premium Rider and/or an Accidental Death and Dismemberment Rider.
4. **State of Issue and telephone number** - Will insert the state where the policy is issued for delivery.
5. **Insurance Department Information** - Will insert the name and telephone number for the state where the policy is issued for delivery.

Policy Data

1. **General Contract Information** - All "John Doe" information that may vary from applicant to applicant is bracketed as variable. This includes such information as Policy Number, Issue Date, Insured name, Insured Age, Gender of Insured, Owner name, Beneficiary name, Plan of Insurance, Face Amount, Maturity Date, Premium Amount, Frequency of Premium, Optional Premium Frequency Amounts and Premium Class.
2. **Rider Benefits and Premiums Section** - This information is bracketed to show variability of the riders which the applicant may, or may not elect at the time of application. Also note that the premiums and the benefits payable may vary in accordance to options the applicant elects at the time of application as shown on the Policy Data.
3. **Summary Table of Annual Premiums** - Will insert the premiums, as appropriate, based upon the policy face amount, age and gender of the insured, and rider benefits elected at the time of application.
4. **Table of Annual Policy Premiums** - Will insert the premiums, as appropriate, based upon the policy face amount, age, gender and premium class of the insured at the time of application.
5. **Address** - Will insert the Company administrative office address and telephone number.
6. **Table of Annual Premiums - Riders** - Will insert the premiums, as appropriate, based upon the rider benefits elected at the time of application.
7. **Address** - Will insert the Company administrative office address and telephone number.

Table of Guaranteed Values

Will insert the Policy anniversary Years, the Number of Years Premium Paid, Cash Value per each \$1,000 and Paid-Up Insurance Value per each \$1,000 based upon the insured's age, gender and Premium Class on the Issue Date and number of years premiums will be paid.

Policy Back Cover

1. **Address** - Will insert the Company administrative office address and telephone number.
2. **Notice of War Risk Exclusion** - will be included only when policy is issued with a Waiver of Premium Rider and/or an Accidental Death and Dismemberment Rider.

Forms RAE 2.0 / Amendatory Endorsement; Address and Telephone Number - Will insert the Company administrative office address and telephone number.

1. **Signatures, Titles** – Will insert the signature and appropriate title of current Company President and Corporate Secretary.

Forms RCNV APP-A 2.0 and RCNV APP-B 2.0 – Conversion Applications

1. **Address and Telephone Number** - Will insert the company administrative office address and telephone number.