

<i>SERFF Tracking Number:</i>	<i>METF-127311344</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49486</i>
<i>Company Tracking Number:</i>	<i>11N060 AMENDMENT</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Amendment to Application</i>		
<i>Project Name/Number:</i>	<i>/11N060 Amendment</i>		

Filing at a Glance

Company: Texas Life Insurance Company
 Product Name: Amendment to Application
 TOI: L071 Individual Life - Whole

SERFF Tr Num: METF-127311344 State: Arkansas
 SERFF Status: Closed-Approved- State Tr Num: 49486
 Closed

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

Co Tr Num: 11N060 AMENDMENT State Status: Approved-Closed
 Reviewer(s): Linda Bird

Author: Jan Spoede
 Date Submitted: 08/05/2011
 Disposition Date: 08/16/2011
 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
 State Filing Description:

Implementation Date:

General Information

Project Name:
 Project Number: 11N060 Amendment
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Our domiciliary state of Texas is part of a compact filing filed with the ICC.

Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:

Market Type: Individual
 Individual Market Type:
 Filing Status Changed: 08/16/2011
 State Status Changed: 08/10/2011

Deemer Date:
 Submitted By: Jan Spoede
 Filing Description:

Created By: Jan Spoede
 Corresponding Filing Tracking Number:

Submission for Approval of the Amendment to the Application, Form Number, 11N060 Amendment

We are submitting the above referenced amendment to you for approval. We do not believe this form contains anything not customarily found in the industry for forms of this nature.

We are filing the Amendment to the Application for policy changes to accommodate all the policy changes required to

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

reflect the underwriting needs of our company. All of the questions on this amendment may not necessarily be used all at one time. While the words of the questions won't change, the combinations of the questions might.

This form does not have an officer title and signature because we will not be adding any changes or amendments after the effective date of the policy. The form does not contain a statement that the form provisions apply in lieu of any policy provisions to the contrary because the changes will go into affect before the policy's effective date.

There will be no charges or an administrative fee if there is a policy change

The form will be used with previously approved application forms: 11M009 and 11M010. The SERFF tracking number is METF-127318429 and they were approved on July 22, 2011.

Company and Contact

Filing Contact Information

Jan Spoede, Senior Associate, Product Development
 P.O. Box 830
 Waco, TX 76703
 jspoede@texaslife.com
 800-283-9233 [Phone] 6371 [Ext]
 254-745-6389 [FAX]

Filing Company Information

Texas Life Insurance Company
 P.O. Box 830
 Waco, TX 76703
 (800) 283-9233 ext. [Phone]
 CoCode: 69396
 Group Code:
 Group Name:
 FEIN Number: 74-0940890
 State of Domicile: Texas
 Company Type: Life
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: Our domiciliary state of Texas requires a filing fee of \$100.00.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
---------	--------	----------------	---------------

SERFF Tracking Number: METF-127311344 State: Arkansas
Filing Company: Texas Life Insurance Company State Tracking Number: 49486
Company Tracking Number: 11N060 AMENDMENT
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Amendment to Application
Project Name/Number: /11N060 Amendment
Texas Life Insurance Company \$100.00 08/05/2011 50415361

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2011	08/16/2011
Approved-Closed	Linda Bird	08/10/2011	08/10/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Amendment to Application	Jan Spoede	08/15/2011	08/15/2011
Supporting Document	Red Lined version	Jan Spoede	08/15/2011	08/15/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Please re-open filing	Note To Filer	Linda Bird	08/15/2011	08/15/2011
Please re-open filing	Note To Reviewer	Jan Spoede	08/11/2011	08/11/2011

SERFF Tracking Number: *METF-127311344* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *49486*
Company Tracking Number: *11N060 AMENDMENT*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Amendment to Application* *Life*
Project Name/Number: */11N060 Amendment*

Disposition

Disposition Date: 08/16/2011

Implementation Date:

Status: Approved-Closed

Comment: Corrections made on the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Red Lined version		Yes
Form (<i>revised</i>)	Amendment to Application		Yes
Form	Amendment to Application	Replaced	Yes

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Red Lined version		Yes
Form (<i>revised</i>)	Amendment to Application		Yes
Form	Amendment to Application	Replaced	Yes

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

Amendment Letter

Submitted Date: 08/15/2011

Comments:

Dear Ms. Bird,

Thank you so much for re-opening the filing so I can attach the correct version of the Amedment. I also attached a Red Lined version to sho you the changes.

Yours truly,
 Jan Spoede

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
11N060 Amendment	Other	Amendment Initial to Application					55.800	11N060 Amendment.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Red Lined version

Comment:

11N060 Amendment RED LINED.pdf

SERFF Tracking Number: *METF-127311344* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *49486*
Company Tracking Number: *11N060 AMENDMENT*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Amendment to Application*
Project Name/Number: */11N060 Amendment*

Note To Filer

Created By:

Linda Bird on 08/15/2011 08:56 AM

Last Edited By:

Linda Bird

Submitted On:

08/15/2011 08:56 AM

Subject:

Please re-open filing

Comments:

Filing has been re-opened in order for correction to be made.

SERFF Tracking Number: *METF-127311344* *State:* *Arkansas*
Filing Company: *Texas Life Insurance Company* *State Tracking Number:* *49486*
Company Tracking Number: *11N060 AMENDMENT*
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Amendment to Application*
Project Name/Number: */11N060 Amendment*

Note To Reviewer

Created By:

Jan Spoede on 08/11/2011 09:05 AM

Last Edited By:

Jan Spoede

Submitted On:

08/11/2011 09:05 AM

Subject:

Please re-open filing

Comments:

Dear Ms. Bird,

When I went to download this form from this filing, I noticed I had accidentally attached the Florida state specific version of the Amendment when I filed this form. I would like to attach the correct version and remove the incorrect version. .

Yours truly,

Jan Spoede

SERFF Tracking Number: METF-127311344 State: Arkansas
 Filing Company: Texas Life Insurance Company State Tracking Number: 49486
 Company Tracking Number: 11N060 AMENDMENT
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Amendment to Application
 Project Name/Number: /11N060 Amendment

Form Schedule

Lead Form Number: 11N060 Amendment

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	11N060 Amendmen t	Other	Amendment to Application	Initial		55.800	11N060 Amendment.p df

Amendment to Application on Proposed Insured: [(INSURED'S NAME HERE)
File Number: [00100000

[Within the last 12 months have you used tobacco in any form?] Yes No

[Are you at work on a full-time basis, performing your usual duties?] Yes No

[During the last 24 months have you sought treatment or been treated for, been prescribed medication for, or been diagnosed by a member of the medical profession as having, any of the following:?] Yes No

- [a. Cancer (excluding non-melanoma skin cancer)?]
- [b. Heart attack, coronary artery or valve disease, heart failure or cardiomyopathy?]
- [c. Alcohol or drug abuse?]
- [d. Diabetes for which the recommended treatment is insulin?]
- [e. Chronic obstructive pulmonary disease (COPD), emphysema or other chronic lung disease (excluding asthma)?]
- [f. Stroke or transient ischemic attack (TIA)?]
- [g. Chronic kidney disease or kidney failure (excluding kidney stones)?]
- [h. Parkinson's disease or paralysis?]
- [i. Cirrhosis of the liver or hepatitis (excluding Hepatitis A)?]
- [j. Acquired Immune Deficiency Syndrome or tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies?]

[1. **Within the past five years, have you:**] Yes No

- [a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?]
- [b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study, except those related to the Human Immunodeficiency Virus (AIDS virus)?]
- [c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?]
- [d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?]

[2. **Within the past ten years, have you been diagnosed with or been treated for:**]

- [a. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?]
- [b. Cancer, tumor, diabetes, or disorder of the blood?]
- [c. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?]
- [d. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?]

[3. Are you taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details in No. 6. below.]

[4. What is your height, weight, and birth state? Height:_____ Weight:_____ Birth State:_____]

[5. Your personal physician (if none, enter "None")

Physician Name:_____ Address:_____

City:_____ State/Zip:_____

]

Continued Next Page

[6. Details, including date, diagnosis, type of treatment, and current condition

Ques. #	Details	Name/address/phone of physician(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this amendment to application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured. Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ Date
Signature (Insured's Name Here)

<i>SERFF Tracking Number:</i>	<i>METF-127311344</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49486</i>
<i>Company Tracking Number:</i>	<i>11N060 AMENDMENT</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Amendment to Application</i>		
<i>Project Name/Number:</i>	<i>/11N060 Amendment</i>		

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Flesch Certification</p> <p>Comments:</p> <p>Attachments:</p> <p>AR Cert of Bull 11-83 for amend to app.pdf</p> <p>AR Cert of Bull 19.pdf</p> <p>11N060 Amendment_Read_Cert.pdf</p>		
<p>Bypassed - Item: Application</p> <p>Bypass Reason: No policy is being filed.</p> <p>Comments:</p>		
<p>Bypassed - Item: Life & Annuity - Acturial Memo</p> <p>Bypass Reason: N/A This is an Amendment to the Application.</p> <p>Comments:</p>		
<p>Satisfied - Item: Red Lined version</p> <p>Comments:</p> <p>Attachment:</p> <p>11N060 Amendment RED LINED.pdf</p>		



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 11-83, and does further certify that form 11N060 Amendment complies with the guidelines of such Bulletin.

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

Michael Khoury, JD
Director
Product Development, Claims and Records

Date: 5 August 2011



CERTIFICATION

The undersigned, an officer of Texas Life Insurance Company, Waco, Texas, does hereby certify that he has personally reviewed the guidelines of Arkansas Bulletin Number 19, Unfair Sex Discrimination in the Sale of Insurance, and does comply with the guidelines of such Bulletin.

A handwritten signature in black ink that reads "Michael Khoury". The signature is written over a horizontal line.

Michael Khoury, JD

Director

Product Development, Claims and Records

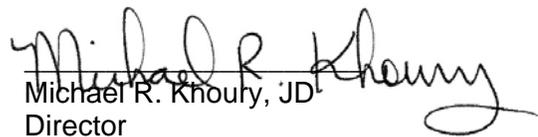
Date: 21 March 2011

TEXASLIFE

INSURANCE COMPANY

CERTIFICATION OF READABILITY
FORM: 11N060 Amendment

This is to certify that Texas Life Insurance Company Form 11N060 Amendment has achieved a Flesch Reading Ease Score of 55.80.



Michael R. Khoury, JD
Director
Compliance

Texas Life Insurance Company
Waco, Texas

Date: 6 July 2011

Amendment to Application on Proposed Insured: [(INSURED'S NAME HERE)
File Number: [00100000

- | | |
|--|--|
| [Within the last 12 months have you used tobacco in any form?] | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| [Are you at work on a full-time basis, performing your usual duties?] | <input type="checkbox"/> <input type="checkbox"/> |

[During the last 24 months have you sought treatment or been treated for, been prescribed medication for, or been diagnosed by a member of the medical profession as having, any of the following:?]	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

- [a. Cancer (excluding non-melanoma skin cancer)?]
- [b. Heart attack, coronary artery or valve disease, heart failure or cardiomyopathy?]
- [c. Alcohol or drug abuse?]
- [d. Diabetes for which the recommended treatment is insulin?]
- [e. Chronic obstructive pulmonary disease (COPD), emphysema or other chronic lung disease (excluding asthma)?]
- [f. Stroke or transient ischemic attack (TIA)?]
- [g. Chronic kidney disease or kidney failure (excluding kidney stones)?]
- [h. Parkinson's disease or paralysis?]
- [i. Cirrhosis of the liver or hepatitis (excluding Hepatitis A)?]
- [j. Acquired Immune Deficiency Syndrome or tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies?]

- [1. **Within the past five years, have you:** **Yes** **No**
- [a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?]
 - [b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study, except those related to the Human Immunodeficiency Virus (AIDS virus)?]
 - [c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?]
 - [d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?]

- [2. Within the past ten years, have you been diagnosed with or been treated for:]
- [a. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?]
 - [b. Cancer, tumor, diabetes, or disorder of the blood?]
 - [c. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?]
 - [d. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?]

[3. Are you taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details in No. 6. below.]

[4. What is your height, weight, and birth state? Height:_____ Weight:_____ Birth State:_____]

[5. Your personal physician (if none, enter "None")

Physician Name:_____ Address:_____

City:_____ State/Zip:_____

]

Continued Next Page

[6. Details, including date, diagnosis, type of treatment, and current condition

Ques. #	Details	Name/address/phone of physician(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this amendment to application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured. Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ Date
Signature (Insured's Name Here)

<i>SERFF Tracking Number:</i>	<i>METF-127311344</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Texas Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49486</i>
<i>Company Tracking Number:</i>	<i>11N060 AMENDMENT</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Amendment to Application</i>		
<i>Project Name/Number:</i>	<i>/11N060 Amendment</i>		

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/05/2011	Form	Amendment to Application	08/15/2011	11N060 Amendment.pdf (Superseded)

Amendment to Application on Proposed Insured: [(INSURED'S NAME HERE)
File Number: [00100000]

- | | |
|--|--|
| [Within the last 12 months have you used tobacco in any form?] | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| [Are you at work on a full-time basis, performing your usual duties?] | <input type="checkbox"/> <input type="checkbox"/> |

- | | |
|--|--|
| [During the last 24 months have you sought treatment or been treated for, been prescribed medication for, or been diagnosed by a member of the medical profession as having, any of the following:] | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| [a. Cancer (excluding non-melanoma skin cancer)?] | |
| [b. Heart attack, coronary artery or valve disease, heart failure or cardiomyopathy?] | |
| [c. Alcohol or drug abuse?] | |
| [d. Diabetes for which the recommended treatment is insulin?] | |
| [e. Chronic obstructive pulmonary disease (COPD), emphysema or other chronic lung disease (excluding asthma)?] | |
| [f. Stroke or transient ischemic attack (TIA)?] | |
| [g. Chronic kidney disease or kidney failure (excluding kidney stones)?] | |
| [h. Parkinson's disease or paralysis?] | |
| [i. Cirrhosis of the liver or hepatitis (excluding Hepatitis A)?] | |

- | | |
|--|--|
| [During the last 24 months have you been tested positive for exposure to the HIV infection or been diagnosed by a member of the medical profession as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?] | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

- | | |
|--|--|
| [1. Within the past five years, have you:] | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| [a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation?] | <input type="checkbox"/> <input type="checkbox"/> |
| [b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study, except those related to the Human Immunodeficiency Virus (AIDS virus)?] | <input type="checkbox"/> <input type="checkbox"/> |
| [c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician?] | <input type="checkbox"/> <input type="checkbox"/> |
| [d. Been tested positive for exposure to the HIV infection or been diagnosed as having ARC or AIDS caused by the HIV infection or other sickness or condition derived from such infection?] | <input type="checkbox"/> <input type="checkbox"/> |

- | | |
|---|---|
| [2. Within the past ten years, have you been diagnosed with or been treated by a licensed medical provider for:] | |
| [a. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys?] | <input type="checkbox"/> <input type="checkbox"/> |
| [b. Cancer, tumor, diabetes, or disorder of the blood?] | <input type="checkbox"/> <input type="checkbox"/> |
| [c. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?] | <input type="checkbox"/> <input type="checkbox"/> |
| [d. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure?] | <input type="checkbox"/> <input type="checkbox"/> |

- | | |
|---|---|
| [3. Are you taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details in No. 6. below.] | <input type="checkbox"/> <input type="checkbox"/> |
|---|---|

[4. What is your height, weight, and birth state? Height:_____ Weight:_____ Birth State:_____]

[5. Your personal physician (if none, enter "None")

Physician Name:_____ Address:_____

City:_____ State/Zip:_____

]

Continued Next Page

[6. Details, including date, diagnosis, type of treatment, and current condition

Ques. #	Details	Name/address/phone of physician(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this amendment to application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured. Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in this application remain correct and complete.

X _____ Date
Signature (Insured's Name Here)