

State: Arkansas **Filing Company:** Shenandoah Life Insurance Company
TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
Product Name: Single Premium Whole Life Insurance Policy
Project Name/Number: /

Filing at a Glance

Company: Shenandoah Life Insurance Company
Product Name: Single Premium Whole Life Insurance Policy
State: Arkansas
TOI: L071 Individual Life - Whole
Sub-TOI: L071.111 Single Premium - Single Life
Filing Type: Form
Date Submitted: 10/23/2012
SERFF Tr Num: SHEN-128738717
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Thomas Mason
Reviewer(s): Linda Bird (primary)
Disposition Date: 10/30/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

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TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life
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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: 10/30/2012
State Status Changed: 10/30/2012
Deemer Date: Created By: Thomas Mason
Submitted By: Thomas Mason Corresponding Filing Tracking Number:

Filing Description:
October 23, 2012

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

RE: SHENANDOAH LIFE INSURANCE COMPANY
NAIC 68845; FEIN 54-0377280

Form L-1051-6/12 – Single Premium Whole Life Insurance Policy
Form L-1052-6/12 – Single Premium Whole Life Insurance Policy
Form 5474-Rev. 8/12 – Application for Reinstatements, Policy Changes and Conversion

To Whom It May Concern:

The captioned Policy and Application forms are enclosed for approval by your Department. These forms are new and will not replace any currently on file with your Department.

Form L-1051-6/12 is a single premium non-participating whole life product based on 2001 CSO Age Last Birthday, Male/Female. Unismoke premium rates are applicable.

Form L-1052-6/12 is a single premium non-participating whole life product based on 2001 CSO Age Near Birthday, Male/Female. Nonsmoker/Smoker premium rates are applicable.

Form 5474-Rev. 8/12, Application for Reinstatements, Policy Changes and Conversion, will be used to apply for these products. The application is for reinstatement of lapsed policies, for changes to existing policies, and for conversions from individual term coverage. This form may be used with any previously and subsequently approved individual whole life, term, and universal life forms. This form is not for initial policy applications.

Form R-2024-11/99 Rev. 1/01, Accelerated Benefit Rider, approved January 12, 2001, and the appropriate required disclosures will also be available with these products. Other approved riders may become optional in the future.

No sales materials have been developed for these products. These forms will be marketed without an illustration.

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The following documentation is also enclosed:

1. Actuarial Memoranda
2. Applicable Premium Rates
3. Readability Certification
4. AR Certification of Compliance

If you require further information or have any questions, please so advise.

Sincerely,

Pamela N. Ferguson
 Director – Legal Services

Company and Contact

Filing Contact Information

Pamela Ferguson, Director, Legal Services pam.ferguson@shenlife.com
 P.O. Box 12847 800-848-5433 [Phone] 4221 [Ext]
 Roanoke, VA 24029 540-857-5987 [FAX]

Filing Company Information

Shenandoah Life Insurance Company	CoCode: 68845	State of Domicile: Virginia
2301 Brambleton Ave. SW	Group Code: 891	Company Type: Life and Health
P.O. Box 12847	Group Name:	State ID Number:
Roanoke, VA 24029	FEIN Number: 54-0377280	
(800) 848-5433 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	\$50.00 per form x 3 forms = \$150.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Shenandoah Life Insurance Company	\$150.00	10/23/2012	64163923

SERFF Tracking #:

SHEN-128738717

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Single Premium Whole Life Insurance Policy

Project Name/Number:

/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/30/2012	10/30/2012

SERFF Tracking #:

SHEN-128738717

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Single Premium Whole Life Insurance Policy

Project Name/Number:

/

Disposition

Disposition Date: 10/30/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Single Premium Whole Life Insurance Policy		Yes
Form	Single Premium Whole Life Insurance Policy		Yes
Form	Application for Reinstatements, Policy Changes and Conversion		Yes
Rate	Applicable Premium Rates (Age Last Birthday)		Yes
Rate	Applicable Premium Rates (Age Near Birthday)		Yes

State: Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI: L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name: Single Premium Whole Life Insurance Policy

Project Name/Number: /

Form Schedule

Lead Form Number: Form L-1051-6/12

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Single Premium Whole Life Insurance Policy	Form L-1051-6/12	POL	Initial			L-1051_ar.pdf
2		Single Premium Whole Life Insurance Policy	Form L-1052-6/12	POL	Initial			L-1052_ar.pdf
3		Application for Reinstatements, Policy Changes and Conversion	Form 5474-Rev. 8/12	AEF	Initial			5474.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Shenandoah Life Insurance Company will pay the proceeds of this Policy to the Beneficiary upon receipt of proof of death of the Insured. Payment is subject to the provisions on this and the following pages of this Policy.

This Policy is a legal Contract between the Owner and Shenandoah Life Insurance Company. **Please read your policy carefully.** This Policy is issued in consideration of the attached application and payment of the Single Premium as provided. Shenandoah Life Insurance Company will provide the benefits and other rights described in this Policy in accordance with the terms of this Policy.

NOTICE OF RIGHT TO EXAMINE POLICY

If, for any reason, the Owner is not satisfied with this Policy, it may be returned to the Home Office or agent within [20] days after receipt by Owner. Shenandoah Life Insurance Company will then cancel the Contract and refund the Single Premium. This Policy will then be considered void from the start.

Signed for Shenandoah Life Insurance Company at the Home Office in Roanoke, Virginia.

Kathleen M. Kronau

Secretary

Wans L. Carterman

President

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT THE INSURED'S DEATH

JOHN F DOE

SPECIMEN11

TABLE OF CONTENTS

	Page
Policy Schedule	3
Definitions	4
Company; Home Office; Policy Date, Month, Year and Anniversary; Age and Attained Age; Written Notice; Rider	
Ownership	4
Owner Defined; Control of Policy; Assignment of Policy	
Beneficiary	4
Beneficiary Defined; Change of Beneficiary; Death of Beneficiary	
General Provisions	5
Contract; Not Contestable After Two Years; Misstatement of Age or Sex; Effective Date of Coverage; Effective Date of Reinstatement; Calculation of Time Periods; Termination	
Single Premium	5
Reinstatement	
Guaranteed Values	6
Cash Value; Surrender Value; Surrender; Basis of Values	
Policy Loans	6-7
Loan Value; Available Loan Value; Loan Interest; Loan Interest Rate; Published Monthly Average; Loan Balance; Loan Repayment; Termination of Policy for Nonpayment of Loan Interest	
Amount of Proceeds	8
Amount; Interest on Proceeds; Suicide	
Payment of Proceeds	8-9
Payment; Conditions for Election of Payment Options; Election by Owner; Election by Beneficiary; Payment Options; Automatic Payment Option; Proof of Age; Additional Options; Basis of Payment Options	
Payment Option Tables	10-11

CONCLUDED WITH:

Riders, Amendments and Endorsements, if any; and copy of the Application.

READ YOUR POLICY CAREFULLY.

POLICY SCHEDULE

Insured:	JOHN F DOE	Age and Sex:	35 Male
Policy Date:	Aug 1, 2012	Policy Number:	SPECIMEN11
Policy Risk Class:	STD	Face Amount:	\$10,000
First Year Loan Interest Rate:	[4.50% (4.31% in Advance)]	Nonforfeiture Interest Rate:	3.50%

COVERAGE SPECIFICATIONS

FORM NUMBER	PLAN OR BENEFIT NAME	AMOUNT	TERMINATION DATE	SINGLE PREMIUM
L-1051	Single Premium Whole Life	\$10,000	Upon Death	\$2,550.70

POLICY SCHEDULE (CONTINUED)

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	ATTAINED AGE OF INSURED	POLICY ANNIV IN	CASH VALUE
1	36	2013	2,630.70
2	37	2014	2,713.00
3	38	2015	2,797.70
4	39	2016	2,884.70
5	40	2017	2,974.20
6	41	2018	3,066.10
7	42	2019	3,160.30
8	43	2020	3,256.70
9	44	2021	3,355.20
10	45	2022	3,455.80
11	46	2023	3,558.40
12	47	2024	3,663.20
13	48	2025	3,770.60
14	49	2026	3,881.00
15	50	2027	3,994.40
16	51	2028	4,110.50
17	52	2029	4,229.00
18	53	2030	4,349.70
19	54	2031	4,472.20
20	55	2032	4,596.20
25	60	2037	5,239.20
30	65	2042	5,907.90

The above values do not reflect any Policy Loan.

DEFINITIONS

Company	All references to the "Company" mean Shenandoah Life Insurance Company.
Home Office	The Company's home office is located at 2301 Brambleton Avenue, S.W., Roanoke, Virginia. The Company's mailing address is Post Office Box 12847, Roanoke, Virginia 24029.
Policy Date, Month, Year and Anniversary	The Policy Date is shown in the Policy Schedule. Each Policy Month begins on the same day of each month as the Policy Date. Each Policy Year begins on the same day and month of each year as the Policy Date. The first day of each Policy Year is a Policy Anniversary.
Age and Attained Age	Age means the Insured's age on the Policy Date. Attained Age means the Insured's age on the Policy Date plus the number of Policy Years elapsed since the Policy Date.
Written Notice	<p>Written Notice means a notification or request received from the Owner in a form satisfactory to the Company. Written Notices are recorded at the Home Office. The Company will not be responsible for the validity of any Written Notice.</p> <p>Any Written Notice provided by the Company to the Owner will be provided to the Owner at the last address provided by the Owner to the Company.</p>
Rider	A Rider is an attachment to this Policy which provides additional benefits.

OWNERSHIP

Owner Defined	The Owner of this Policy is the person or party designated to exercise the rights and receive the benefits of ownership. The Insured is the Owner unless otherwise stated in the application or later changed.
Control of Policy	<p>Subject to the terms of any irrevocable beneficiary designation or any assignment, the Owner may, during the Insured's lifetime:</p> <ol style="list-style-type: none">(1) assign or surrender this Policy;(2) make a policy loan;(3) make a change in this Policy with the Company's consent;(4) transfer the ownership of this Policy; and(5) exercise other rights and receive other benefits as defined in this Policy.
Assignment of Policy	The Company will not be bound by any assignment of this Policy unless a properly executed assignment is recorded at the Home Office.

BENEFICIARY

Beneficiary Defined	The Beneficiary is the person or party designated to receive the life insurance proceeds payable at the Insured's death. The Beneficiary for this Policy is as stated in the application unless later changed.
Change of Beneficiary	During the Insured's lifetime, the Owner may change the beneficiary designation unless he or she has waived the right to do so. No beneficiary change will take effect until a Written Notice is acknowledged at the Home Office. Once such notice is acknowledged, the change will be effective the date the notice was signed. The change will be subject to any payment or action made by the Company before the beneficiary change is recorded at the Home Office.
Death of Beneficiary	<p>Unless otherwise provided in the beneficiary designation:</p> <ol style="list-style-type: none">(1) the interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries, according to their respective interests; or(2) if no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

GENERAL PROVISIONS

Contract	<p>This Policy, together with any attached Riders, endorsements, and applications, forms the entire Contract. Only the President, a Vice President, or the Secretary of the Company may change or waive any provision in this Contract. Any changes or waivers must be in writing. The Company will not be bound by any promises or representations made by any agent or person other than the above Company officers.</p> <p>Statements in the applications are, in the absence of fraud, considered representations, not warranties. Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in an attached application or endorsement.</p>
Not Contestable After Two Years	<p>Except for fraud in the procurement, the Company cannot contest this Policy after it has been in force two years during the Insured's lifetime, from the Policy Date or the Effective Date of Reinstatement. If this Policy has been reinstated, statements in the reinstatement application may be contested for a period of two years.</p>
Misstatement of Age or Sex	<p>If the Insured's age or sex has been misstated on the application, the benefits payable under this Policy will be adjusted. The adjusted benefits will be those the Single Premium would have purchased at the Insured's correct age or sex.</p>
Effective Date of Coverage	<p>The Effective Date of Coverage under this Policy for all coverage provided in the original application will be the later of the Policy Date and the date the Single Premium is received.</p>
Effective Date of Reinstatement	<p>For any insurance that has been reinstated, the Effective Date of Reinstatement will be the date all requirements for reinstatement have been met.</p>
Calculation of Time Periods	<p>All time periods are calculated from the Policy Date.</p>
Termination	<p>All coverage under this Policy will terminate:</p> <ol style="list-style-type: none">(1) if the Owner surrenders this Policy;(2) if the Insured dies; or(3) for nonpayment of Loan Interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision.

SINGLE PREMIUM

	<p>The Single Premium for this Policy is shown in the Policy Schedule. The due date of the Single Premium is the Policy Date. The Single Premium must be paid to the Company before this Policy is issued.</p>
Reinstatement	<p>If this Policy terminates for nonpayment of interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision, it may be reinstated within five years after termination if:</p> <ol style="list-style-type: none">(1) the Owner submits a written application;(2) evidence of the Insured's insurability is received and approved by the Company; and(3) any policy loan is repaid or reinstated, with compound interest at the Loan Interest Rate(s) applicable since the date of termination.

GUARANTEED VALUES

Cash Value This Policy provides a Cash Value. The Cash Value for all Policy Years is equal to or greater than the minimum required by the Standard Nonforfeiture Law. The Cash Value at the end of certain Policy Years is shown in the Table of Guaranteed Values. The Cash Value during a Policy Year will be based on the time elapsed in that year. Values not shown will be furnished on request.

All values are calculated on the basis set out below. A detailed statement of the method of calculation of all values has been filed with the insurance department of the state in which this Policy was delivered or is available to the insurance department upon its request. All values are equal to or greater than those required.

Surrender Value The Surrender Value is the Cash Value minus any Loan Balance.

Surrender The Owner may surrender this Policy and receive the Surrender Value. Surrender terminates this insurance. Surrender will be effective on the date the Company receives a Written Notice at the Home Office. The Company may postpone payment for as long as six months from the effective date of Surrender. The Company reserves the right to require the return of this Policy.

Basis of Values The Cash Value and net single premiums referred to in this Policy are based on:

- (1) the Nonforfeiture Interest Rate shown in the Policy Schedule;
- (2) immediate payment of claims; and
- (3) the 2001 Commissioners Standard Ordinary Mortality Table, Age Last Birthday, Ultimate, Male/Female, Composite.

POLICY LOANS

While this Policy is in force, the Owner may obtain all or part of the Available Loan Value by Written Notice. This Policy, assigned to the Company, is the only security needed. The Company may postpone making a loan for as long as six months from the date the notice is received at the Home Office. However, a policy loan used to pay a premium on any policy issued by the Company will not be postponed.

Loan Value The Loan Value is the Cash Value.

Available Loan Value The Available Loan Value is the Loan Value less the sum of:

- (1) any current Loan Balance; and
- (2) Loan Interest in advance to the next Policy Anniversary.

Loan Interest Loan Interest is calculated in advance at the Loan Interest Rate in effect at the beginning of the Policy Year. On the date the loan is made, Loan Interest will be due from the date of the loan to the next Policy Anniversary. At each Policy Anniversary, Loan Interest on any Loan Balance will be due to the next Policy Anniversary. If Loan Interest is not paid when due, it will bear interest at the same interest rate as the loan.

Loan Interest Rate The Loan Interest Rate is stated as an annual rate and the First Year Loan Interest Rate is shown in the Policy Schedule. The Company may change the Loan Interest Rate at any time, to be effective on the next Policy Anniversary in accordance with the following:

- (1) the Loan Interest Rate may be increased if the maximum rate, as determined below, is at least 1/2% more than the Loan Interest Rate for the current Policy Year; or
- (2) the Loan Interest Rate will decrease if the maximum rate, as determined below, is at least 1/2% less than the Loan Interest Rate for the current Policy Year.

The maximum Loan Interest Rate for any Policy Year is the greater of:

- (1) the Published Monthly Average for the calendar month ending two months before the date on which the Loan Interest Rate is set; and
- (2) the Nonforfeiture Interest Rate shown in the Policy Schedule plus 1%.

The Company will notify the Owner of the current Loan Interest Rate at the time a loan is made. The Company will provide the Owner with reasonable advance notice of any change in the Loan Interest Rate.

The Loan Interest Rate will never be greater than is permitted by law. The Loan Interest Rate will apply to the entire Loan Balance, including any loans continued upon reinstatement of this Policy.

Published Monthly Average The Published Monthly Average is:

- (1) Moody's Corporate Bond Yield Average - Monthly Average Corporates, as published by Moody's Investors Service, Inc., or any successor to that service; or
- (2) if that average is no longer published, a substantially similar average, as established by the insurance regulator of the state in which this Policy is delivered.

Loan Balance The Loan Balance equals (1) plus (2) minus (3) where:

- (1) is the sum of all loans made;
- (2) is the Loan Interest, minus any Loan Interest for time periods beyond the day on which the Loan Balance is being calculated; and
- (3) is the sum of all Loan Repayments.

Loan Repayment The Loan Balance may be repaid in full or in part at any time while this Policy is in force. Any Loan Interest paid for time periods beyond the date of any Loan Repayment will be refunded to the Owner.

Termination of Policy for Nonpayment of Loan Interest Any time the Loan Balance exceeds the Loan Value, this Policy will terminate with no further value. However, this Policy will not terminate until 31 days after the Company has mailed a notice to the last known address of the Owner and any assignee of record.

AMOUNT OF PROCEEDS

Amount	The life insurance proceeds payable at the Insured's death equals the Face Amount shown in the Policy Schedule minus any Loan Balance.
Interest on Proceeds	Death proceeds will normally be paid within 30 days after the Company has received written proof of the Insured's death. If payment is not made within 30 days, the Company will pay interest on the proceeds from the date of death to the date of settlement. Such interest will be at the rate required by law.
Suicide	If the Insured commits suicide, while sane or insane, within two years from the Policy Date, the benefits payable under this Policy will be limited to the Single Premium minus any Loan Balance.

PAYMENT OF PROCEEDS

Payment	<p>Proceeds of this Policy will be paid to the Beneficiary upon receipt by the Company of due proof of death of the Insured, return of this Policy, and proof of interest of the claimant.</p> <p>Any amount payable under this Contract will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any Payment Option described below provided all conditions for election are met.</p> <p>Proceeds left with the Company may be withdrawn by Written Notice where such right is given. The Company may postpone the payment of any withdrawal for as long as six months from the date the Company receives Written Notice.</p>
Conditions for Election of Payment Options	<p>Any election must be by Written Notice to the Company. No election will be effective until acknowledged by the Company. Once payments begin, the Payment Option cannot be changed.</p> <p>No Payment Options will be available if:</p> <ol style="list-style-type: none">(1) the net proceeds are less than \$2,500;(2) the amount of each payment would be less than \$25; or(3) in the case of Option B, the payee is not a natural person receiving payment in his or her own right.
Election by Owner	<p>During the Insured's lifetime and subject to the conditions above, the Owner may:</p> <ol style="list-style-type: none">(1) elect a Payment Option; or(2) change such election if he or she has reserved the right to do so. <p>If the Owner elects a Payment Option for the Beneficiary, the Beneficiary may not:</p> <ol style="list-style-type: none">(1) change or cancel the election;(2) assign or transfer the amount held by the Company; or(3) withdraw any future installments or unpaid interest installments; <p>unless the right is granted in the election.</p>
Election by Beneficiary	If the Owner does not elect a Payment Option, the Beneficiary may do so after the Insured's death.

Payment Options	<p>Option A-Income for a Specified Period. Based on each \$1,000 of proceeds, payments will be made in equal annual or monthly installments for a specified period. Payments will be made in accordance with the Option A table. The first installment will be paid on the date proceeds are settled under this option.</p> <p>Option B-Life Income. Based on each \$1,000 of proceeds, payments will be made in equal monthly installments during the payee's lifetime. Payments will be made in accordance with the Option B table:</p> <ul style="list-style-type: none"> (1) with 120 installments guaranteed; or (2) without refund. Payments will be made only during the payee's lifetime. <p>The first installment will be paid on the date proceeds are settled under this option.</p> <p>Option C-Income of a Specified Amount. The proceeds will be paid in equal annual or monthly installments of a specified amount until the proceeds, with interest, are exhausted. The first installment will be paid on the date the proceeds are settled under this option.</p> <p>Option D-Joint and One-Half Survivor Life Income. Based on each \$1,000 of proceeds, payments will be made in equal monthly installments during the joint lifetime of the payee and his or her spouse. Payments will be made according to the Option D table. The first installment will be paid on the date the proceeds are settled under this option. If the payee's spouse dies first, the payee will receive monthly payments for the original installment. If the payee dies first, payment to his or her spouse will decrease to one-half the original installment.</p> <p>Option E-At Interest. The proceeds may be left with the Company to draw interest. Interest may be paid annually, semiannually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen.</p>
Automatic Payment Option	If settlement of the proceeds of this Policy is delayed over 30 days, Option E will be applied automatically. Interest will be paid yearly and the person(s) entitled to the proceeds has the right to withdraw the proceeds or elect any payment option permitted by this Policy.
Proof of Age	The Company has the right to require satisfactory proof of any payee's age. The Company may also require satisfactory evidence of any payee's survival when a payment becomes due.
Additional Options	Any proceeds payable under this Policy may be paid under any other method of payment agreed to by the Company at the time of settlement.
Basis of Payment Options	The annual guaranteed interest rate used for each Option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options B and D is the Annuity 2000 Mortality Table.

**OPTION A
Installments**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**OPTION B
Monthly Life Incomes**

Age	120 Installments Guaranteed		Without Refund		Age	120 Installments Guaranteed		Without Refund	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

**OPTION D
Joint and One-Half Survivor Life Income**

Age	Male Payee	Female Payee	Age	Male Payee	Female Payee
25	\$2.98	\$2.94	65	\$5.05	\$4.84
26	3.00	2.95	66	5.19	4.96
27	3.01	2.97	67	5.33	5.10
28	3.03	2.99	68	5.48	5.24
29	3.05	3.01	69	5.64	5.39
30	3.08	3.03	70	5.82	5.55
31	3.10	3.05	71	6.00	5.72
32	3.12	3.07	72	6.20	5.91
33	3.14	3.09	73	6.41	6.11
34	3.17	3.11	74	6.63	6.33
35	3.20	3.14	75	6.88	6.56
36	3.22	3.16	76	7.14	6.82
37	3.25	3.19	77	7.41	7.09
38	3.28	3.22	78	7.71	7.38
39	3.32	3.24	79	8.03	7.70
40	3.35	3.27	80	8.38	8.04
41	3.38	3.31	81	8.74	8.41
42	3.42	3.34	82	9.14	8.80
43	3.46	3.37	83	9.56	9.23
44	3.50	3.41	84	10.01	9.69
45	3.54	3.45	85	10.49	10.19
46	3.58	3.49	86	11.01	10.71
47	3.63	3.53	87	11.56	11.28
48	3.68	3.57	88	12.14	11.88
49	3.73	3.62	89	12.76	12.52
50	3.78	3.67	90	13.41	13.19
51	3.84	3.72	91	14.10	13.89
52	3.90	3.77	92	14.83	14.63
53	3.96	3.83	93	15.60	15.40
54	4.02	3.89	94	16.42	16.22
55	4.09	3.96	95	17.30	17.08
56	4.16	4.02	96	18.24	17.99
57	4.24	4.09	97	19.27	18.99
58	4.32	4.17	98	20.42	20.09
59	4.41	4.25	99	21.71	21.33
60	4.50	4.33	100	23.18	22.75
61	4.59	4.42			
62	4.70	4.52			
63	4.81	4.62			
64	4.93	4.73			

Option D Payment rates assume both payee and spouse are the same age. Rates for other age combinations are available upon request.



SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT THE INSURED'S DEATH



Shenandoah Life Insurance Company will pay the proceeds of this Policy to the Beneficiary upon receipt of proof of death of the Insured. Payment is subject to the provisions on this and the following pages of this Policy.

This Policy is a legal Contract between the Owner and Shenandoah Life Insurance Company. **Please read your policy carefully.** This Policy is issued in consideration of the attached application and payment of the Single Premium as provided. Shenandoah Life Insurance Company will provide the benefits and other rights described in this Policy in accordance with the terms of this Policy.

NOTICE OF RIGHT TO EXAMINE POLICY

If, for any reason, the Owner is not satisfied with this Policy, it may be returned to the Home Office or agent within [20] days after receipt by Owner. Shenandoah Life Insurance Company will then cancel the Contract and refund the Single Premium. This Policy will then be considered void from the start.

Signed for Shenandoah Life Insurance Company at the Home Office in Roanoke, Virginia.

Kathleen M. Kronau

Secretary

Wans L. Carterman

President

SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT THE INSURED'S DEATH

JOHN F DOE

SPECIMEN12

TABLE OF CONTENTS

	Page
Policy Schedule	3
Definitions	4
Company; Home Office; Policy Date, Month, Year and Anniversary; Age and Attained Age; Written Notice; Rider	
Ownership	4
Owner Defined; Control of Policy; Assignment of Policy	
Beneficiary	4
Beneficiary Defined; Change of Beneficiary; Death of Beneficiary	
General Provisions	5
Contract; Not Contestable After Two Years; Misstatement of Age or Sex; Effective Date of Coverage; Effective Date of Reinstatement; Calculation of Time Periods; Termination	
Single Premium	5
Reinstatement	
Guaranteed Values	6
Cash Value; Surrender Value; Surrender; Basis of Values	
Policy Loans	6-7
Loan Value; Available Loan Value; Loan Interest; Loan Interest Rate; Published Monthly Average; Loan Balance; Loan Repayment; Termination of Policy for Nonpayment of Loan Interest	
Amount of Proceeds	8
Amount; Interest on Proceeds; Suicide	
Payment of Proceeds	8-9
Payment; Conditions for Election of Payment Options; Election by Owner; Election by Beneficiary; Payment Options; Automatic Payment Option; Proof of Age; Additional Options; Basis of Payment Options	
Payment Option Tables	10-11

CONCLUDED WITH:

Riders, Amendments and Endorsements, if any; and copy of the Application.

READ YOUR POLICY CAREFULLY.

POLICY SCHEDULE

Insured:	JOHN F DOE	Age and Sex:	35 Male
Policy Date:	Aug 1, 2012	Policy Number:	SPECIMEN12
Policy Risk Class:	NS-STD	Face Amount:	\$10,000
First Year Loan Interest Rate:	[4.50% (4.31% in Advance)]	Nonforfeiture Interest Rate:	3.50%

COVERAGE SPECIFICATIONS

FORM NUMBER	PLAN OR BENEFIT NAME	AMOUNT	TERMINATION DATE	SINGLE PREMIUM
L-1052	Single Premium Whole Life	\$10,000	Upon Death	\$2,447.00

POLICY SCHEDULE (CONTINUED)

TABLE OF GUARANTEED VALUES

END OF POLICY YEAR	ATTAINED AGE OF INSURED	POLICY ANNIV IN	CASH VALUE
1	36	2013	2,524.30
2	37	2014	2,603.90
3	38	2015	2,686.10
4	39	2016	2,770.60
5	40	2017	2,857.50
6	41	2018	2,947.00
7	42	2019	3,038.80
8	43	2020	3,133.00
9	44	2021	3,229.50
10	45	2022	3,328.10
11	46	2023	3,428.90
12	47	2024	3,532.00
13	48	2025	3,637.40
14	49	2026	3,745.80
15	50	2027	3,857.40
16	51	2028	3,971.80
17	52	2029	4,089.00
18	53	2030	4,208.50
19	54	2031	4,330.30
20	55	2032	4,454.00
25	60	2037	5,097.20
30	65	2042	5,774.60

The above values do not reflect any Policy Loan.

DEFINITIONS

Company	All references to the "Company" mean Shenandoah Life Insurance Company.
Home Office	The Company's home office is located at 2301 Brambleton Avenue, S.W., Roanoke, Virginia. The Company's mailing address is Post Office Box 12847, Roanoke, Virginia 24029.
Policy Date, Month, Year and Anniversary	The Policy Date is shown in the Policy Schedule. Each Policy Month begins on the same day of each month as the Policy Date. Each Policy Year begins on the same day and month of each year as the Policy Date. The first day of each Policy Year is a Policy Anniversary.
Age and Attained Age	Age means the Insured's age on the birthday nearest to the Policy Date. Attained Age means the Insured's age on the Policy Date plus the number of Policy Years elapsed since the Policy Date.
Written Notice	<p>Written Notice means a notification or request received from the Owner in a form satisfactory to the Company. Written Notices are recorded at the Home Office. The Company will not be responsible for the validity of any Written Notice.</p> <p>Any Written Notice provided by the Company to the Owner will be provided to the Owner at the last address provided by the Owner to the Company.</p>
Rider	A Rider is an attachment to this Policy which provides additional benefits.

OWNERSHIP

Owner Defined	The Owner of this Policy is the person or party designated to exercise the rights and receive the benefits of ownership. The Insured is the Owner unless otherwise stated in the application or later changed.
Control of Policy	<p>Subject to the terms of any irrevocable beneficiary designation or any assignment, the Owner may, during the Insured's lifetime:</p> <ol style="list-style-type: none">(1) assign or surrender this Policy;(2) make a policy loan;(3) make a change in this Policy with the Company's consent;(4) transfer the ownership of this Policy; and(5) exercise other rights and receive other benefits as defined in this Policy.
Assignment of Policy	The Company will not be bound by any assignment of this Policy unless a properly executed assignment is recorded at the Home Office.

BENEFICIARY

Beneficiary Defined	The Beneficiary is the person or party designated to receive the life insurance proceeds payable at the Insured's death. The Beneficiary for this Policy is as stated in the application unless later changed.
Change of Beneficiary	During the Insured's lifetime, the Owner may change the beneficiary designation unless he or she has waived the right to do so. No beneficiary change will take effect until a Written Notice is acknowledged at the Home Office. Once such notice is acknowledged, the change will be effective the date the notice was signed. The change will be subject to any payment or action made by the Company before the beneficiary change is recorded at the Home Office.
Death of Beneficiary	<p>Unless otherwise provided in the beneficiary designation:</p> <ol style="list-style-type: none">(1) the interest of any Beneficiary who dies before the Insured will pass to any surviving Beneficiaries, according to their respective interests; or(2) if no Beneficiary survives the Insured, the proceeds will be paid in one sum to the Owner, if living; otherwise, to the Owner's estate.

GENERAL PROVISIONS

Contract	<p>This Policy, together with any attached Riders, endorsements, and applications, forms the entire Contract. Only the President, a Vice President, or the Secretary of the Company may change or waive any provision in this Contract. Any changes or waivers must be in writing. The Company will not be bound by any promises or representations made by any agent or person other than the above Company officers.</p> <p>Statements in the applications are, in the absence of fraud, considered representations, not warranties. Statements may be used to contest the validity of this Policy or in defense of a claim only if they are contained in an attached application or endorsement.</p>
Not Contestable After Two Years	<p>Except for fraud in the procurement, the Company cannot contest this Policy after it has been in force two years during the Insured's lifetime, from the Policy Date or the Effective Date of Reinstatement. If this Policy has been reinstated, statements in the reinstatement application may be contested for a period of two years.</p>
Misstatement of Age or Sex	<p>If the Insured's age or sex has been misstated on the application, the benefits payable under this Policy will be adjusted. The adjusted benefits will be those the Single Premium would have purchased at the Insured's correct age or sex.</p>
Effective Date of Coverage	<p>The Effective Date of Coverage under this Policy for all coverage provided in the original application will be the later of the Policy Date and the date the Single Premium is received.</p>
Effective Date of Reinstatement	<p>For any insurance that has been reinstated, the Effective Date of Reinstatement will be the date all requirements for reinstatement have been met.</p>
Calculation of Time Periods	<p>All time periods are calculated from the Policy Date.</p>
Termination	<p>All coverage under this Policy will terminate:</p> <ol style="list-style-type: none">(1) if the Owner surrenders this Policy;(2) if the Insured dies; or(3) for nonpayment of Loan Interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision.

SINGLE PREMIUM

	<p>The Single Premium for this Policy is shown in the Policy Schedule. The due date of the Single Premium is the Policy Date. The Single Premium must be paid to the Company before this Policy is issued.</p>
Reinstatement	<p>If this Policy terminates for nonpayment of interest in accordance with the "Termination of Policy for Nonpayment of Loan Interest" provision, it may be reinstated within five years after termination if:</p> <ol style="list-style-type: none">(1) the Owner submits a written application;(2) evidence of the Insured's insurability is received and approved by the Company; and(3) any policy loan is repaid or reinstated, with compound interest at the Loan Interest Rate(s) applicable since the date of termination.

GUARANTEED VALUES

- Cash Value** This Policy provides a Cash Value. The Cash Value for all Policy Years is equal to or greater than the minimum required by the Standard Nonforfeiture Law. The Cash Value at the end of certain Policy Years is shown in the Table of Guaranteed Values. The Cash Value during a Policy Year will be based on the time elapsed in that year. Values not shown will be furnished on request.
- All values are calculated on the basis set out below. A detailed statement of the method of calculation of all values has been filed with the insurance department of the state in which this Policy was delivered or is available to the insurance department upon its request. All values are equal to or greater than those required.
- Surrender Value** The Surrender Value is the Cash Value minus any Loan Balance.
- Surrender** The Owner may surrender this Policy and receive the Surrender Value. Surrender terminates this insurance. Surrender will be effective on the date the Company receives a Written Notice at the Home Office. The Company may postpone payment for as long as six months from the effective date of Surrender. The Company reserves the right to require the return of this Policy.
- Basis of Values** The Cash Value and net single premiums referred to in this Policy are based on:
- (1) the Nonforfeiture Interest Rate shown in the Policy Schedule;
 - (2) immediate payment of claims; and
 - (3) the 2001 Commissioners Standard Ordinary Mortality Table, Age Near Birthday, Ultimate, Male/Female; Nonsmoker/Smoker for adult issue ages and Composite for juvenile issue ages.

POLICY LOANS

- While this Policy is in force, the Owner may obtain all or part of the Available Loan Value by Written Notice. This Policy, assigned to the Company, is the only security needed. The Company may postpone making a loan for as long as six months from the date the notice is received at the Home Office. However, a policy loan used to pay a premium on any policy issued by the Company will not be postponed.
- Loan Value** The Loan Value is the Cash Value.
- Available Loan Value** The Available Loan Value is the Loan Value less the sum of:
- (1) any current Loan Balance; and
 - (2) Loan Interest in advance to the next Policy Anniversary.

Loan Interest Loan Interest is calculated in advance at the Loan Interest Rate in effect at the beginning of the Policy Year. On the date the loan is made, Loan Interest will be due from the date of the loan to the next Policy Anniversary. At each Policy Anniversary, Loan Interest on any Loan Balance will be due to the next Policy Anniversary. If Loan Interest is not paid when due, it will bear interest at the same interest rate as the loan.

Loan Interest Rate The Loan Interest Rate is stated as an annual rate and the First Year Loan Interest Rate is shown in the Policy Schedule. The Company may change the Loan Interest Rate at any time, to be effective on the next Policy Anniversary in accordance with the following:

- (1) the Loan Interest Rate may be increased if the maximum rate, as determined below, is at least 1/2% more than the Loan Interest Rate for the current Policy Year; or
- (2) the Loan Interest Rate will decrease if the maximum rate, as determined below, is at least 1/2% less than the Loan Interest Rate for the current Policy Year.

The maximum Loan Interest Rate for any Policy Year is the greater of:

- (1) the Published Monthly Average for the calendar month ending two months before the date on which the Loan Interest Rate is set; and
- (2) the Nonforfeiture Interest Rate shown in the Policy Schedule plus 1%.

The Company will notify the Owner of the current Loan Interest Rate at the time a loan is made. The Company will provide the Owner with reasonable advance notice of any change in the Loan Interest Rate.

The Loan Interest Rate will never be greater than is permitted by law. The Loan Interest Rate will apply to the entire Loan Balance, including any loans continued upon reinstatement of this Policy.

Published Monthly Average The Published Monthly Average is:

- (1) Moody's Corporate Bond Yield Average - Monthly Average Corporates, as published by Moody's Investors Service, Inc., or any successor to that service; or
- (2) if that average is no longer published, a substantially similar average, as established by the insurance regulator of the state in which this Policy is delivered.

Loan Balance The Loan Balance equals (1) plus (2) minus (3) where:

- (1) is the sum of all loans made;
- (2) is the Loan Interest, minus any Loan Interest for time periods beyond the day on which the Loan Balance is being calculated; and
- (3) is the sum of all Loan Repayments.

Loan Repayment The Loan Balance may be repaid in full or in part at any time while this Policy is in force. Any Loan Interest paid for time periods beyond the date of any Loan Repayment will be refunded to the Owner.

Termination of Policy for Nonpayment of Loan Interest Any time the Loan Balance exceeds the Loan Value, this Policy will terminate with no further value. However, this Policy will not terminate until 31 days after the Company has mailed a notice to the last known address of the Owner and any assignee of record.

AMOUNT OF PROCEEDS

Amount	The life insurance proceeds payable at the Insured's death equals the Face Amount shown in the Policy Schedule minus any Loan Balance.
Interest on Proceeds	Death proceeds will normally be paid within 30 days after the Company has received written proof of the Insured's death. If payment is not made within 30 days, the Company will pay interest on the proceeds from the date of death to the date of settlement. Such interest will be at the rate required by law.
Suicide	If the Insured commits suicide, while sane or insane, within two years from the Policy Date, the benefits payable under this Policy will be limited to the Single Premium minus any Loan Balance.

PAYMENT OF PROCEEDS

Payment	<p>Proceeds of this Policy will be paid to the Beneficiary upon receipt by the Company of due proof of death of the Insured, return of this Policy, and proof of interest of the claimant.</p> <p>Any amount payable under this Contract will be paid in one sum unless otherwise provided. All or part of this sum may be applied to any Payment Option described below provided all conditions for election are met.</p> <p>Proceeds left with the Company may be withdrawn by Written Notice where such right is given. The Company may postpone the payment of any withdrawal for as long as six months from the date the Company receives Written Notice.</p>
Conditions for Election of Payment Options	<p>Any election must be by Written Notice to the Company. No election will be effective until acknowledged by the Company. Once payments begin, the Payment Option cannot be changed.</p> <p>No Payment Options will be available if:</p> <ol style="list-style-type: none">(1) the net proceeds are less than \$2,500;(2) the amount of each payment would be less than \$25; or(3) in the case of Option B, the payee is not a natural person receiving payment in his or her own right.
Election by Owner	<p>During the Insured's lifetime and subject to the conditions above, the Owner may:</p> <ol style="list-style-type: none">(1) elect a Payment Option; or(2) change such election if he or she has reserved the right to do so. <p>If the Owner elects a Payment Option for the Beneficiary, the Beneficiary may not:</p> <ol style="list-style-type: none">(1) change or cancel the election;(2) assign or transfer the amount held by the Company; or(3) withdraw any future installments or unpaid interest installments; <p>unless the right is granted in the election.</p>
Election by Beneficiary	If the Owner does not elect a Payment Option, the Beneficiary may do so after the Insured's death.

Payment Options	<p>Option A-Income for a Specified Period. Based on each \$1,000 of proceeds, payments will be made in equal annual or monthly installments for a specified period. Payments will be made in accordance with the Option A table. The first installment will be paid on the date proceeds are settled under this option.</p> <p>Option B-Life Income. Based on each \$1,000 of proceeds, payments will be made in equal monthly installments during the payee's lifetime. Payments will be made in accordance with the Option B table:</p> <ul style="list-style-type: none"> (1) with 120 installments guaranteed; or (2) without refund. Payments will be made only during the payee's lifetime. <p>The first installment will be paid on the date proceeds are settled under this option.</p> <p>Option C-Income of a Specified Amount. The proceeds will be paid in equal annual or monthly installments of a specified amount until the proceeds, with interest, are exhausted. The first installment will be paid on the date the proceeds are settled under this option.</p> <p>Option D-Joint and One-Half Survivor Life Income. Based on each \$1,000 of proceeds, payments will be made in equal monthly installments during the joint lifetime of the payee and his or her spouse. Payments will be made according to the Option D table. The first installment will be paid on the date the proceeds are settled under this option. If the payee's spouse dies first, the payee will receive monthly payments for the original installment. If the payee dies first, payment to his or her spouse will decrease to one-half the original installment.</p> <p>Option E-At Interest. The proceeds may be left with the Company to draw interest. Interest may be paid annually, semiannually, quarterly, or monthly. The first payment will be made at the end of the interest frequency period chosen.</p>
Automatic Payment Option	If settlement of the proceeds of this Policy is delayed over 30 days, Option E will be applied automatically. Interest will be paid yearly and the person(s) entitled to the proceeds has the right to withdraw the proceeds or elect any payment option permitted by this Policy.
Proof of Age	The Company has the right to require satisfactory proof of any payee's age. The Company may also require satisfactory evidence of any payee's survival when a payment becomes due.
Additional Options	Any proceeds payable under this Policy may be paid under any other method of payment agreed to by the Company at the time of settlement.
Basis of Payment Options	The annual guaranteed interest rate used for each Option shown in the Option Tables is 3.0%. An interest rate in excess of the guaranteed rate may be used at the discretion of the Company. The mortality table used for Options B and D is the Annuity 2000 Mortality Table.

**OPTION A
Installments**

Yrs.	Annual	Monthly	Yrs.	Annual	Monthly	Yrs.	Annual	Monthly
1	\$1,000.00	\$84.47	11	\$104.93	\$8.86	21	\$62.98	\$5.32
2	507.39	42.86	12	97.54	8.24	22	60.92	5.15
3	343.23	28.99	13	91.29	7.71	23	59.04	4.99
4	261.19	22.06	14	85.95	7.26	24	57.33	4.84
5	211.99	17.91	15	81.33	6.87	25	55.76	4.71
6	179.22	15.14	16	77.29	6.53	26	54.31	4.59
7	155.83	13.16	17	73.74	6.23	27	52.97	4.47
8	138.31	11.68	18	70.59	5.96	28	51.74	4.37
9	124.69	10.53	19	67.78	5.73	29	50.60	4.27
10	113.82	9.61	20	65.26	5.51	30	49.53	4.18

**OPTION B
Monthly Life Incomes**

Age	120 Installments Guaranteed		Without Refund		Age	120 Installments Guaranteed		Without Refund	
	Male	Female	Male	Female		Male	Female	Male	Female
25	\$3.08	\$2.99	\$3.08	\$2.99	65	\$5.48	\$5.07	\$5.69	\$5.18
26	3.10	3.01	3.10	3.01	66	5.62	5.20	5.86	5.32
27	3.12	3.03	3.13	3.03	67	5.77	5.33	6.04	5.47
28	3.15	3.05	3.15	3.05	68	5.92	5.47	6.24	5.64
29	3.17	3.07	3.17	3.07	69	6.07	5.62	6.45	5.82
30	3.20	3.09	3.20	3.09	70	6.23	5.78	6.67	6.01
31	3.22	3.11	3.23	3.12	71	6.39	5.94	6.90	6.21
32	3.25	3.14	3.26	3.14	72	6.56	6.11	7.16	6.44
33	3.28	3.16	3.28	3.17	73	6.73	6.29	7.43	6.68
34	3.31	3.19	3.32	3.19	74	6.90	6.48	7.71	6.94
35	3.34	3.22	3.35	3.22	75	7.08	6.67	8.02	7.22
36	3.38	3.24	3.38	3.25	76	7.25	6.86	8.35	7.52
37	3.41	3.27	3.42	3.28	77	7.43	7.06	8.70	7.85
38	3.45	3.30	3.46	3.31	78	7.61	7.26	9.08	8.21
39	3.49	3.34	3.50	3.34	79	7.78	7.46	9.48	8.60
40	3.53	3.37	3.54	3.38	80	7.95	7.66	9.91	9.02
41	3.57	3.41	3.58	3.41	81	8.11	7.86	10.37	9.47
42	3.62	3.44	3.63	3.45	82	8.27	8.05	10.86	9.96
43	3.66	3.48	3.67	3.49	83	8.42	8.23	11.38	10.50
44	3.71	3.52	3.72	3.53	84	8.56	8.40	11.94	11.07
45	3.76	3.57	3.78	3.57	85	8.69	8.55	12.54	11.69
46	3.81	3.61	3.83	3.62	86	8.81	8.70	13.17	12.36
47	3.87	3.66	3.89	3.67	87	8.92	8.83	13.85	13.08
48	3.92	3.71	3.95	3.72	88	9.02	8.95	14.56	13.84
49	3.98	3.76	4.01	3.77	89	9.12	9.05	15.32	14.65
50	4.05	3.81	4.08	3.83	90	9.20	9.15	16.12	15.50
51	4.11	3.87	4.15	3.89	91	9.28	9.23	16.97	16.38
52	4.18	3.93	4.22	3.95	92	9.34	9.30	17.87	17.31
53	4.25	3.99	4.30	4.01	93	9.40	9.36	18.83	18.26
54	4.33	4.06	4.38	4.08	94	9.45	9.42	19.85	19.26
55	4.41	4.13	4.46	4.15	95	9.49	9.47	20.93	20.30
56	4.49	4.20	4.55	4.23	96	9.53	9.51	22.10	21.39
57	4.58	4.28	4.65	4.31	97	9.56	9.54	23.38	22.57
58	4.68	4.36	4.75	4.40	98	9.58	9.57	24.80	23.86
59	4.78	4.45	4.86	4.49	99	9.59	9.58	26.40	25.31
60	4.88	4.54	4.98	4.59	100	9.60	9.60	28.22	26.97
61	4.99	4.63	5.10	4.69					
62	5.10	4.73	5.23	4.80					
63	5.23	4.84	5.37	4.92					
64	5.35	4.95	5.52	5.04					

OPTION D
Joint and One-Half Survivor Life Income

Age	Male Payee	Female Payee	Age	Male Payee	Female Payee
25	\$2.98	\$2.94	65	\$5.05	\$4.84
26	3.00	2.95	66	5.19	4.96
27	3.01	2.97	67	5.33	5.10
28	3.03	2.99	68	5.48	5.24
29	3.05	3.01	69	5.64	5.39
30	3.08	3.03	70	5.82	5.55
31	3.10	3.05	71	6.00	5.72
32	3.12	3.07	72	6.20	5.91
33	3.14	3.09	73	6.41	6.11
34	3.17	3.11	74	6.63	6.33
35	3.20	3.14	75	6.88	6.56
36	3.22	3.16	76	7.14	6.82
37	3.25	3.19	77	7.41	7.09
38	3.28	3.22	78	7.71	7.38
39	3.32	3.24	79	8.03	7.70
40	3.35	3.27	80	8.38	8.04
41	3.38	3.31	81	8.74	8.41
42	3.42	3.34	82	9.14	8.80
43	3.46	3.37	83	9.56	9.23
44	3.50	3.41	84	10.01	9.69
45	3.54	3.45	85	10.49	10.19
46	3.58	3.49	86	11.01	10.71
47	3.63	3.53	87	11.56	11.28
48	3.68	3.57	88	12.14	11.88
49	3.73	3.62	89	12.76	12.52
50	3.78	3.67	90	13.41	13.19
51	3.84	3.72	91	14.10	13.89
52	3.90	3.77	92	14.83	14.63
53	3.96	3.83	93	15.60	15.40
54	4.02	3.89	94	16.42	16.22
55	4.09	3.96	95	17.30	17.08
56	4.16	4.02	96	18.24	17.99
57	4.24	4.09	97	19.27	18.99
58	4.32	4.17	98	20.42	20.09
59	4.41	4.25	99	21.71	21.33
60	4.50	4.33	100	23.18	22.75
61	4.59	4.42			
62	4.70	4.52			
63	4.81	4.62			
64	4.93	4.73			

Option D Payment rates assume both payee and spouse are the same age. Rates for other age combinations are available upon request.



SINGLE PREMIUM WHOLE LIFE INSURANCE POLICY
INSURANCE PROCEEDS PAYABLE AT THE INSURED'S DEATH



1. INSURED INFORMATION

Last Name		First Name			MI	Phone Number for Contact		
Social Security Number or Tax ID #		Age	Sex	Date of Birth	State of Birth	Height	Weight	Day Evening Best Time To Call
Occupation and Duties				E-mail Address			Driver's License #	
Primary Street Address		City		County		State	Zip Code	

2. BENEFICIARY INFORMATION – INSURED

Primary Beneficiary as to Insured, <i>with right of revocation</i>				Relationship		Telephone Number	
Address of Primary Beneficiary		City		County		State	Zip Code
Contingent Beneficiary as to Insured				Relationship		Telephone Number	
Address of Contingent Beneficiary		City		County		State	Zip Code

3. OTHER INSURED INFORMATION

Last Name		First Name			MI	Telephone Number		
Social Security Number or Tax ID #		Age	Sex	Date of Birth	State of Birth	Height	Weight	Relationship to Insured
Occupation and Duties				E-mail Address			Driver's License #	
Primary Street Address		City		County		State	Zip Code	

4. BENEFICIARY INFORMATION – OTHER INSURED

Primary Beneficiary as to Other Insured, <i>with right of revocation</i>				Relationship		Telephone Number	
Address of Primary Beneficiary		City		County		State	Zip Code
Contingent Beneficiary as to Other Insured				Relationship		Telephone Number	
Address of Contingent Beneficiary		City		County		State	Zip Code

5. OWNER INFORMATION (if other than Insured)

Last Name		First Name			MI	Telephone Number		
Social Security Number or Tax ID #		Date of Birth		E-mail Address		Relationship to Insured		
Address		City		County		State	Zip Code	

6. CONTINGENT OWNER INFORMATION (recommended if Owner is other than Insured or is a minor)

Last Name		First Name			MI	Social Security # or Tax ID #		Relationship to Insured	
Address		City		County		State	Zip Code		

7. FAMILY MEMBER(S) AND BENEFICIARY INFORMATION (if applying for Children Term Insurance Rider)

Name	Age	Sex	Date of Birth	State of Birth	Relationship to Proposed Insured	Height	Weight	Social Security Number		
Child 1										
Child 2										
Child 3										
Child 4										
Applicant										
Beneficiary as to Children Term Insurance Rider, <i>with right of revocation</i>				Relationship		Contingent Beneficiary as to Children Term Insurance Rider			Relationship	

8. NON-UNDERWRITTEN POLICY CHANGES

- Decrease Face Amount to \$ _____
- Exercise UL Change of Plan Provision
- Decrease/Cancel Rider(s) _____
- Change to Level Death Benefit Option A

9. UNDERWRITTEN POLICY CHANGES (MUST COMPLETE SECTION 14. HEALTH INFORMATION)

- Increase Face Amount to \$ _____
- Change Dividend Option to Paid-Up Additions
- Change Class to _____
- Remove/Reduce Substandard Rating
- Increase Rider(s) Rider _____ Face Amount to \$ _____
- Rider _____ Face Amount to \$ _____
- Add Rider(s) – Complete all sections applicable for Term/Child/Spouse Riders
- Rider _____ Face Amount \$ _____
- Rider _____ Face Amount \$ _____
- Other _____
- Change to Death Benefit Option B
- Reinstatement
- Correction of Date of Birth ___/___/___

10. TERM CONVERSION

- Convert: Policy Term Rider: Name of Insured _____
- Spouse Rider Child Rider: Name of Child _____
- Other _____ (Must answer question 4, section 14. Health Information)
- Full Conversion or Partial Conversion \$ _____ Continue or Cancel remaining amount
- Increase Face Amount – Complete Sections 9 and 14 Apply for Additional Rider(s) – Complete Sections 9 and 14

11. GUARANTEED INSURED INSURABILITY RIDER (IIR)

- Exercise Guaranteed Insured Insurability Rider
- Guaranteed Insurability Regular Option
- Advance Purchase due to: Marriage: Date ___/___/___ Birth or legal adoption of child: Date ___/___/___

12. PLAN, PREMIUM, BILLING AND DIVIDEND INFORMATION

- Plan _____ Face Amount \$ _____
- Death Benefit Option (Universal Life only)
 - Option A (Level Death Benefit) or Option B (Varying Death Benefit) – If an option is not chosen, Option A will automatically be selected)
- Premium Information:
 - a. If Universal Life, Initial Premium \$ _____ and Planned Periodic Premium \$ _____
 - If Other, Modal Premium \$ _____
 - NOTE: If you choose to pay your policy premium in semi-annual, quarterly or monthly payments, you will pay more over the year than if you choose to pay your premium in one annual premium payment.**
 - b. Premium Mode:
 - Monthly EFT (complete form 1019) Annual Military Allotment: Branch of Service _____
 - Quarterly Single Payroll Deduction: Employer pay all Yes No
 - Semi-Annual Federal Allotment Group Name _____
 - Use Existing EFT Information
- Payment with Application: \$ _____
- Automatic Premium Loan (Whole Life only): Yes No
- I understand that by selecting this option a loan may be made against the cash value of my policy to pay premiums due.*

13. REPLACEMENT INFORMATION

- a. Is there life insurance in force on any person proposed for coverage? None Listed Below
- b. Will insurance applied for replace any now in force? Yes No
- c. Are any other applications pending with other companies? Yes No

Insured's Name	Company	Owner	Replacement	Life Amount	Accidental Death Benefit	Policy Date (Mo/Day/Year)
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			

14. HEALTH INFORMATION (circle any condition which applies)

Please explain all "Yes" answers. Identify condition. Include diagnosis, dates, durations, treatments and medications prescribed, and names and addresses of all attending care providers and treatment facilities.

- 1. Within the last 10 years, have any persons proposed for coverage been diagnosed or treated by a member of the medical profession for heart disease, stroke, chest pain, chronic respiratory disorder, liver disease including hepatitis, tumor or cancer, kidney disease, mental or nervous disorder, alcohol or drug dependency? Yes No
- 2. Have any persons proposed for coverage ever been diagnosed as having Acquired Immune Deficiency Syndrome (AIDS) or tested positive for the Human Immunodeficiency Virus (HIV) through implementation of the ELISA, ELISA Western Blot Testing Procedure, or tested positive for antibodies to the AIDS virus? Yes No
- 3. Within the past 5 years, have any persons proposed for coverage:
 - a. been diagnosed or treated by a member of the medical profession for disorder of the blood or blood vessels, glandular disorder, digestive or intestinal disorder or bleeding, diabetes, high blood pressure, seizure, disorder of the muscles or bones or a sexually transmitted disease? Yes No
 - b. been hospitalized? Yes No
 - c. been advised to have any diagnostic test or hospitalization or surgery which has not been done? (Previous AIDS testing disclosure not included) Yes No
 - d. had a weight change of more than 10 pounds? Yes No
 - e. applied for life, disability or health insurance which was declined, postponed, rated or modified or received disability benefits? Yes No
 - f. had a driver's license restricted or revoked, been cited for driving under the influence of alcohol or drugs or been cited for more than two moving violations? Yes No
 - g. been convicted of a felony or currently on probation? Yes No
 - h. traveled or lived outside the U.S. or Canada, or made plans to do so within the next year? Yes No
 - i. engaged or intend to engage in aviation activities or sports including but not limited to stock or sports car, drag strip, motorcycle or boat racing, scuba or sky diving, rock or mountain climbing? (Please complete the appropriate questionnaire) Yes No
 - j. used cocaine, marijuana, heroin, or any other illegal, restricted or controlled substances? Yes No
- 4. In the past 12 months, have any persons proposed for coverage used tobacco in any form? Yes No
If yes, have any persons proposed for coverage smoked cigarettes in the past 36 months? Yes No
- 5. Is any person proposed for coverage currently on medication or under treatment, therapy or observation? Yes No
- 6. Does any person proposed for coverage have a family history of Huntington's Chorea? Yes No
- 7. Name, address and telephone number of your personal physician _____

Date and reason last consulted _____

Please provide details of all "YES" answers in the area below.

(Attach a separate sheet if more space is needed.)

Question #	Person	Explanation	Dates/ Duration	Name, Address and Telephone Number of Medical Professional

15. DECLARATIONS AND AUTHORIZATIONS

By this application, I am applying to Shenandoah Life Insurance Company (“SHENANDOAH”) for a reinstatement or conversion of, or change to, a policy and/or rider. **I agree that:**

1. My statements and answers to the questions in this SHENANDOAH application are complete and true to the best of my knowledge and belief, and are the basis for any reinstatement, conversion, or change.
2. **No insurance other than that applied for as an exercise of a right under an existing policy or rider shall become effective unless a policy or rider has been issued and delivered to me, the required premium paid and the insurability as stated in this application remains unchanged.**
3. Acceptance of any policy or rider reinstated or issued, or of any change to an existing policy or rider, based on this application shall constitute agreement to any correction or amendment of this application made by SHENANDOAH and noted on this application. However, no change in amount, age at issue, classification, plan of insurance or benefits applied for shall be made unless agreed to in writing by me.
4. No broker or agent has the authority to waive any of SHENANDOAH’s rights or requirements, or to make or alter any contract or policy.
5. During any contestable period provided for in the policy or rider, SHENANDOAH has the right to rescind any policy or rider issued upon statements or answers in this application that are not correct. Furthermore, should Shenandoah Life rescind the policy to which a rider is attached, such rider shall be automatically rescinded regardless of statements or answers in this application.

I authorize any medical professional, hospital, clinic, medical care institution, Pharmacy Benefit Manager (PBM), insurer or reinsurer, the MIB, Inc., consumer reporting agency, employer, relative, friend or neighbor to disclose to SHENANDOAH, its reinsurers, and, except for the MIB, Inc., any consumer reporting agency acting on behalf of SHENANDOAH, medical and other information pertaining to me. The information that may be disclosed includes information relating to employment; other insurance coverage; past and present physical, mental, drug and/or alcohol conditions; character; habits; avocations; finances; general reputation; credit or other personal characteristics. I authorize SHENANDOAH, or its reinsurers, to make a brief report of my personal health information to MIB.

I understand that SHENANDOAH may collect information for the purpose of determining eligibility for insurance. I agree that this authorization will be valid for two and one-half years from the date it is signed. I know that I or my authorized representative have a right to receive a copy of this authorization upon request. I agree that a photographic copy of this authorization is as valid as the original.

Any person who, knowingly and with intent to defraud any insurance company or other persons, files an application for insurance or statement of claim containing any materially false information, or conceals information for the purpose of misleading, concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I acknowledge that I have received the Investigative Consumer Report Notice and MIB, Inc. Disclosure Notice or I understand that such notices will be mailed to me within 24 hours.

Signed at _____ on _____
City, State Date

X _____ **X** _____
Signature of Owner Signature of Insured, if other than Owner

X _____ **X** _____
Signature of Applicant, if other than Insured Signature of Witness, if Agent not present

X _____ **X** _____
Signature of Irrevocable Beneficiary, if any Signature of Collateral Assignee, if any

16. AGENT CERTIFICATION

To be completed by agent. I certify that I have asked the persons proposed for coverage all of the questions contained in this application and have accurately recorded on this application the information supplied by the persons proposed for coverage.

Do you have knowledge or reason to believe that replacement of existing insurance may be involved? Yes No

Is the agent an immediate relative of the Insured? Yes No Relationship _____

Name of Agent (please print) Agent’s Code Signature of Agent

Name of Agent (please print) Agent’s Code Signature of Agent



MIB, INC. PRE-NOTIFICATION (Please detach and leave with applicant)

Information regarding your insurability will be treated as confidential. Shenandoah Life Insurance Company or its reinsurers may, however, make a brief report thereon to MIB, Inc., a not for profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

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

Shenandoah Life Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

INVESTIGATIVE CONSUMER REPORT PRE-NOTIFICATION

As part of our procedure for processing your initial application, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation. You may request to be interviewed for the consumer report. You may, upon written request, be informed whether or not the report was ordered, and if so, the name and address of the consumer reporting agency which made the report. Upon furnishing proper identification, you have the right to make a written request within a reasonable period of time to inspect and/or receive a copy of the report and/or to receive additional, detailed information about the nature and scope of this investigation. For this information you may write to the Underwriting Department, Shenandoah Life Insurance Company, P.O. Box 12847, Roanoke, Virginia 24029. This notice is in compliance with the Fair Credit Reporting Act (Public Law 91-508).

Note: Within 60 days of the date of this application you will be notified as to whether or not this application has been accepted or else be given the reason for any further delay.

SERFF Tracking #:

SHEN-128738717

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Single Premium Whole Life Insurance Policy

Project Name/Number:

/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Applicable Premium Rates (Age Last Birthday)	Form L-1051-6/12	New		L1051 ALB Rates.pdf
2		Applicable Premium Rates (Age Near Birthday)	Form L-1052-6/12	New		L1052 ANB Rates.pdf



Single Premiums Per \$1000 of Coverage
Form: L-1051-6/12

Issue Age	Male	Female	Issue Age	Male	Female	Issue Age	Male	Female
0	87.07	74.94	41	306.61	274.22	81	801.35	745.35
1	89.45	77.17	42	316.03	282.77	82	812.55	757.95
2	92.16	79.58	43	325.67	291.56	83	823.37	770.19
3	95.08	82.15	44	335.52	300.58	84	833.79	782.11
4	98.18	84.84	45	345.58	309.83	85	843.75	793.65
5	101.43	87.63	46	355.84	319.31	86	853.19	804.95
6	104.79	90.53	47	366.32	329.00	87	862.05	815.85
7	108.25	93.53	48	377.06	338.90	88	870.31	826.10
8	111.84	96.61	49	388.10	349.00	89	877.95	835.71
9	115.56	99.79	50	399.44	359.28	90	884.96	844.82
10	119.40	103.09	51	411.05	369.76	91	891.47	854.11
11	123.36	106.50	52	422.90	380.41	92	897.60	863.80
12	127.43	110.00	53	434.97	391.22	93	903.37	873.32
13	131.59	113.61	54	447.22	402.20	94	908.76	882.23
14	135.84	117.31	55	459.62	413.34	95	913.73	890.08
15	140.14	121.11	56	472.15	424.63	96	918.36	896.66
16	144.47	125.03	57	484.81	436.06	97	922.78	902.00
17	148.85	129.05	58	497.65	447.63	98	926.97	907.09
18	153.29	133.21	59	510.69	459.34	99	930.86	912.96
19	157.84	137.48	60	523.92	471.21	100	934.35	918.92
20	162.52	141.89	61	537.26	483.24	101	937.51	924.64
21	167.36	146.45	62	550.66	495.44	102	940.61	930.13
22	172.37	151.15	63	564.04	507.81	103	943.64	935.36
23	177.54	156.01	64	577.42	520.34	104	946.60	940.29
24	182.89	161.03	65	590.79	533.03	105	949.48	944.83
25	188.41	166.22	66	604.17	545.87	106	952.29	948.98
26	194.11	171.57	67	617.61	558.86	107	955.02	952.76
27	199.97	177.09	68	631.13	571.97	108	957.67	956.22
28	206.02	182.78	69	644.75	585.20	109	960.24	959.40
29	212.30	188.65	70	658.45	598.52	110	962.73	962.26
30	218.81	194.70	71	672.20	611.92	111	965.13	964.80
31	225.56	200.94	72	685.87	625.34	112	967.46	967.11
32	232.57	207.37	73	699.41	638.79	113	969.69	969.34
33	239.82	213.99	74	712.82	652.24	114	971.85	971.71
34	247.32	220.80	75	726.13	665.69	115	973.92	973.80
35	255.07	227.80	76	739.33	679.11	116	975.91	975.80
36	263.07	234.99	77	752.36	692.50	117	977.82	977.70
37	271.30	242.39	78	765.16	705.84	118	979.65	979.35
38	279.77	250.00	79	777.62	719.13	119	981.39	980.97
39	288.47	257.84	80	789.70	732.35	120	982.99	982.99
40	297.42	265.91						



Single Premiums Per \$1000 of Coverage
Form: L-1052-6/12

Issue Age	Male	Female
0	83.82	72.40
1	85.85	74.48
2	88.34	76.76
3	91.07	79.20
4	94.01	81.79
5	97.10	84.47

Issue Age	Male	Female
6	100.31	87.26
7	103.62	90.15
8	107.05	93.11
9	110.59	96.18
10	114.26	99.35
11	118.05	102.62

Issue Age	Male	Female
12	121.94	106.01
13	125.91	109.47
14	129.97	113.03
15	134.11	116.69
16	138.26	120.46
17	142.45	124.33

Issue Age	Male		Female		Issue Age	Male		Female		Issue Age	Male		Female	
	Nonsmk	Smoker	Nonsmk	Smoker		Nonsmk	Smoker	Nonsmk	Smoker		Nonsmk	Smoker	Nonsmk	Smoker
18	146.70	177.49	128.32	157.05	53	420.85	480.40	379.76	448.25	88	865.35	879.13	820.41	843.14
19	151.04	182.78	132.44	162.12	54	433.03	492.78	390.64	459.79	89	873.46	885.87	830.52	850.33
20	155.51	188.17	136.67	167.33	55	445.40	505.20	401.69	471.39	90	880.93	892.01	839.97	856.93
21	160.14	193.71	141.06	172.70	56	457.91	517.60	412.92	483.03	91	887.78	897.57	849.06	863.35
22	164.94	199.40	145.60	178.23	57	470.58	530.01	424.30	494.72	92	894.22	902.81	858.84	870.86
23	169.91	205.25	150.28	183.93	58	483.41	542.43	435.84	506.45	93	900.29	907.77	868.70	878.79
24	175.04	211.25	155.13	189.81	59	496.46	555.01	447.52	518.25	94	905.98	912.45	878.10	886.66
25	180.36	217.41	160.13	195.86	60	509.72	567.71	459.38	530.10	95	911.25	916.87	886.65	894.15
26	185.86	223.73	165.30	202.09	61	523.16	580.46	471.42	542.02	96	916.07	920.87	893.85	900.27
27	191.52	230.21	170.64	208.51	62	536.70	593.17	483.63	554.00	97	920.68	924.70	899.86	905.19
28	197.34	236.86	176.13	215.11	63	550.28	605.72	496.01	566.02	98	925.07	928.35	904.51	908.74
29	203.40	243.74	181.81	221.91	64	563.86	618.08	508.58	578.10	99	929.19	931.78	910.28	913.54
30	209.68	250.88	187.66	228.89	65	577.46	630.27	521.32	590.26	100	932.95	934.90	916.41	918.82
31	216.20	258.30	193.70	236.10	66	591.08	642.34	534.22	602.48	101	936.21	937.58	922.28	923.94
32	222.97	265.99	199.93	243.50	67	604.75	654.37	547.28	614.77	102	939.39	940.25	927.95	928.94
33	229.98	273.94	206.34	251.11	68	618.51	666.44	560.49	627.08	103	942.50	942.92	933.35	933.80
34	237.22	282.16	212.95	258.92	69	632.36	678.56	573.82	639.39	104	945.53	945.67	938.46	938.58
35	244.70	290.62	219.75	266.94	70	646.33	690.80	587.27	651.70	105	948.47	948.59	943.22	943.32
36	252.43	299.36	226.74	275.15	71	660.35	703.07	600.82	663.97	106	951.33	951.44	947.56	947.64
37	260.39	308.34	233.93	283.57	72	674.38	715.36	614.42	676.14	107	954.12	954.21	951.52	951.59
38	268.61	317.57	241.32	292.20	73	688.26	727.43	628.06	688.19	108	956.83	956.91	955.12	955.18
39	277.06	327.03	248.94	301.08	74	701.99	739.36	641.72	700.08	109	959.46	959.52	958.45	958.50
40	285.75	336.73	256.80	310.20	75	715.61	751.22	655.39	711.81	110	962.01	962.06	961.47	961.51
41	294.70	346.65	264.88	319.58	76	729.12	762.94	669.05	723.43	111	964.48	964.52	964.14	964.17
42	303.88	356.78	273.21	329.21	77	742.51	774.53	682.68	734.92	112	966.86	966.90	966.53	966.56
43	313.30	367.11	281.78	339.08	78	755.70	785.91	696.27	746.28	113	969.16	969.19	968.74	968.76
44	322.95	377.59	290.58	349.19	79	768.60	796.99	709.81	757.51	114	971.39	971.41	971.24	971.25
45	332.81	388.22	299.63	359.53	80	781.12	807.67	723.29	768.61	115	973.53	973.55	973.41	973.42
46	342.89	398.98	308.90	370.09	81	793.25	817.98	736.69	779.57	116	975.59	975.60	975.47	975.48
47	353.20	409.91	318.41	380.86	82	804.90	827.83	749.74	790.02	117	977.57	977.58	977.47	977.48
48	363.74	421.00	328.12	391.81	83	816.14	837.34	762.36	799.88	118	979.48	979.49	979.20	979.20
49	374.58	432.39	338.05	402.89	84	826.97	846.55	774.67	809.31	119	981.31	981.31	980.84	980.84
50	385.74	444.07	348.19	414.09	85	837.37	855.46	786.64	818.26	120	982.99	982.99	982.99	982.99
51	397.18	456.00	358.53	425.39	86	847.28	863.90	798.21	826.81					
52	408.90	468.13	369.05	436.78	87	856.62	871.80	809.65	835.32					

SERFF Tracking #:

SHEN-128738717

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Shenandoah Life Insurance Company

TOI/Sub-TOI:

L071 Individual Life - Whole/L071.111 Single Premium - Single Life

Product Name:

Single Premium Whole Life Insurance Policy

Project Name/Number:

/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR CERT.pdf			



TO: ARKANSAS DEPARTMENT OF INSURANCE

RE: **Form L-1051-6/12 – Single Premium Whole Life Insurance Policy**
Form L-1052-6/12 – Single Premium Whole Life Insurance Policy

CERTIFICATION OF COMPLIANCE

I have reviewed or supervised the review of the policy forms contained in this filing and hereby certify that to the best of my knowledge and belief, the policy forms are in compliance with all laws, rules and regulations of the State of Arkansas, including Rule and Regulation 19 – Unfair Sex Discrimination in the Sale of Insurance; Rule and Regulation 49 – Life and Health Insurance Guaranty Association Notices; Flesch Certification ACA 23-80-206; and Bulletin 11-88 – Consumer Information Notice.

Kathleen M. Kronau

(Signature of Company Officer)

Kathleen M. Kronau
Senior Vice President and General Counsel

Type Name & Title of Person Signing

October 23, 2012

Date