

SERFF Tracking Number: RDWS-128227862 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: UFLIC YES 9/08
Project Name/Number: /

Filing at a Glance

Company: Universal Fidelity Life Insurance Co.

Product Name: UFLIC YES 9/08

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: RDWS-128227862 State: Arkansas

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

Co Tr Num:

Authors: Eddie Mire, Judy Tait,
Oliver Kiel

Date Submitted: 04/04/2012

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/23/2012

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Judy Tait

Filing Description:

Universal Fidelity Life Insurance Company

Term to 25 Converting to Whole Life Insurance

Insurance Payable at Death of Insured

Premiums Payable for Life

Premiums and Death Benefit Increase at Age 25

Nonparticipating

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/03/2008

Domicile Status Comments: Oklahoma is State
of Domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/23/2012

State Status Changed: 04/23/2012

Created By: Judy Tait

Corresponding Filing Tracking Number:

Form Nos.

SERFF Tracking Number: RDWS-128227862 State: Arkansas
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 Product Name: UFLIC YES 9/08
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YES 9/08 - Base Policy
 YES-GIR - Guaranteed Insurability Benefit Rider
 YES-PW - Premium Waiver Disability Benefit Rider
 YES - App

This is a new filing. No illustrations will be used.
 State Narrative:

Company and Contact

Filing Contact Information

Judy Tait, Admin jttait@ruddwisdom.com
 Rudd and Wisdom, Inc. 512-346-1590 [Phone]
 9500 Arboretum Blvd 512-345-7437 [FAX]
 Suite 200
 Austin, TX 78759

Filing Company Information

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

Universal Fidelity Life Insurance Co.	CoCode: 70122	State of Domicile: Oklahoma
13931 Quail Pointe Dr.	Group Code:	Company Type:
Oklahoma City, OK 73134	Group Name:	State ID Number:
(800) 366-8354 ext. [Phone]	FEIN Number: 73-0493220	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$200.00
Retaliatory?	No
Fee Explanation:	1 Policy; 2 riders; 1 application @ \$50.00 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Universal Fidelity Life Insurance Co.	\$200.00	04/04/2012	57733028

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	04/23/2012	04/23/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/10/2012	04/10/2012	Judy Tait	04/19/2012	04/19/2012

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Disposition

Disposition Date: 04/23/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Third Party Authorization		Yes
Supporting Document	Certification		Yes
Form (revised)	Term to 25 Insurance Policy		Yes
Form	Term to 25 Insurance Policy	Replaced	Yes
Form	Guaranteed Insurability Rider		Yes
Form	Premium Waiver Disability Benefit Rider		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/10/2012
Submitted Date 04/10/2012
Respond By Date 05/10/2012

Dear Judy Tait,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: We did not find a provision in the contract that provide for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as descibed in Ark. Code Ann. 23-81-118.

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

Please feel free to contact me if you have questions.

Sincerely,
Linda Bird

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Response Letter

Response Letter Status Submitted to State
 Response Letter Date 04/19/2012
 Submitted Date 04/19/2012

Dear Linda Bird,

Comments:

Thank you for your April 10, 2012 letter.

Response 1

Comments: We have revised page 5 of the form to address this objection.

Related Objection 1

Comment:

We did not find a provision in the contract that provide for return of monthly deductions beyond the month of death and for the payment of interest on delayed claim payments as descibed in Ark. Code Ann. 23-81-118.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Term to 25 Insurance Policy	YES 9/08-AR		Policy/Contract/Fraternal Certificate	Initial		61.600	YES 908-AR.pdf

Previous Version

Term to 25 Insurance Policy	YES 9/08		Policy/Contract/Fraternal Certificate	Initial		61.600	YES 908.pdf
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No Rate/Rule Schedule items changed.

Please note that we have added an "AR" extension to the form number. Please let us know if you need anything else. Thank you.

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Sincerely,
Eddie Mire, Judy Tait, Oliver Kiel

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	YES 9/08-AR	Policy/Cont Term to 25 Insurance Initial ract/Fratern Policy al Certificate	Initial		61.600	YES 908-AR.pdf
	YES-GIR	Policy/Cont Guaranteed ract/Fratern Insurability Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.400	YES GIR.pdf
	YES-PW	Policy/Cont Premium Waiver ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		43.000	YES PW.pdf

Universal Fidelity Life Insurance Company
OLD LINE LEGAL RESERVE STOCK CO.
815 West Ash Avenue
DUNCAN, OKLAHOMA 73533

Universal Fidelity Life Insurance Company agrees:

- To pay the proceeds to the Beneficiary if the Insured dies while this policy is in force; and
- To provide the Owner with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

This policy is a legal contract between you, the Owner, and us, Universal Fidelity Life Insurance Company. As with any other contract, you should **READ THIS POLICY CAREFULLY**.

THIRTY DAYS TO EXAMINE CONTRACT. If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signed for Universal Fidelity Life Insurance Company at Duncan, Oklahoma.



Secretary



President

TERM TO 25 CONVERTING TO WHOLE LIFE INSURANCE
INSURANCE PAYABLE AT DEATH OF INSURED
PREMIUMS PAYABLE FOR LIFE
PREMIUMS AND DEATH BENEFIT INCREASE AT AGE 25
NONPARTICIPATING

POLICY INDEX

BASIS OF VALUES	Page 7	GENERAL PROVISIONS	Page 5
BENEFIT SCHEDULE	Page 3	Assignment, Change of Beneficiary, Grace	
DEFINITIONS	Page 2	Period, Incontestability, Incorrect Age or	
TABLE OF VALUES	Page 4	Sex, Ownership, Premium Payments,	
LOAN PROVISIONS	Page 7	Settlement and Indebtedness, Reinstatement,	
PREMIUM SCHEDULE	Page 3	Suicide Limitation	
		SETTLEMENT OPTIONS	Page 7

Copy of application and any rider benefits follow Page 8.

DEFINITIONS

“WE”, “US” AND “OUR” - UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

“YOU” AND “YOUR” - The Owner of the policy.

“OWNER” - The person named in the application as Owner.

“INSURED” - The person whose life is insured by the policy.

“FACE AMOUNT” - The amount shown on the Schedule of Benefits and Premiums.

“AGE” - The age, as of the nearest birthday, of the Insured.

“PROCEEDS” - The amount of benefits payable to the Beneficiary at the death of the Insured. The amount will be less than the death benefit if there is a policy loan or a past due premium. It will be more if any riders are attached which have payable death benefits.

“IN WRITING” - In a written form, satisfactory to us, which we receive at our Home Office in Oklahoma City, Oklahoma.

“BENEFICIARY” - The person or persons to receive the death benefit of the policy.

“POLICY YEAR” - A year measured from the month and day of the Policy Date.

“DEBT AND INDEBTEDNESS” - The amount owed on the policy, if any, plus accrued interest.

SCHEDULE OF BENEFITS AND PREMIUM

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	PREMIUM	
			ANNUAL PREMIUM	PAYING PERIOD
YES 9/08	\$10,000	Term to 25	\$35.00	20 Years
YES 9/08	\$20,000	Whole Life (at age 25)	\$200.00	Life
YES GIR	\$10,000	Guaranteed Insurability Rider	\$0.00	N/A
YES WP	N/A	Waiver of Premium Rider	\$0.00	N/A

TOTAL PREMIUMS
THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
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Initial:	\$35.00	N/A	N/A	N/A
At age 25:	\$200.00	\$100.00	\$50.00	\$16.67
INSURED	John Doe		POLICY NUMBER	123456
OWNER	John Doe		INITIAL FACE AMOUNT	\$10,000
AGE	5		ULTIMATE FACE AMOUNT	\$20,000
SEX	Male		POLICY DATE	October 1, 2008
RATE CLASS	Standard			

Basis of Values Interest Rates:

Reserves	-	4.0%
Nonforfeiture Values	-	5.0%
Reinstatement	-	6.0%
Policy Loans -	-	7.4%, paid in advance

TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT

Attained Age	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
26	0.00	0	0	0
27	0.00	0	0	0
28	0.00	0	0	0
29	60.00	520	2	327
30	180.00	1,480	9	114
31	300.00	2,360	14	85
32	420.00	3,180	17	248
33	540.00	3,920	20	142
34	680.00	4,720	22	255
35	820.00	5,460	24	124
36	960.00	6,140	25	197
37	1,120.00	6,860	26	234
38	1,280.00	7,520	27	143
39	1,440.00	8,100	27	331
40	1,600.00	8,640	28	87
41	1,780.00	9,220	28	232
42	1,980.00	9,840	29	27
43	2,160.00	10,300	29	56
44	2,360.00	10,800	29	102
45	2,560.00	11,260	29	104

GENERAL PROVISIONS

THE CONTRACT

The contract consists of this policy, a copy of the application, and any papers attached. You applied for it. We issued it. All statements made in the application, except for material misstatements, are considered based on your present knowledge and belief. They are representations and not warranties. No statement may be used to void this policy or be used in defense of a claim unless it is in the application.

The policy may be changed only in writing and only if you and we agree. The agreement must be signed by our President or Secretary. No agent or other person may change or waive any provision.

OWNERSHIP

You have control of the policy while the Insured is alive. If the policy is assigned, your control may be limited. Naming an irrevocable Beneficiary may also limit your control.

You may appoint a new owner if you notify us in writing. The change will take place the date you sign the notice. This is true even if the Insured dies before we receive it. The change will not affect anything we did before we received the notice.

CHANGE OF BENEFICIARY

You may change the Beneficiary if you notify us in writing. Any irrevocable Beneficiary must agree in writing to that change. You may not have this right if the policy is assigned.

INCORRECT AGE OR SEX

If the Insured's age or sex has been misstated in the application, any amount we pay will be as the premiums paid would have purchased at the correct age and sex.

ASSIGNMENT

You may assign or transfer your rights in this policy. The transfer will take effect when we receive notice of it in writing. We will record it but will not be responsible for its validity or effect.

INCONTESTABILITY

We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date except for non-payment of premiums. This paragraph does not apply to any disability or accidental death rider.

SUICIDE LIMITATION

If the Insured dies by suicide within two years after the Policy Date, we will pay no more than an amount equal to the sum of all premiums paid. This is true whether the Insured was sane or insane.

SETTLEMENT AND INDEBTEDNESS

Settlement shall be made upon receipt of due proof of death. Any amount that we pay is payable at our Home Office. In any settlement, we will first deduct any debt on the policy. If the death benefit is not to be paid under a payment option, we will include interest on the death benefit from the date of death.

PREMIUM PAYMENTS

All premiums must be paid in advance. They may be paid to our agent or to our Home Office. The agent will give you a receipt. It will be signed by our President or Secretary or by the agent.

You may change the mode of payment. The available modes and their corresponding premiums are shown on the Schedule of Benefits and Premiums.

PREMIUM REFUND

We will refund the part of any premium paid for a period after the end of the policy month in which any Insured dies.

GRACE PERIOD

We allow 31 days for the payment of any premium. This is called the Grace Period. It starts the day the premium is due. The policy is in force during the Grace Period. If the Insured dies during the Grace Period, we will deduct the past due premium from any amount we owe. If the premium is not paid before the end of the Grace Period, this policy may lapse. It will not lapse if a Nonforfeiture Provision is able to keep it or part of it in force.

REINSTATEMENT

If this policy has lapsed or is in force under a Nonforfeiture Benefit, you may put it back in full force if the last premium paid was within the previous five years. Two things must happen before the policy will be reinstated: (1) We must be satisfied that the Insured is still insurable; and (2) All past due premiums must be paid, with interest from their due dates. The interest rate is shown on the Schedule of Benefits and Premiums.

We cannot contest a reinstated policy after it has been in force during the lifetime of the Insured for two years from the date of reinstatement except for non-payment of premiums. Any contest to a reinstated policy will be based on material misstatements made in the application for reinstatement.

GUARANTEED VALUES

A TABLE OF VALUES is on the Schedule of Benefits and Premiums. These are guaranteed values at the end of the policy year if all premiums due have been paid. Any debt will reduce the values.

A CASH SURRENDER VALUE will be paid to you if you surrender this policy within 60 days after the due date of any unpaid premium and during the lifetime of the Insured. The amount will be the Cash Value less any debt as of the due date of the unpaid premium. Values on dates between policy anniversaries will be determined with allowances made for the fractional part of the premium paid for that policy year. We have the right to defer payment of the Cash Surrender Value for up to six months.

NONFORFEITURE BENEFITS are available if a premium is not paid when due. You may choose one of these options if the policy then has Cash Value. Do this in writing no later than 60 days after the premium due date. If you do not, the Automatic Option takes effect.

Cash Value – You may surrender the policy and we will pay you its Cash Value less any debt

Paid-Up Insurance – The policy may be continued for a reduced amount of nonparticipating insurance. The amount will be what the Cash Value, less any debt, will provide when applied as a net single premium at the attained age of the Insured.

Extended Term Insurance – The policy may be continued as nonparticipating extended term insurance. The amount will be the Face Amount less any debt. The insurance will continue for the period that the Cash Value, less any debt, will purchase when applied as a net single premium at the attained age of the Insured.

An automatic option will apply if you do not choose a Nonforfeiture Benefit. This is the Extended Term Insurance option. You may select another option if it is done in writing within 60 days after the due date of the unpaid premium.

If the policy is being continued as Paid-Up or Extended Term insurance, it may be surrendered for its cash value. The cash value is the net single premium for the insurance at the Insured's attained age on the surrender date. If surrendered within 30 days after any annual anniversary of the Policy Date, the value will be found as of that anniversary date.

LOAN PROVISIONS

A POLICY LOAN will be made to you if the policy is not under the Extended Term nonforfeiture option. The loan may not be more than the Cash Value at the end of the Policy Year in which you made the loan. The Cash Value is first reduced by any existing debt and by any premiums due until the end of the Policy Year. Unless the Policy Loan is to make premium payments on this policy, we have the right to defer payment of the Loan for up to six months. The security for such loan will be this policy and its assignment to us.

LOAN INTEREST is paid in advance. The interest rate is shown on the Schedule of Benefits and Premiums. The first interest due date is the date of the loan. After that, interest due dates are the annual anniversaries of the Policy Date. If interest is not paid when due, it will be added to the loan and will draw interest at the same rate. If the total debt becomes more than the Cash Value, the policy will terminate and have no value. This will happen 31 days after we have mailed notice to you and to any assignee at the last known addresses.

BASIS OF VALUES

We use the Commissioner's 2001 Standard Mortality Table. For Extended Term, we use the Commissioner's 2001 Extended Term Insurance Table. We assume that deaths occur at the end of the Policy Year. We use the Insured's age as of last birthday.

The Cash Values are calculated by the Standard Nonforfeiture Value Method. We use the Nonforfeiture interest rate shown on the Schedule of Benefits and Premiums. No value is less than that required by law. Reserves are calculated according to the Commissioner's Reserve Valuation Method, assuming the interest rate shown on the Schedule of Benefits and Premiums. We have filed a statement with the insurance officials of the state where this policy was delivered. That statement contains the method of calculation.

SETTLEMENT OPTIONS

If a settlement option is not chosen, we will pay the Proceeds in a single sum. Proceeds will be paid within two months of the date we receive due proof of the Insured's death. You must decide before the Insured dies. If you do not, the Beneficiary may choose an option. The choice must be in writing and made before any proceeds are paid.

Proceeds to be applied must be at least \$2500. Payments may be in annual, semi-annual, quarterly or monthly installments. All payments must be at least \$25.

Payments must be to a natural person. If not, we must first consent. Payments will not be paid before they are due.

No part of the Proceeds or any payment will be subject to the claims of creditors, nor to legal process. These things are true to the extent allowed by law.

Options 1, 2, 3 and 4 are based on 3% annual interest. We may pay more than this. No excess interest will be paid under Option 2 after the guaranteed period, nor under Option 5.

The first payment under Options 1, 2, 4 and 5 will be payable immediately. The first payment under Option 3 will be payable at the end of the first payment period.

OPTION 1—FIXED PERIOD

Payments will be for a specified period. The amount of each payment can be determined from the OPTION 1 TABLE.

OPTION 2—LIFE INCOME WITH GUARANTEED PERIOD

Payments will be for an amount based on the age, last birthday, and sex of the payee. Payments will be made for the selected guaranteed period and as long after as the payee lives. We may require proof of the payee’s age and sex before making any payment. We may also require proof of the payee’s survival.

OPTION 3—INTEREST

We will hold the Proceeds for a specified period. During that time, we will either pay or accumulate the interest on the Proceeds. The payee may withdraw the Proceeds, with any accrued interest, at any time. Partial withdrawal may be made only with our consent.

OPTION 4—FIXED AMOUNT

Payments will be for a specified amount. They will be made until the Proceeds and interest are exhausted.

OPTION 5—SPECIAL ANNUITY

Payments will be as provided by any Single Premium Immediate Annuity we issue on the date the Proceeds become payable. Payments will be 3% more than the Annuity payments. They will be adjusted so that the first payment is payable immediately.

OPTION 1—TABLE

Years	Payment								
1	84.47	6	15.14	11	8.86	16	6.53	21	5.32
2	42.86	7	13.16	12	8.24	17	6.23	22	5.15
3	28.99	8	11.68	13	7.71	18	5.96	23	4.99
4	22.06	9	10.53	14	7.26	19	5.73	24	4.84
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71

TERM TO 25 CONVERTING TO WHOLE LIFE INSURANCE
INSURANCE PAYABLE AT DEATH OF INSURED
PREMIUMS PAYABLE FOR LIFE
PREMIUMS AND DEATH BENEFIT INCREASE AT AGE 25
NONPARTICIPATING

GUARANTEED INSURABILITY BENEFIT RIDER

BENEFIT

We will purchase a new policy of insurance on the life of the Insured on each Option Date. We will not require evidence of insurability for this purchase.

1. **Option Dates.** Option Dates are the policy anniversaries that occur when the Insured's age is 28, 31, 34, 37 or 40.
2. **Advance Option.** You may advance the first Option Date that occurs after any of the following events:
 - a. the Insured's marriage,
 - b. the birth of the Insured's child, or
 - c. the Insured's legal adoption of a child.

The event must occur while this rider is in force. We may require proof of the marriage, birth, or adoption.

The date of your written request will become the Option Date; it will replace the Option Date you advanced.

3. **Election of Option.** We must receive the first premium for the new policy and your written request at our Home Office:
 - a. within 30 days before the Option Date, or
 - b. if you want to make an Advance Option purchase, within 90 days after the event.

NEW POLICY

1. **Amount.** The amount of the new policy may not be more than the Option Amount shown in the Schedule of Benefits and Premiums nor less than \$5,000.
2. **Plan.** Plan may be any life or endowment plan (not term) we will issue on the Option Date for the amount of the new policy.
3. **Effective Date.** The new policy will be effective on the Option Date if the Insured is then alive.
4. **Incontestability.** The contestable period of the new policy will be measured from the effective date of this rider.
5. **Premiums.** The premium for the new policy will be based on:
 - a. our standard rates on the Option Date;
 - b. the plan and amount of insurance selected; and
 - c. the Insured's current age.
6. **Restrictions.** We will include in the new policy any restriction which is a part of this policy.

PREMIUMS AND EFFECTIVE DATE

The annual premium for this rider is shown in the Schedule of Benefits and Premiums. This rider is part of the policy to which it is attached. The effective date of this rider is the same as for the policy unless the rider is added at a later date. The effective date will then be shown in a rider endorsement.

TERMINATION

This rider will automatically cease to be in force on the earlier of the following:

1. The Option Date that occurs when the Insured's age is 40 or the date to which it is advanced.
2. The date this policy terminates, matures, or continues in force under a Nonforfeiture Option.

You may have this rider terminated on any premium due date by making written request before that date and returning the policy to us for endorsement.

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Secretary

YES-GIR

PREMIUM WAIVER DISABILITY BENEFIT RIDER

BENEFIT

We will waive premiums for this policy on a monthly basis for the period of the Insured's continuous total disability, if we receive proof that:

1. the Insured has been totally and continuously disabled for at least 6 months; and
2. the total disability began while this rider was in force, and after the Insured's 18th birthday.

Premiums will be waived beginning with the policy month following the date the Insured became totally disabled. However, we will not waive premiums for any policy month which began more than one year before the date we receive proof of total disability at our Home Office.

We will refund the portion of any premium paid for a policy month for which we waive premiums.

DEFINITION OF TOTAL DISABILITY

Total disability means a disability which:

1. results from injury that occurs or disease which first manifests itself after the effective date of this rider; and
2. prevents the Insured from working at an occupation. During the first 24 months of total disability, an occupation means the Insured's regular occupation at the time total disability began. Afterwards, it means any occupation for which the Insured is reasonably suited by education, training or experience.

Even if the Insured is able to work, the total loss of any of the following will be considered total disability as long as the loss continues.

- A. The sight of both eyes;
- B. The use of both hands;
- C. The use of both feet; or
- D. The use of one hand and one foot.

RISKS NOT COVERED

We will not waive premiums if the total disability results from:

1. intentionally self-inflicted injury;
2. any war or act of war, declared or undeclared, while serving in the military forces or any auxiliary unit attached thereto.

NOTICE AND PROOF

1. Before we waive premiums, we must receive written notice of claim and proof satisfactory to us that the Insured is totally disabled. We must receive the notice and proof at our Home Office while the Insured is alive and remains totally disabled.

Any otherwise valid claim will not be denied if notice and proof is given to us as soon as is reasonably possible but not more than one year after this rider terminates.

2. During the 2 years following our approval of a claim, we may require proof at reasonable intervals that the Insured is still totally disabled. Thereafter, we will not require proof more often than once a year.
3. As part of any proof, we may require that the Insured be examined by one or more physician's of our choice.

RECURRENT DISABILITY

The requirement that a total disability continue for at least six months will be waived if:

1. the Insured has had a previous period of total disability due to the same or related causes for which we waived premiums under this rider, and
2. the new period of total disability began while this rider was in force and within 90 days of the end of the previous period.

PREMIUMS

1. Any premium that become due during disability but before we approve a claim is payable. If we approve the claim, we will refund any premium paid which is eligible for waiver. Any unpaid premium that was due before total disability began must be paid.
2. You must again pay premiums beginning with the policy month following:

YES-PW

- a. failure to furnish any required proof, or
- b. the last date the Insured is totally disabled.

If the method of premium payment is not monthly, we will charge a pro rata amount to the due date of the next premium

3. The annual premium for this rider is shown in the Schedule of Benefits and Premiums.

EFFECTIVE DATE

This rider is part of the policy to which it is attached. The effective date of this rider is the same as for the policy unless the rider is added at a later date. The effective date will then be shown in a rider endorsement.

TERMINATION

This rider will automatically cease to be in force on the earlier of the following:

1. The policy anniversary when the Insured's age is 60.
2. The date the policy terminates, matures, or continues in force as any form of paid-up insurance.

You may have this rider terminated on any premium due date by making written request before that date and returning the policy to us for endorsement.

Termination of this rider will not affect an otherwise valid claim for total disability that began before termination.

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

Secretary

SERFF Tracking Number: RDWS-128227862 State: Arkansas
Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: UFLIC YES 9/08
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: YES FLESCH.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Attachment: YES app.pdf		

	Item Status:	Status Date:
Satisfied - Item: Life & Annuity - Actuarial Memo Comments: Attachment: Actuarial Memorandum-YES.pdf		

	Item Status:	Status Date:
Satisfied - Item: Third Party Authorization Comments: Attachment: Filing Authorization.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification Comments:		

SERFF Tracking Number: RDWS-128227862 *State:* Arkansas
Filing Company: Universal Fidelity Life Insurance Co. *State Tracking Number:*
Company Tracking Number:
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.500 Other
Product Name: UFLIC YES 9/08
Project Name/Number: /

Attachment:
Certification.pdf

FLESCH READABILITY SCORE CERTIFICATION

UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

I, Eddie Mire, am a consulting actuary doing work for Universal Fidelity Life Insurance Company. I certify that the following forms have been tested and meet the minimum required reading ease score.

<u>Form Number</u>	<u>Flesch Score</u>
YES 9/08	61.6
YES-GIR	62.4
YES-PW	43.0
YES – App	



April 2, 2012
Date

Eddie Mire
Rudd and Wisdom, Inc.

Universal Fidelity Life Insurance Company, Oklahoma City, Oklahoma

LIFE INSURANCE APPLICATION

PROPOSED INSURED					
Name (Last, First, Middle)	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate	Age	Social Security Number	
Home Address: Number and Street, City, State, Zip Code	Place of Birth: State		Height	Weight	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
OWNER					
Name (Last, First, Middle)	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate	Age	Social Security Number	
Home Address: Number and Street, City, State, Zip Code	Relationship to Insured		Telephone Number ()		
Proposed Insured, if a minor, is to become owner (check which one applies) <input type="checkbox"/> At owner's death <input type="checkbox"/> At age 18 or upon prior death of owner					
BENEFICIARY (Beneficiaries will share and share alike or survivors unless otherwise designated)					

Right to change beneficiary reserved unless specifically requested.

Beneficiary(ies): Last, First Middle	Home Address: Number and Street, City, State, Zip	Relationship to Insured

HEALTH QUESTIONS ON PROPOSED INSURED	Yes	No
A. Have you ever been postponed, declined or charged an extra premium for life insurance?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you had or been treated for high blood pressure, heart disease, cancer, diabetes, epilepsy, kidney disorder, lung disorder, mental disorder, cystic fibrosis or congenital heart defect?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you had, or been told that you had been treated for, an immune deficiency disorder, AIDS, the AIDS related Complex (ARC) or tested positive on an AIDS related blood test?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you ever been treated for alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been convicted of driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
F. Is your driver's license currently cancelled, revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

REPLACEMENT
Is the insurance being applied for intended to replace any insurance now in force with any company, or will any insurance be terminated if the application is approved? Yes <input type="checkbox"/> No <input type="checkbox"/>

Premium Mode: Annual Semi-Annual Quarterly Automatic Monthly (PAC/EFT)
 (At age 25 only, term portion is annual mode)

AUTHORIZATION
<p>I hereby authorize any medical practitioner, medically related facility, insurance company, the MIB Inc., or other organization, or person, that has any records or knowledge of Proposed Insured or his health, to give Universal Fidelity Life Insurance Company any such information it may require to determine eligibility for insurance. A photographic copy of this authorization shall be as valid as the original. This authorization shall remain valid for 24 months. I may revoke this authorization at any time by written notification to the Company. I acknowledge receipt of the NOTICE REGARDING CONSUMER REPORTS and NOTICE OF DISCLOSURE OF INFORMATION. I understand the Company may conduct a telephone interview with Proposed Insured regarding the answers above. I understand and agree the policy applied for will not take effect until issued by the Company and while the Proposed Insured is alive. No agent is authorized to extend, waive or change any terms, conditions or provisions of this policy.</p>

I have read and fully understand the questions and my answers on this application. To the best of my knowledge and belief they are true and complete. I understand any misstatements as to the health or physical condition of the Proposed Insured that are material to the risk assumed may cause this policy to become null and void within the contestable period.

Signed at: _____ Date Signed: _____
City and State

Proposed Insured's Signature _____ Owner (if other than Proposed Insured) _____

AGENT STATEMENT – I certify that I have correctly recorded here the information furnished by the Owner and/or Insured.

Date _____ Agent's Signature _____ Agent No. _____

YES - App



August 18, 2005

Re: Filing Authorization

To Whom It May Concern:

Please consider this letter as formal authorization for Eddie Mire of Rudd & Wisdom Inc., Consulting Actuaries, 9500 Arboretum Blvd., Suite 200, Austin, Texas 78759, to file policy forms on behalf of Universal Fidelity Life Insurance Company.

Sincerely,

A handwritten signature in black ink, appearing to read "M. A. McLemore".

Michael A. McLemore
President

Michael A. McLemore, *President*
2211 North Highway 81 • Duncan, Oklahoma 73533
Toll Free: 800.366.8354 • Duncan: 580.470.2266 • OKC: 405.608.0174 x101 • Fax: 580.255.0951
E-mail: mmclemore@ufflic.com

Rudd and Wisdom, Inc.

CONSULTING ACTUARIES

Steven T. Anderson, A.S.A.
Mitchell L. Bilbe, F.S.A.
Evan L. Dial, F.S.A.
Philip S. Dial, F.S.A.
Charles V. Faerber, F.S.A., A.C.A.S.
Mark R. Fenlaw, F.S.A.
Carl L. Frammolino, F.S.A.

Kenneth J. Herbold, A.S.A.
Christopher S. Johnson, F.S.A.
Robert M. May, F.S.A.
J. Christopher McCaul, F.S.A.
Edward A. Mire, F.S.A.

Rebecca B. Morris, A.S.A.
Michael J. Muth, F.S.A.
Khiem Ngo, F.S.A.
Coralie A. Taylor, A.S.A.
Ronald W. Tobleman, F.S.A.
Elizabeth A. Wiley, F.S.A.
David G. Wilkes, F.S.A.

April 2, 2012

Arkansas Insurance Department

Re: RDWS-128227862
Universal Fidelity Life Insurance Co.
Form No. YES 9/08

With reference to the attached form, per A.C.A. 23-79-138, we will provide each policyowner with the servicing agent's name, address and phone number. The home office information is listed on the policy form.

I certify that this filing meets the provisions of Regulation 19s10B as well as all applicable requirements of the Department.



April 2, 2012
Date

Edward Mire

SERFF Tracking Number: RDWS-128227862 State: Arkansas
 Filing Company: Universal Fidelity Life Insurance Co. State Tracking Number:
 Company Tracking Number:
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: UFLIC YES 9/08
 Project Name/Number: /

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)
04/02/2012	Form	Term to 25 Insurance Policy	04/19/2012	YES 908.pdf (Superceded)

Universal Fidelity Life Insurance Company
OLD LINE LEGAL RESERVE STOCK CO.
815 West Ash Avenue
DUNCAN, OKLAHOMA 73533

Universal Fidelity Life Insurance Company agrees:

- To pay the proceeds to the Beneficiary if the Insured dies while this policy is in force; and
- To provide the Owner with the other rights and benefits of this policy.

These agreements are subject to the provisions of this policy.

This policy is a legal contract between you, the Owner, and us, Universal Fidelity Life Insurance Company. As with any other contract, you should **READ THIS POLICY CAREFULLY**.

THIRTY DAYS TO EXAMINE CONTRACT. If you are not satisfied with this policy for any reason, you may return the policy to us or to our authorized agent within 30 days after you receive it. If you do so, we will cancel this policy and refund the premium that was paid. If all money is not returned within 30 days, the Company will pay interest on the proceeds as required by the laws of the state in which the policy is issued.

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Signed for Universal Fidelity Life Insurance Company at Duncan, Oklahoma.



Secretary



President

TERM TO 25 CONVERTING TO WHOLE LIFE INSURANCE
INSURANCE PAYABLE AT DEATH OF INSURED
PREMIUMS PAYABLE FOR LIFE
PREMIUMS AND DEATH BENEFIT INCREASE AT AGE 25
NONPARTICIPATING

POLICY INDEX

BASIS OF VALUES	Page 7	GENERAL PROVISIONS	Page 5
BENEFIT SCHEDULE	Page 3	Assignment, Change of Beneficiary, Grace	
DEFINITIONS	Page 2	Period, Incontestability, Incorrect Age or	
TABLE OF VALUES	Page 4	Sex, Ownership, Premium Payments,	
LOAN PROVISIONS	Page 7	Settlement and Indebtedness, Reinstatement,	
PREMIUM SCHEDULE	Page 3	Suicide Limitation	
		SETTLEMENT OPTIONS	Page 7

Copy of application and any rider benefits follow Page 8.

DEFINITIONS

“WE”, “US” AND “OUR” - UNIVERSAL FIDELITY LIFE INSURANCE COMPANY

“YOU” AND “YOUR” - The Owner of the policy.

“OWNER” - The person named in the application as Owner.

“INSURED” - The person whose life is insured by the policy.

“FACE AMOUNT” - The amount shown on the Schedule of Benefits and Premiums.

“AGE” - The age, as of the nearest birthday, of the Insured.

“PROCEEDS” - The amount of benefits payable to the Beneficiary at the death of the Insured. The amount will be less than the death benefit if there is a policy loan or a past due premium. It will be more if any riders are attached which have payable death benefits.

“IN WRITING” - In a written form, satisfactory to us, which we receive at our Home Office in Oklahoma City, Oklahoma.

“BENEFICIARY” - The person or persons to receive the death benefit of the policy.

“POLICY YEAR” - A year measured from the month and day of the Policy Date.

“DEBT AND INDEBTEDNESS” - The amount owed on the policy, if any, plus accrued interest.

SCHEDULE OF BENEFITS AND PREMIUM

FORM NUMBER	FACE AMOUNT	DESCRIPTION OF BENEFITS	PREMIUM	
			ANNUAL PREMIUM	PAYING PERIOD
YES 9/08	\$10,000	Term to 25	\$35.00	20 Years
YES 9/08	\$20,000	Whole Life (at age 25)	\$200.00	Life
YES GIR	\$10,000	Guaranteed Insurability Rider	\$0.00	N/A
YES WP	N/A	Waiver of Premium Rider	\$0.00	N/A

TOTAL PREMIUMS
 THE TOTAL PREMIUMS INCLUDE THE CHARGE FOR ANY ADDITIONAL BENEFITS

	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
--	--------	-------------	-----------	---------

Initial:	\$35.00	N/A	N/A	N/A
At age 25:	\$200.00	\$100.00	\$50.00	\$16.67
INSURED	John Doe		POLICY NUMBER	123456
OWNER	John Doe		INITIAL FACE AMOUNT	\$10,000
AGE	5		ULTIMATE FACE AMOUNT	\$20,000
SEX	Male		POLICY DATE	October 1, 2008
RATE CLASS	Standard			

Basis of Values Interest Rates:

Reserves	-	4.0%
Nonforfeiture Values	-	5.0%
Reinstatement	-	6.0%
Policy Loans -	-	7.4%, paid in advance

TABLE OF GUARANTEED VALUES FOR THE FACE AMOUNT

Attained Age	Cash or Loan Value	Reduced Paid-Up Insurance	Extended Term Insurance	
			Years	Days
26	0.00	0	0	0
27	0.00	0	0	0
28	0.00	0	0	0
29	60.00	520	2	327
30	180.00	1,480	9	114
31	300.00	2,360	14	85
32	420.00	3,180	17	248
33	540.00	3,920	20	142
34	680.00	4,720	22	255
35	820.00	5,460	24	124
36	960.00	6,140	25	197
37	1,120.00	6,860	26	234
38	1,280.00	7,520	27	143
39	1,440.00	8,100	27	331
40	1,600.00	8,640	28	87
41	1,780.00	9,220	28	232
42	1,980.00	9,840	29	27
43	2,160.00	10,300	29	56
44	2,360.00	10,800	29	102
45	2,560.00	11,260	29	104

GENERAL PROVISIONS

THE CONTRACT

The contract consists of this policy, a copy of the application, and any papers attached. You applied for it. We issued it. All statements made in the application, except for material misstatements, are considered based on your present knowledge and belief. They are representations and not warranties. No statement may be used to void this policy or be used in defense of a claim unless it is in the application.

The policy may be changed only in writing and only if you and we agree. The agreement must be signed by our President or Secretary. No agent or other person may change or waive any provision.

OWNERSHIP

You have control of the policy while the Insured is alive. If the policy is assigned, your control may be limited. Naming an irrevocable Beneficiary may also limit your control.

You may appoint a new owner if you notify us in writing. The change will take place the date you sign the notice. This is true even if the Insured dies before we receive it. The change will not affect anything we did before we received the notice.

CHANGE OF BENEFICIARY

You may change the Beneficiary if you notify us in writing. Any irrevocable Beneficiary must agree in writing to that change. You may not have this right if the policy is assigned.

INCORRECT AGE OR SEX

If the Insured's age or sex has been misstated in the application, any amount we pay will be as the premiums paid would have purchased at the correct age and sex.

ASSIGNMENT

You may assign or transfer your rights in this policy. The transfer will take effect when we receive notice of it in writing. We will record it but will not be responsible for its validity or effect.

INCONTESTABILITY

We cannot contest this policy after it has been in force during the lifetime of the Insured for two years from the Policy Date except for non-payment of premiums. This paragraph does not apply to any disability or accidental death rider.

SUICIDE LIMITATION

If the Insured dies by suicide within two years after the Policy Date, we will pay no more than an amount equal to the sum of all premiums paid. This is true whether the Insured was sane or insane.

SETTLEMENT AND INDEBTEDNESS

Settlement shall be made upon receipt of due proof of death. Any amount that we pay is payable at our Home Office. In any settlement, we will first deduct any debt on the policy.

PREMIUM PAYMENTS

All premiums must be paid in advance. They may be paid to our agent or to our Home Office. The agent will give you a receipt. It will be signed by our President or Secretary or by the agent.

You may change the mode of payment. The available modes and their corresponding premiums are shown on the Schedule of Benefits and Premiums.

GRACE PERIOD

We allow 31 days for the payment of any premium. This is called the Grace Period. It starts the day the premium is due. The policy is in force during the Grace Period. If the Insured dies during the Grace Period, we will deduct the past due premium from any amount we owe. If the premium is not paid before the end of the Grace Period, this policy may lapse. It will not lapse if a Nonforfeiture Provision is able to keep it or part of it in force.

REINSTATEMENT

If this policy has lapsed or is in force under a Nonforfeiture Benefit, you may put it back in full force if the last premium paid was within the previous five years. Two things must happen before the policy will be reinstated: (1) We must be satisfied that the Insured is still insurable; and (2) All past due premiums must be paid, with interest from their due dates. The interest rate is shown on the Schedule of Benefits and Premiums.

We cannot contest a reinstated policy after it has been in force during the lifetime of the Insured for two years from the date of reinstatement except for non-payment of premiums. Any contest to a reinstated policy will be based on material misstatements made in the application for reinstatement.

GUARANTEED VALUES

A TABLE OF VALUES is on the Schedule of Benefits and Premiums. These are guaranteed values at the end of the policy year if all premiums due have been paid. Any debt will reduce the values.

A CASH SURRENDER VALUE will be paid to you if you surrender this policy within 60 days after the due date of any unpaid premium and during the lifetime of the Insured. The amount will be the Cash Value less any debt as of the due date of the unpaid premium. Values on dates between policy anniversaries will be determined with allowances made for the fractional part of the premium paid for that policy year. We have the right to defer payment of the Cash Surrender Value for up to six months.

NONFORFEITURE BENEFITS are available if a premium is not paid when due. You may choose one of these options if the policy then has Cash Value. Do this in writing no later than 60 days after the premium due date. If you do not, the Automatic Option takes effect.

Cash Value – You may surrender the policy and we will pay you its Cash Value less any debt

Paid-Up Insurance – The policy may be continued for a reduced amount of nonparticipating insurance. The amount will be what the Cash Value, less any debt, will provide when applied as a net single premium at the attained age of the Insured.

Extended Term Insurance – The policy may be continued as nonparticipating extended term insurance. The amount will be the Face Amount less any debt. The insurance will continue for the period that the Cash Value, less any debt, will purchase when applied as a net single premium at the attained age of the Insured.

An automatic option will apply if you do not choose a Nonforfeiture Benefit. This is the Extended Term Insurance option. You may select another option if it is done in writing within 60 days after the due date of the unpaid premium.

If the policy is being continued as Paid-Up or Extended Term insurance, it may be surrendered for its cash value. The cash value is the net single premium for the insurance at the Insured's attained age on the

surrender date. If surrendered within 30 days after any annual anniversary of the Policy Date, the value will be found as of that anniversary date.

LOAN PROVISIONS

A POLICY LOAN will be made to you if the policy is not under the Extended Term nonforfeiture option. The loan may not be more than the Cash Value at the end of the Policy Year in which you made the loan. The Cash Value is first reduced by any existing debt and by any premiums due until the end of the Policy Year. Unless the Policy Loan is to make premium payments on this policy, we have the right to defer payment of the Loan for up to six months. The security for such loan will be this policy and its assignment to us.

LOAN INTEREST is paid in advance. The interest rate is shown on the Schedule of Benefits and Premiums. The first interest due date is the date of the loan. After that, interest due dates are the annual anniversaries of the Policy Date. If interest is not paid when due, it will be added to the loan and will draw interest at the same rate. If the total debt becomes more than the Cash Value, the policy will terminate and have no value. This will happen 31 days after we have mailed notice to you and to any assignee at the last known addresses.

BASIS OF VALUES

We use the Commissioner's 2001 Standard Mortality Table. For Extended Term, we use the Commissioner's 2001 Extended Term Insurance Table. We assume that deaths occur at the end of the Policy Year. We use the Insured's age as of last birthday.

The Cash Values are calculated by the Standard Nonforfeiture Value Method. We use the Nonforfeiture interest rate shown on the Schedule of Benefits and Premiums. No value is less than that required by law. Reserves are calculated according to the Commissioner's Reserve Valuation Method, assuming the interest rate shown on the Schedule of Benefits and Premiums. We have filed a statement with the insurance officials of the state where this policy was delivered. That statement contains the method of calculation.

SETTLEMENT OPTIONS

If a settlement option is not chosen, we will pay the Proceeds in a single sum. Proceeds will be paid within two months of the date we receive due proof of the Insured's death. You must decide before the Insured dies. If you do not, the Beneficiary may choose an option. The choice must be in writing and made before any proceeds are paid.

Proceeds to be applied must be at least \$2500. Payments may be in annual, semi-annual, quarterly or monthly installments. All payments must be at least \$25.

Payments must be to a natural person. If not, we must first consent. Payments will not be paid before they are due.

No part of the Proceeds or any payment will be subject to the claims of creditors, nor to legal process. These things are true to the extent allowed by law.

Options 1, 2, 3 and 4 are based on 3% annual interest. We may pay more than this. No excess interest will be paid under Option 2 after the guaranteed period, nor under Option 5.

The first payment under Options 1, 2, 4 and 5 will be payable immediately. The first payment under Option 3 will be payable at the end of the first payment period.

OPTION 1—FIXED PERIOD

Payments will be for a specified period. The amount of each payment can be determined from the OPTION 1 TABLE.

OPTION 2—LIFE INCOME WITH GUARANTEED PERIOD

Payments will be for an amount based on the age, last birthday, and sex of the payee. Payments will be made for the selected guaranteed period and as long after as the payee lives. We may require proof of the payee’s age and sex before making any payment. We may also require proof of the payee’s survival.

OPTION 3—INTEREST

We will hold the Proceeds for a specified period. During that time, we will either pay or accumulate the interest on the Proceeds. The payee may withdraw the Proceeds, with any accrued interest, at any time. Partial withdrawal may be made only with our consent.

OPTION 4—FIXED AMOUNT

Payments will be for a specified amount. They will be made until the Proceeds and interest are exhausted.

OPTION 5—SPECIAL ANNUITY

Payments will be as provided by any Single Premium Immediate Annuity we issue on the date the Proceeds become payable. Payments will be 3% more than the Annuity payments. They will be adjusted so that the first payment is payable immediately.

OPTION 1—TABLE

Years	Payment								
1	84.47	6	15.14	11	8.86	16	6.53	21	5.32
2	42.86	7	13.16	12	8.24	17	6.23	22	5.15
3	28.99	8	11.68	13	7.71	18	5.96	23	4.99
4	22.06	9	10.53	14	7.26	19	5.73	24	4.84
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71

TERM TO 25 CONVERTING TO WHOLE LIFE INSURANCE
INSURANCE PAYABLE AT DEATH OF INSURED
PREMIUMS PAYABLE FOR LIFE
PREMIUMS AND DEATH BENEFIT INCREASE AT AGE 25
NONPARTICIPATING