

SERFF Tracking Number: WSST-128353021 State: Arkansas
 Filing Company: Columbus Life Insurance Company State Tracking Number:
 Company Tracking Number: CL 88 0707 R
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.003 Joint (First to Die)
 Adjustable Life
 Product Name: CL 88 0707/IUL/2012/rp
 Project Name/Number: CL 88 0707/IUL/2012/rp/CL 88 0707/IUL/2012/rp

Filing at a Glance

Company: Columbus Life Insurance Company

Product Name: CL 88 0707/IUL/2012/rp

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.003 Joint (First to Die)

Filing Type: Form

SERFF Tr Num: WSST-128353021 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num:

Closed

Co Tr Num: CL 88 0707 R

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Ramona Piercefield,

Kimberly Wright, Angelea

Underwood

Date Submitted: 06/01/2012

Disposition Date: 06/06/2012

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: CL 88 0707/IUL/2012/rp

Project Number: CL 88 0707/IUL/2012/rp

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Our domicile state is Ohio

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/06/2012

State Status Changed: 06/06/2012

Created By: Ramona Piercefield

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ramona Piercefield

Filing Description:

RE: The Columbus Life Insurance Company – NAIC #99937

CL 88 0707 AR R Flexible Premium Universal Life Insurance Policy Schedule

CL 88 0707 PS R, Statement of Policy Cost and Benefit Information

CL 45.452 (8/12) Premium Allocation Election Form

CL 45.926 (8/12) Premium Allocation Change Form

SERFF Tracking Number: WSS-128353021 State: Arkansas
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This filing is being submitted on behalf of the Columbus Life Insurance Company.

Enclosed for your review and approval is a revised Policy Schedule page for Form CL 88 0707 AR, Flexible Premium Universal Life Insurance Policy. The Policy Schedule page varies from the version originally approved in that we have added two new indexed account options. These new accounts will be offered as alternatives to those previously approved. These new accounts are substantially similar to the previously approved accounts except as noted below. An "R" will be added to the footer of the CL 88 0707 AR to signify the revision to the Policy Schedule pages, in addition to the effective date of these options in the right hand corner. Changes pertaining to the indexed accounts are limited to the revised Policy Schedule page. There are no other changes to the approved policy Form CL 88 0707 AR pertaining to the indexed accounts. A sample redline of the changes is attached under supporting documentation for your review.

The new Indexed Accounts have a Minimum Guaranteed Interest Rate of 0%. The policy owner must choose between the previously approved indexed accounts with a Minimum Guaranteed Interest Rate of 1% or the new indexed accounts with 0% at time of application. In addition, the Maximum Loan Interest Rate and the Fixed Account MGIR have also been revised.

The following is a list of changes to Form CL 88 0707 AR, all of which are contained in the Policy Schedule Pages:

1. The two existing index account options (i.e., the S&P 500 Capped Indexed Account and the S&P 500 Uncapped Indexed Account) appearing on the Policy Schedule page, which were previously approved, will now provide for either a minimum guaranteed interest rate of 1% or 0%, as elected by the policyowner at the time of application. To clarify, at policy issue, only those two index account options will appear on the Policy Schedule page, both containing either the 1% or the 0% minimum guaranteed interest rate, as elected by the policyowner at application.
2. Changing the indexed interest crediting formula for all indexed accounts.
3. Reducing the fixed account guaranteed credited rate to 2% and reduced the loan account rates by 1%.

We are also asking for review and approval of Forms CL 45.452 (8/12) Premium Allocation Election Form and CL 45.926 (8/12) Premium Allocation Change Form. Previously, these forms were combined into one form. The initial election and subsequent change sections have been divided into the two forms.

In addition, an updated Statement of Policy Cost and Benefit Information is being submitted for Review and Approval, Form CL 88 0707 PS R.

Each of the enclosed forms is new and intended to replace the forms identified in the table below.

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| Form Being Replaced | Approval Date | State/SERFF Tracking # | New Policy/Form # |
|---------------------|---|------------------------|-------------------|
| CL 88 0707 AR | 04/16/2007 | 35501 | CL 88 0707 AR R |
| CL 88 0707 PS R | (previous policy summaries were submitted as supporting documentation only) | | |
| CL 45.452 (6/09) | 12/03/2009 | 44202 | CL 45.452 (08/12) |
| CL 45.452 (6/09) | 12/03/2009 | 44202 | CL 45.926 (08/12) |

The previously approved application and Electronic Signature Consent Form intended to be used for this policy are listed below.

| Form Number | Description | Approval Date | State/SERFF Tracking # |
|--------------------|--------------------------------|---------------|------------------------|
| CL 45.300-A (6/09) | Application for Life Insurance | 12/03/2009 | 44202 |
| CL 70.309 (1/12) | Electronic Signature Consent | 2/13/2012 | WSST-128067041 |

This policy will be sold to individual purchasers of life insurance products by licensed agents in your state. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The enclosed forms have been submitted to Ohio, our domiciliary state.

An actuarial memorandum describing these forms, that is dated and signed by a member of the American Academy of Actuaries, is enclosed. These forms have been scored for readability and the required Flesch Certification forms are enclosed.

All variable items have been denoted by red brackets and are subject to change as explained in the attached Statement of Variability. We certify that any change or modification to a variable item shall be administered in accordance with the enclosed Statement of Variability, including any requirements for prior approval of a change or modification. Any use of variability will be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

All forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, formatting in the form of a booklet, and formatting pages to conform to our printer requirements. The policy is illustrated.

Please do not hesitate to contact us with any questions or concerns. Thank you for your assistance with this filing. We look forward to your review and approval.

Sincerely,

Ramona Piercefield
 Insurance Compliance Analyst

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Insurance Compliance
 1-800-446-0795 (1873)

State Narrative:

Company and Contact

Filing Contact Information

Ramona Piercefield, Product & State Filing Analyst
 Ramona.Piercefield@wslife.com
 400 Broadway
 Cincinnati, OH 45202
 800-446-0795 [Phone] 1873 [Ext]
 513-357-4123 [FAX]

Filing Company Information

Columbus Life Insurance Company
 400 East Fourth Street
 Cincinnati, OH 45202
 CoCode: 99937 State of Domicile: Ohio
 Group Code: 836 Company Type: Life
 Group Name: West-Southern State ID Number:
 Group
 FEIN Number: 31-1191427
 (800) 446-0795 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? Yes
 Fee Explanation: \$50.00 per form x 4 forms = \$200.00
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------------------------------|----------|----------------|---------------|
| Columbus Life Insurance Company | \$200.00 | 06/01/2012 | 59624692 |

SERFF Tracking Number: WSSST-128353021 State: Arkansas
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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 06/06/2012 | 06/06/2012 |

SERFF Tracking Number: WSSST-128353021 *State:* Arkansas
Filing Company: Columbus Life Insurance Company *State Tracking Number:*
Company Tracking Number: CL 88 0707 R
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Project Name/Number: CL 88 0707/IUL/2012/rp/CL 88 0707/IUL/2012/rp

Disposition

Disposition Date: 06/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: WSSST-128353021 State: Arkansas
 Filing Company: Columbus Life Insurance Company State Tracking Number:
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 Project Name/Number: CL 88 0707/IUL/2012/rp/CL 88 0707/IUL/2012/rp

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification | Yes | Yes |
| Supporting Document | Application | Yes | Yes |
| Supporting Document | Health - Actuarial Justification | No | No |
| Supporting Document | Outline of Coverage | No | No |
| Supporting Document | Actuarial Memorandum and Demos | No | No |
| Supporting Document | Disclosures | Yes | Yes |
| Supporting Document | Redlined Sample Policy Schedule Pages | Yes | Yes |
| Supporting Document | Statements of Variability | Yes | Yes |
| Form | Policy Schedule | Yes | Yes |
| Form | Statement of Policy Cost and Benefit Information | Yes | Yes |
| Form | Supplement to Application for Indexed Explorer Plus Indexed Account | Yes | Yes |
| Form | Indexed Explorer Plus Change to Premium Allocation Request or | Yes | Yes |

SERFF Tracking Number: WSSST-128353021 State: Arkansas
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 Product Name: CL 88 0707/IUL/2012/rp
 Project Name/Number: CL 88 0707/IUL/2012/rp/CL 88 0707/IUL/2012/rp

Form Schedule

Lead Form Number: CL 88 0707 AR R

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|------------------|----------------|---|---------|----------------------|-------------|----------------------|
| | CL 88 0707 AR R | Schedule Pages | Policy Schedule | Initial | | 0.000 | CL 88 0707 AR R.pdf |
| | CL 88 0707 PS R | Other | Statement of Policy Cost and Benefit Information | Initial | | 49.000 | CL 88 0707 PS R.pdf |
| | CL 45.452 (8/12) | Other | Supplement to Application for Indexed Explorer Plus Indexed Account | Initial | | 50.000 | CL 45.452 (8-12).pdf |
| | CL 45.926 (8/12) | Other | Indexed Explorer Plus Change to Premium Allocation Request or | Initial | | 51.000 | CL 45.926 (8-12).pdf |

Policy Schedule (continued)

Indexed Accounts

Minimum Transfer Amount: [\$250 or balance of (unloaned) Fixed Account, if less]

Indexed Account Options:

S&P 500 Capped Indexed Account*

Index: Standard & Poor's 500 Composite Stock Price Index (without dividends)*

Index Date: [15th day of each calendar month]

Index Period: [One year, beginning on the Index Date and ending on the monthly Index Date 12 months later]

Indexed Account Minimum Guaranteed Interest Rate (MGIR): [1.00%]

Minimum Index Cap Rate: [3.00%]

Index Participation Rate: 100%

Crediting Method: [Capped Annual Point to Point]

S&P 500 Uncapped Indexed Account*

Index: Standard & Poor's 500 Composite Stock Price Index (without dividends)*

Index Date: [15th day of each calendar month]

Index Period: [One year, beginning on the Index Date and ending on the monthly Index Date 12 months later]

Indexed Account Minimum Guaranteed Interest Rate (MGIR): [1.00%]

Minimum Index Participation Rate: [30.00%]

Crediting Method: [Uncapped Annual Point to Monthly Average]

Crediting Method Formulas:

[Capped Annual Point to Point

Indexed Interest Credit = Index Rate x Index Base

Index Rate = $(A-B)/B \times$ Index Participation Rate, adjusted to be no greater than Index Cap Rate and no less than the Indexed Account MGIR, minus the Indexed Account MGIR

where: A = the applicable Index Value on last day of Index Period

B = the applicable Index Value at the beginning of the Index Period

Index Base = The average value of Indexed Account Segment over Index Period calculated as C/D

where: C = the sum of the Indexed Account Segment's values on each Monthly Anniversary Day during the Index Period not including the first Monthly Anniversary Day in the Index Period if the first Monthly Anniversary Day is the same day as the first Index Date in the Index Period.

D = Number of months in the Index Period.]

Policy Schedule (continued)

Indexed Accounts

[Uncapped Annual Point to Monthly Average:

Indexed Interest Credit = Index Rate x Index Base

Index Rate = $(A-B)/B$ x Index Participation Rate, adjusted to be no less than the Indexed Account MGIR, minus the Indexed Account MGIR

where: A = average of the applicable Index Values on each monthly Index Date after the first during the Index Period

B = the applicable Index Value at the beginning of the Index Period

Index Base = The average value of Indexed Account Segment over Index Period calculated as C/D

where: C = the sum of the Indexed Account Segment's values on each Monthly Anniversary Day during the Index Period not including the first Monthly Anniversary Day in the Index Period if the first Monthly Anniversary Day is the same day as the first Index Date in the Index Period.

D = Number of months in the Index Period.]

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Statement of Policy Cost and Benefit Information

THIS IS NOT AN INSURANCE POLICY. FOR FULL INFORMATION READ YOUR POLICY

Prepared on [06/15/07]

Page 1

Policy Number: [CM1234567U]
 Insured: [John Doe]
 Issue Age: [35]
 Sex: [M]
 Underwriting Class: [Preferred (NonTobacco User)]

Columbus Life
 400 East 4th Street
 Cincinnati, Ohio 45202

You can contact Client Services at 1-800-677-9595

Planned [Monthly] Premium: \$[1300.00 Annually]

Visit our web site at www.columbuslife.com

IMPORTANT NOTICE

| Policy Year | Guaranteed Policy Values | | Current Policy Values | |
|-------------|--|------------------------------------|--|------------------------------------|
| | Beginning of Policy Year Death Benefit | End of Policy Year Surrender Value | Beginning of Policy Year Death Benefit | End of Policy Year Surrender Value |
| [1] | [100,000] | [0.00] | [100,000] | [172.45] |
| [2] | [100,000] | [449.00] | [100,000] | [953.30] |
| [3] | [100,000] | [951.11] | [100,000] | [1,789.17] |
| [4] | [100,000] | [1,449.87] | [100,000] | [2,684.65] |
| [5] | [100,000] | [1,946.34] | [100,000] | [3,644.72] |
| [10] | [100,000] | [4,317.95] | [100,000] | [12,691.10] |
| [20] | [100,000] | [8,421.76] | [100,000] | [45,356.14] |

Life Insurance Cost Indexes

| | Guaranteed Basis | | Current Basis | |
|------------------------|------------------|---------|---------------|---------|
| | 10 Year | 20 Year | 10 Year | 20 Year |
| Net Payment Cost Index | [13.00] | [13.00] | [13.00] | [13.00] |
| Surrender Cost Index | [9.73] | [10.57] | [3.39] | [0.00] |

An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide.

The maximum interest rate we charge on loans is [3.5%]. At our option, we may charge less than the maximum interest rate.

Policy value projections assume all premiums are allocated to an Indexed Account.

Guaranteed policy values are based on a [1%] guaranteed interest rate. Current policy values assume an [8%] credited rate.

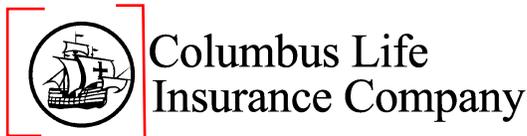
The projected results may change with variations in interest rates, mortality rates, expense factors, and timing and amount of premium payments.

Based on above assumptions, policy [terminates in year] [41].

The sum of the premiums paid under this contract at any time may not exceed the greater of:

- (1) the guideline single premium, or
- (2) the guideline level premium times the number of years from the issue date to the next policy anniversary.

Guideline Single Premium: \$[18,425.00]
 Guideline Level Premium: \$[1,483.00]



Columbus Life Insurance Company

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SUPPLEMENT TO APPLICATION FOR INDEXED EXPLORER PLUS INDEXED ACCOUNT ELECTION AND INITIAL ELECTION OF PREMIUM ALLOCATION

(To be completed when applying for Indexed Explorer Plus Universal Life Insurance)

INDEXED ACCOUNT ELECTION

Please indicate your choice of Indexed Account's. Select either the Indexed Accounts with a minimum guaranteed interest rate of 0.00 % or the Indexed Accounts with a minimum guaranteed interest rate of 1.00 %. A selection is required. You cannot select both. You cannot change your selection after a policy has been issued.

- 0% Indexed Account Minimum Guaranteed Interest Rate (applicable to both the S&P 500 Capped Indexed Account and the S&P 500 Uncapped Indexed Account).
- 1% Indexed Account Minimum Guaranteed Interest Rate (applicable to both the S&P 500 Capped Indexed Account and the S&P 500 Uncapped Indexed Account).

INITIAL ELECTION OF PREMIUM ALLOCATION

Please indicate below the percentage of net premium that you would like allocated to each Indexed Account you selected above and the Fixed Account. Percentages must be in whole numbers and total 100%. After a policy is issued you can change the allocation percentages. This initial allocation will apply until changed by the policy owner.

S&P 500 Capped Index Account: _____ %
 S&P 500 Uncapped Index Account: _____ %
 Fixed Account: _____ %
 Total: 100 %

I understand, and acknowledge by my signature below, that I am applying for an Indexed product, and that while the values of the Policy may be affected by an external Index, the Policy does not directly participate in any stock, bond or equity investments. Further, that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

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TELEPHONE TRANSACTION AUTHORIZATION

I (or we, if Joint Owners), hereby authorize Columbus Life to act on telephone instructions to 1) transfer values from the Fixed Account to the Indexed Accounts; 2) to change allocations for future premium payments; or 3) to complete other financial transactions as may be allowed by Columbus Life at the time of request given by:

To make a selection, place your initials (owner and joint owner if applicable) on the lines below.

| | | |
|--------------|---------------------------------|---|
| <u>Owner</u> | <u>Jt. Owner(if applicable)</u> | |
| _____ | _____ | Policy Owner(s) – If Joint Owners, either of us acting independently. |
| _____ | _____ | Producer |
| _____ | _____ | Other _____ |
| | | Name |
| | | SS# |
| | | _____ |
| Address | City | State Zip |

Columbus Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Columbus Life will employ reasonable procedures, including requiring the policy number to be stated and recording all instructions. This telephone transaction authorization will remain in effect until Columbus Life receives written notification of cancellation from the policy owner, or in the event a Producer has been authorized, until the named Producer is no longer contracted and appointed with Columbus Life.

Owner(s) Signature: By signing below, I (or we if Joint Owners) certify that I agree to the above elections, and the Telephone Transaction Authorization if applicable, and confirm that I have reviewed, read and understand the above conditions and disclosures.

Signature of Proposed Owner

Date

Signature of Proposed Joint Owner

Signature of Producer



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[INDEXED EXPLORER PLUS]

CHANGE TO PREMIUM ALLOCATION REQUEST or TRANSFER REQUEST

PREMIUM ALLOCATION CHANGE REQUEST

Please change my current Premium Allocation as indicated below. Percentages must be in whole numbers and total 100%. The allocation change for future net premium will be effective when we receive and record it. This allocation will apply until changed by the policy owner. NOTE: A change in the allocation of future net premiums is not a request to transfer amounts from the Fixed Account to the Indexed Accounts. Any transfer must be specifically requested.

Indicate Premium Allocation Percentages:

S&P 500 Capped Index Account: _____ %
 S&P 500 Uncapped Index Account: _____ %
 Fixed Account: _____ %
 Total: 100 %

TRANSFER REQUEST

You may transfer amounts from the Fixed Account to the Indexed Accounts. The minimum transfer amount is \$250, or the balance of the (Unloaned) Fixed Account, if less. Percentages must be in whole numbers.

Transfer _____ (\$ or %) of Fixed Account to **S&P 500 Capped Index Account**

Transfer _____ (\$ or %) of Fixed Account to **S&P 500 Uncapped Index Account**

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TELEPHONE TRANSACTION AUTHORIZATION

I (or we, if Joint Owners), hereby authorize Columbus Life to act on telephone instructions to 1) transfer values from the Fixed Account to the Indexed Accounts; 2) to change allocations for future premium payments; or 3) to complete other financial transactions as may be allowed by Columbus Life at the time of request given by:

To make a selection, place your initials (owner and joint owner if applicable) on the lines below.

| | | |
|--------------|---------------------------------|---|
| <u>Owner</u> | <u>Jt. Owner(if applicable)</u> | |
| _____ | _____ | Policy Owner(s) – If Joint Owners, either of us acting independently. |
| _____ | _____ | Producer |
| _____ | _____ | Other _____ |
| | | Name |
| | | SS# |
| | | Address |
| | | City |
| | | State |
| | | Zip |

Columbus Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Columbus Life will employ reasonable procedures, including requiring the policy number to be stated and recording all instructions.

This telephone transaction authorization will remain in effect until Columbus Life receives written notification of cancellation from the policy owner, or in the event a Producer has been authorized, until the named Producer is no longer contracted and appointed with Columbus Life.

Owner(s) Signature: By signing below, I (or we if Joint Owners) certify that I agree to the above elections, and the Telephone Transaction Authorization if applicable, and confirm that I have reviewed, read and understand the above conditions and disclosures.

Signature of Owner

Date

Signature of Joint Owner

Signature of Producer

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Flesch Certification | | |
| Comments: | | |
| Attachment: AR Flesch Certification.pdf | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Application | | |
| Comments: Approval Date 12/3/2009 | | |
| Attachment: CL 45.300-A (6-09) John Doe-bracket.pdf | | |

| | Item Status: | Status Date: |
|--|---------------------|-------------------------|
| Bypassed - Item: Health - Actuarial Justification | | |
| Bypass Reason: Not applicable | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Bypassed - Item: Outline of Coverage | | |
| Bypass Reason: Not applicable. | | |
| Comments: | | |

| | Item Status: | Status Date: |
|---|---------------------|-------------------------|
| Satisfied - Item: Actuarial Memorandum and Demos | | |
| Comments: | | |

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Attachments:

CL 88 0707 AR R SNFL Filing Demo.pdf
 Indexed UL Actuarial Memo CL 88 0707 AR R.pdf
 SNFL Demo Output CL 88 0707 AR R.pdf

Item Status: **Status**
Date:

Satisfied - Item: Disclosures

Comments:

Attachments:

CL 45.450-0 (8-12).pdf
 CL 45.450-1 (8-12).pdf

Item Status: **Status**
Date:

Satisfied - Item: Redlined Sample Policy Schedule
 Pages

Comments:

Attachment:

CL 88 0707 R-Redlined.pdf

Item Status: **Status**
Date:

Satisfied - Item: Statements of Variability

Comments:

Attachments:

Premium Allocation Forms SOV.pdf
 Disclosures SOV.pdf
 CL 88 0707 PS R SOV.pdf
 CL 88 0707 AR R SOV.pdf

Columbus Life Insurance Company

NAIC CODE # 99937

CERTIFICATION

I, Lori Rochford, an officer of Columbus Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

| Form Numbers | Readability Score |
|---|-------------------|
| CL 88 0707 PS R, Statement of Policy Cost and Benefit Information * | 49 |
| CL 45.452 (8/12), Supplement to Application for Indexed Explorer Plus Indexed Account Election and Initial Election of Premium Allocation * | 50 |
| CL 45.926 (8/12), Indexed Explorer Plus Change to Premium Allocation Request or Transfer Request * | 51 |

*Flesched with CL 88 0707, Flexible Premium Universal Life Insurance Policy



Lori Rochford
Assistant Vice President, Insurance Compliance

Date: 5/14/2012



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New Business

Reinstatement of Policy # _____

APPLICATION FOR LIFE INSURANCE – PART 1

For reinstatement, complete Sections A, B, I, J, K, L, M, N

A. Proposed Insured 1

1. Name of Proposed Insured Male Female
John E. Doe

2. Date of Birth 06/01/1974 Age 35
(mm/dd/yyyy)

3. Place of Birth (state/country) ST, USA

4. Social Security No. or Tax I.D. 123-45-6789

5. Drivers License No. and State ST 123456

6. Marital Status M

7. Employer ABC Company
 Length Of Employment At This Business 5 years
 Occupation Analyst
 Duties _____

Earned Income \$45,000 Net Worth \$100,000

8. U.S. Citizen Yes No

If No, complete the Citizenship Supplement CL 45.461.

9. Home Address: Years at Address 5 E-mail john.doe@dmail.com
123 Main Street
Street/Apt No.
City, ST 45678
City State Zip Code

10. Home Phone (513) 555-6789 Alternate Phone _____

B. Proposed Insured 2 (For Survivorship or Other Insured Rider)

1. Name of Proposed Insured Male Female

2. Date of Birth _____ Age _____
(mm/dd/yyyy)

3. Place of Birth (state/country) _____

4. Social Security No. or Tax I.D. _____

5. Drivers License No. and State _____

6. Marital Status _____

7. Employer _____
 Length Of Employment At This Business _____
 Occupation _____
 Duties _____

Earned Income _____ Net Worth _____

8. U.S. Citizen Yes No

If No, complete the Citizenship Supplement CL 45.461.

9. Home Address and Phone Information: E-mail _____
 Same as Proposed Insured 1
 Different; Provide information below:

C. Coverage Applied For. (If VUL, complete Supplement CL 45.265; If Indexed UL, complete Supplement CL 45.452.)

| | | |
|---|---|--|
| Plan of Insurance <u>Term</u> | Term Plans Only, | \$ <u>100,000</u> |
| If UL or VUL, select Death Benefit Option: | Select Term Period: | Base Amount |
| <input type="checkbox"/> 1 – Level Death Benefit | <input type="checkbox"/> Ten Year | \$ _____ |
| <input type="checkbox"/> 2 – Specified Amount plus Cash Value | <input checked="" type="checkbox"/> Twenty Year | Supplemental Coverage Rider (SCR) Amount |
| If UL, select Life Insurance Qualification Test | <input type="checkbox"/> Thirty Year | (if applicable) |
| <input type="checkbox"/> Guideline Premium (default, if none selected) | <input type="checkbox"/> _____ Year | \$ _____ |
| <input type="checkbox"/> Cash Value Accumulation (not available with all plans) | | Total Base Plus SCR Amount |

D. Optional Benefits and Riders.

| | |
|--|--|
| Universal Life Only: <input type="checkbox"/> No-Lapse Guarantee: <input type="checkbox"/> Intermediate <input type="checkbox"/> Lifetime <input type="checkbox"/> Capital Transfer <input type="checkbox"/> Disability Credit: indicate Monthly Credit Amount \$ _____ <input type="checkbox"/> Term Rider: Check one: <input type="checkbox"/> 20 Years <input type="checkbox"/> 30 Years \$ _____ <input type="checkbox"/> Extended Maturity Plus: <input type="checkbox"/> Pay at Issue, or <input type="checkbox"/> Pay at Age 80 <input type="checkbox"/> Change of Insured <input type="checkbox"/> Enhanced Cash Value <input type="checkbox"/> Estate Protection Rider | Term Plans Only: <input checked="" type="checkbox"/> Return of Premium <input type="checkbox"/> Waiver of Premium <input type="checkbox"/> Accidental Death/Specific Loss Universal Life and Term: <input type="checkbox"/> Accidental Death \$ _____ <input type="checkbox"/> Insured Insurability \$ _____ <input type="checkbox"/> Other Insured \$ _____ <input type="checkbox"/> Children's Term (complete supplement form CL 45.458) For Voyager only, you may select a shorter No-Lapse Guarantee than the Lifetime No-Lapse: <input type="checkbox"/> To age 90 <input type="checkbox"/> To age 95 <input type="checkbox"/> To age 100 |
|--|--|

E. Child as Primary Proposed Insured

Answer if Proposed Insured is at least 15 days old and under 18 years.

1. Is Applicant a Parent or Legal Guardian (attach proof of guardianship) of proposed Insured? Yes No

2. Is Applicant employed and providing Proposed Insured's main support? Yes No

3. Is all life insurance in force on Applicant at least equal to 2 times that on Proposed Insured? Yes No

4. Are all other children in family insured or to be insured for an amount at least equal to that on Proposed Insured? Yes No

F. Owner of Policy. Complete only if Owner is other than Proposed Insured 1.

If Trust Owner, complete questions 1 A), D) and E) and attach declarations and signature pages of Trust Agreement.

1. A) Name _____
First Middle Last
 B) Date of Birth (mm/dd/yyyy) _____ C) Relationship to Proposed Insured 1 _____
 D) Social Security/Tax ID Number _____ E-mail address _____
 E) Place of Birth (State/Country) _____
 F) Address _____
Street No. and Name Apt. No. City State Zip Code
 2. Multiple Owners: provide all details as above for other Owner in Additional Remarks section. E-mail _____
 Type of Ownership: Joint with right of survivorship Tenants in common _____

G. Beneficiaries

| | Name | Relationship | % |
|----------------------------------|------------------------------------|--------------|-----|
| Primary: | Jane Doe | Wife | 100 |
| Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> | | |
| Primary <input type="checkbox"/> | Secondary <input type="checkbox"/> | | |

H. Premium Amount, Mode of Premium Payment, Payer Information.

Modal Premium Amount \$ 1000 Mode A (Note: 2 months premium required for monthly PAT mode)
 Total Amount Paid at time of Application. If none, indicate zero or leave blank \$ _____
Payer Name and Address if other than Owner (if not the same as home address in section A) – please print.

First Name M.I. Last Name Street Address or P.O. Box Number

City State Zip Code
 Relationship to Proposed Insured _____

I. Complete each question for the Proposed Owner and Proposed Insured(s) (if other than Owner).

| | Proposed Owner | Proposed Insured 1 If other than Owner | Proposed Insured 2 If other than Owner |
|--|---|--|--|
| 1. Have you been involved in any discussion about the possible sale or assignment of this policy to a life, settlement, viatical or other secondary market provider? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever sold a policy to a life, settlement, viatical or other secondary market provider? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will any portion of the premiums for this policy be financed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 4. Will any insured or policy owner receive any payment in connection with insurance issued on the basis of this application? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

For **Yes** answers to questions 1, 2, 3 or 4, please give details:

J. Life Insurance In Force, Pending or Replacement.

| | Proposed Insured 1 | Proposed Insured 2 |
|---|---|--|
| 1. Has anyone proposed for insurance ever applied for life, health or disability insurance; or a reinstatement for life, health or disability insurance and been declined, postponed or charged an increased premium? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Does any Proposed Insured/Other Insured have any applications or preliminary or informal quote requests currently pending with any other life, settlement, viatical or secondary market provider or company? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If answered **Yes**, give details below for each Proposed Insured, including owner, beneficiary, carrier name and purpose of each policy.

3. a) Does anyone proposed for insurance now have life insurance policies or annuity contracts with any company (excluding group coverage?) Yes No
 b) Will this insurance replace, or will it cause a change in, or involve a loan under, any insurance policy or annuity contract on anyone proposed for insurance, or in any insurance policy or annuity contract owned by the Owner? Yes No

4. List all insurance in force for any Proposed or Other Insured. **If none, check here or leave blank** **Note below if it is a replacement.**

| Proposed Insured Name | Company | Check If | | B – Bus. P – Pers. | Face Amount | Policy Number | Issue Year | Purpose |
|-----------------------|---------|----------|------|-----------------------|-------------|---------------|------------|---------|
| | | Repl | 1035 | | | | | |
| | | | | | | | | |
| | | | | | | | | |

K. Lifestyle Information on Proposed Insured 1 and Proposed Insured 2.

For **Yes** answers, complete Details section below.

| | Proposed Insured 1 | | Proposed Insured 2 | |
|--|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. In the past year has anyone proposed for insurance used tobacco or any other product containing nicotine? If No , select the answer that best describes tobacco/nicotine product history. Proposed Insured 1: Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input checked="" type="checkbox"/> Never Used Proposed Insured 2: Quit: Over <input type="checkbox"/> 5, <input type="checkbox"/> 2, <input type="checkbox"/> 1 year(s) ago <input type="checkbox"/> Never Used | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ever used illegal drugs or controlled substances except as legally prescribed by a licensed member of the medical profession? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you consume alcoholic beverages? If Yes: Type _____ Frequency _____ Amount _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Received or been advised to seek treatment for, attended a program for or been counseled for alcohol or drug abuse, or been advised by a health professional to reduce the use of alcohol? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Ever had a drivers license suspended or revoked, or within the last 5 years, been convicted of reckless or negligent driving or driving under the influence of alcohol or drugs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently receiving, or within the past 3 years have you received or applied for, any disability benefits, including Workers Compensation, Social Security Disability Insurance, or any other form of Disability insurance? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past 2 years have you been unable to work, attend school or been disabled for one month or more? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does anyone proposed for this insurance intend to travel or reside outside the U.S. or Canada within the next two years? If Yes , list where, when, purpose and duration in the Details section. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the past 2 years, flown as a pilot, crew member, or with any duties aboard an aircraft, or is there any intention of doing so within the next two years? If Yes , complete a Supplemental Questionnaire . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the past 2 years, engaged in any motor racing on land or water, parachuting, skydiving, ballooning, gliding (kite or other), flying ultra-light aircraft, underwater or scuba diving, mountain climbing, or other hazardous sports or hobbies, or is there any intention of doing so within the next two years? If Yes , complete a Supplemental Questionnaire . | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been convicted of, are you awaiting trial for, or have you pled no contest to a felony? If Yes , indicate in Details section type, date and city/state of felony and if currently on probation or parole. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you a member of, or applied to be a member of, or received a notice of required service in, the armed forces, reserves or National Guard? If Yes , please list branch of service, rank, duties, and current duty station. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Details: List details to question above, listing question number and the Proposed Insured details apply to.

| Question No. and Proposed Insured | Details |
|-----------------------------------|---------|
| | |

L. Personal Physician Information

| | Proposed Insured 1 | Proposed Insured 2 |
|-------------------------------------|--------------------------------|--------------------|
| Name of personal physician: | Dr. Adam Smith | |
| Address: | 456 Elm Street; City, ST 12345 | |
| Telephone number: | (513) 555-0000 | |
| Date last consulted: | 06/09 | |
| Reason last consulted: | routine check | |
| Treatment or medication prescribed: | N/A | |

M. Additional Remarks

| |
|--|
| |
|--|

**Completion of this section is optional if Proposed Insured(s) is/are being examined.
DO NOT remove this page from the application.**

N. Medical Information on Proposed Insured 1, Proposed Insured 2.

| For YES answers, complete Details section below. | Proposed Insured 1 | | Proposed Insured 2 | |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| | Yes | No | Yes | No |
| 1. Has any person proposed for insurance ever been diagnosed with, treated for, hospitalized for or been advised to seek treatment by a member of the medical profession for any of the following: | | | | |
| a) High blood pressure, high cholesterol or high triglycerides? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Heart disease or disorder, heart attack, heart murmur, angina or chest pain, palpitations, irregular heart beat or coronary artery disease? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Circulatory system disorder, thrombophlebitis, aneurysm, embolism, peripheral vascular disease or edema? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Chronic headaches, carotid artery blockage, seizures, fainting, dizziness, epilepsy, stroke or mini stroke (TIA – transient ischemic attack), paralysis or other nervous system or brain disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Any tumor, masses, cysts, cancer, melanoma, pre-cancerous lesion, lymphoma, or disorder of the lymph nodes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Anemia, leukemia, clotting disorder, or any other blood disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Diabetes, elevated blood sugar, a disorder of the urinary tract or findings of sugar, protein or blood in the urine? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Asthma, emphysema, chronic obstructive pulmonary disease (COPD), shortness of breath, sleep apnea, tuberculosis, sarcoidosis, persistent hoarseness or bronchitis, spitting up blood or any other disorder of the lungs or respiratory system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Arthritis, gout, fibromyalgia or any disorder of the back, spine, muscles, nerves, bones, joints or skin? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Ulcers, colitis, Crohn’s disease, jaundice, hepatitis, cirrhosis, gastrointestinal bleeding, or other disorder of the stomach, esophagus, liver, intestines, gallbladder or pancreas? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Any complication of pregnancy or disorder of the testicles, prostate, breasts, ovaries, uterus, cervix, kidney or urinary bladder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Thyroid, pituitary or other endocrine or glandular disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Any nervous, mental, emotional, mood, anxiety or eating disorders, or received counseling for anxiety, depression, stress or any other emotional condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) Any disorder of the eyes, ears, nose or throat? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Ever tested positive for exposure to the HIV (Human Immunodeficiency Virus) or been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS-Related Complex) or any other immune deficiency disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 12 months have you been prescribed any medications other than contraceptives? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you planning to seek medical advice or treatment for any reason; are you scheduled for a medical test or appointment or have you been advised to schedule a follow up medical appointment or test? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any immediate family member (parents, sisters or brothers) died as a result of, or been diagnosed with, heart disease prior to age 60? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. What is your height and weight? If weight changed in the past 12 months, indicate pounds lost or gained. | Ht | 6'0" | Ht | _____ |
| | Wt | 185 | Wt | _____ |
| | Loss | 0 | Loss | _____ |
| | Gain | 0 | Gain | _____ |

| Medical Information Details | | | |
|---|---|--------------------------------|--|
| Details of Yes answers to the above questions 1-5. | | | |
| Question No. and name of proposed insured. | Physicians, hospitals, illness, treatment, medical information, reason for checkup. | Dates and duration of illness. | Name, address, phone number of medical professionals, hospitals. |
| | | | |

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually (and/or on behalf of any children named in the application, individually), hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc., consumer reporting agency, my employer, or other companies or institutions that has provided payment, treatment or services, or who has information about me, to disclose to Columbus Life Insurance Company or their authorized representatives any information from health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical, or mental condition, or treatment relative to drug or alcohol use, or Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) and/or tests for antibodies to the AIDS Virus (HIV), but excludes psychotherapy notes; investigative consumer reports, other insurance coverage and details of employment.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 30 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for Columbus Life Insurance Company to 1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine full responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with Columbus Life Insurance Company.

I, each Proposed Insured, Named Child or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying Columbus Life Insurance Company (hereafter, 'the Company') in writing at [400 East Fourth Street, P.O. Box 5737, Cincinnati, Ohio, 45201-5737] Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

AGREEMENT AND ACKNOWLEDGEMENT

Each of the Undersigned declares that: This Application consists of: a) Part I Application; b) Part II Medical Application, if required; c) any amendments to the application(s) attached thereto; and d) any supplements, all of which are required by the Company for the plan, amount and benefits applied for. Except as provided in any [Temporary Insurance Agreement] any policy issued on this application shall take effect on the date it is delivered to the owner and the first premium is paid during the lifetime of each and every person proposed for insurance under such policy and then only if the health and other conditions affecting insurability remain as described in this application.

Any and all statements and answers provided anywhere in this application, together with those in any Part II and in any supplemental application made in connection herewith are full, complete and true to the best of my knowledge and belief and are made to the Company to induce it to issue the policy or policies applied for and will be attached to and made a part of any policy issued.

No agent is authorized to make or alter contracts, to extend the time for payment of premiums, or to waive any of the Company's rights or requirements. Corrections, additions or amendments to this application may be made by the Company. Acceptance of a policy issued with such changes will constitute acceptance of the changes. No changes, corrections or additions will be made in classification (including age at issue), plan, amount, or benefits unless agreed to in writing by the Applicant.

The undersigned each represent that the applicant and proposed insured(s) each has read, or had read to each of them, the completed application and that they each realize that any false statement or misrepresentation which is material to the risk therein may result in loss of coverage under any policy issued hereunder, or if this is an application for reinstatement, the Company shall be under no liability except to return premiums paid in connection with such reinstatement.

I have read and understand the Accelerated Death Benefit Disclosure Statement. I have received 1) a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me or my children which relates to this application; and 2) Disclosures Regarding Insurance Information Practices, including the MIB, Inc Pre-Notice.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number, and (2) I am not currently subject to backup withholding as a result of Internal Revenue Service notification. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

A faxed or electronically transmitted signed document to Columbus Life Insurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ City, ST _____ Date 1/4/2010 _____ John Doe /s/ _____
(City and State) Signature of Proposed Insured 1 (if age 15 or older)

Signature of Applicant/Owner if other than Proposed Insured

Signature of Proposed Insured 2

Agent/Producer's Certification - To the best of my knowledge, a replacement is is not involved in this transaction. I also certify that only Company approved sales material was used, and copies of all sales material and any disclosures or illustrations required by law have been given to the Applicant.

Ima Agent _____ 98765 _____
Agent's Name (Please Print) License No.
Signature of Agent Ima Agent /s/ _____ Date 1/4/2010 _____

[INDEXED EXPLORER PLUS] UNIVERSAL LIFE DISCLOSURE

(For use if applicant selects Indexed Accounts with 0% Indexed Account Minimum Guaranteed Interest Rate)

It is important that you understand the nature of your Columbus Life Indexed Explorer Plus Universal Life Insurance policy and how we credit interest to your net premiums.

Insurance Product:

Your indexed universal life insurance policy is an insurance product. It is not a security and it is not a substitute for a mutual fund or stock. This policy includes optional indexed accounts described below, which may earn current interest based on an external index and an indexed interest crediting formula. While policy values may be affected by an external index, the policy does not directly participate in any stock or equity investments.

Account Options:

| Account | Fixed Account | S&P 500* Capped Indexed Account | S&P 500* Uncapped Indexed Account |
|--|---|--|--|
| Minimum Guaranteed Interest | 2% effective annual interest credited daily | no interest (0%) will be credited daily | no interest (0%) will be credited daily |
| Non-Guaranteed Current Interest | as declared by the Company, credited daily | Calculated according to Capped Annual Point to Point indexed interest crediting method. Index interest, if any, is credited only at end of twelve month index period.* | Calculated according to Uncapped Annual Point to Monthly Average indexed interest crediting method. Index interest, if any, is credited only at end of twelve month index period.* |

*If at the end of the twelve month index period, the index rate is calculated as 0%, no interest will be credited because the minimum guaranteed interest rate for the period is 0%.

Indexed Interest Crediting Methods:

- **Capped Annual Point to Point:** We compare the beginning index value to the ending index value. The indexed interest rate is subject to a cap (a maximum) which we declare at the beginning of the index period and guarantee for the index period. We deduct the minimum guaranteed interest rate (MGIR) already credited from the indexed rate, provided the indexed rate will never be less than zero.
- **Uncapped Annual Point to Monthly Average:** We compare the beginning index value to the average of the index values on each monthly Index Date after the first during the Index period. The indexed interest rate is adjusted by a participation rate (the percentage of the increase used in the indexed interest calculation) which we declare at the beginning of the index period and guarantee for the index period. The participation rate may be more or less than 100%. We deduct the minimum guaranteed interest rate (MGIR) from the indexed rate, provided the indexed rate will never be less than zero.

Comparing the Crediting Methods:

The Capped Annual Point to Point method may perform better in a steadily increasing index environment because it will capture the full increase in the index over the period. The Uncapped Annual Point to Monthly Average method may perform better in a fluctuating index environment because it looks at the average monthly increase. If the index fluctuates during an index period, but decreases toward the end, the net increase could be zero under the Capped Annual Point to Point method but could have an average monthly increase greater than zero under the Uncapped Annual Point to Monthly Average method. In years where the index decreases steadily, the increase will be zero under either method and you will receive no Indexed Interest Credit.

Examples:

Assume you allocate part of your premium to each of the two indexed account options and that there are no withdrawals, loans or charges taken from these accounts, and the beginning S&P 500 Index value is 1300.

- In Example 1, the index values on the next 12 monthly anniversaries are 1340, 1360, 1390, 1400, 1420, 1420, 1400, 1390, 1360, 1340, 1320 and 1300. The average of the monthly values is 1370.
- In Example 2, the index values on the next 12 monthly anniversaries are 1340, 1360, 1390, 1400, 1420, 1420, 1450, 1470, 1480, 1490, 1500 and 1510. The average of the monthly values is 1435.83.

For both examples, where applicable, the Cap Rate is 10% and the Participation Rate is 110%.

Index values and percentages are for illustrative purposes only, do not project performance of the index or of any indexed account, and are not guaranteed.

| | Step 1 (Compare Index Values) | Step 2 (Apply Cap or Participation Rate; adjust to be no less than MGIR) | Step 3 (Deduct Minimum Guaranteed Interest) |
|--|-----------------------------------|--|---|
| Example 1 - Fluctuating Index | | | |
| Capped Annual Point to Point | $(1300 - 1300)/1300 = 0.0\%$ | 0.0% is less than 10% cap; adjust to equal 0.0% | $0.0\% - 0\% = 0.0\%$ |
| Uncapped Annual Point to Monthly Average | $(1370 - 1300)/1300 = 5.38\%$ | $5.38\% \times 110\% \text{ participation rate} = 5.92\%$ | $5.92\% - 0\% = 5.92\%$ |
| Example 2 - Steadily Increasing Index | | | |
| Capped Annual Point to Point | $(1510 - 1300)/1300 = 16.15\%$ | 16.15% is adjusted to equal 10.0% cap | $10.0\% - 0\% = 10.0\%$ |
| Uncapped Annual Point to Monthly Average | $(1435.83 - 1300)/1300 = 10.45\%$ | $10.45\% \times 110\% \text{ participation rate} = 11.49\%$ | $11.49\% - 0\% = 11.49\%$ |

Allocations:

If you allocate net premiums to an indexed account more frequently than once per year, generally separate indexed account segments will be created for each allocation. A new participation and/or cap rate may be applicable to each indexed account segment, subject to policy guarantees. Each indexed account segment includes an index period. An index period covers a twelve month period. When a twelve month index period ends and indexed interest, if any, has been credited to the segment, the value of the indexed account segment will be reallocated to the account options according to your instructions for allocation of net premium. **If the value of an indexed account segment equals zero prior to the end of the index period due to withdrawals, loans or deduction of charges, the index period will end and no indexed interest will be credited.**

Transfer Request:

You may transfer amounts from the Fixed Accounts to one or more Indexed Accounts. The minimum Transfer amount is \$250, or the balance of the (unloaned) Fixed Account, if less.

Policy Charges:

Premium charges will be deducted from your premiums before they are applied to the policy. Policy charges will be deducted from your accumulated values every month. Policy charges are the same whether you allocate net premium to the Fixed Account or to the Indexed Accounts. However, we will deduct monthly charges first from the Fixed Account, and if necessary because there is insufficient value in the Fixed Account, pro rata from the Indexed Accounts on a last-in, first-out basis. If you surrender your policy, you will incur surrender charges.

Death Benefit:

The Death Benefit is not adjusted for indexed interest that has not been earned.

This disclosure is not intended to be a full description of the life insurance policy. Refer to your policy for a complete explanation of the policy terms. When you receive your policy, read it carefully. It includes a free look period for you to decide if you want to keep the policy. Ask your Columbus Life Insurance agent or Columbus Life for an explanation of anything you do not understand.

“Standard & Poor’s®”, “S&P®”, “S&P 500®”, “Standard & Poor’s 500” and “500” are trademarks of Standard & Poor’s Financial Services LLC and have been licensed for use by Columbus Life Insurance Company. The policy is not sponsored, endorsed, sold or promoted by Standard & Poor’s and Standard & Poor’s does not make any representation regarding the advisability of purchasing the policy. If the S&P 500 is discontinued or if we are unable to use it for reasons beyond our control, we will substitute a successor index of our choosing (subject to the approval of the state insurance authorities).

The undersigned Proposed Owner(s) and Insurance Producer acknowledge and certify as follows: That the Insurance Producer has delivered, and the Proposed Owner(s) have received, a signed copy of the foregoing Disclosure Statement; that the Proposed Owner(s) understand the content of the Disclosure; that the Insurance Producer has answered any concerns or questions and has not made any statements that differ from the Disclosure Statement nor any promises or assurances about future values of the policy.

Proposed Owner

Date

Insurance Producer

Date



Columbus Life Insurance Company

A member of Western & Southern Financial Group

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INDEXED EXPLORER PLUS UNIVERSAL LIFE DISCLOSURE

(For use if applicant selects Indexed Accounts with 1% Indexed Account Minimum Guaranteed Interest Rate)

It is important that you understand the nature of your Columbus Life Indexed Explorer Plus Universal Life Insurance policy and how we credit interest to your net premiums.

Insurance Product:

Your indexed universal life insurance policy is an insurance product. It is not a security and it is not a substitute for a mutual fund or stock. This policy includes optional indexed accounts described below, which may earn current interest based on an external index and an indexed interest crediting formula. While policy values may be affected by an external index, the policy does not directly participate in any stock or equity investments.

Account Options:

| Account | Fixed Account | S&P 500* Capped Indexed Account | S&P 500* Uncapped Indexed Account |
|---------------------------------|---|---|---|
| Minimum Guaranteed Interest | 2% effective annual interest credited daily | 1% effective annual interest, credited daily. | 1% effective annual interest, credited daily. |
| Non-Guaranteed Current Interest | as declared by the Company, credited daily | Calculated according to Capped Annual Point to Point indexed interest crediting method. Index interest, if any, is credited only at end of twelve month index period. | Calculated according to Uncapped Annual Point to Monthly Average indexed interest crediting method. Index interest, if any, is credited only at end of twelve month index period. |

Indexed Interest Crediting Methods:

- **Capped Annual Point to Point:** We compare the beginning index value to the ending index value. The indexed interest rate is subject to a cap (a maximum) which we declare at the beginning of the index period and guarantee for the index period. We deduct the minimum guaranteed interest rate (MGIR) already credited from the indexed rate, provided the indexed rate will never be less than zero.
- **Uncapped Annual Point to Monthly Average:** We compare the beginning index value to the average of the index values on each monthly Index Date after the first during the Index period. The indexed interest rate is adjusted by a participation rate (the percentage of the increase used in the indexed interest calculation) which we declare at the beginning of the index period and guarantee for the index period. The participation rate may be more or less than 100%. We deduct the minimum guaranteed interest rate (MGIR) from the indexed rate, provided the indexed rate will never be less than zero.

Comparing the Crediting Methods:

The Capped Annual Point to Point method may perform better in a steadily increasing index environment because it will capture the full increase in the index over the period. The Uncapped Annual Point to Monthly Average method may perform better in a fluctuating index environment because it looks at the average monthly increase. If the index fluctuates during an index period, but decreases toward the end, the net increase could be zero under the Capped Annual Point to Point method but could have an average monthly increase greater than zero under the Uncapped Annual Point to Monthly Average method. In years where the index decreases steadily, the increase will be zero under either method and you will receive no Indexed Interest Credit.

Examples:

Assume you allocate part of your premium to each of the two indexed account options and that there are no withdrawals, loans or charges taken from these accounts, and the beginning S&P 500 Index value is 1300.

- In Example 1, the index values on the next 12 monthly anniversaries are 1340, 1360, 1390, 1400, 1420, 1420, 1400, 1390, 1360, 1340, 1320 and 1300. The average of the monthly values is 1370.
- In Example 2, the index values on the next 12 monthly anniversaries are 1340, 1360, 1390, 1400, 1420, 1420, 1450, 1470, 1480, 1490, 1500 and 1510. The average of the monthly values is 1435.83.

For both examples, where applicable, the Cap Rate is 10% and the Participation Rate is 110%.

Index values and percentages are for illustrative purposes only, do not project performance of the index or of any indexed account, and are not guaranteed.

| | Step 1 (Compare Index Values) | Step 2 (Apply Cap or Participation Rate; adjust to be no less than MGIR) | Step 3 (Deduct Minimum Guaranteed Interest) |
|--|-------------------------------------|--|---|
| Example 1 - Fluctuating Index | | | |
| Capped Annual Point to Point | $(1300 - 1300) / 1300 = 0\%$ | 1% is less than 10% cap; adjust to equal 1% | $1.0\% - 1\% = 0.0\%$ |
| Uncapped Annual Point to Monthly Average | $(1370 - 1300) / 1300 = 5.38\%$ | $5.38\% \times 110\%$ participation rate = 5.92% | $5.92\% - 1\% = 4.92\%$ |
| Example 2 - Steadily Increasing Index | | | |
| Capped Annual Point to Point | $(1510 - 1300) / 1300 = 16.15\%$ | 16.15% is adjusted to equal 10.0% cap | $10.0\% - 1\% = 9.0\%$ |
| Uncapped Annual Point to Monthly Average | $(1435.83 - 1300) / 1300 = 10.45\%$ | $10.45\% \times 110\%$ participation rate = 11.49% | $11.49\% - 1\% = 10.49\%$ |

Allocations:

If you allocate net premiums to an indexed account more frequently than once per year, generally separate indexed account segments will be created for each allocation. A new participation rate and/or cap may be applicable to each indexed account segment, subject to policy guarantees. Each indexed account segment includes an index period. An index period covers a twelve month period. When a twelve month index period ends and indexed interest, if any, has been credited to the segment, the value of the indexed account segment will be reallocated to the account options according to your instructions for allocation of net premium. **If the value of an indexed account segment equals zero prior to the end of the index period due to withdrawals, loans or deduction of charges, the index period will end and no indexed interest will be credited.**

Transfer Request:

You may transfer amounts from the Fixed Account to one or more Indexed Accounts. The minimum Transfer amount is \$250, or the balance of the (unloaned) Fixed Account, if less.

Policy Charges:

Premium charges will be deducted from your premiums before they are applied to the policy. Policy charges will be deducted from your accumulated values every month. Policy charges are the same whether you allocate net premium to the Fixed Account or to the Indexed Accounts. However, we will deduct monthly charges first from the Fixed Account, and if necessary because there is insufficient value in the Fixed Account, pro rata from the Indexed Accounts on a last-in, first-out basis. If you surrender your policy, you will incur surrender charges.

Death Benefit:

The Death Benefit is not adjusted for indexed interest that has not been earned.

This disclosure is not intended to be a full description of the life insurance policy. Refer to your policy for a complete explanation of the policy terms. When you receive your policy, read it carefully. It includes a free look period for you to decide if you want to keep the policy. Ask your Columbus Life Insurance agent or Columbus Life for an explanation of anything you do not understand.

“Standard & Poor’s®”, “S&P®”, “S&P 500®”, “Standard & Poor’s 500” and “500” are trademarks of Standard & Poor’s Financial Services LLC and have been licensed for use by Columbus Life Insurance Company. The policy is not sponsored, endorsed, sold or promoted by Standard & Poor’s and Standard & Poor’s does not make any representation regarding the advisability of purchasing the policy. If the S&P 500 is discontinued or if we are unable to use it for reasons beyond our control, we will substitute a successor index of our choosing (subject to the approval of the state insurance authorities).

The undersigned Proposed Owner(s) and Insurance Producer acknowledge and certify as follows: That the Insurance Producer has delivered, and the Proposed Owner(s) have received, a signed copy of the foregoing Disclosure Statement; that the Proposed Owner(s) understand the content of the Disclosure; that the Insurance Producer has answered any concerns or questions and has not made any statements that differ from the Disclosure Statement nor any promises or assurances about future values of the policy.

Proposed Owner

Date

Insurance Producer

Date

Policy Schedule (continued)

Indexed Accounts

Minimum Transfer Amount: [\$250 or balance of (unloaned) Fixed Account, if less]

Indexed Account Options:

[S&P 500 Capped Indexed Account[*]

Index: [Standard & Poor's 500 Composite Stock Price Index (without dividends)[*]]

Index Date: [15th day of each calendar month]

Index Period: [One year, beginning on the Index Date and ending on the monthly Index Date 12 months later]

Indexed Account Minimum Guaranteed Interest Rate (MGIR): [1.00%]

Minimum Index Cap Rate: [3.00%]

Index Participation Rate: 100%

Crediting Method: [Capped Annual Point to Point]

[S&P 500 Uncapped Indexed Account[*]

Index: [Standard & Poor's 500 Composite Stock Price Index (without dividends)[*]]

Index Date: [15th day of each calendar month]

Index Period: [One year, beginning on the Index Date and ending on the monthly Index Date 12 months later]

Indexed Account Minimum Guaranteed Interest Rate (MGIR): [1.00%]

Minimum Index Participation Rate: [30.00%]

Crediting Method: [Uncapped Annual Point to Monthly Average]]

Crediting Method Formulas:

[**Capped Annual Point to Point**

Indexed Interest Credit = Index Rate x Index Base

Index Rate = (A-B)/B x Index Participation Rate, adjusted to be no greater than Index Cap Rate and no less than the Indexed Account MGIR, minus the Indexed Account MGIR

where: A = the applicable Index Value on last day of Index Period

B = the applicable Index Value at the beginning of the Index Period

Index Base = The average value of Indexed Account Segment over Index Period calculated as C/D

where: C = the sum of the Indexed Account Segment's values on each Monthly Anniversary Day during the Index Period not including the first Monthly Anniversary Day in the Index Period if the first Monthly Anniversary Day is the same day as the first Index Date in the Index Period. Guaranteed Interest Credited to Indexed Account Segment during the Index Period

D = Number of months in the Index Period. Indexed Account MGIR-

Policy Schedule (continued)

Indexed Accounts

[Uncapped Annual Point to Monthly Average:

Indexed Interest Credit = Index Rate x Index Base

Index Rate = (A-B)/B x Index Participation Rate, adjusted to be no less than the Indexed Account MGIR, minus the Indexed Account MGIR

where: A = average of the applicable Index Values on each monthly Index Date after the first during the Index Period

B = the applicable Index Value at the beginning of the Index Period

Index Base = The average value of Indexed Account Segment over Index Period calculated as C/D

where: C = the sum of the Indexed Account Segment's values on each Monthly Anniversary Day during the Index Period not including the first Monthly Anniversary Day in the Index Period if the first Monthly Anniversary Day is the same day as the first Index Date in the Index Period. Guaranteed Interest Credited to Indexed Account Segment during the Index Period

D = Number of months in the Index Period. Indexed Account MGIR.

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Columbus Life Insurance Company

Statement of Variability

This Statement of Variability applies to the following forms:

CL 45.452 (8/12), Supplement to Application for Indexed Explorer Plus Indexed Account Election and Initial Election of Premium Allocation

CL 45.926 (8/12), Indexed Explorer Plus Change to Premium Allocation Request or Transfer Request

The variable information is identified by brackets and may change as indicated below. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

- Company Logo:** The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.
- Administrative Office:** We may change our administrative address, telephone number and web site if such items should change in the future.
- Marketing Name:** We reserve the right to change our Marketing Names of the product from time to time in order to be consistent with our current practices.

Columbus Life Insurance Company

Statement of Variability

This Statement of Variability applies to the following forms:

CL 45.450-0 (8/12), Indexed Explorer Plus Universal Life Disclosure (For use if applicant selects Indexed Accounts with **0%** Indexed Account Minimum Guaranteed Interest Rate)

CL 45.450-1 (8/12), Indexed Explorer Plus Universal Life Disclosure (For use if applicant selects Indexed Accounts with **1%** Indexed Account Minimum Guaranteed Interest Rate)

The variable information is identified by brackets and may change as indicated below. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

- Company Logo:** The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.
- Administrative Office:** We may change our administrative address, telephone number and web site if such items should change in the future.
- Marketing Name:** We reserve the right to change our Marketing Names of the product from time to time in order to be consistent with our current practices.

Columbus Life Insurance Company

Statement of Variability

CL 88 0707 PS R Statement of Policy Cost and Benefit Information

This document defines the range of variation of bracketed items found on the Statement of Policy Cost and Benefit Information.

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

| | |
|---|--|
| Date Prepared: | The date the policy is printed. |
| Policy Number: | Assigned sequentially. Also, blocks of policy numbers may be reserved to designate certain features, such as whether a paper or electronic application was used. |
| Insured: | Insured's name |
| Issue Age: | Insured's age |
| Sex: | Insured's sex |
| Underwriting Class: | Insured's classification (Preferred Tobacco User, Standard Tobacco User, Super Preferred Non-Tobacco User, Preferred Non-Tobacco User, or Standard Non-Tobacco User) |
| Planned Premium: | Premium amount and mode selected by owner on the application. Premium modes available are annual, semi-annual, quarterly, or monthly. |
| Policy Year: | Number of years since policy issue |
| Guaranteed Policy Values Beginning of Policy Year Death Benefit: | Amount payable upon death on a guaranteed basis with stated assumptions |
| Guaranteed Policy Values End of Policy Year Surrender Value: | Amount payable upon surrender on a guaranteed basis with stated assumptions |
| Current Policy Values Beginning of Policy Year Death Benefit: | Amount payable upon death on a current basis with stated assumptions |
| Current Policy Values End of Policy Year Surrender Value: | Amount payable upon surrender on a current basis with stated assumptions |
| Life Insurance Cost Index Net Payment Cost Index Guaranteed Basis: | Net payment cost index on a guaranteed basis with stated assumptions |

| | |
|---|---|
| Life Insurance Cost Index Surrender Cost Index Guaranteed Basis: | Surrender cost index on a guaranteed basis with stated assumptions |
| Life Insurance Cost Index Net Payment Cost Index Current Basis: | Net payment cost index on a current basis with stated assumptions |
| Life Insurance Cost Index Surrender Cost Index Current Basis: | Surrender cost index on a current basis with stated assumptions |
| Maximum Loan Interest Rate: | Maximum range of variation is 2.00% - 8.00%. |
| Policy Values Guaranteed Interest Rate: | Maximum range of variation is 1.00% - 6.00%. |
| Current Policy Values Credited Rate: | Maximum range of variation is 1.00% - 6.00%. |
| Policy Termination Date: | Year the policy ends based on stated assumptions |
| Guideline Single Premium: | Maximum single premium that may be paid into policy according to definition of life insurance |
| Guideline Level Premium: | Maximum level premium that may be paid into policy according to definition of life insurance |

Columbus Life Insurance Company

Statement of Variability

Policy Form CL 88 0707 AR R

This document defines the range of variation of bracketed items found in the in its Specification Pages (SP-1 through SP-3).

Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

There are two types of variations: (1) those items that are Owner / Insured specific; and (2) those items that vary by Class of Owner.

Owner / Insured Specific Variables

The filed specimen policy form includes hypothetical information within the brackets shown on the Specifications page. In an issued contract, these fields will reflect information specific to the Owner / Insured.

Information Shown on Specifications Page SP-1:

| | |
|--|--|
| Owner: | Owner's name |
| Insured: | Insured's name |
| Insured Age: | Insured's age |
| Insured Sex: | Insured's sex |
| Total Specified Amount: | The sum of the Base Specified Amount and the Supplemental Coverage Rider Specified Amount. |
| Base Specified Amount: | Specified amount of the base policy selected by the owner on the application. |
| Supplemental Coverage Rider Specified Amount: | Specified amount of the optional Supplemental Coverage Rider policy selected by the owner on the application. |
| Planned Premium: | Premium amount and mode selected by owner on the application. Premium modes available are annual, semi-annual, quarterly, or monthly. |
| Planned Additional First Year Premium: | Additional premium paid or payable by the Owner |
| Class: | Insured's classification (Preferred Tobacco User, Standard Tobacco User, Super Preferred Non-Tobacco User, Preferred Non-Tobacco User, or Standard Non-Tobacco User) |

Variables by Class of Owner

A Class is a group of owners with substantial commonality, such as policy date. Class is determined on a nondiscriminatory basis and will not change over the life of any given contract.

Information Shown on Specifications Page SP-1 :

| | |
|---|--|
| Policy Date: | Based on the date underwriting is completed, except may be an earlier date under limited backdating rules. |
| Policy Number: | Assigned sequentially. Also, blocks of policy numbers may be reserved to designate certain features, such as whether a paper or electronic application was used. |
| Minimum Issue Limit: | The smallest face amount for which a policy can be issued. Maximum range is \$10,000 - \$50,000. |
| Death Benefit Option: | Either 1 or 2. Option 1 is a level death benefit option. Option 2 is an increasing death benefit option. |
| Base No-Lapse Guarantee Period: | Shows the effective dates of the Base No- Lapse Guarantee as described in the policy. |
| Base No-Lapse Guarantee Minimum Monthly Premium: | This is the premium required to be paid each month in order to pass the No-Lapse Guarantee test. It varies based on the insured's issue age, sex, and class. |
| Maximum State Tax Charge Rate: | This rate is dependant on the state the policy is issued. Currently this rate varies for 1.40% to 3.50%. |
| Withdrawal Fee: | Maximum range of variation is \$10 - \$100. |
| Maximum Loan Interest Rate: | Maximum range of variation is 2.00% - 8.00%. |
| Fixed Account Minimum Guaranteed Interest Rate: | Maximum range of variation is 1.00% - 6.00%. |
| Accumulation Rate for Base No-Lapse Guarantee: | Maximum range of variation is 2.00% - 8.00%. |
| Minimum Withdrawal: | Maximum range of variation is \$100 - \$1000. |
| Minimum Net Cash Surrender Value: | Maximum range of variation is \$100 - \$1000. |
| Maximum Illustration Fee: | Maximum range of variation is \$50 - \$200. |
| Minimum Premium Payment: | Maximum range of variation is \$10 - \$100. |
| Minimum Increase in Specified Amount: | Maximum range of variation is \$10,000 - \$50,000. |
| Minimum Decrease in Specified Amount: | Maximum range of variation is \$10,000 - \$50,000. |

Information Shown on Specifications Page SP-2 through SP-3 :

**Minimum
Transfer
Amount:**

Minimum account value that may be transferred from the fixed account into an indexed account. Maximum range is \$100 - \$1000.

**Indexed
Account
Options:**

Index Date: The day of the calendar month that begins an indexed period. This may be stated as a numerical day form 1 to 28, or as a day of the week, such as "the second Tuesday of each month".

Index Period: May be stated in months or years. Maximum range is 12 months to 10 years.

Indexed Account Minimum Guaranteed Interest Rate: Maximum range of variation is 0.00% - 4.00%.

Minimum Index Cap Rate: Maximum range of variation is 2.00% - 6.00%.

Minimum Index Participation Rate: Maximum range of variation is 20.00% - 50.00%.

Crediting Method: Refers to the crediting method formulas described below.

**Crediting
Method
Formulas:**

Describes the formulas for crediting interest to each of the indexed account options listed above. Currently there are crediting methods available. Additional crediting methods may become available later, and/or the current crediting method formulas may change. In either case, the policy owner will be properly notified.