

SERFF Tracking Number: WSST-128444282 State: Arkansas  
Filing Company: Western-Southern Life Assurance Company State Tracking Number:  
Company Tracking Number: 1208-1564 WSA, ET AL  
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life  
Product Name: ST Rider & CVAT Endorsement  
Project Name/Number: ST Rider & CVAT Endorsement/

## Filing at a Glance

Company: Western-Southern Life Assurance Company

Product Name: ST Rider & CVAT Endorsement SERFF Tr Num: WSST-128444282 State: Arkansas

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed-Approved- State Tr Num:

Adjustable Life Closed

Sub-TOI: L09I.001 Single Life Co Tr Num: 1208-1564 WSA, ET State Status: Approved-Closed  
AL

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Ramona Piercefield,  
Kimberly Wright, Angelea  
Underwood

Disposition Date: 06/06/2012

Date Submitted: 06/04/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: ST Rider & CVAT Endorsement

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/06/2012

State Status Changed: 06/06/2012

Deemer Date:

Created By: Kimberly Wright

Submitted By: Kimberly Wright

Corresponding Filing Tracking Number:

Filing Description:

Re: The Western-Southern Life Assurance Company

1208-1569 WSA END, Endorsement for Cash Value Accumulation Test

506-1208, Supplement to Application

1208-1564 WSA, Additional Term Life Rider

Dear Sir/Madam:



SERFF Tracking Number: WSSST-128444282 State: Arkansas  
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issue. An actuarial memorandum describing the forms, that is dated and signed by a member of the American Academy of Actuaries, is enclosed. The forms have been scored for readability and the required Flesch Certification forms are also 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.

The forms are being 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.

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.

State Narrative:

## Company and Contact

### Filing Contact Information

Kimberly Wright, Product & State Filing Analyst Kim.Wright@Westernsouthernlife.com  
 400 Broadway 513-629-1060 [Phone]  
 MS 82  
 Cincinnati, OH 47025

### Filing Company Information

Western-Southern Life Assurance Company	CoCode: 92622	State of Domicile: Ohio
400 Broadway	Group Code: 836	Company Type: Life
Cincinnati, OH 45202	Group Name: West-Southern Group	State ID Number:
(800) 446-0795 ext. [Phone]	FEIN Number: 31-1000236	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Our state of domicile, Ohio, charges \$50 per filing



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## Correspondence Summary

### Dispositions

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

### 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	06/04/2012	06/04/2012	Kimberly Wright	06/05/2012	06/05/2012



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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	Statement of Variability	Yes	Yes
Supporting Document	Actuarial Memorandum	No	No
Supporting Document	Sample Data Page	Yes	Yes
Form	Endorsement for Cash Value	Yes	Yes
	Accumulation Test		
Form	Supplement to Application	Yes	Yes
Form	Additional Term Life Rider	Yes	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/04/2012  
Submitted Date 06/04/2012  
Respond By Date 07/05/2012

Dear Kimberly Wright,

This will acknowledge receipt of the captioned filing.

### Objection 1

#### Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

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 06/05/2012  
Submitted Date 06/05/2012

Dear Linda Bird,

### Comments:

In response to your objection letter dated 6/4/2012, the following information is being submitted.

### Response 1

Comments: The additional required filing fee of \$100.00 is attached under the filing fees tab. Please excuse the error for not including the correct fee in with the initial submission.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$100.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please allow the review of this filing to continue. Please do not hesitate to contact me with any additional concerns.

Sincerely,

Angelea Underwood, Kimberly Wright, Ramona Piercefield

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## Form Schedule

Lead Form Number: 1208-1564 WSA, et al

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1208-1569 WSA END	Policy/Cont Endorsement for Fraternal Accumulation Test Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		38.000	1208-1569 WSA END.pdf
	506-1208	Application/ Supplement to Enrollment Application Form	Initial		43.100	506-1208.pdf
	1208-1564 WSA	Policy/Cont Additional Term Life Fraternal Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		51.800	1208-1564 WSA.pdf

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## Western-Southern Life Assurance Company

### Endorsement for Cash Value Accumulation Test

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**THIS ENDORSEMENT** is attached to and made a part of Your policy to state terms to qualify the policy as life insurance under applicable federal tax law. If any provisions of the policy conflict with this Endorsement, the provisions of this Endorsement will apply. The effective date of this Endorsement shall be the Policy Date of the Policy to which it is attached.

The policy is amended by deleting the existing paragraph in the **Qualification as Life Insurance** provision in the **Death Benefit Provisions** section of the policy, and replacing it with the following paragraph:

In order to qualify as life insurance under applicable federal tax laws, Your policy must satisfy the Cash Value Accumulation Test under provisions of the Internal Revenue Code. The Minimum Death Benefit Factors shown on the Data Page correspond to this test.

  
Secretary

  
President and  
Chief Executive Officer



Western & Southern Life

A member of Western & Southern Financial Group

Supplement to Application
Life Insurance Test (GPT or CVAT)

iNB Policy # \_\_\_\_\_

App Tracking # \_\_\_\_\_

Name of Proposed Insured: \_\_\_\_\_

IRS Section 7702 requires each life insurance policy to pass one of the following two tests to be considered life insurance for tax purposes.

I(we) choose the following test as the method to be used on the proposed insurance policy and understand that once the policy is issued, this selection cannot be changed.

- Guideline Premium Test (GPT)
Cash Value Accumulation Test (CVAT)

Signed at \_\_\_\_\_

Printed Name of Proposed Insured \_\_\_\_\_

Signature of Proposed Insured \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Owner (if different than Proposed Insured) \_\_\_\_\_

Signature of Owner (if different than Proposed Insured) \_\_\_\_\_

Date \_\_\_\_\_

Agent Signature \_\_\_\_\_

Date \_\_\_\_\_

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# Western-Southern Life Assurance Company

## Additional Term Life Rider

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### ***Additional Death Benefit***

This rider provides additional term insurance on the life of the Insured. The term insurance provided will continue until the Final Expiration Date shown on the Data Page unless the rider terminates or is exchanged under the provisions of this rider. The amount of insurance is the Term Amount shown on the Data Page. The Term Amount cannot be increased, but it can be decreased after one year from the Effective Date of the rider to an amount not less than the minimum issue amount for this rider. The rider may be exchanged for a different kind of life insurance as explained in the *Exchanging the Rider* section of the rider. This rider will not take effect until it is received and the first premium for it is paid while the Insured is alive and in the same state of health as represented in the application. Charges for the Initial Term Period and for Renewal Periods are shown on the Data Page.

We will pay the Term Amount when we receive proof at our Home Office that the Insured died while this rider was in full force, and any other proof that we may require to investigate the claim. The Term Amount will be added to the policy Death Benefit and paid in the same way. No portion of the Term Amount may be accelerated under any rider providing accelerated death benefits.

### ***Time Period***

The Initial Term Period begins on the Effective Date and ends on the First Expiration Date as shown on the Data Page. After the Initial Term Period, the rider will continue under the Rider Renewal section of this rider for Renewal Periods that begin on a Renewal Date and end on the Renewal Expiration Date as shown on the Data Page.

### ***Rider Renewal***

This rider will automatically renew at the end of the Initial Term Period for additional Renewal Periods shown on the Data Page. Evidence of insurability is not required. The Age at Renewal, Renewal Date, Renewal Expiration Date, Years In Renewal Period, and Monthly Charges for each Renewal Period are shown on the Data Page. Should You choose not to renew and incur the increased charges, You may cancel the rider upon written request in a form acceptable to Us. Cancellation will be effective on the next policy Monthly Date after Your request to cancel is received at Our Home Office.

### ***Rider Charges***

The rider's Monthly Charges for the Initial Term Period and the Renewal Periods are shown on the Data Page. After the Initial Term Period, rider charges increase on Renewal Dates as shown on the Data Page. Rider charges are included in the Monthly Charges for the policy and are deducted monthly from the Accumulation Value of the policy along with all other policy and rider charges until the rider terminates. See the Monthly Charges section of the policy.

### ***Exchanging The Rider***

#### ***Right to Exchange***

If this rider is in force on or before the Exchange Date shown on the Data Page, You may exchange this rider for either:

- (1) any permanent life insurance policy that We offer for this purpose on the date of exchange, or

- 
- (2) an increase in the Selected Amount on the policy to which this rider is attached, provided that your rider was issued with a Risk Class equivalent to the Risk Class of Your policy. If the risk classes are not equivalent, You may only exchange this rider for a new policy as described in (1) above.

If You elect to exchange this rider for a new policy, the amount of insurance issued in the exchange may not be less than the minimum issue amount for the new policy. If You elect to exchange this rider for an increase in the Selected Amount, the amount of insurance issued in the exchange may not be less than the Minimum Increase in Selected Amount as stated on the Data Page of Your policy. In addition, the amount of insurance issued in any exchange may not be more than the Term Amount of this rider as shown on the Data Page. Partial exchanges are permitted provided the remaining Term Amount is not less than the Minimum Term Amount shown on the Data Page.

You may not make the exchange if charges are being waived under any waiver rider attached to this policy, except as permitted in the *Automatic Exchange* provision of this rider. You also may not make the exchange if a portion of the Death Benefit of the policy has been advanced to You under a rider providing accelerated death benefits.

The contestable and suicide periods for the new policy or increase in Selected Amount on the existing policy will start with the Effective Date of this rider.

We need Your written application to make the exchange. Evidence of insurability is not required. The application and the first premium for the new policy must be received at our Home Office before the Exchange Date.

#### ***Premiums and Effective Date***

Premiums and charges after the exchange will be at the rates charged at the Insured's age on the date of exchange. If You elect to exchange this rider for a new policy, the Risk Class for the new policy will be at the Risk Class that is the nearest available equivalent class to the Insured's Risk Class under this rider. If this rider was issued at a preferred risk class, and there is no equivalent Risk Class for the new policy, the new policy will be issued at a standard risk class. If You exchange this rider for an increase in the Selected Amount, the Risk Class for the increase will be equivalent to the Risk Class for the policy.

If You exchange for a new policy, the new policy will be effective on the date Your application is approved. If You exchange for an increase in Selected Amount, the effective date will be the next Monthly Date coinciding with or following such approval. Coverage for the Term Amount exchanged will end when the new coverage takes effect.

#### ***Additional Benefits***

In addition to a new policy or increase in Selected Amount received in the exchange, additional benefits may be applied for and may be subject to underwriting and insurability.

### ***Automatic Exchange***

If Monthly Charges for this rider are being waived due to disability on the Exchange Date, We will automatically exchange this rider for a new policy. The face amount of the new policy will be the same as the face amount of this rider. The new policy will be a level premium life policy we have for this purpose. The new policy will take effect on its policy date.



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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachments:</b>		
Flesch Certification.pdf		
Flesch Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
Not applicable to this filing because no policy is being filed. Also, required application information is listed under the General Information tab		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> Not applicable to this filing		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		



**Western-Southern Life Assurance Company**

NAIC CODE # 92622

**CERTIFICATION**

I, Lori Rochford, an officer of Western-Southern Life Assurance Company hereby certify that the following form has the following readability scores as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of your state Statutes and Regulations.

**Form**  
1208-1564 WSA

**Readability Score**  
51.8



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Lori Rochford, JD  
Assistant Vice President  
Insurance Compliance

Date: May 14, 2012

**Western-Southern Life Assurance Company**

NAIC CODE # 92622

**CERTIFICATION**

I, Lori Rochford, an officer of Western-Southern Life Assurance Company hereby certify that the following forms have the readability scores as calculated by the Flesch Reading Ease Test and that this form meets the reading ease requirements of your state Statutes and Regulations.

<b><u>Form</u></b>	<b><u>Readability Score</u></b>
1208-1569 WSA END	38.0
506-1208	43.1



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Lori Rochford, JD  
Assistant Vice President  
Insurance Compliance

Date: May 14, 2012

**Statement of Variability**

May 14, 2012

This Statement of Variability applies to the following form:

1208-1564 WSA, Additional Term Life Rider

The variable information is identified by brackets and may change as indicated below.

**Company Officer Signatures:** This will change if the relevant individuals or titles should change in the future.

## Statement of Variability

May 14, 2012

This Statement of Variability applies to the following form:

0807-4000 WSA, Data Page

The variable information is identified by brackets and may change as indicated below.

**Insured:** Name of Insured

**Age of Insured:** Insured's Age at Issue

**Effective Date:** Date the Policy is Issued

**Sex:** Sex of Insured

**First Expiration Date:** Based on Issue Date

**Term Amount:** Varies by Applicant

**Final Expiration Date:** Based on Issue Date

**Minimum Term Amount:** \$5,000 - \$100,000

**Initial Term Period:** 1 - 30 Years (Current Term Periods Are 10, 15, 20 and 30 years)

**Exchange Date:** Based on Issue Date

### **Monthly Charges (Initial Term Period)**

**Payable From**

**Payable To:**

**Monthly Charge**

06-15-2012

06-14-2022

17.75

## **Statement of Variability**

May 7, 2012

This Statement of Variability applies to the following forms:

0807-4000 WSA, Data Page

The variable information is identified by brackets and may change as indicated below.

The numerical factors within the brackets will change based on the issue age/gender/risk class/substandard rating of the insured.

## **Statement of Variability**

May 7, 2012

This Statement of Variability applies to the following form:

1208-1569 WSA END, Endorsement for Cash Value Accumulation Test

The variable information is identified by brackets and may change as indicated below.

**Company Officer Signatures:** This will change if the relevant individuals or titles should change in the future.

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**Data Page** (continued)

**Additional Term Life Rider**

**Insured:** [ John Doe ]

**Age of Insured:** [ 35 ]

**Effective Date:** [ 06-15-2012 ]

**Sex:** [ Male ]

**First Expiration Date:** [ 06-15-2022 ]

**Term Amount:** [ \$100,000 ]

**Final Expiration Date:** [ 06-15-2022 ]

**Minimum Term Amount:** [ \$25,000 ]

**Initial Term Period:** [ 10 Years ]

**Exchange Date:** [ 06-15-2022 ]

**Monthly Charges (Initial Term Period)**

<u>Payable From</u>	<u>Payable To</u>	<u>Monthly Charge</u>
[ 06-15-2012 ]	[ 06-14-2022 ]	[ 17.75 ]

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**Data Page** (continued)

**Monthly Charges (Renewable Periods)**

<u>Age at Renewal</u>	<u>Renewal Date</u>	<u>Renewal Expiration Date</u>	<u>Years in Renewal Period</u>	<u>Monthly Charge</u>
[ 45	6/15/2022	6/14/2023	1	57.00
46	6/15/2023	6/14/2024	1	61.50
47	6/15/2024	6/14/2025	1	66.25
48	6/15/2025	6/14/2026	1	71.50
49	6/15/2026	6/14/2027	1	77.25
50	6/15/2027	6/14/2028	1	83.83
51	6/15/2028	6/14/2029	1	92.08
52	6/15/2029	6/14/2030	1	101.58
53	6/15/2030	6/14/2031	1	112.50
54	6/15/2031	6/14/2032	1	124.75
55	6/15/2032	6/14/2033	1	138.58
56	6/15/2033	6/14/2034	1	153.67
57	6/15/2034	6/14/2035	1	169.92
58	6/15/2035	6/14/2036	1	188.08
59	6/15/2036	6/14/2037	1	208.58
60	6/15/2037	6/14/2038	1	231.58
61	6/15/2038	6/14/2039	1	257.42
62	6/15/2039	6/14/2040	1	287.25
63	6/15/2040	6/14/2041	1	321.25
64	6/15/2041	6/14/2042	1	359.25
65	6/15/2042	6/14/2043	1	401.25
66	6/15/2043	6/14/2044	1	460.92
67	6/15/2044	6/14/2045	1	527.25
68	6/15/2045	6/14/2046	1	601.50
69	6/15/2046	6/14/2047	1	685.83
70	6/15/2047	6/14/2048	1	783.00
71	6/15/2048	6/14/2049	1	895.83
72	6/15/2049	6/14/2050	1	1028.08
73	6/15/2050	6/14/2051	1	1180.83
74	6/15/2051	6/14/2052	1	1353.08
75	6/15/2052	6/14/2053	1	1543.08
76	6/15/2053	6/14/2054	1	1702.50
77	6/15/2054	6/14/2055	1	1869.33
78	6/15/2055	6/14/2056	1	2044.17
79	6/15/2056	6/14/2057	1	2232.83
80	6/15/2057	6/14/2058	1	2441.17
81	6/15/2058	6/14/2059	1	2674.75
82	6/15/2059	6/14/2060	1	2938.17
83	6/15/2060	6/14/2061	1	3230.17
84	6/15/2061	6/14/2062	1	3545.17
85	6/15/2062	6/14/2063	1	3875.83
86	6/15/2063	6/14/2064	1	4218.08
87	6/15/2064	6/14/2065	1	4566.42
88 ]	6/15/2065	6/14/2066	1	4919.50 ]

[ RISK CLASS: STANDARD NON-TOBACCO RATES ON THE INSURED ]

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**Data Page** (continued)

**Minimum Death Benefit Factors**

**Life Insurance Qualification Test:** Cash Value Accumulation Test

<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>	<u>Insured's Age Last Policy Anniversary</u>	<u>Applicable Factor</u>
[ 35	0.20809	68	0.58878
36	0.21551	69	0.60354
37	0.22320	70	0.61844
38	0.23115	71	0.63341
39	0.23936	72	0.64835
40	0.24785	73	0.66316
41	0.25660	74	0.67788
42	0.26562	75	0.69252
43	0.27489	76	0.70707
44	0.28442	77	0.72149
45	0.29419	78	0.73569
46	0.30421	79	0.74955
47	0.31450	80	0.76303
48	0.32509	81	0.77607
49	0.33604	82	0.78865
50	0.34733	83	0.80083
51	0.35894	84	0.81259
52	0.37085	85	0.82388
53	0.38304	86	0.83464
54	0.39548	87	0.84482
55	0.40813	88	0.85439
56	0.42097	89	0.86336
57	0.43401	90	0.87176
58	0.44729	91	0.87977
59	0.46085	92	0.88761
60	0.47464	93	0.89540
61	0.48862	94	0.90333
62	0.50272	95	0.91168
63	0.51689	96	0.92105
64	0.53110	97	0.93244
65	0.54536	98	0.94729
66	0.55971	99	0.96821
67	0.57418	100 or higher	1.00000 ]