

State:	Arkansas	Filing Company:	Leaders Life Insurance Company
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TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other
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Product Name:	Life products
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Project Name/Number:	/
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Filing at a Glance

Company:	Leaders Life Insurance Company
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Product Name:	Life products
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State:	Arkansas
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TOI:	L08 Life - Other
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Sub-TOI:	L08.000 Life - Other
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Filing Type:	Form
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Date Submitted:	07/10/2012
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SERFF Tr Num:	EWLE-128559678
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SERFF Status:	Closed-Approved-Closed
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State Tr Num:	
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State Status:	Approved-Closed
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Co Tr Num:	
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Implementation

Date Requested:	
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Author(s):	Suzanne Heasley
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Reviewer(s):	Linda Bird (primary)
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Disposition Date:	07/13/2012
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Disposition Status:	Approved-Closed
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Implementation Date:	
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State Filing Description:	
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State: Arkansas Filing Company: Leaders Life Insurance Company
TOI/Sub-TOI: L08 Life - Other/L08.000 Life - Other
Product Name: Life products
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type:
Submission Type: Overall Rate Impact:
Filing Status Changed: 07/13/2012
State Status Changed: 07/13/2012 Deemer Date:
Created By: Suzanne Heasley Submitted By: Suzanne Heasley
Corresponding Filing Tracking Number:

Filing Description:
See attached submission letter

Company and Contact

Filing Contact Information

Suzanne Heasley, Compliance sheasley@lewisellis.com
2325 Havard Oak Drive 972-398-3733 [Phone]
Plano, TX 75074

Filing Company Information

(This filing was made by a third party - lewisandellisincorporated3)

Leaders Life Insurance Company CoCode: 74799 State of Domicile: Oklahoma
P O Box 35768 Group Code: Company Type:
Tulsa, OK 74153 Group Name: State ID Number:
(800) 725-5433 ext. [Phone] FEIN Number: 73-1333608

Filing Fees

Fee Required? Yes
Fee Amount: \$850.00
Retaliatory? No
Fee Explanation: \$50 per form @ 17 forms
Per Company: No

Company	Amount	Date Processed	Transaction #
Leaders Life Insurance Company	\$850.00	07/10/2012	60783463

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:	Leaders Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life products				
Project Name/Number:	/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	07/13/2012	07/13/2012

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:		Leaders Life Insurance Company	
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Product Name:	Life products				
Project Name/Number:	/				

Disposition

Disposition Date: 07/13/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:		Leaders Life Insurance Company	
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life products				
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Submission letter		Yes
Supporting Document	Authorization to file		Yes
Supporting Document	Variability Statement		Yes
Supporting Document	Actuarial		No
Form	Term life to 100 w/accel benefits		Yes
Form	Term life to 100 w/accel benefits		Yes
Form	Term life to 100		Yes
Form	Term life to 100		Yes
Form	Application		Yes
Form	Application		Yes
Form	Whole life policy		Yes
Form	Application		Yes
Form	Reinstatement application		Yes
Form	Aviation Questionnaire		Yes
Form	Alcohol/drug Questionnaire		Yes
Form	Hazardous Activities Questionnaire		Yes
Form	Accelerated benefit disclosure		Yes
Form	Accelerated benefit disclosure		Yes
Form	Accident Rider		Yes
Form	Spouse Rider		Yes
Form	Dependent Child Rider		Yes

SERFF Tracking #:

EWLE-128559678

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Leaders Life Insurance Company

TOI/Sub-TOI:

L08 Life - Other/L08.000 Life - Other

Product Name:

Life products

Project Name/Number:

/

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		LL-19.1 (6/12)	POL	Term life to 100 w/accel benefits	Initial:	53.800	LL-19.1 0612.pdf
2		LL-19.2 (6/12)	POL	Term life to 100 w/accel benefits	Initial:	53.800	LL-19.2 0612.pdf
3		LL-19.3 (6/12)	POL	Term life to 100	Initial:	56.100	LL-19.3 0612.pdf
4		LL-19.4 (6/12)	POL	Term life to 100	Initial:	56.100	LL-19.4 0612.pdf
5		LL-110 (6/12)	AEF	Application	Initial:	51.000	LL-110 application 0612.pdf
6		LL-310 (6/12)	AEF	Application	Initial:	53.300	LL-310 application 0612.pdf
7		LL-4 (6/12)	POL	Whole life policy	Initial:	52.200	LL-4 Whole Life POLICY 0612.pdf
8		LL-4C (6/12)	AEF	Application	Initial:	51.600	LL-4C Conv Application 0612.pdf
9		LL-200 (6/12)	AEF	Reinstatement application	Initial:	52.000	LL-200 reinstatement application 0612.pdf
10		LL-411 (6/12)	OTH	Aviation Questionnaire	Initial:	55.500	LL-411 Aviation Q 0612.pdf
11		LL-419 (6/12)	OTH	Alcohol/drug Questionnaire	Initial:	65.600	LL-419 Alcoholdrug Q 0612.pdf
12		LL-101 (6/12)	OTH	Hazardous Activities Questionnaire	Initial:	57.000	LL-101 Haz Act Q 0612.pdf
13		ALB-DIS (6/12)	OTH	Accelerated benefit disclosure	Initial:	64.800	ALB DIS (discl at app) 0612.pdf

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
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TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life products				
Project Name/Number:	/				

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/Action Specific Data	Readability Score	Attachments
14		ALB-END (6/12)	OTH	Accelerated benefit disclosure	Initial:	51.300	ALB END (discl at accel) 0612.pdf
15		19.ADB (6/12)	POLA	Accident Rider	Initial:	52.000	19.ADB Accident Rider 0612.pdf
16		19.STR (6/12)	POLA	Spouse Rider	Initial:	53.000	19.STR Spouse Rider 0612.pdf
17		19.CTR (6/12)	POLA	Dependent Child Rider	Initial:	54.100	19.CTR Children Rider 0612.pdf

Form Type Legend:

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



P O Box 35768
Tulsa, OK 74153
1-800-725-5433

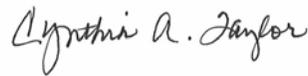
Leaders Life Insurance Company agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

RIGHT TO EXAMINE WITHIN 10 DAYS

The Owner may return this Policy within 10 days after receipt by delivering or mailing it to the agent of this Company or the Company's Home Office. This Policy will be cancelled as of the Date of Issue, and the Company will refund any premium paid.

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.


President


Secretary

**TERM LIFE INSURANCE TO AGE 100
INCLUDING THE ACCELERATED BENEFIT**

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

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

Death Benefit will be reduced if acceleration of life insurance benefit is paid.

Disclosure Related to Tax Qualification of Accelerated Benefits

The accelerated benefit offered under this Policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the accelerated benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Disclosure Related to Accelerated Benefits' Effect on Public Assistance

Receipt of accelerated benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

POLICY SCHEDULE

FORM NUMBER	DESCRIPTION OF BENEFITS	PREMIUM	
		NO OF YEARS PAYABLE	ANNUAL AMOUNT
LL-19.1	Term to 100 with 30% Accelerated Benefit [\$1,000 to \$2,500,000]	[65]	\$xx.xx
[19.CTR	Children's Term Insurance Rider Initial Amount: \$10,000	[15]	\$xx.xx]
[19.ADB	Accidental Death Benefit Initial Amount: [\$1,000 to \$2,500,000]	[30]	\$xx.xx]
[19.STR	Spouse Rider Initial Amount: [\$5,000; \$7,500; \$10,000]	[34]	\$xx.xx]

The effective date and issue of each benefit is the Date of Issue Age of this Policy unless otherwise specified.

BENEFICIARY – Unless changed as herein provided, the Beneficiary shall be designated in the application for this Policy.

OWNER – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

INSURED: [John Doe]	POLICY NO: [000066657]
AMOUNT OF INSURANCE	ISSUE AGE: [35]
INITIAL AMOUNT: [\$100,000]	
OWNER: [John Doe]	AGENT: [Alan Agent]
BILLING DATE: [05/01/10]	DATE OF EXPIRY: [05/01/75]
POLICY DATE: [05/01/10]	PREMIUM CLASS: Standard
PREMIUMS: [] Annually [] Semi-Annually [] Quarterly [] Bank Draft Payable for [65] Years	

TABLE A
Face Amount Factors
Issue Age [35]

Policy Year	Current Factor	Minimum Factor	Policy Year	Current Factor	Minimum Factor
[1	\$1,000.00	\$1,000.00	34	\$1,000.00	\$101.00
2	\$1,000.00	\$1,000.00	35	\$1,000.00	\$92.00
3	\$1,000.00	\$1,000.00	36	\$1,000.00	\$83.00
4	\$1,000.00	\$1,000.00	37	\$1,000.00	\$75.00
5	\$1,000.00	\$1,000.00	38	\$1,000.00	\$67.00
6	\$1,000.00	\$1,000.00	39	\$1,000.00	\$60.00
7	\$1,000.00	\$1,000.00	40	\$1,000.00	\$54.00
8	\$1,000.00	\$1,000.00	41	\$1,000.00	\$49.00
9	\$1,000.00	\$1,000.00	42	\$1,000.00	\$44.00
10	\$1,000.00	\$1,000.00	43	\$1,000.00	\$40.00
11	\$1,000.00	\$875.00	44	\$1,000.00	\$37.00
12	\$1,000.00	\$809.00	45	\$1,000.00	\$34.00
13	\$1,000.00	\$749.00	46	\$1,000.00	\$31.00
14	\$1,000.00	\$592.00	47	\$1,000.00	\$28.00
15	\$1,000.00	\$540.00	48	\$1,000.00	\$26.00
16	\$1,000.00	\$588.00	49	\$1,000.00	\$23.00
17	\$1,000.00	\$539.00	50	\$1,000.00	\$21.00
18	\$1,000.00	\$492.00	51	\$1,000.00	\$10.00
19	\$1,000.00	\$447.00	52	\$1,000.00	\$9.00
20	\$1,000.00	\$405.00	53	\$1,000.00	\$8.00
21	\$1,000.00	\$367.00	54	\$1,000.00	\$8.00
22	\$1,000.00	\$333.00	55	\$1,000.00	\$7.00
23	\$1,000.00	\$303.00	56	\$1,000.00	\$7.00
24	\$1,000.00	\$276.00	57	\$1,000.00	\$6.00
25	\$1,000.00	\$251.00	58	\$1,000.00	\$6.00
26	\$1,000.00	\$227.00	59	\$1,000.00	\$5.00
27	\$1,000.00	\$206.00	60	\$1,000.00	\$5.00
28	\$1,000.00	\$186.00	61	\$1,000.00	\$4.00
29	\$1,000.00	\$167.00	62	\$1,000.00	\$4.00
30	\$1,000.00	\$150.00	63	\$1,000.00	\$3.00
31	\$1,000.00	\$136.00	64	\$1,000.00	\$2.00
32	\$1,000.00	\$123.00	65	\$1,000.00	\$2.00]
33	\$1,000.00	\$111.00			

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GENERAL PROVISIONS

THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor any term additions nor insurance provided by riders will be paid. The amount payable will be limited to the amount of the premiums paid.

PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment. The amount and frequency of premium payments are shown on the Policy Schedule.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company;
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement; and
4. The reinstated policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

CANCELLATION

If this term life insurance Policy is canceled, we will refund any unearned premiums for the remainder of the term for which the premiums were paid. The amount of unearned premiums to be refunded will be equal to the difference between the total premium paid and 1/3 of the quarterly rate by the number of months this Policy was in force.

OWNERSHIP PROVISIONS

OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Owner dies while the Insured is living, the contingent Owner assumes the Owner's rights or, if there is no contingent Owner:

1. The Insured becomes the Owner provided the Insured is age 21 or over; or
2. The first of the following who is living and legally capable becomes the Owner if the Insured is under age 21: the Insured's guardian, father, mother or the oldest Beneficiary.

CHANGE OF OWNERSHIP

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

If the Insured becomes the Owner, any prior designation of contingent Owner shall be void.

If the Insured was under age 21 on the Policy Date and the Owner of this Policy is someone other than the Insured, the Insured may elect to become Owner of this Policy:

1. On and after the date the Insured turns age 21 and while the Insured is living; and
2. While this Policy is in force.

The election for such change may be made by filing written notice in a form acceptable to the Company.

Any change in ownership shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

PREMIUM PROVISIONS

PAYMENT OF PREMIUMS

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

NONPAYMENT OF PREMIUM

Any premium not paid on or before it's due date will be in default. If any premium remains unpaid after the grace period expires, this Policy will lapse and be void.

CONVERSION PRIVILEGE

On any policy anniversary which occurs before the Insured is age 65, this Policy, while in force, may be converted without proof that the Insured is still insurable.

This Policy may be converted to any whole life or permanent policy which would be issued by the Company. The new policy will be issued at the prevailing rate for the same premium class and at the attained age of the Insured at the time of conversion.

The amount of insurance under the new policy may not exceed the Death Benefit of this Policy at the time of conversion. For this purpose, the Death Benefit is defined as:

1. The amount in force under the base policy, plus
2. The amount of any additional one year term insurance in force.

This right to change this Policy does not apply to any riders attached to this Policy, except as stated in the rider contract.

DIVIDEND PROVISIONS

ANNUAL DIVIDENDS

This is a participating policy, and is eligible to receive dividends. The automatic option for any dividends under this Policy will be in the form of non-participating one-year term additions.

Any one-year term additions provided by the Company through dividends will commence at the start of a policy year and will be in effect for one year. Its effective date will be the anniversary date of this Policy. The cost of the term addition shall be at a rate set by the Company. This rate shall not exceed the net premium for one-year term insurance based upon the Commissioner's 2001 Standard Ordinary Mortality Table, with interest at the maximum allowable rate per year, and assuming deaths occur at the end of the policy year. No dividends are anticipated for the first ten policy years. Beginning in the eleventh (11th) policy year, the Company may declare a dividend for this Policy. The one-year term addition purchased by the dividend is anticipated to be in an amount equal to the difference between the Minimum Coverage Amount (refer to Table A) and the Initial Coverage Amount. It is the Company's intention to provide this term addition via future dividends; however, the amount of any future dividend may vary.

The one-year term insurance benefit purchased by the expected dividend will:

1. Be paid only if death of the Insured occurs within one year from the date the term addition went into effect, and
2. Be paid in the same way and under the same conditions as the other policy proceeds, and
3. Expire without grace or notice at the end of one year from the effective date of the benefit.

The Owner may elect to receive any dividends in cash instead of the automatic option of one-year term additions. The Owner may change the option for future dividends by written notice to the Company.

BENEFIT PAYMENT OPTIONS

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

BENEFICIARY PROVISIONS

BENEFICIARY

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured dies.
3. A contingent takes all proceeds only if living when the Insured dies and if all primaries are dead.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to the Insured's estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares unless otherwise stated in the Beneficiary designation in effect at the time of death.

CHANGE OF BENEFICIARY

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

OTHER PROVISIONS

ASSIGNMENT

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an Assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the Assignee's interest.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

BASIC BENEFITS/POLICY PROCEEDS

The Death Benefit, as described below, will be payable in the event of the death of the Insured while this Policy is in force. Upon receipt of due proof of the occurrence of any one of the Covered Conditions for an Accelerated Benefit, we will pay the Accelerated Benefit. The benefit payable will be as described in the Accelerated Benefit Provision. Under no circumstances, however, will the total amount payable under this Policy exceed the Death Benefit as shown below, and only one Accelerated Benefit shall be paid from this Policy.

DEATH BENEFIT PROVISION

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. If no Accelerated Benefit has been paid, the Death Benefit will be equal to:

1. The Face Amount as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy month in which death occurs; plus
5. Any interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.

If an Accelerated Benefit has been paid, the Death Benefit will be equal to:

1. The remaining percent of the Face Amount of this Policy shown on the Policy Schedule as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy year in which death occurs; plus
5. Any interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.

ACCELERATED BENEFIT PROVISION

ACCELERATED BENEFIT PAYABLE

The Accelerated Benefit will be payable to the Owner upon receipt of due proof from the Owner **while this Policy is in force** of the occurrence of any one of the Covered Conditions as follows:

1. The Insured is diagnosed as having a Heart Attack, Stroke, Terminal Illness or Life Threatening Cancer on or after the 30th day following the later of the Policy Date or Date of Issue of this Policy and while this Policy is in force; or
2. The Insured undergoes Cardiac Surgery on or after the 30th day following the later of the Policy date or Date of Issue of this Policy and while this Policy is in force.

Receipt of due proof includes all applicable Requirements of Diagnosis as well as any other information the Company requires as necessary in order to process the claim for the Accelerated Benefit.

Upon payment of the Accelerated Benefit, the Face Amount will be reduced by the amount of the Accelerated Benefit paid. The premium due for this Policy will be reduced proportionately and the Waiver of Premium provision will begin. If any death benefit remains after payment of the Accelerated Benefit, the accidental death benefit provided under an accident rider attached to this Policy, if any, will not be affected by the payment of the Accelerated Benefit. The premiums for any attached benefit riders will not be affected by payment of the Accelerated Benefit.

AMOUNT OF BENEFIT

The Accelerated Benefit will be equal to the lesser of \$250,000 or the percent of the Face Amount of this Policy shown on the Policy Schedule excluding any insurance on the life of the Insured provided by benefit riders if any.

The Accelerated Benefit under this Policy is payable only once regardless of the subsequent occurrence of the same or of a different Covered Condition.

DEFINITION OF COVERED CONDITIONS

The Covered Conditions for purposes of an Accelerated Benefit are limited only to the following:

HEART ATTACK (Myocardial Infarction): The death of a portion of heart muscle (myocardium): (1) Resulting from a blockage of one or more coronary arteries; and (2) Requiring Hospital confinement for at least three consecutive days.

STROKE: Any acute cerebral vascular accident: (1) Producing Neurological impairment; (2) Resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days; and (3) Requiring Hospital confinement for at least three consecutive days.

CARDIAC SURGERY: The actual undergoing of: (1) Bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease; or (2) Heart transplant surgery, including the use of an artificial heart.

LIFE-THREATENING CANCER: Only those types of cancer manifested by the presence of a malignant tumor characterized by: (1) The uncontrolled growth and spread of malignant cells; and (2) The invasion of tissue. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Life-Threatening Cancer.

LIFE-THREATENING CANCER DOES NOT INCLUDE: Any pre-malignant tumors or polyps, cancer in situ, intraductal non-invasive carcinoma of the breast, carcinoid of the appendix, Stage I transitional carcinoma of the urinary bladder, or any skin cancers other than melanoma.

TERMINAL ILLNESS: An illness or physical condition that can reasonably be expected to result in death in two years or less.

As used herein, "Hospital" means a place which is:

1. Located in the United States;
2. Licensed as a Hospital by the State in which it is located; and
3. Operating within the scope of its license.

REQUIREMENTS OF DIAGNOSIS

We must be furnished a diagnosis of a Covered Condition by a physician licensed in the United States. Such diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the Covered Condition. At our expense, we may require an additional examination, to include testing, by a physician of our choice. If there is a conflict of opinions between the Insured's physician and the Company's physician, the medical opinion of the Company's physician will rule.

Diagnosis of Life Threatening Cancer must be established:

1. After a study of the histocytologic architecture or pattern of the suspect tumor, or specimen; and
2. According to the criteria of malignancy established by The American Board of Pathology.

Diagnosis of Heart Attack requires establishing each and all of the following criteria:

1. A clinical picture of a myocardial infarction; and
2. Electro cardio graphic findings consistent with myocardial infarction; and
3. Elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK, CPK-MB measurement must be used.)

WAIVER OF PREMIUM BENEFIT

We will waive the payment of each premium becoming due under this Policy during the 12 policy month period beginning upon payment of the Accelerated Benefit. Such waiver or refund of premium:

1. Will not reduce any amount payable under this Policy;
2. Will be in accordance with the mode of premium payment in effect when the Accelerated Benefit is paid; and
3. Will in no event exceed the equivalent of one annual premium.

At the end of such 12 month period, all premiums due thereafter will become payable in accordance with the terms of this Policy.

PROCESSING CHARGE

A Processing Charge of \$150.00 will be deducted from the Accelerated Benefit paid.



**TERM LIFE INSURANCE TO AGE 100
INCLUDING THE ACCELERATED BENEFIT**

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287



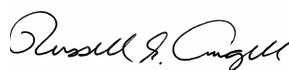
P O Box 35768
Tulsa, OK 74153
1-800-725-5433

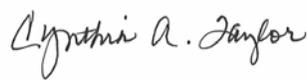
Leaders Life Insurance Company agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

RIGHT TO EXAMINE WITHIN 10 DAYS

The Owner may return this Policy within 10 days after receipt by delivering or mailing it to the agent of this Company or the Company's Home Office. This Policy will be cancelled as of the Date of Issue, and the Company will refund any premium paid.

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.


President


Secretary

**TERM LIFE INSURANCE TO AGE 100
INCLUDING THE ACCELERATED BENEFIT**

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

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

Death Benefit will be reduced if acceleration of life insurance benefit is paid.

Disclosure Related to Tax Qualification of Accelerated Benefits

The accelerated benefit offered under this Policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the accelerated benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Disclosure Related to Accelerated Benefits' Effect on Public Assistance

Receipt of accelerated benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

POLICY SCHEDULE

FORM NUMBER	DESCRIPTION OF BENEFITS	PREMIUM	
		NO OF YEARS PAYABLE	ANNUAL AMOUNT
LL-19.2	Term to 100 with 30% Accelerated Benefit [\$1,000 to \$2,500,000]	[65]	\$xx.xx
[19.CTR	Children's Term Insurance Rider Initial Amount: \$10,000	[15]	\$xx.xx]
[19.ADB	Accidental Death Benefit Initial Amount: [\$1,000 to \$2,500,000]	[30]	\$xx.xx]
[19.STR	Spouse Rider Initial Amount: [\$5,000; \$7,500; \$10,000]	[34]	\$xx.xx]

The effective date and issue of each benefit is the Date of Issue Age of this Policy unless otherwise specified.

BENEFICIARY – Unless changed as herein provided, the Beneficiary shall be designated in the application for this Policy.

OWNER – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

<p>INSURED: [John Doe]</p> <p>AMOUNT OF INSURANCE INITIAL AMOUNT: [\$100,000]</p> <p>OWNER: [John Doe]</p> <p>BILLING DATE: [05/01/10]</p> <p>POLICY DATE: [05/01/10]</p>	<p>POLICY NO: [000066657]</p> <p>ISSUE AGE: [35]</p> <p>AGENT: [Alan Agent]</p> <p>DATE OF EXPIRY: [05/01/75]</p> <p>PREMIUM CLASS: [Preferred non-tobacco; Non-cigarette; Smoker; Substandard]</p>
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PREMIUMS: [] Annually [] Semi-Annually [] Quarterly [] Bank Draft
Payable for [65] Years

TABLE A
Face Amount Factors
Issue Age [35]

Policy Year	Current Factor	Minimum Factor	Policy Year	Current Factor	Minimum Factor
[1	\$1,000.00	\$1,000.00	34	\$1,000.00	\$101.00
2	\$1,000.00	\$1,000.00	35	\$1,000.00	\$92.00
3	\$1,000.00	\$1,000.00	36	\$1,000.00	\$83.00
4	\$1,000.00	\$1,000.00	37	\$1,000.00	\$75.00
5	\$1,000.00	\$1,000.00	38	\$1,000.00	\$67.00
6	\$1,000.00	\$1,000.00	39	\$1,000.00	\$60.00
7	\$1,000.00	\$1,000.00	40	\$1,000.00	\$54.00
8	\$1,000.00	\$1,000.00	41	\$1,000.00	\$49.00
9	\$1,000.00	\$1,000.00	42	\$1,000.00	\$44.00
10	\$1,000.00	\$1,000.00	43	\$1,000.00	\$40.00
11	\$1,000.00	\$875.00	44	\$1,000.00	\$37.00
12	\$1,000.00	\$809.00	45	\$1,000.00	\$34.00
13	\$1,000.00	\$749.00	46	\$1,000.00	\$31.00
14	\$1,000.00	\$592.00	47	\$1,000.00	\$28.00
15	\$1,000.00	\$540.00	48	\$1,000.00	\$26.00
16	\$1,000.00	\$588.00	49	\$1,000.00	\$23.00
17	\$1,000.00	\$539.00	50	\$1,000.00	\$21.00
18	\$1,000.00	\$492.00	51	\$1,000.00	\$10.00
19	\$1,000.00	\$447.00	52	\$1,000.00	\$9.00
20	\$1,000.00	\$405.00	53	\$1,000.00	\$8.00
21	\$1,000.00	\$367.00	54	\$1,000.00	\$8.00
22	\$1,000.00	\$333.00	55	\$1,000.00	\$7.00
23	\$1,000.00	\$303.00	56	\$1,000.00	\$7.00
24	\$1,000.00	\$276.00	57	\$1,000.00	\$6.00
25	\$1,000.00	\$251.00	58	\$1,000.00	\$6.00
26	\$1,000.00	\$227.00	59	\$1,000.00	\$5.00
27	\$1,000.00	\$206.00	60	\$1,000.00	\$5.00
28	\$1,000.00	\$186.00	61	\$1,000.00	\$4.00
29	\$1,000.00	\$167.00	62	\$1,000.00	\$4.00
30	\$1,000.00	\$150.00	63	\$1,000.00	\$3.00
31	\$1,000.00	\$136.00	64	\$1,000.00	\$2.00
32	\$1,000.00	\$123.00	65	\$1,000.00	\$2.00]
33	\$1,000.00	\$111.00			

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GENERAL PROVISIONS

THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor any term additions nor insurance provided by riders will be paid. The amount payable will be limited to the amount of the premiums paid.

PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment. The amount and frequency of premium payments are shown on the Policy Schedule.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company;
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement; and
4. The reinstated policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

CANCELLATION

If this term life insurance Policy is canceled, we will refund any unearned premiums for the remainder of the term for which the premiums were paid. The amount of unearned premiums to be refunded will be equal to the difference between the total premium paid and 1/3 of the quarterly rate by the number of months this Policy was in force.

OWNERSHIP PROVISIONS

OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Owner dies while the Insured is living, the contingent Owner assumes the Owner's rights or, if there is no contingent Owner:

1. The Insured becomes the Owner provided the Insured is age 21 or over; or
2. The first of the following who is living and legally capable becomes the Owner if the Insured is under age 21: the Insured's guardian, father, mother or the oldest Beneficiary.

CHANGE OF OWNERSHIP

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

If the Insured becomes the Owner, any prior designation of contingent Owner shall be void.

If the Insured was under age 21 on the Policy Date and the Owner of this Policy is someone other than the Insured, the Insured may elect to become Owner of this Policy:

1. On and after the date the Insured turns age 21 and while the Insured is living; and
2. While this Policy is in force.

The election for such change may be made by filing written notice in a form acceptable to the Company.

Any change in ownership shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

PREMIUM PROVISIONS

PAYMENT OF PREMIUMS

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

NONPAYMENT OF PREMIUM

Any premium not paid on or before it's due date will be in default. If any premium remains unpaid after the grace period expires, this Policy will lapse and be void.

CONVERSION PRIVILEGE

On any policy anniversary which occurs before the Insured is age 65, this Policy, while in force, may be converted without proof that the Insured is still insurable.

This Policy may be converted to any whole life or permanent policy which would be issued by the Company. The new policy will be issued at the prevailing rate for the same premium class and at the attained age of the Insured at the time of conversion.

The amount of insurance under the new policy may not exceed the Death Benefit of this Policy at the time of conversion. For this purpose, the Death Benefit is defined as:

1. The amount in force under the base policy, plus
2. The amount of any additional one year term insurance in force.

This right to change this Policy does not apply to any riders attached to this Policy, except as stated in the rider contract.

DIVIDEND PROVISIONS

ANNUAL DIVIDENDS

This is a participating policy, and is eligible to receive dividends. The automatic option for any dividends under this Policy will be in the form of non-participating one-year term additions.

Any one-year term additions provided by the Company through dividends will commence at the start of a policy year and will be in effect for one year. Its effective date will be the anniversary date of this Policy. The cost of the term addition shall be at a rate set by the Company. This rate shall not exceed the net premium for one-year term insurance based upon the Commissioner's 2001 Standard Ordinary Mortality Table, with interest at the maximum allowable rate per year, and assuming deaths occur at the end of the policy year. No dividends are anticipated for the first ten policy years. Beginning in the eleventh (11th) policy year, the Company may declare a dividend for this Policy. The one-year term addition purchased by the dividend is anticipated to be in an amount equal to the difference between the Minimum Coverage Amount (refer to Table A) and the Initial Coverage Amount. It is the Company's intention to provide this term addition via future dividends; however, the amount of any future dividend may vary.

The one-year term insurance benefit purchased by the expected dividend will:

1. Be paid only if death of the Insured occurs within one year from the date the term addition went into effect, and
2. Be paid in the same way and under the same conditions as the other policy proceeds, and
3. Expire without grace or notice at the end of one year from the effective date of the benefit.

The Owner may elect to receive any dividends in cash instead of the automatic option of one-year term additions. The Owner may change the option for future dividends by written notice to the Company.

BENEFIT PAYMENT OPTIONS

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

BENEFICIARY PROVISIONS

BENEFICIARY

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured dies.
3. A contingent takes all proceeds only if living when the Insured dies and if all primaries are dead.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to the Insured's estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares unless otherwise stated in the Beneficiary designation in effect at the time of death.

CHANGE OF BENEFICIARY

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

OTHER PROVISIONS

ASSIGNMENT

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an Assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the Assignee's interest.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

BASIC BENEFITS/POLICY PROCEEDS

The Death Benefit, as described below, will be payable in the event of the death of the Insured while this Policy is in force. Upon receipt of due proof of the occurrence of any one of the Covered Conditions for an Accelerated Benefit, we will pay the Accelerated Benefit. The benefit payable will be as described in the Accelerated Benefit Provision. Under no circumstances, however, will the total amount payable under this Policy exceed the Death Benefit as shown below, and only one Accelerated Benefit shall be paid from this Policy.

DEATH BENEFIT PROVISION

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. If no Accelerated Benefit has been paid, the Death Benefit will be equal to:

1. The Face Amount as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy month in which death occurs; plus
5. Any interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.

If an Accelerated Benefit has been paid, the Death Benefit will be equal to:

1. The remaining percent of the Face Amount of this Policy shown on the Policy Schedule as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy year in which death occurs; plus
5. Any interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.

ACCELERATED BENEFIT PROVISION

ACCELERATED BENEFIT PAYABLE

The Accelerated Benefit will be payable to the Owner upon receipt of due proof from the Owner **while this Policy is in force** of the occurrence of any one of the Covered Conditions as follows:

1. The Insured is diagnosed as having a Heart Attack, Stroke, Terminal Illness or Life Threatening Cancer on or after the 30th day following the later of the Policy Date or Date of Issue of this Policy and while this Policy is in force; or
2. The Insured undergoes Cardiac Surgery on or after the 30th day following the later of the Policy date or Date of Issue of this Policy and while this Policy is in force.

Receipt of due proof includes all applicable Requirements of Diagnosis as well as any other information the Company requires as necessary in order to process the claim for the Accelerated Benefit.

Upon payment of the Accelerated Benefit, the Face Amount will be reduced by the amount of the Accelerated Benefit paid. The premium due for this Policy will be reduced proportionately and the Waiver of Premium provision will begin. If any death benefit remains after payment of the Accelerated Benefit, the accidental death benefit provided under an accident rider attached to this Policy, if any, will not be affected by the payment of the Accelerated Benefit. The premiums for any attached benefit riders will not be affected by payment of the Accelerated Benefit.

AMOUNT OF BENEFIT

The Accelerated Benefit will be equal to the lesser of \$250,000 or the percent of the Face Amount of this Policy shown on the Policy Schedule excluding any insurance on the life of the Insured provided by benefit riders if any.

The Accelerated Benefit under this Policy is payable only once regardless of the subsequent occurrence of the same or of a different Covered Condition.

DEFINITION OF COVERED CONDITIONS

The Covered Conditions for purposes of an Accelerated Benefit are limited only to the following:

HEART ATTACK (Myocardial Infarction): The death of a portion of heart muscle (myocardium): (1) Resulting from a blockage of one or more coronary arteries; and (2) Requiring Hospital confinement for at least three consecutive days.

STROKE: Any acute cerebral vascular accident: (1) Producing Neurological impairment; (2) Resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days; and (3) Requiring Hospital confinement for at least three consecutive days.

CARDIAC SURGERY: The actual undergoing of: (1) Bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease; or (2) Heart transplant surgery, including the use of an artificial heart.

LIFE-THREATENING CANCER: Only those types of cancer manifested by the presence of a malignant tumor characterized by: (1) The uncontrolled growth and spread of malignant cells; and (2) The invasion of tissue. As used herein, Leukemia and Hodgkin's Disease (except Stage I Hodgkin's Disease) shall be considered Life-Threatening Cancer.

LIFE-THREATENING CANCER DOES NOT INCLUDE: Any pre-malignant tumors or polyps, cancer in situ, intraductal non-invasive carcinoma of the breast, carcinoid of the appendix, Stage I transitional carcinoma of the urinary bladder, or any skin cancers other than melanoma.

TERMINAL ILLNESS: An illness or physical condition that can reasonably be expected to result in death in two years or less.

As used herein, "Hospital" means a place which is:

1. Located in the United States;
2. Licensed as a Hospital by the State in which it is located; and
3. Operating within the scope of its license.

REQUIREMENTS OF DIAGNOSIS

We must be furnished a diagnosis of a Covered Condition by a physician licensed in the United States. Such diagnosis must include documentation supported by clinical, radiological, histological, or laboratory evidence of the Covered Condition. At our expense, we may require an additional examination, to include testing, by a physician of our choice. If there is a conflict of opinions between the Insured's physician and the Company's physician, the medical opinion of the Company's physician will rule.

Diagnosis of Life Threatening Cancer must be established:

1. After a study of the histocytologic architecture or pattern of the suspect tumor, or specimen; and
2. According to the criteria of malignancy established by The American Board of Pathology.

Diagnosis of Heart Attack requires establishing each and all of the following criteria:

1. A clinical picture of a myocardial infarction; and
2. Electro cardio graphic findings consistent with myocardial infarction; and
3. Elevation of cardiac enzymes above standard laboratory levels of normal (in case of CPK, CPK-MB measurement must be used.)

WAIVER OF PREMIUM BENEFIT

We will waive the payment of each premium becoming due under this Policy during the 12 policy month period beginning upon payment of the Accelerated Benefit. Such waiver or refund of premium:

1. Will not reduce any amount payable under this Policy;
2. Will be in accordance with the mode of premium payment in effect when the Accelerated Benefit is paid; and
3. Will in no event exceed the equivalent of one annual premium.

At the end of such 12 month period, all premiums due thereafter will become payable in accordance with the terms of this Policy.

PROCESSING CHARGE

A Processing Charge of \$150.00 will be deducted from the Accelerated Benefit paid.



**TERM LIFE INSURANCE TO AGE 100
INCLUDING THE ACCELERATED BENEFIT**

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287



P O Box 35768
Tulsa, OK 74153
1-800-725-5433

Leaders Life Insurance Company agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

RIGHT TO EXAMINE WITHIN 10 DAYS

The Owner may return this Policy within 10 days after receipt by delivering or mailing it to the agent of this Company or the Company's Home Office. This Policy will be cancelled as of the Date of Issue, and the Company will refund any premium paid.

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.

A handwritten signature in black ink, appearing to read "Russell J. Cingelli".

President

A handwritten signature in black ink, appearing to read "Cynthia A. Taylor".

Secretary

TERM LIFE INSURANCE TO AGE 100

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

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

POLICY SCHEDULE

FORM NUMBER	DESCRIPTION OF BENEFITS	PREMIUM	
		NO OF YEARS PAYABLE	ANNUAL AMOUNT
LL-19.3	Term to 100 [\$1,000 to \$2,500,000]	[65]	\$xx.xx
[19.CTR	Children's Term Insurance Rider Initial Amount: \$10,000	[15]	\$xx.xx]
[19.ADB	Accidental Death Benefit Initial Amount: [\$1,000 to \$2,500,000]	[30]	\$xx.xx]
[19.STR	Spouse Rider Initial Amount: [\$5,000; \$7,500; 10,000]	[34]	\$xx.xx]

The effective date and issue of each benefit is the Date of Issue Age of this Policy unless otherwise specified.

BENEFICIARY – Unless changed as herein provided, the Beneficiary shall be designated in the application for this Policy.

OWNER – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

INSURED: [John Doe]	POLICY NO: [000066657]
AMOUNT OF INSURANCE	ISSUE AGE: [35]
INITIAL AMOUNT: [\$100,000]	
OWNER: [John Doe]	AGENT: [Alan Agent]
BILLING DATE: [05/01/10]	DATE OF EXPIRY: [05/01/75]
POLICY DATE: [05/01/10]	PREMIUM CLASS: [Preferred non-tobacco; Non-cigarette; Smoker; Standard]

PREMIUMS: [] Annually [] Semi-Annually [] Quarterly [] Bank Draft
Payable for [65] Years

TABLE A
Face Amount Factors
Issue Age [35]

Policy Year	Current Factor	Minimum Factor	Policy Year	Current Factor	Minimum Factor
[1	\$1,000.00	\$1,000.00	34	\$1,000.00	\$101.00
2	\$1,000.00	\$1,000.00	35	\$1,000.00	\$92.00
3	\$1,000.00	\$1,000.00	36	\$1,000.00	\$83.00
4	\$1,000.00	\$1,000.00	37	\$1,000.00	\$75.00
5	\$1,000.00	\$1,000.00	38	\$1,000.00	\$67.00
6	\$1,000.00	\$1,000.00	39	\$1,000.00	\$60.00
7	\$1,000.00	\$1,000.00	40	\$1,000.00	\$54.00
8	\$1,000.00	\$1,000.00	41	\$1,000.00	\$49.00
9	\$1,000.00	\$1,000.00	42	\$1,000.00	\$44.00
10	\$1,000.00	\$1,000.00	43	\$1,000.00	\$40.00
11	\$1,000.00	\$875.00	44	\$1,000.00	\$37.00
12	\$1,000.00	\$809.00	45	\$1,000.00	\$34.00
13	\$1,000.00	\$749.00	46	\$1,000.00	\$31.00
14	\$1,000.00	\$592.00	47	\$1,000.00	\$28.00
15	\$1,000.00	\$540.00	48	\$1,000.00	\$26.00
16	\$1,000.00	\$588.00	49	\$1,000.00	\$23.00
17	\$1,000.00	\$539.00	50	\$1,000.00	\$21.00
18	\$1,000.00	\$492.00	51	\$1,000.00	\$10.00
19	\$1,000.00	\$447.00	52	\$1,000.00	\$9.00
20	\$1,000.00	\$405.00	53	\$1,000.00	\$8.00
21	\$1,000.00	\$367.00	54	\$1,000.00	\$8.00
22	\$1,000.00	\$333.00	55	\$1,000.00	\$7.00
23	\$1,000.00	\$303.00	56	\$1,000.00	\$7.00
24	\$1,000.00	\$276.00	57	\$1,000.00	\$6.00
25	\$1,000.00	\$251.00	58	\$1,000.00	\$6.00
26	\$1,000.00	\$227.00	59	\$1,000.00	\$5.00
27	\$1,000.00	\$206.00	60	\$1,000.00	\$5.00
28	\$1,000.00	\$186.00	61	\$1,000.00	\$4.00
29	\$1,000.00	\$167.00	62	\$1,000.00	\$4.00
30	\$1,000.00	\$150.00	63	\$1,000.00	\$3.00
31	\$1,000.00	\$136.00	64	\$1,000.00	\$2.00
32	\$1,000.00	\$123.00	65	\$1,000.00	\$2.00]
33	\$1,000.00	\$111.00			

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GENERAL PROVISIONS

THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall, in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor any term additions nor insurance provided by riders will be paid. The amount payable will be limited to the amount of the premiums paid.

PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment. The amount and frequency of premium payments are shown on the Policy Schedule.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company;
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement; and
4. The reinstated policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

CANCELLATION

If this term life insurance Policy is canceled, we will refund any unearned premiums for the remainder of the term for which the premiums were paid. The amount of unearned premiums to be refunded will be equal to the difference between the total premium paid and 1/3 of the quarterly rate by the number of months this Policy was in force.

OWNERSHIP PROVISIONS

OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Owner dies while the Insured is living, the contingent Owner assumes the Owner's rights or, if there is no contingent Owner:

1. The Insured becomes the Owner provided the Insured is age 21 or over; or
2. The first of the following who is living and legally capable becomes the Owner if the Insured is under age 21: the Insured's guardian, father, mother or the oldest Beneficiary.

CHANGE OF OWNERSHIP

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

If the Insured becomes the Owner, any prior designation of contingent Owner shall be void.

If the Insured was under age 21 on the Policy Date and the Owner of this Policy is someone other than the Insured, the Insured may elect to become Owner of this Policy:

1. On and after the date the Insured turns age 21 and while the Insured is living; and
2. While this Policy is in force.

The election for such change may be made by filing written notice in a form acceptable to the Company.

Any change in ownership shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

PREMIUM PROVISIONS

PAYMENT OF PREMIUMS

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

NONPAYMENT OF PREMIUM

Any premium not paid on or before it's due date will be in default. If any premium remains unpaid after the grace period expires, this Policy will lapse and be void.

CONVERSION PRIVILEGE

On any policy anniversary which occurs before the Insured is age 65, this Policy, while in force, may be converted without proof that the Insured is still insurable.

This Policy may be converted to any whole life or permanent policy which would be issued by the Company. The new policy will be issued at the prevailing rate for the same premium class and at the attained age of the Insured at the time of conversion.

The amount of insurance under the new policy may not exceed the Death Benefit of this Policy at the time of conversion. For this purpose, the Death Benefit is defined as:

1. The amount in force under the base policy, plus
2. The amount of any additional one year term insurance in force.

This right to change this Policy does not apply to any riders attached to this Policy, except as stated in the rider contract.

DIVIDEND PROVISIONS

ANNUAL DIVIDENDS

This is a participating policy, and is eligible to receive dividends. The automatic option for any dividends under this Policy will be in the form of non-participating one-year term additions.

Any one-year term additions provided by the Company through dividends will commence at the start of a policy year and will be in effect for one year. Its effective date will be the anniversary date of this Policy. The cost of the term addition shall be at a rate set by the Company. This rate shall not exceed the net premium for one-year term insurance based upon the Commissioner's 2001 Standard Ordinary Mortality Table, with interest at the maximum allowable rate per year, and assuming deaths occur at the end of the policy year. No dividends are anticipated for the first ten policy years. Beginning in the eleventh (11th) policy year, the Company may declare a dividend for this Policy. The one-year term addition purchased by the dividend is anticipated to be in an amount equal to the difference between the Minimum Coverage Amount (refer to Table A) and the Initial Coverage Amount. It is the Company's intention to provide this term addition via future dividends; however, the amount of any future dividend may vary.

The one-year term insurance benefit purchased by the expected dividend will:

1. Be paid only if death of the Insured occurs within one year from the date the term addition went into effect; and
2. Be paid in the same way and under the same conditions as the other policy proceeds; and
3. Expire without grace or notice at the end of one year from the effective date of the benefit.

The Owner may elect to receive any dividends in cash instead of the automatic option of one-year term additions. The Owner may change the option for future dividends by written notice to the Company.

BENEFIT PAYMENT OPTIONS

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

BENEFICIARY PROVISIONS

BENEFICIARY

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured dies.
3. A contingent takes all proceeds only if living when the Insured dies and if all primaries are dead.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to the Insured's estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares unless otherwise stated in the Beneficiary designation in effect at the time of death.

CHANGE OF BENEFICIARY

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

OTHER PROVISIONS

ASSIGNMENT

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an Assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the Assignee's interest.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

DEATH BENEFIT PROVISION

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. The Death Benefit will be equal to:

1. The Face Amount as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy month in which death occurs; plus
5. Any interest due from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.



Leaders*Life*
INSURANCE COMPANY

TERM LIFE INSURANCE TO AGE 100

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287



P O Box 35768
Tulsa, OK 74153
1-800-725-5433

Leaders Life Insurance Company agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

RIGHT TO EXAMINE WITHIN 10 DAYS

The Owner may return this Policy within 10 days after receipt by delivering or mailing it to the agent of this Company or the Company's Home Office. This Policy will be cancelled as of the Date of Issue, and the Company will refund any premium paid.

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.

A handwritten signature in black ink, appearing to read "Russell J. Cingelli".

President

A handwritten signature in black ink, appearing to read "Cynthia A. Taylor".

Secretary

TERM LIFE INSURANCE TO AGE 100

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

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

POLICY SCHEDULE

FORM NUMBER	DESCRIPTION OF BENEFITS	PREMIUM	
		NO OF YEARS PAYABLE	ANNUAL AMOUNT
LL-19.4	Term to 100 [\$1,000 to \$2,500,000]	[65]	\$xx.xx
[19.CTR	Children's Term Insurance Rider Initial Amount: \$10,000	[15]	\$xx.xx]
[19.ADB	Accidental Death Benefit Initial Amount: [\$1,000 to \$2,500,000]	[30]	\$xx.xx]
[19.STR	Spouse Rider Initial Amount: [\$5,000; \$7,500; \$10,000]	[34]	\$xx.xx]

The effective date and issue of each benefit is the Date of Issue Age of this Policy unless otherwise specified.

BENEFICIARY – Unless changed as herein provided, the Beneficiary shall be designated in the application for this Policy.

OWNER – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

<p>INSURED: [John Doe]</p> <p>AMOUNT OF INSURANCE INITIAL AMOUNT: [\$100,000]</p> <p>OWNER: [John Doe]</p> <p>BILLING DATE: [05/01/10]</p> <p>POLICY DATE: [05/01/10]</p>	<p>POLICY NO: [000066657]</p> <p>ISSUE AGE: [35]</p> <p>AGENT: [Alan Agent]</p> <p>DATE OF EXPIRY: [05/01/75]</p> <p>PREMIUM CLASS: Standard</p>
<p>PREMIUMS: [] Annually [] Semi-Annually [] Quarterly [] Bank Draft Payable for [65] Years</p>	

TABLE A
Face Amount Factors
Issue Age [35]

Policy Year	Current Factor	Minimum Factor	Policy Year	Current Factor	Minimum Factor
[1	\$1,000.00	\$1,000.00	34	\$1,000.00	\$101.00
2	\$1,000.00	\$1,000.00	35	\$1,000.00	\$92.00
3	\$1,000.00	\$1,000.00	36	\$1,000.00	\$83.00
4	\$1,000.00	\$1,000.00	37	\$1,000.00	\$75.00
5	\$1,000.00	\$1,000.00	38	\$1,000.00	\$67.00
6	\$1,000.00	\$1,000.00	39	\$1,000.00	\$60.00
7	\$1,000.00	\$1,000.00	40	\$1,000.00	\$54.00
8	\$1,000.00	\$1,000.00	41	\$1,000.00	\$49.00
9	\$1,000.00	\$1,000.00	42	\$1,000.00	\$44.00
10	\$1,000.00	\$1,000.00	43	\$1,000.00	\$40.00
11	\$1,000.00	\$875.00	44	\$1,000.00	\$37.00
12	\$1,000.00	\$809.00	45	\$1,000.00	\$34.00
13	\$1,000.00	\$749.00	46	\$1,000.00	\$31.00
14	\$1,000.00	\$592.00	47	\$1,000.00	\$28.00
15	\$1,000.00	\$540.00	48	\$1,000.00	\$26.00
16	\$1,000.00	\$588.00	49	\$1,000.00	\$23.00
17	\$1,000.00	\$539.00	50	\$1,000.00	\$21.00
18	\$1,000.00	\$492.00	51	\$1,000.00	\$10.00
19	\$1,000.00	\$447.00	52	\$1,000.00	\$9.00
20	\$1,000.00	\$405.00	53	\$1,000.00	\$8.00
21	\$1,000.00	\$367.00	54	\$1,000.00	\$8.00
22	\$1,000.00	\$333.00	55	\$1,000.00	\$7.00
23	\$1,000.00	\$303.00	56	\$1,000.00	\$7.00
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25	\$1,000.00	\$251.00	58	\$1,000.00	\$6.00
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29	\$1,000.00	\$167.00	62	\$1,000.00	\$4.00
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33	\$1,000.00	\$111.00			

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GENERAL PROVISIONS

THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall, in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor any term additions nor insurance provided by riders will be paid. The amount payable will be limited to the amount of the premiums paid.

PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment. The amount and frequency of premium payments are shown on the Policy Schedule.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company;
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement; and
4. The reinstated policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

CANCELLATION

If this term life insurance Policy is canceled, we will refund any unearned premiums for the remainder of the term for which the premiums were paid. The amount of unearned premiums to be refunded will be equal to the difference between the total premium paid and 1/3 of the quarterly rate by the number of months this Policy was in force.

OWNERSHIP PROVISIONS

OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Owner dies while the Insured is living, the contingent Owner assumes the Owner's rights or, if there is no contingent Owner:

1. The Insured becomes the Owner provided the Insured is age 21 or over; or
2. The first of the following who is living and legally capable becomes the Owner if the Insured is under age 21: the Insured's guardian, father, mother or the oldest Beneficiary.

CHANGE OF OWNERSHIP

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

If the Insured becomes the Owner, any prior designation of contingent Owner shall be void.

If the Insured was under age 21 on the Policy Date and the Owner of this Policy is someone other than the Insured, the Insured may elect to become Owner of this Policy:

1. On and after the date the Insured turns age 21 and while the Insured is living; and
2. While this Policy is in force.

The election for such change may be made by filing written notice in a form acceptable to the Company.

Any change in ownership shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

PREMIUM PROVISIONS

PAYMENT OF PREMIUMS

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

NONPAYMENT OF PREMIUM

Any premium not paid on or before it's due date will be in default. If any premium remains unpaid after the grace period expires, this Policy will lapse and be void.

CONVERSION PRIVILEGE

On any policy anniversary which occurs before the Insured is age 65, this Policy, while in force, may be converted without proof that the Insured is still insurable.

This Policy may be converted to any whole life or permanent policy which would be issued by the Company. The new policy will be issued at the prevailing rate for the same premium class and at the attained age of the Insured at the time of conversion.

The amount of insurance under the new policy may not exceed the Death Benefit of this Policy at the time of conversion. For this purpose, the Death Benefit is defined as:

1. The amount in force under the base policy, plus
2. The amount of any additional one year term insurance in force.

This right to change this Policy does not apply to any riders attached to this Policy, except as stated in the rider contract.

DIVIDEND PROVISIONS**ANNUAL DIVIDENDS**

This is a participating policy, and is eligible to receive dividends. The automatic option for any dividends under this Policy will be in the form of non-participating one-year term additions.

Any one-year term additions provided by the Company through dividends will commence at the start of a policy year and will be in effect for one year. Its effective date will be the anniversary date of this Policy. The cost of the term addition shall be at a rate set by the Company. This rate shall not exceed the net premium for one-year term insurance based upon the Commissioner's 2001 Standard Ordinary Mortality Table, with interest at the maximum allowable rate per year, and assuming deaths occur at the end of the policy year. No dividends are anticipated for the first ten policy years. Beginning in the eleventh (11th) policy year, the Company may declare a dividend for this Policy. The one-year term addition purchased by the dividend is anticipated to be in an amount equal to the difference between the Minimum Coverage Amount (refer to Table A) and the Initial Coverage Amount. It is the Company's intention to provide this term addition via future dividends; however, the amount of any future dividend may vary.

The one-year term insurance benefit purchased by the expected dividend will:

1. Be paid only if death of the Insured occurs within one year from the date the term addition went into effect; and
2. Be paid in the same way and under the same conditions as the other policy proceeds; and
3. Expire without grace or notice at the end of one year from the effective date of the benefit.

The Owner may elect to receive any dividends in cash instead of the automatic option of one-year term additions. The Owner may change the option for future dividends by written notice to the Company.

BENEFIT PAYMENT OPTIONS

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

BENEFICIARY PROVISIONS

BENEFICIARY

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured dies.
3. A contingent takes all proceeds only if living when the Insured dies and if all primaries are dead.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to the Insured's estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares unless otherwise stated in the Beneficiary designation in effect at the time of death.

CHANGE OF BENEFICIARY

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

OTHER PROVISIONS

ASSIGNMENT

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an Assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the Assignee's interest.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

DEATH BENEFIT PROVISION

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. The Death Benefit will be equal to:

1. The Face Amount as adjusted at the time of death (See Table A of Policy); plus
2. Term additions purchased; plus
3. Any additional insurance on the Insured's life provided by rider; plus
4. Any premium paid beyond the policy month in which death occurs; plus
5. Any interest due from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
6. Any premium due if death occurs during the grace period.



Leaders*Life*
INSURANCE COMPANY

TERM LIFE INSURANCE TO AGE 100

Face Amount Adjusted Annually
Premiums Payable as shown on Policy Schedule Page
Convertible Prior to Age 65
Participating

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287

Application for Life Insurance (please type or print all information)

Proposed Insured

1. Proposed Insured – Full Name (The contingent owner of policy shall be the Insured)		<input type="checkbox"/> Male	U S Citizen?		If No, Please Provide Green Card/Visa No.
		<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of Birth	Current Age	State of Birth	Height ft. in.	Weight lbs.	Social Security Number
Street Address		City	State	Zip	Phone Number (including area code)
2. Driver's License Number & State			Occupation & Duties		3. Salary
4. Plan Name and Face Amount				Dividend Option (Term to 100 Plans Only)	
5. Owner (if other than Proposed Insured)		Relationship	Address		Social Security Number
6. Beneficiary (Must be Completed)		Relationship	Address		Social Security Number
7. Contingent Beneficiary		Relationship	Address		Social Security Number

Riders (if applicable) – Accelerated Benefits do not apply to Riders

Spouse Rider

8. Proposed Insured (Print Full Name)	Date of Birth	Height ft. in.	Weight lbs.	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Accidental Death Benefit (Double Indemnity) – For Primary Insured Only

9. Proposed Insured <input type="checkbox"/> Yes <input type="checkbox"/> No
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Child Rider - List all unmarried children proposed for insurance (One Rider policy available per family)

10. Name	Height	Weight	Birth Date	Birth State	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Height	Weight	Birth Date	Birth State	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Height	Weight	Birth Date	Birth State	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Height	Weight	Birth Date	Birth State	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Height	Weight	Birth Date	Birth State	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

Premium Mode

11. <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> E.F.T. (E.F.T. date options <input type="checkbox"/> 15 th <input type="checkbox"/> 30 th)
Modal Premium Amount submitted with application \$ _____ PAYMENT REQUIRED WITH APPLICATION even if E.F.T. premium mode is selected. OR <input type="checkbox"/> Payroll Deduction (Employee Authorization on Page 4 must be completed) Group Name: _____ Employee Name: _____ Social Security # _____

Current Life Insurance

Do you currently have life insurance from another carrier? Yes No (If yes, list all policies in box 12 below)

Current Life Insurance

12. Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal
Company	Amount	Date Issued	Purpose <input type="checkbox"/> Business <input type="checkbox"/> Personal

Replacement

13. Is this policy to replace any existing life insurance or annuity? Yes No

(If yes, you must complete "Notice Regarding Replacement" form)

Pending Applications

14. Are there life insurance applications pending with other companies? Yes No

Medical & Related Information: Complete questions for each person requesting insurance

15. Has any person proposed for insurance:

Yes No

- a. In the last 5 years flown or intended to fly as a pilot, student pilot or crew? (If yes, complete Aviation questionnaire)
- b. Traveled or resided or plan to travel outside the USA?
- c. Ever been convicted of a felony?
- d. Had 2 or more moving violations in the past 5 years, been convicted of driving while intoxicated, or ever had license suspended or revoked? (If yes, please complete Alcohol/Drug questionnaire)
- e. In the last 3 years, engaged in, or intended to engage in sky diving, scuba diving, hang gliding, rock climbing, or any form of motorized racing? (If yes, please complete Hazardous Activities questionnaire)
- f. Received advice or treatment from a member of the medical profession for the use of alcohol or drugs, or were convicted of using, selling or possession of any drugs in the last 10 years? (If yes, please complete Alcohol/Drug questionnaire)
- g. Ever been declined for insurance, had a policy rated or modified, been declined reissue, reinstatement or renewal of a policy?
- h. Ever had or been treated for diabetes, cancer, heart disease, high blood pressure, mental or nervous disorder?
- i. Ever had or been treated for stroke, renal failure, paraplegia, or undergone a major organ transplant or significant heart surgery (Coronary bypass, heart valve, or coronary angioplasty)?
- j. Ever been medically diagnosed or treated as having "AIDS" (Acquired Immune Deficiency Syndrome), AIDS Related Complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV) or Human T-lymphotrophic Virus Type III (HTLV) prior to today?
- k. Had any medical treatment or advice in the past 5 years or any departure from good health not stated above?

Details of YES answers for each person applying for insurance, including children (Include item #, proposed insured name, dates, duration, attending physicians and related questionnaire for a, d, e, and f.)

Tobacco Use - For Primary Insured Only

16. Proposed Tobacco Use Never Present Former (Month/Year Quit) _____
Insured Tobacco Type Smokeless Cigar Cigarette Pipe

Special Requests or Additional Information

17. _____

Contact Information

18. If an investigative consumer report is prepared in connection with this application, please contact me between the following hours:

_____ a. m. And _____ p.m.

Call me at: Home: _____ Cell: _____ Work: _____

Authorization to Obtain Information

AUTHORIZATION. I AUTHORIZE: (a) any health plan, physician, healthcare professional, medical practitioner, hospital, clinic, laboratory, pharmacy or pharmacy related facility, medical facility, or other healthcare provider that has provided payment, diagnosis, treatment, care or services to me or on my behalf ("My Providers"); and (b) any insurance company, the Medical Information Bureau, Inc. (MIB), or other organization, institution or person that has records or knowledge of me or my health ("Other Persons"); to disclose my entire medical record, knowledge of my health and any other protected health information concerning me as permitted by law and the Rules of MIB, Inc. to the Company, its agents, employees, representatives, reinsurers and any medical or pharmaceutical records retrieval service the Company may engage. This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes.

By my signature below, I terminate any agreements I have made with My Providers or with Other Persons to restrict my protected health information and I instruct My Providers and Other Persons to release and disclose my entire medical record and other records or knowledge of me or my health without restriction.

The use of disclosures authorized by this document is for the purpose of allowing the Company to: (1) underwrite my application for coverage, make risk rating determinations, and make policy issuance determinations; (2) obtain reinsurance; and (3) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing at any time by sending a written request for revocation to Leaders Life Insurance Company, P.O. Box 35768, Tulsa, OK 74153, Attention: Privacy Officer.

I understand that a revocation is not effective if My Providers and Other Persons have relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed by the receiving party (including the reporting of protected health information to MIB) and no longer covered by certain federal rules governing privacy and confidentiality of health information. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application.

I ACKNOWLEDGE receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.

I ACKNOWLEDGE that (if applying for life insurance with accelerated benefits) I have received the Accelerated Benefit Disclosure.

I AUTHORIZE Leaders Life Insurance Company, or its reinsurers to make a brief report of my personal health information to MIB.

I represent that all statements and answers in this application are complete, true and correctly recorded to the best of my knowledge and belief and that I have appropriate knowledge to answer the questions for my spouse and children. The policy with this application will constitute the entire contract. The acceptance of the policy by the Proposed Insured will ratify any corrections and notations, including amendments of amount, risk classification, age at issue, or plan of insurance benefits. However, in those states where written consent is required, any such amendment will be made only with the written consent of the Proposed Insured and the applicant, if other than the Proposed Insured.

Under penalties of perjury, I/we represent that the Social Security Number(s) provided herein is/are true, correct, and complete.

Signed at (City) _____ State _____ this _____ Day of _____ 20 _____

X _____ X _____
Signature of Proposed Insured Owner (if other than Proposed Insured)

X _____
Official Capacity (if signed on behalf of a corporation, trust, etc.)

I represent to the best of my knowledge the answers to the questions in all parts of this application are true and correct. I further represent that to the best of my knowledge this policy <input checked="" type="checkbox"/> will <input type="checkbox"/> will not replace or change any existing life insurance or annuity policy now in force.			
AGENT #1 (print name) _____	SIGNATURE _____	AGENT # _____	_____
AGENT #2 (print name) _____	SIGNATURE _____	AGENT # _____	_____

NOTICE: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

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

Applicable to AR and LA residents: 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.

Applicable to KS residents: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Request and Authority to Honor Preauthorized Payments drawn by and payable to Leaders Life Insurance Company

Date _____ Checking Account Number _____

To: (Name and address of bank and branch, if any) _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account electronic debits, check, or drafts, drawn on my account, payable to the order of the Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draw shall be the same as if it was a check drawn on you and signed personally by me. This authority is to remain in effect in honoring any such draw.

I further agree that if any such draw be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even if such dishonor results in the forfeiture of insurance.

Name of Depositor (as it appears on bank records – please print)

Signature (must be same as on file at bank)

ATTACH COPY OF VOIDED CHECK HERE

Employee Authorization for Payroll Deduction

As Employee/Owner, my signature authorizes payroll deduction of premium from my employer for myself and my family members.

Signed at _____
(City & State)

Date _____

Signature Employee/Owner _____

Conditional Premium Receipt

Received from _____ the sum of \$ _____ paid with an application to Leaders Life Insurance Company.

The application bears the same date as this receipt.

We agree to insure the Proposed Insured, according to the terms of the policy applied for, on the effective date defined below, subject to the following terms and conditions precedent:

1. The Proposed Insured's check or draft received in payment of the initial premium is honored for payment the first time it is presented for payment.
2. The Proposed Insured's payment equals the minimum initial premium for the coverage and premium class applied; and
3. We are satisfied that the Proposed Insured is insurable and acceptable under our underwriting rules for the plan, amount of coverage and premium class exactly as applied for on the effective date which is the later of: (a) the date of application; or (b) the date of the latest medical examinations and tests required by our underwriting rules.

Coverage under this receipt is also subject to the following limitations:

1. The maximum amount payable under this receipt is limited to the smaller of: (a) the amount of all death benefits applied for in the application, including any accidental death benefits, if applicable; or (b) \$300,000;
2. Coverage ends, without notice, on the date of notification of approval of the application. The policy and insurance applied for will take effect on the effective date of the policy. In no event will coverage under this receipt and under the policy issued under this application be effective at the same time;
3. Coverage is **void** in the event of death of the Proposed Insured by suicide;
4. Coverage is **void** if the application contains a material misrepresentation or is fraudulently completed;
5. Coverage is **void** if we determine that the Proposed Insured does not qualify for coverage, or does not qualify for coverage at the premium class applied for based on an adverse decision according to our underwriting rules; and
6. No agent is authorized to alter or waive any of the above conditions or any of the Company's rights or requirements.

If any one of the conditions in this receipt is not fulfilled, our only liability is for the refund of any payment made.

I have read and understood the terms of this Conditional Receipt.

Dated this _____ day of _____, 20 _____

By: _____
Signature of Agent

Signature of Proposed Insured (Owner)

**Notice to Proposed Insured
(Detach and leave with applicant)**

Thank you for your interest in Leaders Life Insurance Company. The soliciting insurance agent/broker is not authorized to make or modify contracts, or to waive any requirements/information that we may request.

Replacement of Existing Coverage

If you intend to replace existing coverage, tell the broker of your intention and answer "yes" to the replacement questions in the application. State law may require the broker to give you information that will help you compare the policy you are applying for with the policy you intend to replace. If you are undecided about keeping existing coverage, indicating an intention to replace existing coverage may help you get the information you need to make a decision. If you do replace existing coverage, the new policy may contain new suicide and contestable periods.

Insurance Information Practices

As a part of normal procedure for processing your application, an investigative consumer report may be obtained whereby information is secured through personal interviews with your friends, neighbors, or others with whom you are acquainted. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this report. You also have the right, upon request, to be informed of the name and address of the consumer reporting agency to whom a request for preparation of an investigable consumer report was made, if such report was, in fact, requested. You may then contact that agency to request inspection of that report or a copy of it. Please address your request to our Individual Life Underwriting Division, Leaders Life Insurance Company, P.O. Box 35768, Tulsa, Oklahoma, 74153.

**Notice Regarding Medical Information Bureau
Please read carefully**

Information regarding your insurability will be treated as confidential. Leaders Life Insurance Company or their reinsurer(s) may, however make a brief report to the Medical Information Bureau, a nonprofit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life insurance or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Leaders Life Insurance Company or their reinsurer(s) may also make information in its file available to other life insurance companies to whom you apply for life or health insurance coverage, or to whom a claim for benefits may be submitted.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Report Act. The address of the Bureau's Information Office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone number (781) 751-6000.

Thank you for your application for insurance.



APPLICATION

[BAR CODE]

Employee (Owner) _____ SS NO. _____
 Address _____ Telephone Number _____
 Street City State Zip
 Employer/Sponsor _____ Date of Hire _____

1. Proposed Insured (Print Full Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , Please Provide Green Card/Visa No.
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(The contingent owner of the policy shall be the Proposed Insured unless otherwise stated.)

2. Date of Birth	Current Age	State of Birth	3. Height : Weight : _____ ft. _____ in. _____ lbs.	4. Job Title & Description
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POLICY INFORMATION	5. Plan:	Insurance Amount	Dividend Option	Premium Weekly	Home Office Use
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6. Accidental Death Benefit (Double Indemnity) - Primary Insured Only	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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7. Spouse Term Rider - Name	DOB	Birth State	Ht.	Wt.	U. S. Res.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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8. Children's Term Rider (\$10,000 of Coverage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	U. S. Res.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
All <i>unmarried dependent children of the proposed insured</i> (Question #1) who are age 30 days to the age of 26 (Coverage ends on 26 th birthday). The beneficiary of children's coverage is, in all cases, the Proposed Insured.			

										Total Weekly				
Name (Please Print)	DOB	Birth State	Ht.	Wt.	Name (Please Print)	DOB	Birth State	Ht.	Wt.					
(1)	/ /				(4)	/ /								
(2)	/ /				(5)	/ /								
(3)	/ /				(6)	/ /								

9. Name of Beneficiary and Relationship	Contingent Beneficiary and Relationship	Home Office Use Only
If incomplete, proceeds will be paid to the estate of the insured.		

10. Have any of the Proposed Insureds (including Spouse and Children) ever had or been told that they had:	YES	NO
A. Heart Disease, Stroke, Chest Pains, Respiratory Disorder, including Asthma and Tuberculosis?		
B. Liver Disease, or any Digestive Disorders including Ulcer or Intestinal Disease, Diabetes, Disorder of the Kidney or Bladder or Blood or Sugar in the Urine?		
C. Deformity or Injury or Venereal Disease?		
D. Cancer or Tumor (including Hodgkin's Disease and Leukemia)?		
E. Any Medical or surgical treatment or advice in the past five years or any departure from good health not stated above or have any Proposed Insureds (including Children) had any application for life or health insurance declined, rated or postponed?		
F. Nervous or Mental Disorder, an Alcohol or Drug problem or ever sought advice, treatment or been arrested for use of such, ever been convicted of a felony or of driving while intoxicated, or had 2 or more moving violations in the past 5 years, or ever had a license suspended or revoked?		
11. Have any of the Proposed Insureds (including Spouse and Children) ever been medically diagnosed or treated as having "AIDS" (Acquired Immune Deficiency Syndrome), AIDS Related Complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV) or Human T-lymphotrophic Virus Type III (HTLV) prior to today?		

If "YES" to any part of No. 10 or 11., state name of the Proposed Insured (policy or rider) which question applies, type of condition, diagnosis, date, current and last treatment and all medications and dosages. Provide the full name, address and phone number of physician and medical facility.

Name (Policy or Rider)

If "YES" to No. 10 F, state the name of Proposed Insured (policy or rider) and provide details:

Name	DL No.	Date	Details	Type of Offense	Sentence	Probation Info.
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Current Life Insurance

Do you currently have life insurance from another carrier? Yes No (If yes, list all policies in box 12 below)

Current Life Insurance

12.	Company:	Amount:	Date Issued:	Purpose: <input type="checkbox"/> Business <input type="checkbox"/> Personal
	Company:	Amount:	Date Issued:	Purpose: <input type="checkbox"/> Business <input type="checkbox"/> Personal

Replacement

13. Is this policy to replace any existing life insurance or annuity? Yes (complete applicable replacement form) No

Pending Applications

14. Are there life insurance applications pending with other companies? Yes No

AUTHORIZATION. I AUTHORIZE: (a) any health plan, physician, healthcare professional, medical practitioner, hospital, clinic, laboratory, pharmacy or pharmacy related facility, medical facility, or other healthcare provider that has provided payment, diagnosis, treatment, care or services to me or on my behalf ("My Providers"); and (b) any insurance company, the Medical Information Bureau, Inc. (MIB), or other organization, institution or person that has records or knowledge of me or my health ("Other Persons"); to disclose my entire medical record, knowledge of my health and any other protected health information concerning me as permitted by law and the Rules of MIB, Inc. to the Company, its agents, employees, representatives, reinsurers and any medical or pharmaceutical records retrieval service the Company may engage. This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes.

By my signature below, I terminate any agreements I have made with My Providers or with Other Persons to restrict my protected health information and I instruct My Providers and Other Persons to release and disclose my entire medical record and other records or knowledge of me or my health without restriction.

The use of disclosures authorized by this document is for the purpose of allowing the Company to: (1) underwrite my application for coverage, make risk rating determinations, and make policy issuance determinations; (2) obtain reinsurance; and (3) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing at any time by sending a written request for revocation to Leaders Life Insurance Company, P.O. Box 35768, Tulsa, OK 74153, Attention: Privacy Officer.

I understand that a revocation is not effective if My Providers and Other Persons have relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed by the receiving party (including the reporting of protected health information to MIB) and no longer covered by certain federal rules governing privacy and confidentiality of health information. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application.

I ACKNOWLEDGE receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.

I ACKNOWLEDGE that (if applying for life insurance with accelerated benefits)I have received the Accelerated Benefit Disclosure.

I AUTHORIZE Leaders Life Insurance Company, or its reinsurers to make a brief report of my personal health information to MIB.

I represent that all statements and answers in this application are complete, true and correctly recorded to the best of my knowledge and belief and that I have appropriate knowledge to answer the questions for my spouse and children. The policy with this application will constitute the entire insurance contract. If the proposed insured, spouse and any children proposed for insurance are deemed insurable as standard rates, the insurance will become effective on the date this application is signed; otherwise, the insurance will not take effect until a policy is issued and the first premium paid. As owner/insured, my signature authorizes payroll deduction of premium from my employer for myself and my family members.

NOTICE: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

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

Applicable to AR and LA residents: 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.

Applicable to KS residents: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Signed at (City) _____ State _____ this _____ Day of _____ 20 _____

X _____ X _____
Signature of Proposed Insured Owner (if other than Proposed Insured)

X _____
Official Capacity (if signed on behalf of a corporation, trust, etc.)

I represent to the best of my knowledge the answers to the questions in all parts of this application are true and correct. I further represent that to the best of my knowledge this policy will will not replace or change any existing life insurance or annuity policy now in force.

AGENT #1 (print name) _____ SIGNATURE _____ AGENT # _____
AGENT #2 (print name) _____ SIGNATURE _____ AGENT # _____

NOTICE TO APPLICANT

PLEASE DETACH AND HAND TO APPLICANT – FAIR CREDIT REPORTING ACT OF 1970 – This is to inform you that as part of this Company's procedure for processing your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputations, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

MEDICAL INFORMATION BUREAU NOTICE

Information given in your application may be made available to other insurance companies to which you make application for life or health insurance coverage or to which a claim is submitted.

Information you provide will be treated as confidential except that the Leaders Life Insurance Company, or its reinsurers, however, makes a brief report to the Medical Information Bureau, a non-profit membership organization or life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the MIB will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone number (781) 751-6000.

Leaders Life Insurance Company, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.



P O Box 35768
Tulsa, OK 74153
1-800-725-5433

Leaders Life Insurance Company agrees to pay the proceeds of this Policy to the Beneficiary upon receipt at its Home Office of due proof of death of the Insured while this Policy is in force, subject to the provisions of this Policy.

RIGHT TO EXAMINE WITHIN 20 DAYS

If for any reason this Policy is not satisfactory, it may be cancelled by delivering or mailing it to the agent through whom it was purchased, or to the Company, within 20 days after it is first received. Upon cancellation, any premium paid for this Policy will be returned.

If we fail to refund any premium paid within 30 days from the date this Policy is voided, we will pay interest on such premiums at the same rate of interest as the average United States Treasury bill rate of the preceding Calendar Year as certified to the State Insurance Commissioner by the State Treasurer on the first regular business day in January of each year, plus 2 percentage points which shall accrue from the date coverage is voided until the premiums are returned.

The Policy Date shall be used to determine policy months, years and anniversaries.

Handwritten signature of Russell J. Cingelli in black ink.

President

Handwritten signature of Cynthia A. Taylor in black ink.

Secretary

WHOLE LIFE INSURANCE POLICY

Amount of insurance payable at death of Insured
Premiums payable as shown on Policy Schedule
Non-Participating

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

POLICY SCHEDULE

FORM NUMBER	DESCRIPTION OF BENEFITS	PREMIUM	
		NO OF YEARS PAYABLE	ANNUAL AMOUNT
LL-4	Whole Life Insurance Policy [\$1,000 to \$2,500,000]	[65]	\$xx.xx
[19.CTR	Children's Term Insurance Rider Initial Amount: \$10,000	[15]	\$xx.xx]
[19.ADB	Accidental Death Benefit Initial Amount: [\$1,000 to \$2,500,000]	[30]	\$xx.xx]
[19.STR	Spouse Rider Initial Amount: [\$5,000; \$7,500; \$10,000]	[34]	\$xx.xx]

BENEFICIARY – Unless changed as herein provided, the Beneficiary shall be as designated in the application for this Policy.

OWNER – Unless changed as herein provided, the Owner shall be as designated in the application for this Policy.

INSURED: [John Doe]	POLICY NO: [000066657]
FACE AMOUNT: [\$100,000]	ISSUE AGE: [35]
OWNER: [John Doe]	AGENT: [Alan Agent]
BILLING DATE: [05/01/10]	DATE OF EXPIRY: [05/01/75]
POLICY DATE: [05/01/10]	PREMIUM CLASS: [Preferred non-tobacco; Non-cigarette; Smoker; Substandard]

PREMIUMS – Payable for _____ Years Annually Semi-Annually Quarterly Bank Draft

TABLE OF GUARANTEED POLICY VALUES

End of Policy Year	Cash or Loan Value	Paid Up Life Insurance	Extended Term Insurance	
			Years	Days
1	[0.00]	[0.00]	[0]	[0]
2	[0.00]	[0.00]	[0]	[0]
3	[373.76]	[2,200]	[2]	[308]
4	[1,243.43]	[7,100]	[7]	[329]
5	[2,149.76]	[11,700]	[11]	[309]
6	[3,091.79]	[16,200]	[14]	[296]
7	[4,069.63]	[20,400]	[16]	[348]
8	[5,082.44]	[24,400]	[18]	[226]
9	[6,129.49]	[28,300]	[19]	[313]
10	[7,211.04]	[31,900]	[20]	[288]
11	[8,327.48]	[35,400]	[21]	[194]
12	[9,481.17]	[38,700]	[22]	[50]
13	[10,678.29]	[41,900]	[22]	[225]
14	[11,925.26]	[44,900]	[22]	[358]
15	[13,221.52]	[47,900]	[23]	[81]
16	[14,564.91]	[50,700]	[23]	[136]
17	[15,952.57]	[53,300]	[23]	[164]
18	[17,381.81]	[55,900]	[23]	[168]
19	[18,851.00]	[58,300]	[23]	[150]
20	[20,353.76]	[60,600]	[23]	[112]
Age 60	[28,404.97]	[70,400]	[22]	[45]
Age 65	[37,222.06]	[78,000]	[20]	[100]
Age 70	[46,586.21]	[83,800]	[18]	[16]

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GENERAL PROVISIONS

THE CONTRACT

This Policy is a legal contract between the Owner and the Company. This Policy, including the attached application, is the entire contract. All statements made by or for the Insured shall, in the absence of fraud, be considered representations and not warranties. No statement will void this Policy or be used to defend against a claim unless it is contained in the application, and a copy of the application is attached to this Policy when issued.

CHANGES IN THE CONTRACT

This contract cannot be changed or any of its terms or provisions waived or extended except by written agreement of the Company signed by an authorized Company officer and attached to this Policy. Only the President, a Vice-President, Secretary or an Assistant Secretary is so authorized.

INCONTESTABILITY

The Company will not contest this Policy after it has been in force during the lifetime of the Insured for two years from its Policy Date, except for nonpayment of premiums.

This provision does not apply to any rider which provides benefits for disability or for accidental death.

POLICY ANNIVERSARIES AND POLICY YEARS

Policy anniversaries and policy years shall be computed from the Policy Date.

SUICIDE

If the Insured dies by suicide, while sane or insane, within two years of the Policy Date, neither the face amount nor insurance provided by any riders will be paid. The amount payable will be limited to the amount of the premiums paid.

PREMIUM ADJUSTMENTS AT DEATH

That part of any paid premium which applies to a period beyond the policy month in which the Insured dies will be refunded. Refund will be made to the Beneficiary as part of the policy proceeds.

CHANGE IN THE MODE OF PAYMENT

Premiums may be paid annually, semi-annually, quarterly or bank draft. The Owner may change the frequency of premium payments subject to Company rules. A change in the mode of payment will take effect when the Company accepts the payment.

If a change in mode is made, the due date of an annual premium must be on a policy anniversary. Due dates of premiums for shorter periods must be such that one of the payments will fall due on each policy anniversary.

REINSTATEMENT

This Policy may be reinstated after lapse only on these conditions:

1. The request for reinstatement must be in writing within 5 years after the date of lapse;
2. The Insured must still be insurable based on the rules of the Company;
3. All unpaid premiums must be paid, with interest of 6% per year compounded once a year on each unpaid premium from its due date to the date of reinstatement; and
4. The reinstated policy will be incontestable after it has been in force during the lifetime of the Insured for two years from the date of reinstatement. Any contest to the reinstated policy will be based on material misstatements made in the application for reinstatement.

OWNERSHIP PROVISIONS

OWNERSHIP OF POLICY

The Owner of this Policy on the Policy Date is the Insured, unless another Owner is named in the application.

While the Insured is living, the Owner may exercise all rights granted by this Policy without the consent of the Insured or of any revocable Beneficiary or contingent Owner.

Any benefit due at the death of the Insured will be paid to the Beneficiary and not to the Owner, unless otherwise provided.

A contingent Owner may be named as long as the Owner is not the Insured. If the Owner dies while the Insured is living, the contingent Owner assumes the Owner's rights or, if there is no contingent Owner:

1. The Insured becomes the Owner provided the Insured is age 21 or over; or
2. The first of the following who is living and legally capable becomes the Owner if the Insured is under age 21: the Insured's guardian, father, mother or the oldest Beneficiary.

CHANGE OF OWNERSHIP

The Owner may be changed, and as long as the Owner is not the Insured, any contingent Owner may be changed:

1. While this Policy is in force; and
2. While the Insured is living.

Change may be made by filing written notice in a form acceptable to the Company.

If the Insured becomes the Owner, any prior designation of contingent Owner shall be void.

If the Insured was under age 21 on the Policy Date and the Owner of this Policy is someone other than the Insured, the Insured may elect to become Owner of this Policy:

1. On and after the date the Insured turns age 21 and while the Insured is living; and
2. While this Policy is in force.

The election for such change may be made by filing written notice in a form acceptable to the Company.

Any change in ownership shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made or other action taken by the Company before the change was recorded. A change is also subject to the rights of any collateral assignee of record.

PREMIUM PROVISIONS

PAYMENT OF PREMIUMS

To keep this Policy in force, each premium must be paid on or before its due date, or within the grace period. Premiums must be paid at the Home Office of the Company, or to an authorized agent. A receipt signed by an officer of the Company (i.e., President, Vice President, Secretary, Treasurer) shall be furnished upon payment.

The first premium is due on the Policy Date. Premiums after the first are due at the expiration of the period for which the preceding premium was paid.

Premiums are payable for the number of years shown on the Policy Schedule, but no premium will fall due after the death of the Insured. If a part of the premium for any attached rider ceases to be payable, the premium shall be reduced accordingly.

GRACE PERIOD

The Company will allow a period of 31 days after the premium due date for payment of each premium after the first. This Policy will remain in force during this grace period. If the Insured dies on the due date or during the grace period, the premium required for the policy month will be paid from the proceeds of this Policy.

POLICY VALUES

CASH SURRENDER

At any time during the life of the Insured, the Owner may surrender this Policy for its net cash value. The request for surrender must be made in writing to us on an acceptable form.

The net cash value as of any date is equal to:

1. The cash value of this Policy; less
2. Any indebtedness of this Policy.

The cash value of this Policy is described herein. Any payment of the net cash value can be deferred for a period not to exceed six months.

BENEFIT PAYMENT OPTIONS

The benefits can be paid in one lump sum or in any way, as agreed to by the Company and the Beneficiary.

Before the Insured dies, the Owner can choose how the benefits are to be paid. After the Insured dies, the Beneficiary can choose the way unless the Company is told otherwise in writing by the Owner.

BENEFICIARY PROVISIONS

BENEFICIARY

The Beneficiary will receive the policy proceeds when the Insured dies. The Beneficiary is as named in the application unless changed as provided in this Policy.

Unless otherwise shown:

1. All beneficiaries may be changed.
2. A primary takes all proceeds if living when the Insured dies.
3. A contingent takes all proceeds only if living when the Insured dies and if all primaries are dead.
4. If no Beneficiary is living when the Insured dies, the proceeds will be paid to the then Owner of this Policy, if living; otherwise to the Insured's estate.
5. When more than one Beneficiary is to share the funds, proceeds will be paid in equal shares, unless otherwise stated in the Beneficiary designation in effect at the time of death.

CHANGE OF BENEFICIARY

While the Insured is living, a change of Beneficiary may be made by filing a written request in a form acceptable to the Company. Any irrevocable Beneficiary must consent to change.

A change shall not take effect until recorded at the Home Office of the Company. When so recorded, the change shall take effect on the date the request was signed. Such change will be subject to any payment made by the Company before the change was recorded.

OTHER PROVISIONS

ASSIGNMENT

The Owner can assign this Policy. The Company is not responsible for the validity of any assignment.

No assignment will be binding on the Company unless it:

1. Is in writing; and
2. Has been filed at the Home Offices of the Company.

The Company is not responsible for any payment made before an assignment is filed.

If an assignment is absolute, it will not affect the interest of any Beneficiary. If an assignment is collateral, the assignee will have priority over any Beneficiary to the extent of the assignee's interest.

MISSTATEMENT OF AGE OR SEX

If the age or sex of the Insured has been misstated, the values and benefits will be corrected to the amounts which the premiums paid would have purchased for the correct age and sex.

DEATH BENEFIT PROVISION

The Death Benefit will be paid to the Beneficiary promptly and in no event later than two months after we receive satisfactory proof of the death of the Insured. The Death Benefit will be equal to:

1. The Face Amount; plus
2. Any additional insurance on the Insured's life provided by rider; plus
3. Any premium paid beyond the policy month in which death occurs; plus
4. Any interest from the date of death to date of payment at the rate then used by the Company, which in no event shall be less than the rate and method required by state law; minus
5. Any premium due if death occurs during the grace period.

The Company will subtract from this Policy's proceeds payable on the life of the Insured, a portion of any Policy indebtedness outstanding.

POLICY LOANS

CASH LOANS

After this Policy has a cash value and while it is in force, except as extended term insurance, we will grant a loan against this Policy provided:

1. A written loan agreement is completed; and
2. This Policy is assigned to us.

This Policy will be the sole security for the loan. The amount of outstanding loans with interest may not exceed the Loan Value as of the date of the policy loan.

LOAN VALUE

The Loan Value of this Policy will be:

1. The cash value of this Policy and the cash value of any rider attached, calculated as of the earlier of the next policy anniversary or next premium due date;
Less:
 1. Any due and unpaid premium;
 2. Any existing indebtedness; and
 3. Any loan interest to the next policy anniversary.

We reserve the right to defer a loan for the period permitted by law, but not for more than 6 months. We will not defer a loan if it is to be applied to the payment of premiums on a policy issued by us.

LOAN INTEREST

Interest will be charged in advance on a policy loan from the date of the loan at the interest rate established by us for policy loans.

Interest is payable annually on the policy anniversary date. Interest not paid when due will be added to the loan principal and will itself bear interest at the rate then in effect.

The maximum interest rate we may charge is 7.4% annual percentage rate.

We will notify the Owner of the loan interest rate:

1. At the time a loan is made, or, if it is an automatic premium loan, as soon as reasonably possible after the loan is made; or
2. When the loan interest rate is changed on existing loans. The change will be effective on the policy anniversary. Notice will be given in advance of the change.

LOAN REPAYMENT

All or part of the indebtedness may be repaid while this Policy is in force prior to the death of the Insured. If this Policy is in force under either the reduced paid-up or extended term insurance option, the amount of the loan which was deducted in determining such insurance may not be repaid unless this Policy is reinstated to a premium-paying basis.

Indebtedness is a first lien on this Policy. Whenever the indebtedness equals or exceeds the cash value, this Policy will terminate. Termination is effective 31 days after notice is mailed to the last known address of the Owner and any assignee of record.

AUTOMATIC PREMIUM LOAN OPTION

Any premium not paid before the end of its grace period will be automatically paid by charging the premium as a policy loan against this Policy if:

1. The Automatic Premium Loan Option has been chosen in the application for this Policy or is elected in writing and filed at the Home Office while no premium is in default; and
2. The resulting policy loan and loan interest to the next policy anniversary do not exceed the loan value.

Interest at the policy loan rate will be charged on the automatic premium loan from the premium due date. Such automatic premium loan will be subject to the same terms and conditions as other policy loans.

The Automatic Premium Loan Option may be revoked at any time by written request from the Owner filed at the Home Office.



WHOLE LIFE INSURANCE POLICY

Amount of insurance payable at death of Insured
Premiums payable as shown on Policy Schedule
Non-Participating

P.O. BOX 35768
TULSA, OKLAHOMA 74153-0287



Leaders Life Insurance Company

P.O. Box 35768, Tulsa, OK 74153

1 800-725-5433

[Application # _____]

CONVERSION LIFE APPLICATION

Proposed Insured _____ (Last) (First) (MI)				SS No. _____	
Address _____ Street City State Zip				Home Phone # _____	
Date of Birth / /	Current Age	<input type="checkbox"/> Male <input type="checkbox"/> Female	Name and Address of Employer	Work Phone #	Occupation and Job Title
Owner _____ (If other than Proposed Insured) (Last) (First) (MI)				SS No. _____	
Address _____ Street City State Zip				Home Phone # _____	
POLICY INFORMATION				Premium Amount	Home Office Use
Whole Life Policy Face Amount: \$ (May not exceed death benefit amount under previous individual term policy)			Automatic Policy Loan <input type="checkbox"/> Yes <input type="checkbox"/> No		
[Optional Rider(s): (Only the riders that were added to the previous individual term policy may be elected.)]					
Premium Mode: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Bank Draft (First premium or Bank signed authorization & voided check must accompany this application.)				TOTAL PREMIUM	
Previous Individual Term Policy # and Name of Employer Sponsor				Proposed Effective Date: TERMINATION DATE OF INDIVIDUAL TERM POLICY	
Name of Primary Beneficiary and Relationship			Name of Contingent Beneficiary and Relationship		

PROPOSED INSURED'S STATEMENTS AND ACKNOWLEDGMENTS: I have read the answers and statements written in this application and represent that each and all of them to be true and complete to the best of knowledge and belief. In the absence of fraud, my answers in this application will be deemed representations and not warranties. I agree that a copy of this application will be attached to and form a part of any policy issued.

NOTICE: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

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

Applicable to AR and LA residents: 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.

Applicable to KS residents: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.

Proposed Insured's Signature	Owner's Signature
Printed Name of Proposed Insured	Printed Name of Owner
Date # / /	Date # / /
Agent's Signature Agent Number Date	Agent's Signature Agent Number Date

Request and Authority to Honor Preauthorized Payments drawn by and payable to Leaders Life Insurance Company

Date _____ Checking Account Number _____
To: (Name and address of bank and branch, if any) _____

As a convenience to me, I hereby request and authorize you to pay and charge to my account electronic debits, check, or drafts, drawn on my account, payable to the order of the Company, provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draw shall be the same as if it was a check drawn on you and signed personally by me. This authority is to remain in effect in honoring any such draw.

I further agree that if any such draw be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even if such dishonor results in the forfeiture of insurance.

Name of Depositor (as it appears on bank records – please print)	Signature (must be same as on file at bank)
--	---

ATTACH COPY OF VOIDED CHECK HERE



REINSTATEMENT APPLICATION (Please complete both sides)

Policy Owner: _____		SS NO. _____	
Address _____		Telephone Number _____	
Street	City	State	Zip
Policy Number: _____		Face Amount: _____	

1. Proposed Insured (Print Full Name)		<input type="checkbox"/> Male	U. S. Citizen?	If No , Please Provide Green Card/Visa No.
		<input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Date of Birth	Current Age	Birth State	3. Height :	Weight :	4. Job Title & Description
			____ ft. ____ in.	____ lbs.	

5. Spouse Term Rider - Name (who was previously covered under lapsed rider)		DOB	Birth State	Ht.	Wt.	U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No		/ /		____ ft. ____ in	____ lbs	

6. Change in Spouse Marital Status since issuance of original policy <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please explain:
---	--	---------------------------

7. Children's Term Rider <input type="checkbox"/> Yes <input type="checkbox"/> No		U. S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---

All children of the proposed insured (Question #1) who are age 30 days to the age of 26 (Coverage ends on 26th birthday) and who were covered under the lapsed rider. The beneficiary of children's coverage is, in all cases, the Proposed Insured.

<u>Name</u> (Please Print)	<u>DOB</u>	<u>Birth State</u>	<u>Ht.</u>	<u>Wt.</u>	<u>Name</u> (Please Print)	<u>DOB</u>	<u>Birth State</u>	<u>Ht.</u>	<u>Wt.</u>
(1) / /					(4) / /				
(2) / /					(5) / /				
(3) / /					(6) / /				

8. Change in Child Marital Status since issuance of original policy <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", please explain:
--	--	---------------------------

Beneficiary under approved Reinstated policy will be the same as under original policy unless change of beneficiary form is completed and attached.

Medical & Related Information: Complete questions for EACH APPLICANT (including riders) listed above.	YES	NO
9. Will life insurance or annuity of any company be replaced or changed if this policy is reissued?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does applicant plan to travel or live outside the United States?	<input type="checkbox"/>	<input type="checkbox"/>
11. Has applicant flown as a pilot or engaged in motor vehicle racing, hang gliding, rock climbing, sky diving or scuba diving in past 2 years ? (If yes, please submit aviation questionnaire or hazardous activities questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any applicant had any motor vehicle moving violations or their license suspended within the last 2 years ?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has applicant (Proposed Insured Only) used tobacco products within the last 12 months ?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any applicant had any application for life or health insurance declined, rated?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any applicant consulted a physician within the last 3 years ? If yes, give date, reason & Dr. name, address and phone.	<input type="checkbox"/>	<input type="checkbox"/>
16. Was any child listed above under 3 years old, premature at birth, or weighed less than 5 pounds at birth?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has any applicant ever had, or been told they had any of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
a. Chest Pain, Heart Disease, Stroke, High Blood Pressure, or Lung Disease?	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes, Mental Illness, Convulsions, Paralysis, or any Disease of the Brain or Nervous System?	<input type="checkbox"/>	<input type="checkbox"/>
c. Alcohol or Drug use, or any Disease of the Stomach, Intestines, Liver, or Kidneys?	<input type="checkbox"/>	<input type="checkbox"/>
d. Cancer, Tumor, Disease or the Lymph glands, Immune System or Blood?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have any of the Proposed Insureds (including Children) ever been medically diagnosed or treated as having "AIDS" (Acquired Immune Deficiency Syndrome, AIDS Related Complex (ARC), or tested positive for antibodies to the Human Immunodeficiency Virus (HIV) or Human T-lymphotrophic Virus Type III (HTLV) prior to today?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information (Please list question no. and full detail for YES answers including the Name of applicable Applicant:

<u>Question No. & Name (Policy or Rider)</u>	<u>Details</u>

LEADERS LIFE INSURANCE COMPANY

Conditions With Respect To This Reinstatement Application

AUTHORIZATION. I AUTHORIZE: (a) any health plan, physician, healthcare professional, medical practitioner, hospital, clinic, laboratory, pharmacy or pharmacy related facility, medical facility, or other healthcare provider that has provided payment, diagnosis, treatment, care or services to me or on my behalf ("My Providers"); and (b) any insurance company, the Medical Information Bureau, Inc. (MIB), or other organization, institution or person that has records or knowledge of me or my health ("Other Persons"); to disclose my entire medical record, knowledge of my health and any other protected health information concerning me as permitted by law and the Rules of MIB, Inc. to the Company, its agents, employees, representatives, reinsurers and any medical or pharmaceutical records retrieval service the Company may engage. This includes information on the diagnosis and treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes.

By my signature below, I terminate any agreements I have made with My Providers or with Other Persons to restrict my protected health information and I instruct My Providers and Other Persons to release and disclose my entire medical record and other records or knowledge of me or my health without restriction.

The use of disclosures authorized by this document is for the purpose of allowing the Company to: (1) underwrite my application for coverage, make risk rating determinations, and make policy issuance determinations; (2) obtain reinsurance; and (3) conduct other legally permissible activities that relate to any coverage I have applied for with the Company.

This Authorization shall remain in force for 24 months following the date of my signature below, and a copy of this Authorization is as valid as the original. I understand that I have the right to revoke this Authorization in writing at any time by sending a written request for revocation to Leaders Life Insurance Company, P.O. Box 35768, Tulsa, OK 74153, Attention: Privacy Officer.

I understand that a revocation is not effective if My Providers and Other Persons have relied on this Authorization or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this Authorization may be redisclosed by the receiving party (including the reporting of protected health information to MIB) and no longer covered by certain federal rules governing privacy and confidentiality of health information. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application.

I ACKNOWLEDGE receipt of the Notice of Information Practices and the Medical Information Bureau Disclosure Notice.

I AUTHORIZE Leaders Life Insurance Company, or its reinsurers to make a brief report of my personal health information to MIB.

I represent that all statements and answers in this application are complete, true and correctly recorded to the best of my knowledge and belief and that I have appropriate knowledge to answer the questions for my spouse and children. The policy with this application will constitute the entire insurance contract. If the proposed insured, spouse and any children proposed for insurance are deemed insurable as standard rates, the insurance will become effective on the date this application is signed; otherwise, the insurance will not take effect until a policy is issued and the first premium paid. As owner/insured, my signature authorizes payroll deduction of premium from my employer for myself and my family members.

Receipt of notice of Fair Credit Reporting Act of 1970 and Pre-Notice relating to Medical Information Bureau is hereby acknowledged.

NOTICE: Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of a crime and may be subject to fines and imprisonment.

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

Applicable to AR and LA residents: **Any person who knowing 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.**

Applicable to KS residents: **Any person who knowingly and with intent to defraud, submits an application or files a claim containing any materially false or misleading information may be guilty of insurance fraud as determined by a court of law.**

I have paid the sum of \$ _____ with this application.

Signed at (City) _____ State _____ this _____ Day of _____ 20 _____

X _____ X _____
Signature of Proposed Insured Owner (if other than Proposed Insured)

X _____
Official Capacity (if signed on behalf of a corporation, trust, etc.)

PO BOX 35768 TULSA, OKLAHOMA 74153 WWW.LEADERSLIFE.COM

MEDICAL INFORMATION BUREAU NOTICE

Information given in your application may be made available to other insurance companies to which you make application for life or health insurance coverage, or to which a claim is submitted.

Information you provide will be treated as confidential except that the Leaders Life Insurance Company, or its reinsurers, however, makes a brief report to the Medical Information Bureau, a non-profit membership organization or life insurance companies which operates an information exchange on behalf of its members. Upon request by another member insurance company to which you have applied for life or health insurance coverage or to which a claim is submitted, the MIB will supply such company with the information it may have in its files.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

The address of the Bureau's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone number (781) 751-6000.

Leaders Life Insurance Company, or its reinsurers, may also release information in its files to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

NOTICE TO APPLICANT

PLEASE DETACH AND HAND TO APPLICANT – FAIR CREDIT REPORTING ACT OF 1970 – This is to inform you that as part of this Company's procedure for processing your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others with whom you are acquainted. This inquiry includes information as to your character, general reputations, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

LEADERS LIFE INSURANCE COMPANY – Tulsa, Oklahoma

Aviation Supplement for other than Commercial Airline Pilots

Proposed Insured: _____ **Date of Birth** _____ **File #:** _____

1. What grade Federal Certificate do you hold?: _____ Certificate Number: _____

Date of Issue: _____ Date of Last Renewal: _____

2. Are you intending to qualify for a higher grade of certificate? Yes No

3. Total flying hours to date as a pilot: _____ Date of last flight as a pilot: _____

4. Are the planes you use regularly inspected or tested according to Federal Air Commerce Regulations?
 Yes No

5. Do you fly only within the United States? Yes No

If elsewhere, give details: _____

6. Give particulars of all flights you have made, giving data for each year, and stating "none" where applicable and give your estimate of the flights you intend to make in the coming year:

Private or Non-Scheduled Commercial Pilot	History of Past Flights						Estimate of Future Flights for next 12 months	
	Last 12 months		1-2 Years Ago		2-3 Years Ago		Number of Take-Offs	Number of Hours
	Number of Take-Offs	Number of Hours	Number of Take-Offs	Number of Hours	Number of Take-Offs	Number of Hours		
Government Flying (Army, Navy, etc.)								
Student Instruction as a student								
Student Instruction as an instructor								
Non-scheduled business flying only in either private or company plane								
Charter flying, sightseeing, and survey								
Test or stunt flying, or crop dusting								
Any other private flying								

7. Have you ever been in an aircraft accident? Yes No

If yes, give details: _____

8: Have you ever been grounded for violation of Air Commerce Regulations? Yes No

If yes, give details: _____

9. Was your license granted subject to physical waiver? Yes No

If yes, why? _____

10. Have you ever applied for a higher type of license and been refused? Yes No

If yes, give details: _____

11. If you pilot a company or privately owned plane, please give the name of the owner _____

I represent to the best of my knowledge the answers and statements in all parts of this questionnaire are true and correct. I agree that this questionnaire forms part of my overall application for insurance.

Signature of Proposed Insured

Date of Signature

P.O. Box 35768 • Tulsa, OK 74119 • (918) 254-0200 • FAX (918) 252-1441 • (800) 725-5433

Alcohol/Drug Questionnaire

Proposed Insured: _____ **Date of Birth** _____ **File #:** _____

1. Do you presently use alcohol or drugs? **Yes** **No**

If "No", did you use alcohol or drugs in the past? **Yes** **No**

If you answered "Yes" to either question, please indicate type of alcohol or drugs used, amount and frequency of use and the last time used. _____

2. Has your alcohol and drug usage changed? **Yes** **No** If "yes", please provide reason for the change in your usage.

3. Have you ever consulted a physician, received treatment or advice, or been hospitalized because of your alcohol or drug use? **Yes** **No** If yes, list dates, hospitals, treatment centers and physicians' names and addresses: _____

4. Have you ever been arrested for driving while under the influence of alcohol or drugs? **Yes** **No**
Please provide details and include dates: _____

5. Are you currently participating in a support group? **Yes** **No**

If so, please advise the name of the group and how often you attend: _____

6. How long have you been clean and sober? _____

7. Please provide any additional information that you feel is important concerning your use of alcohol or drugs before and after treatment. _____

I represent to the best of my knowledge the answers and statements in all parts of this questionnaire are true and correct. I agree that this questionnaire forms part of my overall application for insurance.

Signature of Proposed Insured

Date of Signature



Hazardous Activities Questionnaire

Proposed Insured: _____ Date of Birth _____ File #: _____

1. Do you participate in any auto or motorcycle racing? If yes, please complete the section below.

Type of Auto Racing: Drag Stockcar Sport Car Champion Other _____

Type of Motorcycle Racing: Hill climbing Scrambles Champion Other _____

Type of Course: Road Drag Strip Oval Track Other _____

Number of Races in the last 12 months _____ Maximum Speed Reached _____ MPH

How long have you been participating? _____

Do you have a competition driver's license from any organization? Yes No

2. Do you participate in any rodeo competitions? If yes, please complete the section below.

Type of events? _____

How often? In the last 12 months: _____ In the next 12 months: _____

Participation is: Local Only National

3. Do you participate in any underwater diving? If yes, please complete the section below.

Type of diving: Skin Scuba Hardhat Other _____

What diving certificate do you hold and at which level? _____

Number of dives? In the last 12 months: _____ Anticipated in the next 12 months: _____

Usual duration of dives? _____ Usual depth of dives? _____

How long have you been participating? _____ Maximum depth? _____

Do you dive commercially or intend to do so? Yes No

Where do you usually dive? (i.e. Ocean, Lake, coastal water, harbor) _____

4. Do you participate in any sky-diving, parachuting, soaring or hand-gliding? If yes, please complete the section below.

Type of jumps made? _____

Number of Jumps? Total: _____ In the last 12 months: _____

How long have you been participating? _____

Are you a member of an association or club? Yes No

5. Do you participate in any climbing or mountaineering? If yes, please complete the section below.

Please indicate the climbing activities in which you participate (i.e. wall & indoor climbing, Ski mountaineering, etc.)

Number of climbs? Total: _____ In the last 12 months: _____

How many years/months climbing experience do you have? _____

At this time do you ever undertake technical climbs alone or without ropes? Yes No

Do you intend to undertake technical climbs alone or without ropes? Yes No

If yes, provide details. _____

Are you a member of any climbing or mountaineering clubs? Yes No If "Yes", please advise of the regions and mountains where you climb or where you intend to climb in the future. _____

6. Do you participate in other hazardous activities not previously noted on this form? Yes No

If "Yes", please provide details _____

I represent to the best of my knowledge the answers and statements in all parts of this questionnaire are true and correct. I agree that this questionnaire forms part of my overall application for insurance.

Signature of Proposed Insured

Date of Signature

P.O. Box 35768 • Tulsa, OK 74119 • (918) 254-0200 • FAX (918) 252-1441 • (800) 725-5433

LEADERS LIFE INSURANCE COMPANY
P.O. BOX 35768
TULSA, OKLAHOMA 74153

ACCELERATED BENEFIT DISCLOSURE

The Accelerated Benefit provides a one time advance of specified percentage of the Amount of Insurance shown on the Policy Schedule of the policy or \$250,000, whichever is lower upon occurrence of one of the following life threatening conditions:

HEART ATTACK: (Myocardial Infarction): The death of a portion of heart muscle (myocardium): (1) Resulting from a blockage of one or more coronary arteries; and (2) Requiring hospital confinement for at least three consecutive days.

STROKE: Any acute cerebral vascular accident: (1) Producing Neurological impairment; (2) Resulting in paralysis or other measurable objective neurological deficit persisting for at least 30 days; and (3) Requiring hospital confinement for at least three consecutive days.

CARDIAC SURGERY: The actual undergoing of: (1) Bypass surgery using either a saphenous vein or internal mammary artery graft for the treatment of coronary heart disease; or (2) Heart transplant surgery, including the use of an artificial heart.

LIFE-THREATENING CANCER: Only those types of cancer manifested by the presence of a malignant tumor characterized by: (1) The uncontrolled growth and spread of malignant cells; and (2) The invasion of tissue. As used here, Leukemia and Hodgkin's Disease (except Stage 1 Hodgkin's Disease) shall be considered life-threatening cancer.

LIFE-THREATENING CANCER DOES NOT INCLUDE: Any pre-malignant tumors or polyps, cancer in situ, intraductal non-invasive carcinoma of the breast, carcinoid of the appendix, Stage 1 transitional carcinoma of the urinary bladder, or any skin cancers other than melanoma.

TERMINAL ILLNESS: An illness or physical condition, that manifests itself on or after the 30th day following the policy date of the Policy that can reasonably be expected to result in death in two years or less.

- The amount paid will reduce the death benefit and premium of the policy by the percentage of the Accelerated Benefit payout.
- A processing charge of \$150 will be deducted from the Accelerated Benefit payment.

If any death benefit remains after payment of an Accelerated Benefit, the accidental death benefit provided under an accident rider attached to this Policy, if any, will not be affected by the payment of an accelerated benefit.

Disclosure Related to Tax Qualification of Accelerated Benefits

The accelerated benefit offered under this Policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the accelerated benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Disclosure Related to Accelerated Benefits' Effect on Public Assistance

Receipt of accelerated benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Proposed Insured Signature: _____

Owner (If other than Proposed Insured) Signature _____

Agent Signature _____

Date _____

LEADERS LIFE INSURANCE COMPANY
P.O. BOX 35768
TULSA, OKLAHOMA 74153

ACCELERATED BENEFIT DISCLOSURE

The Owner has requested an Accelerated Benefit of _____% of the Policy's Amount of Insurance.

The Accelerated Benefit has been paid and:

- A processing charge of \$150 has been deducted from the Accelerated Benefit payment.
- The Face Amount of the base policy has been reduced from _____ to: _____.
- All premiums are waived for 12 months beginning with _____ and ending with _____.
- The modal premium has been reduced from \$ _____ to \$ _____.
- No further Accelerated Benefits are payable under the Policy.

Disclosure Related to Tax Qualification of Accelerated Benefits

The accelerated benefit offered under this Policy may or may not qualify for favorable tax treatment under the Internal Revenue Code of 1986. Whether such benefits qualify depends on factors such as your life expectancy at the time benefits are accelerated or whether you use the benefits to pay for necessary long-term care expenses, such as nursing home care. If the accelerated benefit qualifies for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Disclosure Related to Accelerated Benefits' Effect on Public Assistance

Receipt of accelerated benefits may affect you, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

Insured's Signature: _____

Owner (If other than Insured) Signature _____

Date _____

LEADERS LIFE INSURANCE COMPANY

P O Box 35768
Tulsa, OK 74153
1-800-725-5433

ACCIDENT RIDER

AGREEMENT

This Rider is part of the Policy to which it is attached. This Rider becomes effective on _____.
We have issued this Rider because:

- 1. The required premium has been paid; and
- 2. We relied on the application for this Rider.

Unless amended by this Rider, Policy definitions and terms apply to this Rider. Rider premiums are paid to the Company at the same time as the Policy premiums.

RIDER BENEFIT

Subject to the terms of the Policy and this Rider, the Company will pay the Beneficiary the amount shown in the Policy Schedule if the Insured sustains an accidental injury that, directly and independently of all other causes, results in death within 90 days of such injury and while this Rider was in force.

RIDER EXCLUSIONS AND LIMITATIONS

The Company will not pay any benefits under this Rider for loss due to an accidental injury caused by or resulting from:

- 1. Suicide or any attempted suicide, while sane or insane;
- 2. Any poison or gas voluntarily taken, administered, absorbed, or inhaled;
- 3. Any bacterial infection except when caused by accidental bodily injury;
- 4. Bodily or mental infirmity including any medical procedure;
- 5. Disease of any kind;
- 6. The commission of, or attempt to commit, an assault or felony;
- 7. Intentional drug overdose or being under the influence of drugs unless the drugs were taken as prescribed by a Physician;
- 8. Service, travel, giving or receiving training for or flight including descending from an aircraft in flight in any kind of aircraft except as a passenger (not including pilots or crew members); or
- 9. War, declared or undeclared, or any act of war.

TERMINATION

This Rider terminates on the earliest of the following:

- 1. The date the Policy to which this Rider is attached terminates;
- 2. The date any premium due for this Rider is not paid before the end of the grace period;
- 3. The anniversary of the Policy following the date on which the Insured attains age 65; or
- 4. The date the Owner gives the Company a written request to terminate this Rider.

OTHER RIDER PROVISIONS

The mode of settlement for the benefits of this Rider will be the same as that elected for the life insurance benefits of the Policy to which this Rider is attached.

The Company, before making any payment under this Rider shall have the right and opportunity to examine the body of the Insured and to make an autopsy where not forbidden by law.

PREMIUMS

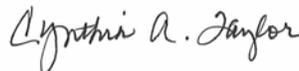
While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy.

This Rider is made a part of the Policy to which it is attached and is subject to all the provisions, conditions, limitations and exclusions of such Policy which are not in conflict with those of this Rider.

Leaders Life Insurance Company has issued this Rider on the effective date shown above.



President



Secretary

LEADERS LIFE INSURANCE COMPANY

P O Box 35768
Tulsa, OK 74153
1-800-725-5433

SPOUSE RIDER

AGREEMENT

This Rider is part of the Policy to which it is attached. This Rider becomes effective on _____.
We have issued this Rider because:

1. The required premium has been paid; and
2. We relied on the application for this Rider.

Unless amended by this Rider, Policy definitions and terms apply to this Rider. Rider premiums are paid to the Company at the same time as the Policy Premiums.

RIDER BENEFIT

Subject to the terms of the Policy and this Rider, the Company will pay the Beneficiary the amount shown below upon receipt of due proof of the Insured's spouse's death.

ATTAINED AGE	COVERAGE
17-40	\$10,000
41-55	\$7,500
56-65	\$5,000

BENEFICIARY

Unless otherwise provided to the Company in writing by the Owner, the Insured of the Policy to which this Rider is attached will be the primary Beneficiary for all benefits under this Rider.

CONVERSION

Coverage for the spouse may be converted at any time to an individual plan of life insurance offered by the Company for this conversion:

1. While this Rider is in force;
2. Before the earlier of the date the spouse reaches age 60 or the date the spouse ceases to be the spouse of the Insured due to divorce or legal separation;
3. By asking for it on our form; and
4. By paying the first premium for the conversion policy.

TERMINATION

This Rider terminates on the earliest of the following:

1. The date the Policy to which this Rider is attached terminates;
2. The date any premium due for this Rider is not paid before the end of the grace period;
3. The anniversary of the Policy following the date on which the spouse attains age 65;
4. The date coverage under this Rider is converted by the spouse;
5. The date the spouse ceases to be the spouse of the Insured due to divorce or legal separation; or
6. The date the Owner gives the Company a written request to terminate this Rider.

PREMIUMS

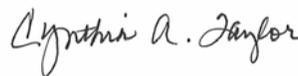
While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy.

This Rider is made a part of the Policy to which it is attached and is subject to all the provisions, conditions, limitations and exclusions of such Policy which are not in conflict with those of this Rider.

Leaders Life Insurance Company has signed this Rider on the effective date shown above.



President



Secretary

LEADERS LIFE INSURANCE COMPANY

P O Box 35768
Tulsa, OK 74153
1-800-725-5433

DEPENDENT CHILD RIDER

AGREEMENT

This Rider is part of the Policy to which it is attached. This Rider becomes effective on _____.
We have issued this Rider because:

1. The required premium has been paid; and
2. We relied on the application for this Rider.

Unless amended by this Rider, Policy definitions and terms apply to this Rider. Rider premiums are paid to the Company at the same time as the Policy Premiums.

RIDER BENEFIT

Subject to the terms of the Policy and this Rider, the Company will pay the Beneficiary the amount shown in the Policy Schedule upon receipt of due proof of the Insured's Dependent Child's death.

RIDER DEFINITION

As used in this Rider, "Dependent Child" means the Insured's unmarried:

1. child, stepchild and legally adopted child shown on the application for this Rider who is at least 30 days old and under the age of 26;
2. child born to the Insured after the application for this Rider who is at least 30 days old and under the age of 26; or
3. child legally adopted by the Insured after the application for this Rider who is at least 30 days old and under the age of 26;
4. stepchild acquired by the Insured after the effective date of this Rider who is at least 30 days old and under the age of 26, subject to written application to and subsequent approval by the Company.

BENEFICIARY

Unless otherwise provided to the Company in writing by the Owner, the Insured of the Policy to which this Rider is attached will be the primary Beneficiary for all benefits under this Rider. If the Insured pre-deceases the Dependent Child, the Owner will be the Beneficiary. If both the Insured and the Owner pre-decease the Dependent Child, the Beneficiary will be the Dependent Child's estate.

PAID UP

If the Insured dies and the Company pays the Death Benefit under the Policy issued to the Insured and to which this Rider is attached, this Rider will become paid up term insurance expiring on the date when such insurance would otherwise have terminated if the Insured's death had not occurred.

CONVERSION

Coverage for the Dependent Child may be converted at any time to an individual plan of life insurance offered by the Company for this conversion:

1. While this Rider is in force;
2. Within 31 days after the date the Dependent Child reaches the maximum age shown above;
3. By asking for it on our form; and
4. By paying the first premium for the conversion policy.

The Dependent Child may convert up to 5X the benefit amount under this Rider. The effective date of the conversion policy will be the day following the 31-day conversion period. If death of the Dependent Child occurs during the 31-day conversion period, the benefit payable will be the amount for which the Dependent Child is insured under this Rider, whether or not application for the conversion policy has been made.

TERMINATION

Coverage for a Dependent Child under this Rider terminates on the earliest of the following:

1. The date the Policy to which this Rider is attached terminates;
2. The date any premium due for such Dependent Child is not paid before the end of the grace period;
3. The date coverage under this Rider is converted by the Dependent Child;
4. The earlier of the date the Dependent Child reaches age 26 or is married, subject to the Conversion provision;
or
5. The date the Owner gives the Company a written request to terminate coverage for such Dependent Child.

This Rider terminates on the earliest of the following:

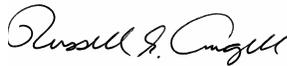
1. The date the Policy to which this Rider is attached terminates;
2. The date any premium due for this Rider is not paid before the end of the grace period;
3. The date the Insured no longer has any Dependent Child(ren) covered under this Rider; or
4. The date the Owner gives the Company a written request to terminate this Rider.

PREMIUMS

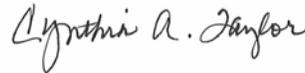
While this Rider is in effect, premiums are due and may be changed according to the terms of the Policy.

This Rider is made a part of the Policy to which it is attached and is subject to all the provisions, conditions, limitations and exclusions of such Policy which are not in conflict with those of this Rider.

Leaders Life Insurance Company has signed this Rider on the effective date shown above.



President



Secretary

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:	Leaders Life Insurance Company		
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life products				
Project Name/Number:	/				

Supporting Document Schedules

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

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	applications are included in the forms schedule tab		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Submission letter		
Comments:			
Attachment(s):			
Submission Letter AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to file		
Comments:			
Attachment(s):			
FilingAuthorization-Lewis&Ellis.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Variability Statement		
Comments:			
Attachment(s):			

SERFF Tracking #:	EWLE-128559678	State Tracking #:		Company Tracking #:	
State:	Arkansas	Filing Company:		Leaders Life Insurance Company	
TOI/Sub-TOI:	L08 Life - Other/L08.000 Life - Other				
Product Name:	Life products				
Project Name/Number:	/				

Variability Statement.pdf

Compliance Certification

Insurance Company: Leaders Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	
LL-19.1 (6/12)	Term Life to Age 100 Including Accelerated Benefit	53.8
LL-19.2 (6/12)	Term Life to Age 100 including Accelerated Benefit	53.8
LL-19.3 (6/12)	Term Life Insurance to Age 100	56.1
LL-19.4 (6/12)	Term Life Insurance to Age 100	56.1
LL-110 (6/12)	Life Insurance Application	51.0
LL-310 (6/12)	Life Insurance Application	53.3
LL-4 (6/12)	Whole Life Insurance Policy	52.2
LL-4C (6/12)	Conversion Life Application	51.6
LL-200 (6/12)	Reinstatement Application	52.0
LL-411 (6/12)	Aviation Questionnaire	55.5
LL-419 (6/12)	Alcohol/Drug Questionnaire	65.6
LL-101 (6/12)	Hazardous Activities Questionnaire	57.0
ALB-DIS (6/12)	Accelerated Benefit Disclosure (at application)	64.8
ALB-END (6/12)	Accelerated Benefit Disclosure (at acceleration)	51.3
19.ADB (6/12)	Accident Rider	52.0
19.STR (6/12)	Spouse Rider	53.0
19.CTR (6/12)	Dependent Child Rider	54.1

I hereby certify that in connection with the above referenced forms, Leaders Life Insurance Company will comply with the requirements of:

Rule & Regulation 19 pertaining to Unfair Sex Discrimination;
Rule & Regulation 49 pertaining to Guaranty Association Notices



Authorized Signature

Cynthia A. Taylor

Name

Secretary

Title

July 9, 2012

Date

Readability Certification

Insurance Company: Leaders Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>	<u>Score</u>
LL-19.1 (6/12)	Term Life to Age 100 Including Accelerated Benefit	53.8
LL-19.2 (6/12)	Term Life to Age 100 including Accelerated Benefit	53.8
LL-19.3 (6/12)	Term Life Insurance to Age 100	56.1
LL-19.4 (6/12)	Term Life Insurance to Age 100	56.1
LL-110 (6/12)	Life Insurance Application	51.0
LL-310 (6/12)	Life Insurance Application	53.3
LL-4 (6/12)	Whole Life Insurance Policy	52.2
LL-4C (6/12)	Conversion Life Application	51.6
LL-200 (6/12)	Reinstatement Application	52.0
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19.ADB (6/12)	Accident Rider	52.0
19.STR (6/12)	Spouse Rider	53.0
19.CTR (6/12)	Dependent Child Rider	54.1

I hereby certify that the above referenced form complies with the readability requirements of this State.



Authorized Signature

Cynthia A. Taylor

Name

Secretary

Title

July 9, 2012

Date



Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Michael A. Mayberry, F.S.A.
David M. Dillon, F.S.A.
Gregory S. Wilson, F.C.A.S.
Steven D. Bryson, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Wesley R. Campbell, F.S.A.
Jacqueline B. Lee, F.S.A.
Robert E. Gove, A.S.A.
J. Finn Knox-Seith, A.S.A.
Brian C. Stentz, A.S.A.
Jay W. Fuller, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

Kansas City

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Anthony G. Proulx, F.S.A.
Thomas L. Handley, F.S.A.
D. Patrick Glenn, A.S.A., A.C.A.S.
Christopher H. Davis, F.S.A.
Karen E. Elsom, F.S.A.
Jill J. Humes, F.S.A.

London / Kansas City

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

Baltimore

David A. Palmer, C.F.E.

July 10, 2012

Arkansas Department of Insurance

RE: Leaders Life Insurance Company NAIC# 74799

LL-19.1 (6/12)	Term Life to Age 100 Including Accelerated Benefit
LL-19.2 (6/12)	Term Life to Age 100 including Accelerated Benefit
LL-19.3 (6/12)	Term Life Insurance to Age 100
LL-19.4 (6/12)	Term Life Insurance to Age 100
LL-110 (6/12)	Life Insurance Application
LL-310 (6/12)	Life Insurance Application
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LL-411 (6/12)	Aviation Questionnaire
LL-419 (6/12)	Alcohol/Drug Questionnaire
LL-101 (6/12)	Hazardous Activities Questionnaire
ALB-DIS (6/12)	Accelerated Benefit Disclosure (at application)
ALB-END (6/12)	Accelerated Benefit Disclosure (at acceleration)
19.ADB (6/12)	Accident Rider
19.STR (6/12)	Spouse Rider
19.CTR (6/12)	Dependent Child Rider

Dear Sir or Madam:

This filing is being made on behalf of Leaders Life Insurance Company. These forms are new and are not intended to replace any forms previously approved.

Forms LL-19.1 (6/12) and LL-19.2 (6/12) are individual decreasing Term Life to Age 100 policies which include a built in accelerated death benefit provision. Forms LL-19.3 (6/12) and LL-19.4 (6/12) are individual decreasing Term Life Insurance to Age 100 policies.

Forms LL-110 (6/12) and LL-310 (6/12) are life insurance applications for use with forms LL-19.1 (6/12), LL-19.2 (6/12), LL-19.3 (6/12) and LL-19.4 (6/12).

Form LL-4 (6/12) is a Whole Life Insurance Policy which will be used in conjunction with conversions from forms LL-19.1 (6/12), LL-19.2 (6/12), LL-19.3 (6/12) and LL-19.4 (6/12). Form L-4C (6/12) is the application to be used with form LL-4 (6/12).

Form LL-200 (6/12) is a Reinstatement Application; form LL-411 (6/12) is an Aviation Questionnaire; form LL-419 (6/12) is an Alcohol/Drug Questionnaire; and form LL-101 (6/12) is an Hazardous Activities Questionnaire.

Form ALB-DIS (6/12) is an Accelerated Benefit Disclosure to be used at time of application and form ALB-END (6/12) is an Accelerated Benefit Disclosure to be used at time of acceleration.

The following optional supplemental benefit forms will be available for use in conjunction with forms LL-19.1 (6/12), LL-19.2 (6/12), LL-19.3 (6/12), LL-19.4 (6/12), and LL-4C (6/12): 19.ADB (6/12), an Accident Rider; 19.STR (6/12) a Spouse Rider; and 19.CTR (6/12) a Dependent Child Rider.

These products will be marketed by licensed agents and also through worksite marketing. The life policies will not be illustrated.

Similar forms were submitted in the Company's domiciliary state of Oklahoma on July 10, 2012.

Form LL-ARK-NOT, the required notice which was approved on October 28, 2008 will be used in conjunction with these forms, when approved.

If you have any questions or need additional information, please do not hesitate to call me at (972) 398-3733.

Sincerely,



Suzanne Heasley, FLMI, CLU
Legal Assistant and Compliance Specialist



December 8, 2011

Re: Filing Authorization
Lewis & Ellis, Inc.
P. O. Box 851851
Richardson, TX 75085

To Whom It May Concern:

I hereby authorize Lewis & Ellis, Inc. (L&E) and any authorized representative of L&E to submit state filings of insurance applications/forms/rates/products on behalf of Leaders Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such applications, forms, rates and/or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Leaders Life Insurance Company.

A handwritten signature in black ink, appearing to read "Russell E. Angell", is written over a horizontal line.

Russell E. Angell, CPA FLMI
President, Leaders Life Insurance Company

Variability Statement

Forms 19.1 (6/12), 19.2 (6/12), 19.3 (6/12), 19.4 (6/12)

Face Page

The brackets around the fraud warning allow for removal of the fraud warning when this form is issued in states other than Oklahoma.

Policy Schedule

The brackets allow for personalization of the policy issued to the insured including optional riders. The ranges for policy face amounts and rider benefit amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between. The brackets around the rider(s) allow for reference to the rider(s) to be removed in the event the optional rider(s) are not elected.

Table A

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.

Form LL-4 (6/12)

Face Page

The brackets around the fraud warning allow for removal of the fraud warning when this form is issued in states other than Oklahoma.

Policy Schedule

The brackets allow for personalization of the policy issued to the insured including optional riders. The ranges for policy face amounts and rider benefit amounts are shown indicating minimum and maximum amounts and applicable increments of amounts between. The brackets around the rider(s) allow for reference to the rider(s) to be removed in the event the optional rider(s) are not elected.

Table of Guaranteed Policy Values

The brackets at the beginning and end of the table allow for personalization of the amounts for the policy issued to the insured.