



Home Mortgage Series



MORTGAGE

Agent's Guide

AMERICO

Americo Financial Life
and Annuity Insurance Company

Offered through Great
Southern Life in the
states of AK and NJ



Contact Information

Online Services: Access product information, illustration software, forms and other valuable information at our agent website, Agent Café at www.americo.com.

Sales Support: Have a question? Sales Support is standing by to assist you with product sales, product availability, software, Agent Café assistance, forms and supply ordering assistance, and general pre-sale questions. Call 1-800-231-0801, ext. 8410 Monday through Friday 8:00 am to 5:00 pm CST or email at salesupport@americo.com.

Supply Orders: Fax supply orders to 1-800-263-3336 (use supply requisition form #55121) or email your order to americosupplies@relizon.com.

Agent Call Center: New business, licensing, and commissions support 1-800-634-1180 or pending.business@americo.com.

Fax your Application: Submit new business applications by faxing the applications with the Faxed Application Transmittal Form (#AFSFAX 2002) to 1-800-395-9261. A maximum of eight applications may be sent per transmittal form; please retain the original application(s) for your files - do not mail.

Underwriting: Have a special situation? For access to an underwriter, contact the Agent Call Center at 1-800-634-1180 and a representative will direct you to an available underwriter.

To submit Underwriting and Delivery Requirements fax to 1-800-395-9238.

Customer Service: To contact a customer service representative call 1-800-634-1181 or email kccustomer.service@americo.com. Fax customer service at 1-800-395-9238.

Mailing Addresses:

General Delivery

P.O. Box 410288
Kansas City, MO 64141-0288

Overnight

300 W. 11th Street
Kansas City, MO 64105-1618

Paramedical Companies

The following paramedical companies have been approved to perform paramedical examinations. You may call their 800 numbers or use the Internet to access their local or national directories.

APPS - American Para Professional Systems, Inc.
1-800-635-1677
www.appsnational.com

EMSI - Examination Management Services, Inc.
1-800-872-3674
www.emsinet.com

Portamedic
1-800-782-7373
www.portamedic.com

Americo Financial Life and Annuity Insurance Company is authorized to do business in all states and the District of Columbia except AK, NY, NJ and VT. Great Southern Life Insurance Company is authorized to do business in AK and NJ.

Table of Contents

Product Highlights	2
Product Specifications	2
Riders & Benefits	3
Return of Premium Rider	3
Endowment Rider	3
Disability Income Rider	4
Critical Illness Accelerated Benefit Rider	4
Waiver of Premium for Disability Rider	5
Involuntary Unemployment Waiver of Premium Rider	6
Additional Insured Term Insurance Rider	6
Children's Term Rider	6
Accidental Death Benefit Rider	7
New Business Information	7
Underwriting Information	8
Disability Income Rider Underwriting Guidelines	9
Medical Impairment Guide.....	10
Build Chart	13
Blood Pressure Guide	13
Rate Charts	14
Base Current and Guaranteed Rates	15
Current and Guaranteed Rates with Return of Premium	16
Current and Guaranteed Rates with Endowment.....	17
Return of Premium Rider Percentages of Total Premium.....	18
Disability Income Rider 1 and 2 Year Benefit Period with Return of Premium	18
Endowment Rider Percentages of Total Premium	19
Disability Income Rider 1 and 2 Year Benefit Period with Endowment	19
Base Critical Illness Accelerated Benefit Rider Current	20
Critical Illness Accelerated Benefit Rider Current with Return of Premium.....	20
Critical Illness Accelerated Benefit Rider Current with Endowment	21
Waiver of Premium Rider with Return of Premium	22
Accidental Death Benefit Rider with Endowment.....	22
Disability Income Rider 1 and 2 Year Benefit Period - California.....	23
Waiver of Premium Rider with Endowment	24
Accidental Death Benefit Rider with Endowment.....	24

Home Mortgage Series

Agent's Guide

Product Highlights

Home Mortgage Series is a specially designed selection of term life insurance products designed to protect your client's mortgage. A variety of level benefit periods and guaranteed premiums provide flexibility to fit individual needs. Optional riders offer additional benefits to further protect the family home mortgage in times of financial hardship.

Home Mortgage Series and its optional riders:

- Help pay off the mortgage upon death
- Help pay the mortgage payment upon disability
- Provide a lump sum of cash if diagnosed with a critical illness
- Waive premiums in the event of unemployment or disability
- Return premiums if benefits are not utilized

Additional Features:

- Level premium periods of 15, 20, 25, and 30 years
- Premiums guaranteed for five years or for full term
- Minimum issue \$25,000
- Accept/Reject; issued standard through Table 6
- Expanded underwriting
- Non-medical through \$250,000
- \$250,001 to \$350,000 with saliva test
- \$80 fully commissionable annual policy fee
- Competitive commissions

Optional Benefit Riders Available:

- Return of Premium
- Disability Income (up to \$2,000 per month) (Also available on Additional Insured (Spouse) Rider)
- Critical Illness (accelerated death benefit up to 50% of face amount)
- Additional Insured Term Insurance
- Waiver of Premium for Disability
- Children's Term (up to \$15,000 per child)
- Accidental Death Benefit
- Involuntary Unemployment Waiver of Premium

Product Specifications

Individual Policy Series 174
Group Policy Series 234

Death Benefit & Guaranteed Premium Options

The Home Mortgage Series offers a selection of level term periods and premium guarantees. Please use the following product names as appropriate when completing the application:

Product Name	Level Term	Premium Guarantee
HMS 15/15	15 years	15 years
HMS 20/20	20 years	20 years
HMS 25/25	25 years	25 years
HMS 30/30	30 years	30 years
HMS 15/5	15 years	5 years
HMS 20/5	20 years	5 years
HMS 25/5	25 years	5 years
HMS 30/5	30 years	5 years

Application

Individual Application Series 5089
Group Application Series 5089-C

Issue Ages

Age last birthday

Term	Issue Ages	Term	Issue Ages
HMS 15/15	20-65	HMS 15/5	20-65
HMS 20/20	20-60	HMS 20/5	20-60
HMS 25/25	20-55	HMS 25/5	20-55
HMS 30/30	20-50	HMS 30/5	20-60

Face Amounts

Minimum = \$25,000 (\$50,000 in Washington)
Maximum = \$500,000 (\$250,000 for simplified issue) The maximum face amount that can be issued is 125% of a single mortgage, or the sum total of any first and second mortgages for the insured's primary or secondary residence, not to exceed a total combined amount of \$500,000.

Conversion

Conversion allowed to age 65 or through the term period, whichever occurs first.

Conversions are limited to products that are offered for conversion on the date of conversion. Conversions are not allowed when premiums are being waived due to disability. The required annual premium on the conversion policy must exceed the annual premium on the term coverage at the time of the conversion. The premium on the conversion policy will be based on the insured's attained age.

No evidence of insurability is required for conversion of the base coverage. Evidence of insurability may be required to convert riders and benefits.

The Term Conversion Allowance (TCA) is available during the first five years of coverage and allows for a percentage of premium paid to apply toward the annual premium of the new policy. Commissions will only be paid on the portion of the annual premium of the new policy in excess of any TCA

Year of Coverage	Percentage of Premium
1	100%
2	80%
3	60%
4	40%
5	20%

Sex Rating

Unisex

Underwriting Classes

Non-nicotine or Nicotine

Non-nicotine rates available if the applicant has not smoked cigarettes, cigars, used nicotine patches or chewed tobacco or nicotine gum in the last 12 months.

Underwriting

Accept/Reject through table 6

Simplified issue through \$250,000; \$250,001 to \$350,000 with agent collected saliva test and HIV form. See Underwriting section for more information.

Annual Policy Fee

\$80 (fully commissionable)

Length of Coverage

May be continued to age 95.

Premium Modes/Factors Available

Apply after adding a \$80 annual policy fee.

Mode	Factor
Annual	1.00
Monthly EFT	.0875

Home Mortgage Series – Group Term

This product is offered on a group or individual basis depending on state. A certificate of coverage will be issued to persons who become insured under the group plan. The certificate specifically states that in the event the group is dissolved, the certificate will be converted to an individual policy. There is no effect on the insured's coverage. A specimen group certificate and individual policy are available for your review on Agent Café and upon request.

Riders and Benefits

RETURN OF PREMIUM RIDER

(Individual Rider Series 2132;

Group Rider Series 2133)

(Rider not available in all states)

Description

This optional benefit rider returns up to 100% of the premium if the coverage terminates (other than by the death of the insured) after the fifth anniversary and on or before the expiry date and while the rider is in force. The Return of Premium benefit will be the total accumulation of premium paid multiplied by the percentage of total premium shown in the Return of Premium Rider table in the Rate Charts section. The total of premium refunded will be reduced by any amount paid under the Disability Income Rider.

Issue Ages

Same as base coverage.

ENDOWMENT RIDER

(Individual Rider Series 2143)

(Available only in IN,KS,OR,TX)

Description

This optional rider provides a benefit if the insured is living, and the rider is in force after the first five years but before the end of the level premium period. If at any time after the first five years the rider premium is not paid, the endowment benefit will be paid and the rider will terminate. The benefit is a yearly increasing percentage of total premiums, up to a maximum of 100%. At the end of the level premium period, this rider automatically expires and the endowment benefit is payable. See Rate Chart section for schedule of percentages and premiums.

DISABILITY INCOME RIDER

(Individual Rider Series 2145;
Group Rider Series 2145-C)

Supplemental Application (Individual Application Series 5083; Group Application Series 5083-C)

Description

The Disability Income (DI) Rider allows the Insured and the Additional Insured (spouse) to receive monthly benefit payments in the event of a total disability. A 90-day waiting period applies, which means disability income benefits begin to accrue after the Insured has been totally disabled for 90 continuous days, and the Insured has met all the requirements for benefits under this rider. No benefits are payable unless the period of total disability lasts longer than 90 days. Benefit payments begin to accrue on the 91st day and are payable in arrears on or near the 120th day. The exact date that the client begins receiving benefits depends on the issue state of the Insured. See the policy for complete details.

Total disability must:

- ♦ begin while coverage is in effect
- ♦ continue for at least three months
- ♦ begin before the insured person's contract expiration date
- ♦ result from injury or disease
- ♦ keep the insured person from being able to perform the material and substantial duties of his or her regular occupation while not engaged in any other occupation for wage or profit as a result of the injury or disease

Issue Ages

20-60, age last birthday

Minimum Benefit

The minimum benefit is \$100 per month.

Maximum Benefit

The maximum benefit is the lesser of \$2,000 per month or two percent of the base face amount, not to exceed the insured's monthly mortgage (principal, interest, taxes and insurance). Benefit amounts are limited to a maximum of 60% of the applicant's gross earned monthly income, 40% in states with mandatory DI programs (CA, RI, HI, and PR). For federal, state, county, and city employees benefit amounts are limited to a maximum of 15% of gross earned monthly income for single applicants and 20% of gross earned monthly income for married applicants.

The DI benefit issued will coordinate with other individual DI insurance in force on the applicant. The maximum benefit issued will be based upon the total DI benefits on the applicant not exceeding the percentages stated above. Group DI insurance will not be included in determining the amount of coverage currently in force on the applicant.

Maximum Benefit Period

Benefits will be paid for a maximum of one to two years depending on which option is chosen at time of issue. After a period of total disability, if the insured returns to work for a period of less than six months, then any subsequent total disability resulting from the initial cause or a related condition(s) will be considered a part of the initial total disability.

Termination

DI Rider coverage terminates upon:

- ♦ surrender or termination of the base coverage,
- ♦ the coverage anniversary following the insured's 65th birthday, or
- ♦ the monthiversary following the receipt of written request to terminate the rider.

Claiming the Benefit

The insured must send us satisfactory written notice of total disability. We must receive such notice:

- ♦ while the rider coverage is in effect for the insured,
- ♦ during the insured person's life,
- ♦ while the insured is totally disabled, and
- ♦ within 30 days of becoming totally disabled.

In addition to the notice, proof of total disability must be furnished and all requirements for claiming the benefit must be met. See contract for details and exceptions.

Note: This rider can be added to Additional Insured Term Insurance Rider.

Proof of Continued Total Disability

We may periodically require proof of continued total disability. We may also require that a physician of our choice, at our expense, examine the insured. Monthly benefits will end if the insured does not provide satisfactory proof within 30 days of our request, if the insured is no longer totally disabled, or if the policy is surrendered or terminated. The insured will agree to notify us as soon as possible after the insured is no longer totally disabled.

See Disability Income Rider underwriting guidelines for more information.

CRITICAL ILLNESS ACCELERATED BENEFIT RIDER

(Individual Rider Series 2139;
Group Rider Series 2139-C)

Supplemental Application and Disclosure:

Individual Application Series 5082
Group Application Series 5082-C
Individual Disclosure Series 8382
Group Disclosure Series 8382-C

Description

Up to 50% of the death benefit will be advanced upon the diagnosis of a qualifying event. Americo will advance the amount selected at the time of application. The advance is an acceleration of the death benefit, which will be reduced by the amount of the advance. Premium will be reduced accordingly. Only one acceleration per contract is permitted.

Rates, benefits and qualifying events vary by state. Contact the home office for specific variations. Not available with the Waiver of Premium for Disability Rider.

Issue Ages

20-60, age last birthday.

Minimum Benefit

\$10,000

Maximum Benefit

Lesser of 50% of the face amount of the base coverage or \$250,000.

Current & Guaranteed Premiums

Current premiums are anticipated to be level for the entire term. They are guaranteed for the first five years of coverage. After five years, guaranteed premiums are equal to two times the current premiums.

Qualifying Events

The qualifying event must occur on or after the 30th day following the effective date of this rider, except in the case of life-threatening cancer, which must manifest itself 90 days after the effective date. The following is a list of conditions constituting a qualifying event:

- ♦Life-threatening cancer – Malignant neoplasms (including hematological malignancy), which are identified by the uncontrollable growth and spread of malignant cells and the invasion of tissue, including tumors and malignant melanomas that have spread through the epidermis. Cancer does not include pre-

malignant lesions (such as intraepithelial neoplasia), benign tumors or polyps, stage A prostate cancer, non-invasive cancer in situ, or any skin cancer other than invasive malignant melanoma into the dermis or deeper.

- ♦Heart attack (myocardial infarction) – The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis must be based on electrocardiographic changes consistent with heart attack accompanied by concurrent diagnostic elevation of cardiac enzymes. The heart attack must have been severe enough to require an inpatient hospital stay and any impairment sustained as a result of the heart attack must be evident for at least 60 days after hospital discharge. Heart attack does not include transient ischemic attacks, angina, or the chance finding of EKG changes suggestive of a previous heart attack.

- ♦Stroke (cerebrovascular accident) - Infarction (death) of brain caused by hemorrhage, thrombosis or embolus producing measurable, neurological deficit persisting for at least 60 days following the occurrence of the stroke. Stroke does not include Transient Ischemic Attacks (TIA).

- ♦Renal failure – Chronic irreversible failure of both kidneys (end stage renal disease), which requires the undergoing of regular dialysis. Benefits will become payable if permanent renal failure persists for a period of at least 90 days.

- ♦Major organ transplant – The receipt by transplant of any of the following organs or tissues: the entire heart, liver, lung, kidney or bone marrow. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with the organ(s) or tissue from a suitable donor under generally accepted medical procedures.

- ♦Paralysis – Complete and permanent loss of use of two or more limbs through neurological injury producing paralysis confirmed to have been present by a physician for a continuous period of at least 180 days from the time paralysis begins.

Americo will require a written request and proof satisfactory to the company that the insured has been diagnosed with a qualifying event.

WAIVER OF PREMIUM FOR DISABILITY RIDER

(Individual Rider Series 2100;
Group Rider Series 2130)

Description

The Waiver of Premium for Disability Rider benefit provides that the total premium (including premium

for riders) will be waived if the base Insured becomes totally disabled. After 180 consecutive days of disability, the premium will be waived from the date of disability for the duration of the disability. This benefit terminates on the earliest of:

- ♦ the coverage anniversary nearest the Insured's 60th birthday if the insured is not disabled at the time;
- ♦ the date the Insured recovers if disabled on the coverage anniversary nearest the insured's 60th birthday; or
- ♦ the date the base coverage terminates.

If the coverage includes a Children's Term Rider, the Waiver of Premium for Disability Rider must also be purchased on the Children's Term Rider. There is an additional charge for Waiver of Premium for Disability if there is an Additional Insured Term Insurance Rider, which is based on the additional insured's age and face amount. If the Primary Insured becomes disabled, then the premium for the entire coverage (including the Additional Insured Term Insurance Rider) is waived. However, if the Additional Insured becomes disabled when the rider coverage is on the Primary Insured, premiums are not waived. If the Additional Insured wants the Waiver of Premium for Disability benefit to apply to him/herself, apply for separate coverage on the Additional Insured instead of attaching the Additional Insured Term Insurance Rider.

Not available with the Critical Illness Accelerated Benefit Rider.

Issue Ages

20 – 55, age last birthday.

Guaranteed Premiums

The annual premium per \$1,000 of face amount is based on the Insured's issue age for the benefit and whether or not the Return of Premium Rider is selected.

INVOLUNTARY UNEMPLOYMENT WAIVER OF PREMIUM RIDER

(Individual Rider Series 2140;
Group Rider Series 2140-C)

Description

This rider will waive up to six months of the premium for the period of the Insured's continuous unemployment if the Insured suffers Involuntary Unemployment, up to a maximum of \$500 per month. This benefit may be used only once every five years. The Insured must have worked full-time for at least 90 days after the effective date of the rider and for at

least 90 days prior to receiving State or Federal unemployment benefits. In order to waive the premium, the Insured must be receiving State or Federal unemployment benefits for at least four consecutive weeks and not be currently employed on a full-time basis.

There is no charge for this rider and it will automatically be added when the Waiver of Premium for Disability Rider is selected.

Issue Ages

20 – 55, age last birthday.

Termination

Age 60

Payments cease when the Insured secures new employment. Proof must be given of continuous unemployment or disability in order to continue to collect the benefit. If the Insured becomes unemployed on more than one occasion, premiums will only be waived once every five years.

ADDITIONAL INSURED TERM INSURANCE RIDER

(Individual Rider Series 2136;
Group Rider Series 2136-C)

Description

Provides term life coverage for the spouse of the base insured. Current rates are guaranteed level for the full term or for five years. There is no policy fee associated with this rider. The rider may be converted to a permanent life insurance policy prior to the additional insured's age 65, or when the base coverage matures, converts or is terminated due to the insured's death.

Issue Ages

Same as base coverage.

Face Amounts

Minimum = \$25,000

Maximum = Not to exceed the face amount of the base coverage

CHILDREN'S TERM RIDER

(Individual Rider Series 2018;
Group Rider Series 2135)

Description

This rider provides level term life insurance on any child, stepchild or legally adopted child of the insured named in the application, provided the child is 19 years of age or younger on the date of

application. After the date of application, the rider will include any child born to the insured or legally adopted by the insured, provided the child is 19 years of age or younger at the time of adoption. The Children's Rider is issued in units of \$1,000 of level term life insurance. **The maximum number of units available is 15.** Coverage on each child terminates on the child's 25th birthday or the coverage anniversary nearest the base insured's 65th birthday, if earlier. If the base insured dies while this rider is in force, the level term life insurance on each child becomes fully paid-up term insurance.

Conversion to a new policy is available on the child's 25th birthday or the coverage anniversary nearest the base insured's 65th birthday, if earlier. Conversion to a permanent policy of insurance is permitted for up to five times the amount of coverage in force on the child.

Issue Ages

Child must be 15 days -19 years, age last birthday

Face Amount

Minimum = \$1,000 (1 unit)

Children's Term Rider		
Annual Rates per \$1000 Rider Face		
	w/o WOP	w/WOP
Base	\$5.75	\$5.95
w/ROP	\$8.00	\$8.30
w/Endowment	\$8.00	\$8.30

Maximum = \$15,000 (15 units)

ACCIDENTAL DEATH BENEFIT RIDER

(Individual Rider Series 2111;
Group Rider Series 2111-C)

Description

Provides for an additional benefit in the event of the insured's death as a result of an accidental bodily injury within 90 days of the injury.

Issue Ages

20-60, age last birthday.

Minimum Benefit

\$10,000

Maximum Benefit

Lesser of \$400,000 or face amount of the base coverage.

New Business Information

Fast Track Policy Issue

- ♦ Fax a copy of the application and copy of the premium check or EFT form to begin processing. Use the Americo fax application transmittal form (AFSFAX2002).
- ♦ Answer all questions on the application.
- ♦ Double check before submission. Common errors that can delay processing include missing signatures, dates and agent numbers.
- ♦ Print clearly using black ink.
- ♦ Submit all state-required forms, replacement and original forms.
- ♦ Detach conditional receipt and leave with applicant, if applicable.
- ♦ Note special requests such as policy date, date to save age, or issue family member or partners together.
- ♦ Provide proof of mortgage.

Cash With Applications (CWA)

- ♦ Do not send partial premiums. A full modal premium is required. Do not send cash. We do not accept money orders for initial premium payments.
- ♦ We cannot process premium checks that are post dated, backdated more than six months or improperly endorsed.
- ♦ Bank draft authorization with a voided check is considered by the home office to be the same as CWA. We will draft for the first premium immediately upon underwriting approval, assuming no other requirements are outstanding.
- ♦ If application is faxed with bank draft authorization form and initial premium was also collected, a copy of the initial premium check must also be faxed with application to avoid an immediate bank draft for initial premium.
- ♦ You must note the policy number on the CWA check before mailing the check to the home office.
- ♦ Personal checks written by the agent on behalf of the applicant will not be accepted.

Underwriting Information

Face Amounts

The maximum face amount that can be issued is 125% of a single mortgage, or the sum total of any first and second mortgages for the insured's primary or secondary residence, not to exceed a total combined amount of \$500,000.

Face Amount	Ages 20-65
\$25,000 - 250,000*	Non-Medical
\$250,001 - 350,000**	Non-Medical w/ Agent Collected Saliva Test and HIV form
\$350,001 - 500,000**	Paramed Exam, HOS, & Blood Profile

*A saliva test is required in Maine for any face amount issued.

**An agent administered Clinical Reference Lab (CRL) saliva test, along with the state-specific HIV form is required for all applications \$250,001 through \$350,000.

Underwriting

Accept/Reject through Table 6
Simplified issue through \$250,000
\$250,001 to \$350,000 with agent collected saliva test and HIV form Standard underwriting \$350,001 to \$500,000

Expanded Underwriting

If the application does not qualify for Standard HMS approval, additional underwriting can be considered. Before such expanded underwriting is begun, Americo will contact the agent to determine if additional underwriting is acceptable. If so, specific underwriting requirements will be ordered such as an APS, Medical Questionnaire or paramedical exams and labs. A decision may then be made to issue the policy standard or as a special, increased premium class (minimum \$50,000 face amount). Return of Premium Rider/Endowment Rider is available when a special class premium is issue.

Agent Collected Saliva

Saliva testing is used for Home Mortgage Series products only with the OraSure collection device, which is a non-invasive way to collect oral fluid specimens. Agents must be certified to complete the saliva collection process. The training process can be completed over the Internet at www.salivatraining.com or through a training brochure available from the home office by completing a brief training program which includes a short quiz.

The saliva specimen is collected by the agent and forwarded to Clinical Reference Laboratory in a

special mailing envelope provided in the saliva kit. The agent must complete the lab slip with the proposed insured's signature, the agent signature, and agent number.

Medical Impairments

Applications are accepted or rejected based on build and/or medical history. Therefore, you should provide detailed information on the application if any medical impairments exist. Use appropriate medical questionnaire if necessary.

Medical Questionnaires

Americo has a number of medical questionnaires that may be submitted with the mortgage application in an effort to assist you in qualifying individuals. Contact Americo Mortgage Underwriting at 1-800-231-0801 for available forms.

Previous applications for life insurance that have been declined or issued on a moderate substandard basis are not eligible for Home Mortgage Series. Call an Americo mortgage underwriter if there are any questions regarding eligibility for this product.

Ordering of Requirements

Agents are responsible for scheduling medical requirements based on the proposed insured's age and amount of insurance applied for and in force with all Americo companies.

Approved Paramedical Companies

The following paramedical companies have been approved to perform paramedical examinations. You may call their 800 numbers or use the Internet to access local or national directories. Paramedical companies will not collect saliva.

APPS - American Para Professional Systems, Inc.
1-800-635-1677
www.appsnational.com

EMSI - Examination Management Services, Inc.
1-800-872-3674
www.emsinet.com

Portamedic
1-800-782-7373
www.portamedic.com

Evidence of Mortgage

- ◆ Applications submitted where the Disability Income Rider is applied for must be accompanied by valid proof of a new mortgage or mortgage refinance obtained in the last **two** years.
- ◆ Applications submitted where the Disability Income Rider is not applied for, must be

accompanied by valid proof of a new mortgage or mortgage refinance obtained in the last **four** years.

The following forms of evidence may be submitted:

- ◆ copy of the mortgage lead card used to prospect the customer, signed by the applicant,
- ◆ copy of the insured's mortgage payment voucher.
- ◆ completion of proof of mortgage section on application

- ◆ bungee jumping
- ◆ Participating in any form of aviation other than as a fare-paying passenger in a fully licensed passenger carrying aircraft
- ◆ **Pre-existing conditions**

Disability Income Rider Underwriting Guidelines

Guidelines

Underwriting for the DI Rider utilizes information obtained from the base policy as well as information obtained on the DI Rider supplemental application (Individual Application Series 5083; Group Application Series 5083-C).

Sex Rating

Unisex

Underwriting

Accept/Reject through Table 2.

Exclusion riders may be used for certain conditions, however, the DI Rider should be declined if it is necessary to place more than three exclusion ratings on the policy.

Occupational Classes

Class 4A, 3A, 2A, A and B are acceptable. The rider is not available to postal, railroad employees or military members. Self-employed individuals are eligible. However, be sure to evaluate the qualifying amount on the net monthly income instead of the gross monthly income. **Refer to the Disability Income Rider Occupation List (04-034-1).**

Exclusions

We will not pay the monthly disability benefit if total disability results from:

- ◆ Attempted suicide
- ◆ Willful and intentionally self-inflicted injury
- ◆ Normal pregnancy or childbirth
- ◆ Any act of war, declared or undeclared, or any act related to war
- ◆ Military service for any country at war
- ◆ Mental or emotional disorders
- ◆ Committing or attempting to commit an assault or a felony
- ◆ Intoxication or being under the influence of any drug unless prescribed by a physician
- ◆ Mountaineering, skydiving, hang gliding or

Category	Criteria	Base Policy	DI Rider
Abortion		Standard	Standard
Abscess		Standard	Standard
Addison's Disease	Acute Single Episode	Standard	Decline
	All Others	Decline	Decline
AIDS		Decline	Decline
Alcoholism	Within 4 years of diagnosis	Decline	Decline
	After 4 years	Standard	Decline
Alzheimer's		Decline	Decline
Amputation	Caused by injury	Standard	Rider
	Caused by disease	Decline	Decline
Anemia	Iron deficiency on vitamins only	Standard	Standard
Aneurysm		Decline	Decline
Angina	See Heart Disease		
Angioplasty	See Heart Disease		
Ankylosis		Standard	Standard
Aortic Stenosis		Decline	Decline
Arteriosclerosis		Decline	Decline
Appendectomy		Standard	Standard
Arthritis	Osteoarthritis	Standard	Rider
	Rheumatoid-minimal, normal spine, slight impairment	Standard	Decline
	Rheumatoid-all others	Decline	Decline
Asthma	Mild, occasional, brief episodes, no incapacitation, childhood, allergic or seasonal, no complications.	Standard	Decline
	Moderate, more than one episode a month and less than 4 episodes a month, incapacitated no longer than one day, no complications.	Standard	Decline
	Severe, hospitalization, incapacitated longer than a day at a time, prolonged steroid or gold therapy.	Decline	Decline
Aviation	Questionnaire required (Commercial/Private Non-hazardous)	Standard	Rider
Blindness	Caused by Diabetes	Decline	Decline
	Other causes	Standard	Decline
Blood Pressure	See Hypertension		
Bronchitis	Acute treated and recovered	Standard	Standard
	Chronic ongoing; Chronic obstructive lung disease (COPD)	Decline	Decline
Buerger's Disease		Decline	Decline
By-Pass Surgery	See Heart Disease		
Cancer	Basal Cell Carcinoma (skin)	Standard	Rider
	10 years since surgery or diagnosis; no recurrence	Standard	Standard
	All others	Decline	Decline
Cerebral Concussion	Mild, full recovery, no residuals	Standard	Standard
Cerebral Palsy		Decline	Decline
Chronic Obstructive Lung Disease		Decline	Decline
Pulmonary Disease		Decline	Decline
Cirrhosis of Liver		Decline	Decline
Colitis		Standard	Standard
Congestive Heart Failure		Decline	Decline
CVA		Decline	Decline
Cystic Fibrosis		Decline	Decline

Category	Criteria	Base Policy	DI Rider
Diabetes	History of hypertension, overweight, peripheral vascular disease, heart disease, eye disorders, Insulin usage.	Decline	Decline
	Oral medications/diet and controlled without complications	Standard	Decline
Diverticulitis/Diverticulosis		Standard	Standard
Down's Syndrome		Decline	Decline
Driving Record	DWI within previous 3 years, 2 or more accidents within previous 3 years or 3 or more moving violations within 3 years	Decline	Decline
	Currently Suspended	Decline	Decline
	All others	Standard	Standard
Drug Use	Current non-prescription drug use	Decline	Decline
	Treatment within 4 years	Decline	Decline
	Treatment within 4th - 5th year	Standard	Decline
	Treatment after 5 years, non-usage since	Standard	Decline
Duodenitis		Standard	Standard
Edema	Refer to Cause		
Emphysema		Decline	Decline
Epilepsy	Petit Mal	Standard	Rider
	Grand Mal	Decline	Decline
Eye Disorder		Standard	Rider
Fibrillation		Decline	Decline
Gallbladder Disorders		Standard	Standard
Gastritis		Standard	Standard
Glomerulosclerosis	Acute-after one year	Standard	Standard
Gout		Standard	Rider
Heart Disease	Includes heart attack, myocardial infarction, coronary artery disease, angina pectoris	Decline	Decline
Heart Murmur	Heard as a child, no symptoms (innocent)	Standard	Standard
	Others	Decline	Decline
Hemophilia		Decline	Decline
Hepatitis	A or Non A/B (recovery, no residuals)	Standard	Standard
	B or C	Decline	Decline
Hepatomegaly		Decline	Decline
Hodgkin's Disease		Decline	Decline
Hypertension	Controlled with exercise or one medication (Need current reading; See <i>Blood Pressure Guide</i>)	Standard	Standard
	Uncontrolled or using two or more medications to control	Decline	Decline
Hysterectomy	No cancer	Standard	Standard
Kidney Disease	Failure	Decline	Decline
	Stone(s) (unilateral or with surgery)	Standard	Standard
	Polycystic Kidney Disease	Decline	Decline
	Nephrectomy	Decline	Decline
	Nephritis	Decline	Decline
	Dialysis	Decline	Decline
	Infection-recovered	Standard	Standard
	Transplant	Decline	Decline
Leukemia		Decline	Decline
Liver Impairments		Decline	Decline

Category	Criteria	Life	DI Rider
Lupus Erythematosus	Discoïd-under treatment or recovered	Standard	Decline
	Systemic	Decline	Decline
Marfan's Syndrome		Decline	Decline
Meniere's Disease		Standard	Decline
Mitral Insufficiency		Decline	Decline
Mitral Stenosis		Decline	Decline
Multiple Sclerosis		Decline	Decline
Muscular Dystrophy		Decline	Decline
Narcolepsy		Standard	Decline
Nervous Disorder	Anxiety, one medication, situational in nature	Standard	Decline
	Major depression, bi-polar disorder, schizophrenia	Decline	Decline
Pacemaker		Decline	Decline
Pancreatitis	Single attack	Standard	Decline
Paraplegia	Due to trauma	Standard	Decline
Parkinson's Disease		Decline	Decline
Peripheral Vascular Disease		Decline	Decline
Prostate Disorder	Infection	Standard	Standard
	Cancer	Decline	Decline
Quadriplegia		Decline	Decline
Retardation	Mild to moderate	Standard	Decline
	Severe	Decline	Decline
Rheumatic Fever	(One attack - Recovery)	Standard	Standard
Sarcoidosis	Localized, non-pulmonary	Standard	Standard
	Pulmonary	Decline	Decline
Spina Bifida	Operated	Standard	Rider
	Un-operated or closed	Decline	Decline
Splenectomy		Standard	Standard
Stroke		Decline	Decline
Suicide Attempt		Decline	Decline
Thyroid Disorder		Standard	Standard
Transient Ischemic Attack	After 6 months, No Residuals	Standard	Decline
Tuberculosis	Within 2 years of treatment and/or diagnosis	Decline	Decline
	Over 2 years	Standard	Decline
Ulcer	Peptic or duodenal or gastric, no surgery	Standard	Standard
	All types with surgery	Decline	Decline
Urinary Disorders		Standard	Standard
Vascular Impairments	Peripheral Vascular Disease/Valve Surgery	Decline	Decline
Venereal Diseases		Standard	Standard
Weight	See Maximum Weight Ranges for Stated Heights Chart		

Blood Pressure Guide

Unisex

Assuming no more than one medication is used to control blood pressure, risks will be accepted under the following guidelines:

Age	Blood Pressure	
	Life	DI Rider
Up through 39 Years	160/98	146/92
40 to 49 Years	165/100	152/94
50 to 65 Years	170/102	156/96

*Please indicate last and average blood pressure reading and date taken.

Blood Pressure Questionnaire

It is very helpful in cases where you client has high blood pressure, to complete and submit a high blood pressure questionnaire, Form 04-006-3 with the HMS application. This form is available through Agent Cafe, www.americo.com.

Build Chart

Unisex

Height	MAXIMUM WEIGHT RANGES FOR STATED HEIGHTS	
	Weight (lbs.)	
	Life	DI Rider
4'8"	74-196	82-174
4'9"	76-203	86-180
4'10"	79-211	88-187
4'11"	82-218	90-193
5'0"	84-225	92-200
5'1"	87-233	95-206
5'2"	90-241	97-213
5'3"	93-248	99-220
5'4"	96-256	101-227
5'5"	99-264	103-234
5'6"	102-273	106-242
5'7"	105-281	108-249
5'8"	109-289	111-256
5'9"	112-298	114-264
5'10"	115-307	117-272
5'11"	118-315	120-280
6'0"	122-324	123-288
6'1"	125-334	126-296
6'2"	129-343	129-304
6'3"	132-352	133-312
6'4"	136-361	136-320
6'5"	139-371	140-329
6'6"	143-381	143-337
6'7"	146-391	146-346

Rate Charts

All rates to calculate guaranteed premiums can be found in the following rate charts. Yearly renewable term rates and guaranteed rates can be found on form 05-119-4 on Agent Cafe at www.americo.com.

Additional rates available:

- ◆ *Base and Additional Insured Yearly Renewable Term Rates*
- ◆ *Base and Additional Insured Yearly Renewable Term Rates with Return of Premium Rider*
- ◆ *Base and Additional Insured Yearly Renewable Term Rates with Endowment Rider*
- ◆ *Critical Illness Accelerated Benefit Rider Guaranteed Annual Rates*
- ◆ *Critical Illness Accelerated Benefit Rider Guaranteed Annual Rates with Return of Premium Rider*
- ◆ *Critical Illness Accelerated Benefit Rider Guaranteed Annual Rates with Endowment Rider*

Base and Additional Insured Initial Current and Guaranteed Rates

Annual Rates per \$1000

Home Mortgage Series - 5 year guarantee								
Base coverage only, no riders								
Issue Age	HMS 15/5		HMS 20/5		HMS 25/5		HMS 30/5	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
21	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
22	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
23	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
24	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
25	1.01	2.00	1.09	2.18	1.18	2.42	1.32	2.64
26	1.09	2.07	1.16	2.26	1.27	2.42	1.41	2.71
27	1.09	2.07	1.16	2.29	1.27	2.48	1.41	2.80
28	1.09	2.13	1.19	2.36	1.34	2.56	1.47	2.88
29	1.09	2.13	1.19	2.44	1.34	2.72	1.47	3.05
30	1.09	2.28	1.28	2.50	1.41	2.79	1.56	3.22
31	1.15	2.35	1.28	2.65	1.41	3.03	1.56	3.38
32	1.15	2.49	1.34	2.87	1.49	3.18	1.73	3.63
33	1.23	2.63	1.42	3.02	1.57	3.41	1.81	3.79
34	1.30	2.83	1.57	3.23	1.72	3.64	1.88	4.04
35	1.37	2.98	1.64	3.45	1.80	3.94	2.06	4.37
36	1.50	3.33	1.78	3.81	2.03	4.33	2.24	4.78
37	1.65	3.61	1.93	4.18	2.18	4.79	2.46	5.19
38	1.79	3.96	2.14	4.61	2.42	5.23	2.71	5.69
39	1.93	4.38	2.36	5.06	2.65	5.70	2.97	6.26
40	2.13	4.73	2.59	5.56	2.86	6.24	3.22	6.84
41	2.35	5.21	2.79	5.99	3.18	6.85	3.53	7.49
42	2.55	5.63	3.09	6.57	3.48	7.47	3.87	8.16
43	2.77	6.13	3.38	7.09	3.79	8.08	4.28	8.90
44	3.05	6.61	3.67	7.67	4.17	8.76	4.60	9.64
45	3.25	7.11	3.96	8.32	4.56	9.46	5.03	10.46
46	3.68	7.81	4.40	9.04	5.01	10.29	5.53	11.34
47	4.03	8.51	4.90	9.85	5.55	11.21	6.06	12.32
48	4.45	9.21	5.35	10.72	6.09	12.12	6.59	13.06
49	4.80	9.91	5.85	11.52	6.70	13.04	7.17	14.13
50	5.21	10.68	6.37	12.39	7.31	14.04	7.76	14.87
51	5.71	11.45	6.94	13.34	7.91	15.11	8.36	16.14
52	6.20	12.22	7.52	14.20	8.56	16.27	8.99	17.12
53	6.61	13.06	8.11	15.22	9.26	17.52	9.64	17.90
54	7.18	13.91	8.68	16.17	10.02	18.86	10.31	18.82
55	7.67	14.74	9.33	17.18	10.85	20.30	11.00	20.52
56	8.23	15.66	10.76	19.73	---	---	11.76	22.20
57	8.80	16.56	12.40	22.65	---	---	12.59	23.99
58	9.35	17.48	13.27	25.00	---	---	13.46	25.94
59	9.91	18.46	14.21	27.12	---	---	14.40	28.06
60	10.48	19.36	15.21	29.39	---	---	15.40	30.33
61	11.95	22.81	---	---	---	---	---	---
62	13.63	26.89	---	---	---	---	---	---
63	15.54	31.68	---	---	---	---	---	---
64	17.72	37.34	---	---	---	---	---	---
65	20.20	44.00	---	---	---	---	---	---

Home Mortgage Series - Full guarantee								
Base coverage only, no riders								
Issue Age	HMS 15/15		HMS 20/20		HMS 25/25		HMS 30/30	
	NS	SM	NS	SM	NS	SM	NS	SM
20	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
21	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
22	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
23	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
24	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
25	1.14	2.26	1.19	2.45	1.35	2.86	1.58	3.26
26	1.23	2.34	1.26	2.57	1.44	3.00	1.68	3.47
27	1.23	2.34	1.33	2.69	1.53	3.14	1.78	3.69
28	1.23	2.41	1.40	2.82	1.62	3.29	1.88	3.91
29	1.23	2.41	1.48	2.94	1.72	3.44	1.99	4.13
30	1.23	2.57	1.56	3.07	1.82	3.59	2.10	4.35
31	1.30	2.65	1.65	3.30	1.92	3.88	2.23	4.65
32	1.30	2.82	1.74	3.53	2.02	4.18	2.36	4.96
33	1.39	2.97	1.83	3.76	2.12	4.48	2.50	5.27
34	1.47	3.20	1.92	3.99	2.22	4.78	2.64	5.58
35	1.55	3.36	2.01	4.22	2.32	5.08	2.78	5.89
36	1.70	3.76	2.24	4.68	2.60	5.68	3.10	6.57
37	1.86	4.07	2.47	5.15	2.88	6.28	3.42	7.25
38	2.03	4.47	2.71	5.61	3.16	6.89	3.74	7.94
39	2.18	4.95	2.96	6.08	3.44	7.50	4.06	8.62
40	2.41	5.34	3.19	6.53	3.73	8.11	4.38	9.31
41	2.65	5.89	3.53	7.28	4.16	8.94	4.87	10.29
42	2.89	6.37	3.86	8.03	4.60	9.77	5.36	11.27
43	3.13	6.93	4.20	8.78	5.04	10.60	5.85	12.25
44	3.45	7.47	4.54	9.52	5.48	11.43	6.34	13.23
45	3.68	8.03	4.88	10.27	5.92	12.27	6.84	14.22
46	4.16	8.82	5.40	11.12	6.63	13.46	7.52	15.39
47	4.55	9.61	5.92	11.97	7.34	14.65	8.27	16.66
48	5.03	10.41	6.44	12.83	8.06	15.84	9.09	18.03
49	5.42	11.20	6.96	13.69	8.77	17.03	10.00	19.52
50	5.89	12.07	7.48	14.56	9.49	18.23	11.00	21.13
51	6.45	12.94	8.28	15.88	10.29	19.80	---	---
52	7.01	13.80	9.08	17.20	11.16	21.50	---	---
53	7.47	14.76	9.89	18.53	12.11	23.35	---	---
54	8.11	15.71	10.70	19.85	13.14	25.36	---	---
55	8.67	16.66	11.51	21.19	14.25	27.55	---	---
56	9.30	17.69	13.01	23.84	---	---	---	---
57	9.94	18.72	14.70	26.82	---	---	---	---
58	10.57	19.75	16.60	30.18	---	---	---	---
59	11.20	20.86	18.76	33.95	---	---	---	---
60	11.84	21.88	21.20	38.20	---	---	---	---
61	13.30	25.39	---	---	---	---	---	---
62	14.95	29.45	---	---	---	---	---	---
63	16.79	34.17	---	---	---	---	---	---
64	18.87	39.65	---	---	---	---	---	---
65	21.20	46.00	---	---	---	---	---	---

NS-Non-nicotine, SM-Nicotine ♦ Add \$80 Policy Fee ♦ Additional Insured has No Annual Fee ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply.

Base and Additional Insured Initial Current and Guaranteed Rates with Return of Premium

Annual Rates per \$1000

Home Mortgage Series - 5 year guarantee								
With Return of Premium								
Issue Age	HMS 15/5		HMS 20/5		HMS 25/5		HMS 30/5	
	NS	SM	NS	SM	NS	SM	NS	SM
20	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
21	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
22	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
23	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
24	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
25	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40
26	4.19	6.04	2.13	4.13	1.88	3.62	1.81	3.49
27	4.28	6.34	2.13	4.19	1.88	3.72	1.81	3.61
28	4.38	6.66	2.19	4.33	2.01	3.83	1.91	3.71
29	4.47	7.00	2.19	4.46	2.01	4.06	1.91	3.93
30	4.57	7.35	2.33	4.58	2.11	4.18	2.01	4.14
31	4.67	7.72	2.33	4.85	2.11	4.53	2.01	4.34
32	4.78	8.11	2.46	5.26	2.25	4.76	2.24	4.66
33	4.88	8.52	2.60	5.53	2.34	5.09	2.33	4.87
34	4.99	8.95	2.86	5.92	2.58	5.44	2.44	5.19
35	5.10	9.40	2.99	6.32	2.69	5.90	2.65	5.61
36	5.44	10.20	3.27	7.01	3.04	6.46	2.86	6.15
37	5.80	11.06	3.55	7.71	3.25	7.15	3.18	6.68
38	6.18	12.00	3.98	8.56	3.62	7.84	3.49	7.32
39	6.60	13.01	4.39	9.40	3.94	8.52	3.82	8.05
40	7.03	14.12	4.82	10.38	4.30	9.33	4.14	8.81
41	7.50	15.31	5.24	11.24	4.76	10.25	4.56	9.64
42	8.00	16.61	5.81	12.37	5.20	11.15	5.00	10.50
43	8.53	18.02	6.38	13.39	5.68	12.07	5.52	11.44
44	9.10	19.54	6.95	14.54	6.23	13.10	5.94	12.03
45	9.70	21.20	7.54	15.83	6.82	14.14	6.48	12.64
46	10.53	22.69	8.36	17.22	7.50	15.39	7.13	13.71
47	11.44	24.28	9.34	18.75	8.30	16.76	7.80	14.79
48	12.42	25.99	10.18	20.40	9.11	18.14	8.50	15.92
49	13.48	27.81	11.13	21.92	10.01	19.50	9.24	17.09
50	14.64	29.77	12.11	23.58	10.93	21.01	9.99	17.98
51	15.90	31.86	13.21	25.38	11.84	22.68	10.77	19.15
52	17.26	34.10	14.32	27.05	12.82	24.48	11.59	20.33
53	18.74	36.49	15.43	28.98	13.88	26.43	12.42	21.53
54	20.35	39.06	16.53	30.78	15.03	28.53	13.29	22.75
55	22.10	41.80	17.77	32.71	16.28	30.80	14.17	24.80
56	23.55	43.68	19.35	35.64	---	---	15.15	26.83
57	25.09	45.64	21.07	38.82	---	---	16.20	29.00
58	26.73	47.68	22.94	42.30	---	---	17.33	31.36
59	28.48	49.82	24.98	46.08	---	---	18.55	33.92
60	30.35	52.06	27.20	50.20	---	---	19.84	36.68
61	34.61	61.35	---	---	---	---	---	---
62	39.46	72.30	---	---	---	---	---	---
63	44.99	85.20	---	---	---	---	---	---
64	51.30	100.40	---	---	---	---	---	---
65	58.50	118.32	---	---	---	---	---	---

Home Mortgage Series - Full guarantee								
With Return of Premium								
Issue Age	HMS 15/15		HMS 20/20		HMS 25/25		HMS 30/30	
	NS	SM	NS	SM	NS	SM	NS	SM
20	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
21	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
22	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
23	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
24	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
25	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01
26	4.37	6.30	2.20	4.47	2.06	4.27	2.06	4.27
27	4.47	6.62	2.33	4.70	2.19	4.48	2.19	4.53
28	4.57	6.95	2.56	4.92	2.32	4.69	2.32	4.79
29	4.68	7.30	2.69	5.14	2.46	4.91	2.45	5.06
30	4.79	7.67	2.72	5.35	2.60	5.12	2.58	5.33
31	4.90	8.06	2.87	5.75	2.74	5.54	2.74	5.71
32	5.01	8.47	3.02	6.15	2.88	5.96	2.90	6.09
33	5.13	8.90	3.17	6.56	3.02	6.38	3.07	6.47
34	5.25	9.35	3.32	6.96	3.16	6.81	3.24	6.85
35	5.36	9.80	3.48	7.37	3.30	7.24	3.41	7.23
36	5.71	10.64	3.91	8.33	3.70	8.10	3.80	8.07
37	6.09	11.55	4.35	9.29	4.10	8.96	4.19	8.91
38	6.49	12.53	4.79	10.25	4.50	9.82	4.58	9.75
39	6.92	13.60	5.23	11.22	4.91	10.68	4.98	10.59
40	7.37	14.76	5.67	12.19	5.32	11.54	5.38	11.44
41	7.85	16.02	6.30	13.47	5.94	12.73	5.98	12.43
42	8.37	17.39	6.94	14.75	6.56	13.92	6.58	13.42
43	8.92	18.87	7.58	16.03	7.18	15.11	7.19	14.41
44	9.51	20.48	8.22	17.31	7.81	16.30	7.80	15.41
45	10.13	22.20	8.86	18.60	8.44	17.49	8.41	16.41
46	11.00	23.76	9.93	20.42	9.45	19.18	9.25	17.76
47	11.95	25.42	11.00	22.24	10.46	20.87	10.17	19.22
48	12.98	27.20	12.07	24.06	11.47	22.57	11.18	20.80
49	14.10	29.11	13.15	25.88	12.49	24.27	12.30	22.51
50	15.31	31.15	14.23	27.71	13.51	25.97	13.53	24.38
51	16.63	33.33	15.55	29.85	14.61	27.95	---	---
52	18.06	35.67	16.88	31.99	15.80	30.08	---	---
53	19.61	38.17	18.21	34.13	17.09	32.37	---	---
54	21.30	40.84	19.54	36.27	18.48	34.84	---	---
55	23.10	43.70	20.87	38.42	20.00	37.50	---	---
56	24.66	46.15	22.26	41.31	---	---	---	---
57	26.33	48.74	23.74	44.41	---	---	---	---
58	28.11	51.47	25.32	47.75	---	---	---	---
59	30.01	54.36	27.00	51.34	---	---	---	---
60	32.05	57.40	28.80	55.20	---	---	---	---
61	36.55	67.64	---	---	---	---	---	---
62	41.68	79.71	---	---	---	---	---	---
63	47.53	93.93	---	---	---	---	---	---
64	54.20	110.69	---	---	---	---	---	---
65	61.78	130.44	---	---	---	---	---	---

NS–Non-nicotine, SM–Nicotine ♦ Add \$80 Policy Fee ♦ Additional Insured has No Annual Fee ♦ All Rates Unisex ♦ Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Base and Additional Insured with Endowment Rider Initial Current and Guaranteed Rates

Annual Rates per \$1000

Home Mortgage Series - 5 year guarantee									
With Endowment									
Issue Age	HMS 15/5		HMS 20/5		HMS 25/5		HMS 30/5		
	NS	SM	NS	SM	NS	SM	NS	SM	
20	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
21	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
22	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
23	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
24	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
25	4.10	5.75	2.01	4.00	1.77	3.62	1.69	3.40	
26	4.19	6.04	2.13	4.13	1.88	3.62	1.81	3.49	
27	4.28	6.34	2.13	4.19	1.88	3.72	1.81	3.61	
28	4.38	6.66	2.19	4.33	2.01	3.83	1.91	3.71	
29	4.47	7.00	2.19	4.46	2.01	4.06	1.91	3.93	
30	4.57	7.35	2.33	4.58	2.11	4.18	2.01	4.14	
31	4.67	7.72	2.33	4.85	2.11	4.53	2.01	4.34	
32	4.78	8.11	2.46	5.26	2.25	4.76	2.24	4.66	
33	4.88	8.52	2.60	5.53	2.34	5.09	2.33	4.87	
34	4.99	8.95	2.86	5.92	2.58	5.44	2.44	5.19	
35	5.10	9.40	2.99	6.32	2.69	5.90	2.65	5.61	
36	5.44	10.20	3.27	7.01	3.04	6.46	2.86	6.15	
37	5.80	11.06	3.55	7.71	3.25	7.15	3.18	6.68	
38	6.18	12.00	3.98	8.56	3.62	7.84	3.49	7.32	
39	6.60	13.01	4.39	9.40	3.94	8.52	3.82	8.05	
40	7.03	14.12	4.82	10.38	4.30	9.33	4.14	8.81	
41	7.50	15.31	5.24	11.24	4.76	10.25	4.56	9.64	
42	8.00	16.61	5.81	12.37	5.20	11.15	5.00	10.50	
43	8.53	18.02	6.38	13.39	5.68	12.07	5.52	11.44	
44	9.10	19.54	6.95	14.54	6.23	13.10	5.94	12.03	
45	9.70	21.20	7.54	15.83	6.82	14.14	6.48	12.64	
46	10.53	22.69	8.36	17.22	7.50	15.39	7.13	13.71	
47	11.44	24.28	9.34	18.75	8.30	16.76	7.80	14.79	
48	12.42	25.99	10.18	20.40	9.11	18.14	8.50	15.92	
49	13.48	27.81	11.13	21.92	10.01	19.50	9.24	17.09	
50	14.64	29.77	12.11	23.58	10.93	21.01	9.99	17.98	
51	15.90	31.86	13.21	25.38	11.84	22.68	10.77	19.15	
52	17.26	34.10	14.32	27.05	12.82	24.48	11.59	20.33	
53	18.74	36.49	15.43	28.98	13.88	26.43	12.42	21.53	
54	20.35	39.06	16.53	30.78	15.03	28.53	13.29	22.75	
55	22.10	41.80	17.77	32.71	16.28	30.80	14.17	24.80	
56	23.55	43.68	19.35	35.64	---	---	15.15	26.83	
57	25.09	45.64	21.07	38.82	---	---	16.20	29.00	
58	26.73	47.68	22.94	42.30	---	---	17.33	31.36	
59	28.48	49.82	24.98	46.08	---	---	18.55	33.92	
60	30.35	52.06	27.20	50.20	---	---	19.84	36.68	
61	34.61	61.35	---	---	---	---	---	---	
62	39.46	72.30	---	---	---	---	---	---	
63	44.99	85.20	---	---	---	---	---	---	
64	51.30	100.40	---	---	---	---	---	---	
65	58.50	118.32	---	---	---	---	---	---	

Home Mortgage Series - Full guarantee									
With Endowment									
Issue Age	HMS 15/15		HMS 20/20		HMS 25/25		HMS 30/30		
	NS	SM	NS	SM	NS	SM	NS	SM	
20	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
21	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
22	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
23	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
24	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
25	4.27	6.00	2.08	4.26	1.93	4.06	1.93	4.01	
26	4.37	6.30	2.20	4.47	2.06	4.27	2.06	4.27	
27	4.47	6.62	2.33	4.70	2.19	4.48	2.19	4.53	
28	4.57	6.95	2.56	4.92	2.32	4.69	2.32	4.79	
29	4.68	7.30	2.69	5.14	2.46	4.91	2.45	5.06	
30	4.79	7.67	2.72	5.35	2.60	5.12	2.58	5.33	
31	4.90	8.06	2.87	5.75	2.74	5.54	2.74	5.71	
32	5.01	8.47	3.02	6.15	2.88	5.96	2.90	6.09	
33	5.13	8.90	3.17	6.56	3.02	6.38	3.07	6.47	
34	5.25	9.35	3.32	6.96	3.16	6.81	3.24	6.85	
35	5.36	9.80	3.48	7.37	3.30	7.24	3.41	7.23	
36	5.71	10.64	3.91	8.33	3.70	8.10	3.80	8.07	
37	6.09	11.55	4.35	9.29	4.10	8.96	4.19	8.91	
38	6.49	12.53	4.79	10.25	4.50	9.82	4.58	9.75	
39	6.92	13.60	5.23	11.22	4.91	10.68	4.98	10.59	
40	7.37	14.76	5.67	12.19	5.32	11.54	5.38	11.44	
41	7.85	16.02	6.30	13.47	5.94	12.73	5.98	12.43	
42	8.37	17.39	6.94	14.75	6.56	13.92	6.58	13.42	
43	8.92	18.87	7.58	16.03	7.18	15.11	7.19	14.41	
44	9.51	20.48	8.22	17.31	7.81	16.30	7.80	15.41	
45	10.13	22.20	8.86	18.60	8.44	17.49	8.41	16.41	
46	11.00	23.76	9.93	20.42	9.45	19.18	9.25	17.76	
47	11.95	25.42	11.00	22.24	10.46	20.87	10.17	19.22	
48	12.98	27.20	12.07	24.06	11.47	22.57	11.18	20.80	
49	14.10	29.11	13.15	25.88	12.49	24.27	12.30	22.51	
50	15.31	31.15	14.23	27.71	13.51	25.97	13.53	24.38	
51	16.63	33.33	15.55	29.85	14.61	27.95	---	---	
52	18.06	35.67	16.88	31.99	15.80	30.08	---	---	
53	19.61	38.17	18.21	34.13	17.09	32.37	---	---	
54	21.30	40.84	19.54	36.27	18.48	34.84	---	---	
55	23.10	43.70	20.87	38.42	20.00	37.50	---	---	
56	24.66	46.15	22.26	41.31	---	---	---	---	
57	26.33	48.74	23.74	44.41	---	---	---	---	
58	28.11	51.47	25.32	47.75	---	---	---	---	
59	30.01	54.36	27.00	51.34	---	---	---	---	
60	32.05	57.40	28.80	55.20	---	---	---	---	
61	36.55	67.64	---	---	---	---	---	---	
62	41.68	79.71	---	---	---	---	---	---	
63	47.53	93.93	---	---	---	---	---	---	
64	54.20	110.69	---	---	---	---	---	---	
65	61.78	130.44	---	---	---	---	---	---	

NS–Non-nicotine, SM–Nicotine • Add \$80 Policy Fee • Additional Insured has No Annual Fee • All Rates Unisex • Available only in IN,KS,OR,TX. Certain restrictions apply. Endowment Rider (Rider Series 2143).

Return of Premium

Return of Premium Rider Percentages of Total Premium

Return of Premium Rider				
End of Year	15 Year	20 Year	25 Year	30 Year
1	0%	0%	0%	0%
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	5	3	2	1
7	10	6	4	2
8	15	9	6	3
9	20	12	8	4
10	25	15	10	5
11	40	22	14	7
12	55	29	18	9
13	70	36	22	11
14	85	43	26	13
15	100	50	30	15
16	---	60	34	17
17	---	70	38	19
18	---	80	42	21
19	---	90	46	23
20	---	100	50	25
21	---	---	60	30
22	---	---	70	35
23	---	---	80	40
24	---	---	90	45
25	---	---	100	50
26	---	---	---	60
27	---	---	---	70
28	---	---	---	80
29	---	---	---	90
30	---	---	---	100
31+	---	---	---	---

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit					
Issue Age	w/o ROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	7.05	17.13	12.90	10.58	9.02
21	7.05	17.13	12.90	10.58	9.02
22	7.05	17.13	12.90	10.58	9.02
23	7.05	17.13	12.90	10.58	9.02
24	7.05	17.13	12.90	10.58	9.02
25	7.05	17.13	12.90	10.58	9.02
26	7.42	18.03	13.58	11.13	9.50
27	7.79	18.93	14.26	11.69	9.97
28	8.16	19.83	14.93	12.24	10.44
29	8.53	20.73	15.61	12.80	10.92
30	8.90	21.63	16.29	13.35	11.39
31	9.27	22.53	16.96	13.91	11.87
32	9.65	23.45	17.66	14.48	12.35
33	10.02	24.35	18.34	15.03	12.83
34	10.39	25.25	19.01	15.59	13.30
35	10.76	26.15	19.69	16.14	13.77
36	11.50	27.95	21.05	17.25	14.72
37	12.25	29.77	22.42	18.38	15.68
38	12.99	31.57	23.77	19.49	16.63
39	13.73	33.36	25.13	20.60	17.57
40	14.48	35.19	26.50	21.72	18.53
41	15.22	36.98	27.85	22.83	19.48
42	15.96	38.78	29.21	23.94	20.43
43	16.70	40.58	30.56	25.05	21.38
44	17.45	42.40	31.93	26.18	22.34
45	18.19	44.20	33.29	27.29	23.28
46	19.33	46.97	35.37	29.00	24.74
47	20.46	49.72	37.44	30.69	26.19
48	21.60	52.49	39.53	32.40	27.65
49	22.74	55.26	41.61	34.11	29.11
50	23.88	58.03	43.70	35.82	30.57
51	25.01	60.77	45.77	37.52	32.01
52	26.15	63.54	47.85	39.23	33.47
53	27.29	66.31	49.94	40.94	34.93
54	28.43	69.08	52.03	42.65	36.39
55	29.56	71.83	54.09	44.34	37.84
56	32.59	79.19	59.64	---	41.72
57	35.62	86.56	65.18	---	45.59
58	38.65	93.92	70.73	---	49.47
59	41.69	101.31	76.29	---	53.36
60	44.72	108.67	81.84	---	57.24

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit					
Issue Age	w/o ROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	11.00	26.62	20.13	16.50	14.19
21	11.00	26.62	20.13	16.50	14.19
22	11.00	26.62	20.13	16.50	14.19
23	11.00	26.62	20.13	16.50	14.19
24	11.00	26.62	20.13	16.50	14.19
25	11.00	26.62	20.13	16.50	14.19
26	11.58	28.02	21.19	17.37	14.94
27	12.16	29.43	22.25	18.24	15.69
28	12.74	30.83	23.31	19.11	16.43
29	13.32	32.23	24.38	19.98	17.18
30	13.90	33.64	25.44	20.85	17.93
31	14.48	35.04	26.50	21.72	18.68
32	15.06	36.45	27.56	22.59	19.43
33	15.64	37.85	28.62	23.46	20.18
34	16.22	39.25	29.68	24.33	20.92
35	16.80	40.66	30.74	25.20	21.67
36	17.96	43.46	32.87	26.94	23.17
37	19.12	46.27	34.99	28.68	24.66
38	20.28	49.08	37.11	30.42	26.16
39	21.44	51.88	39.24	32.16	27.66
40	22.60	54.69	41.36	33.90	29.15
41	23.76	57.50	43.48	35.64	30.65
42	24.92	60.31	45.60	37.38	32.15
43	26.08	63.11	47.73	39.12	33.64
44	27.24	65.92	49.85	40.86	35.14
45	28.40	68.73	51.97	42.60	36.64
46	30.18	73.02	55.22	45.26	38.93
47	31.95	77.32	58.47	47.93	41.22
48	33.73	81.61	61.72	50.59	43.51
49	35.50	85.91	64.97	53.25	45.80
50	37.28	90.21	68.21	55.91	48.08
51	39.05	94.50	71.46	58.58	50.37
52	40.83	98.80	74.71	61.24	52.66
53	42.60	103.09	77.96	63.90	54.95
54	44.38	107.39	81.21	66.56	57.24
55	46.15	111.68	84.45	69.23	59.53
56	50.88	123.14	93.12	---	65.64
57	55.62	134.60	101.78	---	71.75
58	60.35	146.05	110.44	---	77.85
59	65.09	157.51	119.11	---	83.96
60	69.82	168.96	127.77	---	90.07

Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Endowment Rider

Endowment Rider Percentages of Total Premium

Endowment Rider				
End of Year	15 Year	20 Year	25 Year	30 Year
1	0%	0%	0%	0%
2	0	0	0	0
3	0	0	0	0
4	0	0	0	0
5	0	0	0	0
6	5	3	2	1
7	10	6	4	2
8	15	9	6	3
9	20	12	8	4
10	25	15	10	5
11	40	22	14	7
12	55	29	18	9
13	70	36	22	11
14	85	43	26	13
15	100	50	30	15
16	---	60	34	17
17	---	70	38	19
18	---	80	42	21
19	---	90	46	23
20	---	100	50	25
21	---	---	60	30
22	---	---	70	35
23	---	---	80	40
24	---	---	90	45
25	---	---	100	50
26	---	---	---	60
27	---	---	---	70
28	---	---	---	80
29	---	---	---	90
30	---	---	---	100
31+	---	---	---	---

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit					
Issue Age	w/o Endowment (ALL)	With Endowment			
		15 Year	20 Year	25 Year	30 Year
20	7.05	17.13	12.90	10.58	9.02
21	7.05	17.13	12.90	10.58	9.02
22	7.05	17.13	12.90	10.58	9.02
23	7.05	17.13	12.90	10.58	9.02
24	7.05	17.13	12.90	10.58	9.02
25	7.05	17.13	12.90	10.58	9.02
26	7.42	18.03	13.58	11.13	9.50
27	7.79	18.93	14.26	11.69	9.97
28	8.16	19.83	14.93	12.24	10.44
29	8.53	20.73	15.61	12.80	10.92
30	8.90	21.63	16.29	13.35	11.39
31	9.27	22.53	16.96	13.91	11.87
32	9.65	23.45	17.66	14.48	12.35
33	10.02	24.35	18.34	15.03	12.83
34	10.39	25.25	19.01	15.59	13.30
35	10.76	26.15	19.69	16.14	13.77
36	11.50	27.95	21.05	17.25	14.72
37	12.25	29.77	22.42	18.38	15.68
38	12.99	31.57	23.77	19.49	16.63
39	13.73	33.36	25.13	20.60	17.57
40	14.48	35.19	26.50	21.72	18.53
41	15.22	36.98	27.85	22.83	19.48
42	15.96	38.78	29.21	23.94	20.43
43	16.70	40.58	30.56	25.05	21.38
44	17.45	42.40	31.93	26.18	22.34
45	18.19	44.20	33.29	27.29	23.28
46	19.33	46.97	35.37	29.00	24.74
47	20.46	49.72	37.44	30.69	26.19
48	21.60	52.49	39.53	32.40	27.65
49	22.74	55.26	41.61	34.11	29.11
50	23.88	58.03	43.70	35.82	30.57
51	25.01	60.77	45.77	37.52	32.01
52	26.15	63.54	47.85	39.23	33.47
53	27.29	66.31	49.94	40.94	34.93
54	28.43	69.08	52.03	42.65	36.39
55	29.56	71.83	54.09	44.34	37.84
56	32.59	79.19	59.64	---	41.72
57	35.62	86.56	65.18	---	45.59
58	38.65	93.92	70.73	---	49.47
59	41.69	101.31	76.29	---	53.36
60	44.72	108.67	81.84	---	57.24

Disability Income Rider

Annual rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit					
Issue Age	w/o Endowment (ALL)	With Endowment			
		15 Year	20 Year	25 Year	30 Year
20	11.00	26.62	20.13	16.50	14.19
21	11.00	26.62	20.13	16.50	14.19
22	11.00	26.62	20.13	16.50	14.19
23	11.00	26.62	20.13	16.50	14.19
24	11.00	26.62	20.13	16.50	14.19
25	11.00	26.62	20.13	16.50	14.19
26	11.58	28.02	21.19	17.37	14.94
27	12.16	29.43	22.25	18.24	15.69
28	12.74	30.83	23.31	19.11	16.43
29	13.32	32.23	24.38	19.98	17.18
30	13.90	33.64	25.44	20.85	17.93
31	14.48	35.04	26.50	21.72	18.68
32	15.06	36.45	27.56	22.59	19.43
33	15.64	37.85	28.62	23.46	20.18
34	16.22	39.25	29.68	24.33	20.92
35	16.80	40.66	30.74	25.20	21.67
36	17.96	43.46	32.87	26.94	23.17
37	19.12	46.27	34.99	28.68	24.66
38	20.28	49.08	37.11	30.42	26.16
39	21.44	51.88	39.24	32.16	27.66
40	22.60	54.69	41.36	33.90	29.15
41	23.76	57.50	43.48	35.64	30.65
42	24.92	60.31	45.60	37.38	32.15
43	26.08	63.11	47.73	39.12	33.64
44	27.24	65.92	49.85	40.86	35.14
45	28.40	68.73	51.97	42.60	36.64
46	30.18	73.02	55.22	45.26	38.93
47	31.95	77.32	58.47	47.93	41.22
48	33.73	81.61	61.72	50.59	43.51
49	35.50	85.91	64.97	53.25	45.80
50	37.28	90.21	68.21	55.91	48.08
51	39.05	94.50	71.46	58.58	50.37
52	40.83	98.80	74.71	61.24	52.66
53	42.60	103.09	77.96	63.90	54.95
54	44.38	107.39	81.21	66.56	57.24
55	46.15	111.68	84.45	69.23	59.53
56	50.88	123.14	93.12	---	65.64
57	55.62	134.60	101.78	---	71.75
58	60.35	146.05	110.44	---	77.85
59	65.09	157.51	119.11	---	83.96
60	69.82	168.96	127.77	---	90.07

Available only in IN,KS,OR,TX. Certain restrictions apply. Endowment Rider (Rider Series 2143).

Critical Illness Accelerated Benefit Rider

Base Critical Illness Accelerated Benefit Rider									
Current Annual Rates per \$1,000 Lump Sum Benefit									
Issue Age	15 YEAR		20 YEAR		25 YEAR		30 YEAR		
	NS	SM	NS	SM	NS	SM	NS	SM	
20	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
21	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
22	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
23	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
24	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
25	1.97	3.49	1.99	3.50	2.17	4.28	2.53	4.37	
26	2.01	3.53	2.04	3.55	2.23	4.32	2.59	4.41	
27	2.08	3.57	2.12	3.62	2.31	4.36	2.67	4.49	
28	2.19	3.63	2.25	3.75	2.43	4.47	2.80	4.61	
29	2.35	3.86	2.41	4.00	2.60	4.62	2.96	4.86	
30	2.54	4.17	2.61	4.36	2.80	4.93	3.15	5.18	
31	2.76	4.58	2.85	4.78	3.03	5.31	3.38	5.60	
32	3.02	5.08	3.12	5.30	3.30	5.79	3.64	6.08	
33	3.31	5.66	3.43	5.91	3.60	6.36	3.93	6.67	
34	3.64	6.33	3.79	6.60	3.94	7.02	4.25	7.32	
35	4.01	7.09	4.17	7.38	4.32	7.76	4.62	8.06	
36	4.40	7.89	4.58	8.21	4.71	8.54	4.99	8.83	
37	4.79	8.72	4.99	9.04	5.12	9.33	5.37	9.60	
38	5.21	9.58	5.44	9.91	5.62	10.16	5.76	10.40	
39	5.66	10.51	5.91	10.87	6.14	11.08	6.19	11.27	
40	6.15	11.56	6.43	11.93	6.65	12.25	6.65	12.25	
41	6.70	12.76	7.00	13.14	7.17	13.37	7.17	13.37	
42	7.31	14.13	7.64	14.51	7.76	14.67	7.76	14.67	
43	8.02	15.72	8.36	16.09	8.43	16.19	8.43	16.19	
44	8.82	17.54	9.17	17.91	9.20	17.95	9.20	17.95	
45	9.72	19.65	10.08	20.00	10.08	20.00	10.08	20.00	
46	10.83	22.18	11.17	22.52	11.17	22.52	11.17	22.52	
47	12.02	24.95	12.34	25.26	12.34	25.26	12.34	25.26	
48	13.31	27.96	13.62	28.25	13.62	28.25	13.62	28.25	
49	14.87	31.30	14.99	31.45	14.99	31.45	14.99	31.45	
50	16.43	34.88	16.43	34.88	16.43	34.88	16.43	34.88	
51	17.98	38.54	17.98	38.54	17.98	38.54	17.98	38.54	
52	19.61	42.43	19.61	42.43	19.61	42.43	19.61	42.43	
53	21.34	46.55	21.34	46.55	21.34	46.55	21.34	46.55	
54	23.16	50.90	23.16	50.90	23.16	50.90	23.16	50.90	
55	25.06	55.47	25.06	55.47	25.06	55.47	25.06	55.47	
56	27.12	60.47	27.12	60.47	---	---	27.12	60.47	
57	29.36	65.89	29.36	65.89	---	---	29.36	65.89	
58	31.78	71.82	31.78	71.82	---	---	31.78	71.82	
59	34.40	78.28	34.40	78.28	---	---	34.40	78.28	
60	37.23	85.32	37.23	85.32	---	---	37.23	85.32	

Critical Illness Accelerated Benefit Rider with Return of Premium									
Current Annual Rates per \$1,000 Lump Sum Benefit									
Issue Age	15 YEAR		20 YEAR		25 YEAR		30 YEAR		
	NS	SM	NS	SM	NS	SM	NS	SM	
20	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
21	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
22	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
23	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
24	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
25	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
26	5.02	8.82	3.87	6.74	3.34	6.48	3.37	5.73	
27	5.20	8.92	4.04	6.87	3.46	6.54	3.47	5.84	
28	5.49	9.08	4.26	7.13	3.65	6.71	3.64	5.99	
29	5.88	9.65	4.59	7.61	3.90	6.93	3.86	6.31	
30	6.34	10.43	4.96	8.28	4.20	7.39	4.10	6.73	
31	6.90	11.44	5.42	9.09	4.54	7.98	4.40	7.27	
32	7.54	12.69	5.93	10.08	4.95	8.69	4.73	7.91	
33	8.27	14.14	6.52	11.22	5.40	9.55	5.11	8.66	
34	9.10	15.84	7.20	12.55	5.92	10.54	5.53	9.52	
35	10.04	17.73	7.92	14.03	6.48	11.64	6.00	10.48	
36	11.00	19.74	8.69	15.59	7.07	12.81	6.49	11.48	
37	11.99	21.79	9.48	17.17	7.68	14.00	6.98	12.48	
38	13.03	23.95	10.34	18.83	8.42	15.25	7.49	13.52	
39	14.14	26.29	11.22	20.65	9.20	16.62	8.05	14.65	
40	15.37	28.91	12.21	22.66	9.97	18.38	8.64	15.92	
41	16.74	31.91	13.30	24.96	10.75	20.06	9.32	17.39	
42	18.28	35.34	14.53	27.57	11.64	22.02	10.09	19.07	
43	20.05	39.31	15.89	30.57	12.66	24.29	10.96	21.05	
44	22.05	43.87	17.43	34.03	13.81	26.93	11.97	23.34	
45	24.32	49.12	19.15	38.00	15.12	30.00	13.10	26.00	
46	27.07	55.46	21.23	42.79	16.75	33.78	14.52	29.28	
47	30.06	62.38	23.45	48.00	18.52	37.90	16.05	32.84	
48	33.28	69.89	25.89	53.66	20.44	42.37	17.71	36.72	
49	37.18	78.26	28.48	59.76	22.48	47.17	19.48	40.88	
50	41.08	87.20	31.22	66.28	24.65	52.32	21.36	45.34	
51	44.96	96.36	34.16	73.23	26.97	57.81	23.38	50.11	
52	49.04	106.08	37.26	80.62	29.42	63.65	25.50	55.16	
53	53.35	116.38	40.55	88.44	32.01	69.83	27.75	60.52	
54	57.91	127.24	44.00	96.71	34.74	76.35	30.11	66.16	
55	62.66	138.68	47.62	105.40	37.59	83.21	32.58	72.11	
56	67.81	151.16	51.53	114.89	---	---	35.26	78.60	
57	73.40	164.74	55.78	125.19	---	---	38.17	85.66	
58	79.46	179.56	60.38	136.46	---	---	41.32	93.37	
59	86.01	195.71	65.36	148.73	---	---	44.72	101.76	
60	93.08	213.30	70.74	162.11	---	---	48.40	110.92	

NS–Non-nicotine, SM–Nicotine • All Rates Unisex • Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Critical Illness Accelerated Benefit Rider

Critical Illness Accelerated Benefit Rider with Endowment									
Current Annual Rates per \$1,000 Lump Sum Benefit									
Issue Age	15 YEAR		20 YEAR		25 YEAR		30 YEAR		
	NS	SM	NS	SM	NS	SM	NS	SM	
20	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
21	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
22	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
23	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
24	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
25	4.92	8.74	3.78	6.66	3.27	6.43	3.29	5.68	
26	5.02	8.82	3.87	6.74	3.34	6.48	3.37	5.73	
27	5.20	8.92	4.04	6.87	3.46	6.54	3.47	5.84	
28	5.49	9.08	4.26	7.13	3.65	6.71	3.64	5.99	
29	5.88	9.65	4.59	7.61	3.90	6.93	3.86	6.31	
30	6.34	10.43	4.96	8.28	4.20	7.39	4.10	6.73	
31	6.90	11.44	5.42	9.09	4.54	7.98	4.40	7.27	
32	7.54	12.69	5.93	10.08	4.95	8.69	4.73	7.91	
33	8.27	14.14	6.52	11.22	5.40	9.55	5.11	8.66	
34	9.10	15.84	7.20	12.55	5.92	10.54	5.53	9.52	
35	10.04	17.73	7.92	14.03	6.48	11.64	6.00	10.48	
36	11.00	19.74	8.69	15.59	7.07	12.81	6.49	11.48	
37	11.99	21.79	9.48	17.17	7.68	14.00	6.98	12.48	
38	13.03	23.95	10.34	18.83	8.42	15.25	7.49	13.52	
39	14.14	26.29	11.22	20.65	9.20	16.62	8.05	14.65	
40	15.37	28.91	12.21	22.66	9.97	18.38	8.64	15.92	
41	16.74	31.91	13.30	24.96	10.75	20.06	9.32	17.39	
42	18.28	35.34	14.53	27.57	11.64	22.02	10.09	19.07	
43	20.05	39.31	15.89	30.57	12.66	24.29	10.96	21.05	
44	22.05	43.87	17.43	34.03	13.81	26.93	11.97	23.34	
45	24.32	49.12	19.15	38.00	15.12	30.00	13.10	26.00	
46	27.07	55.46	21.23	42.79	16.75	33.78	14.52	29.28	
47	30.06	62.38	23.45	48.00	18.52	37.90	16.05	32.84	
48	33.28	69.89	25.89	53.66	20.44	42.37	17.71	36.72	
49	37.18	78.26	28.48	59.76	22.48	47.17	19.48	40.88	
50	41.08	87.20	31.22	66.28	24.65	52.32	21.36	45.34	
51	44.96	96.36	34.16	73.23	26.97	57.81	23.38	50.11	
52	49.04	106.08	37.26	80.62	29.42	63.65	25.50	55.16	
53	53.35	116.38	40.55	88.44	32.01	69.83	27.75	60.52	
54	57.91	127.24	44.00	96.71	34.74	76.35	30.11	66.16	
55	62.66	138.68	47.62	105.40	37.59	83.21	32.58	72.11	
56	67.81	151.16	51.53	114.89	---	---	35.26	78.60	
57	73.40	164.74	55.78	125.19	---	---	38.17	85.66	
58	79.46	179.56	60.38	136.46	---	---	41.32	93.37	
59	86.01	195.71	65.36	148.73	---	---	44.72	101.76	
60	93.08	213.30	70.74	162.11	---	---	48.40	110.92	

NS–Non-nicotine, SM–Nicotine • All Rates Unisex • Available only in IN,KS,OR,TX. Certain restrictions apply. Endowment Rider (Rider Series 2143).

Waiver of Premium for Disability Rider

Annual Rates per \$1000 of Base Policy

Waiver of Premium for Disability Rider					
Issue Age	w/o ROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	0.13	0.31	0.24	0.20	0.17
21	0.13	0.31	0.24	0.20	0.17
22	0.13	0.31	0.24	0.20	0.17
23	0.13	0.31	0.24	0.20	0.17
24	0.13	0.31	0.24	0.20	0.17
25	0.14	0.34	0.26	0.21	0.18
26	0.14	0.34	0.26	0.21	0.18
27	0.15	0.36	0.27	0.23	0.19
28	0.15	0.36	0.27	0.23	0.19
29	0.15	0.36	0.27	0.23	0.19
30	0.16	0.39	0.29	0.24	0.21
31	0.17	0.41	0.31	0.26	0.22
32	0.17	0.41	0.31	0.26	0.22
33	0.18	0.44	0.33	0.27	0.23
34	0.19	0.46	0.35	0.29	0.25
35	0.20	0.48	0.37	0.30	0.26
36	0.21	0.51	0.38	0.32	0.27
37	0.23	0.56	0.42	0.35	0.30
38	0.24	0.58	0.44	0.36	0.31
39	0.26	0.63	0.48	0.39	0.34
40	0.28	0.68	0.51	0.42	0.36
41	0.31	0.75	0.57	0.47	0.40
42	0.34	0.82	0.62	0.51	0.44
43	0.37	0.90	0.68	0.56	0.48
44	0.41	0.99	0.75	0.62	0.53
45	0.47	1.14	0.86	0.71	0.61
46	0.53	1.28	0.97	0.80	0.68
47	0.60	1.45	1.10	0.90	0.77
48	0.68	1.65	1.24	1.02	0.88
49	0.78	1.89	1.43	1.17	1.01
50	0.91	2.20	1.67	1.37	1.17
51	1.06	2.57	1.94	1.59	1.37
52	1.25	3.03	2.29	1.88	1.61
53	1.47	3.56	2.69	2.21	1.90
54	1.75	4.24	3.20	2.63	2.26
55	2.10	5.08	3.84	3.15	2.71

Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Accidental Death Benefit Rider

Annual Rates per \$1000 of Base Policy

Accidental Death Benefit Rider					
Issue Age	w/o ROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	1.00	2.42	1.83	1.50	1.28
21	1.00	2.42	1.83	1.50	1.28
22	1.00	2.42	1.83	1.50	1.28
23	1.00	2.42	1.83	1.50	1.28
24	1.00	2.42	1.83	1.50	1.28
25	1.00	2.42	1.83	1.50	1.28
26	1.00	2.42	1.83	1.50	1.28
27	1.00	2.42	1.83	1.50	1.28
28	1.00	2.42	1.83	1.50	1.28
29	1.00	2.42	1.83	1.50	1.28
30	1.00	2.42	1.83	1.50	1.28
31	1.00	2.42	1.83	1.50	1.28
32	1.00	2.42	1.83	1.50	1.28
33	1.00	2.42	1.83	1.50	1.28
34	1.00	2.42	1.83	1.50	1.28
35	1.00	2.42	1.83	1.50	1.28
36	1.00	2.42	1.83	1.50	1.28
37	1.00	2.42	1.83	1.50	1.28
38	1.00	2.42	1.83	1.50	1.28
39	1.00	2.42	1.83	1.50	1.28
40	1.00	2.42	1.83	1.50	1.28
41	1.20	2.90	2.20	1.80	1.54
42	1.20	2.90	2.20	1.80	1.54
43	1.20	2.90	2.20	1.80	1.54
44	1.20	2.90	2.20	1.80	1.54
45	1.20	2.90	2.20	1.80	1.54
46	1.20	2.90	2.20	1.80	1.54
47	1.20	2.90	2.20	1.80	1.54
48	1.20	2.90	2.20	1.80	1.54
49	1.20	2.90	2.20	1.80	1.54
50	1.20	2.90	2.20	1.80	1.54
51	1.20	2.90	2.20	1.80	1.54
52	1.20	2.90	2.20	1.80	1.54
53	1.20	2.90	2.20	1.80	1.54
54	1.20	2.90	2.20	1.80	1.54
55	1.20	2.90	2.20	1.80	1.54
56	1.20	2.90	2.20	---	1.54
57	1.20	2.90	2.20	---	1.54
58	1.20	2.90	2.20	---	1.54
59	1.20	2.90	2.20	---	1.54
60	1.20	2.90	2.20	---	1.54

Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Disability Income Rider - California

Annual Rates per \$100 of Monthly Benefit.
1 year benefit period.

Disability Income Rider 1 Year Benefit					
Issue Age	w/oROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	8.81	21.41	16.12	13.22	11.28
21	8.81	21.41	16.12	13.22	11.28
22	8.81	21.41	16.12	13.22	11.28
23	8.81	21.41	16.12	13.22	11.28
24	8.81	21.41	16.12	13.22	11.28
25	8.81	21.41	16.12	13.22	11.28
26	9.28	22.55	16.98	13.92	11.88
27	9.74	23.67	17.82	14.61	12.47
28	10.20	24.79	18.67	15.30	13.06
29	10.66	25.90	19.51	15.99	13.64
30	11.13	27.05	20.37	16.70	14.25
31	11.59	28.16	21.21	17.39	14.84
32	12.06	29.31	22.07	18.09	15.44
33	12.53	30.45	22.93	18.80	16.04
34	12.99	31.57	23.77	19.49	16.63
35	13.45	32.68	24.61	20.18	17.22
36	14.38	34.94	26.32	21.57	18.41
37	15.31	37.20	28.02	22.97	19.60
38	16.24	39.46	29.72	24.36	20.79
39	17.16	41.70	31.40	25.74	21.96
40	18.10	43.98	33.12	27.15	23.17
41	19.03	46.24	34.82	28.55	24.36
42	19.95	48.48	36.51	29.93	25.54
43	20.88	50.74	38.21	31.32	26.73
44	21.81	53.00	39.91	32.72	27.92
45	22.74	55.26	41.61	34.11	29.11
46	24.16	58.71	44.21	36.24	30.92
47	25.58	62.16	46.81	38.37	32.74
48	27.00	65.61	49.41	40.50	34.56
49	28.43	69.08	52.03	42.65	36.39
50	29.85	72.54	54.63	44.78	38.21
51	31.26	75.96	57.21	46.89	40.01
52	32.69	79.44	59.82	49.04	41.84
53	34.11	82.89	62.42	51.17	43.66
54	35.54	86.36	65.04	53.31	45.49
55	36.95	89.79	67.62	55.43	47.30
56	40.74	99.00	74.55	---	52.15
57	44.53	108.21	81.49	---	57.00
58	48.31	117.39	88.41	---	61.84
59	52.11	126.63	95.36	---	66.70
60	55.90	135.84	102.30	---	71.55

Not available in all states. Certain restrictions apply.
Return of Premium Rider (Rider Series 2132/2133).

Disability Income Rider - California

Annual Rates per \$100 of Monthly Benefit.
2 year benefit period.

Disability Income Rider 2 Year Benefit					
Issue Age	w/oROP (ALL)	With Return of Premium			
		15 Year	20 Year	25 Year	30 Year
20	13.75	33.41	25.16	20.63	17.60
21	13.75	33.41	25.16	20.63	17.60
22	13.75	33.41	25.16	20.63	17.60
23	13.75	33.41	25.16	20.63	17.60
24	13.75	33.41	25.16	20.63	17.60
25	13.75	33.41	25.16	20.63	17.60
26	14.48	35.19	26.50	21.72	18.53
27	15.20	36.94	27.82	22.80	19.46
28	15.93	38.71	29.15	23.90	20.39
29	16.65	40.46	30.47	24.98	21.31
30	17.38	42.23	31.81	26.07	22.25
31	18.10	43.98	33.12	27.15	23.17
32	18.83	45.76	34.46	28.25	24.10
33	19.55	47.51	35.78	29.33	25.02
34	20.28	49.28	37.11	30.42	25.96
35	21.00	51.03	38.43	31.50	26.88
36	22.45	54.55	41.08	33.68	28.74
37	23.90	58.08	43.74	35.85	30.59
38	25.35	61.60	46.39	38.03	32.45
39	26.80	65.12	49.04	40.20	34.30
40	28.25	68.65	51.70	42.38	36.16
41	29.70	72.17	54.35	44.55	38.02
42	31.15	75.69	57.00	46.73	39.87
43	32.60	79.22	59.66	48.90	41.73
44	34.05	82.74	62.31	51.08	43.58
45	35.50	86.27	64.97	53.25	45.44
46	37.73	91.68	69.05	56.60	48.29
47	39.94	97.05	73.09	59.91	51.12
48	42.16	102.45	77.15	63.24	53.96
49	44.38	107.84	81.22	66.57	56.81
50	46.60	113.24	85.28	69.90	59.65
51	48.81	118.61	89.32	73.22	62.48
52	51.04	124.03	93.40	76.56	65.33
53	53.25	129.40	97.45	79.88	68.16
54	55.48	134.82	101.53	83.22	71.01
55	57.69	140.19	105.57	86.54	73.84
56	63.60	154.55	116.39	---	81.41
57	69.53	168.96	127.24	---	89.00
58	75.44	183.32	138.06	---	96.56
59	81.36	197.70	148.89	---	104.14
60	87.28	212.09	159.72	---	111.72

Not available in all states. Certain restrictions apply. Return of Premium Rider (Rider Series 2132/2133).

Waiver of Premium for Disability Rider

Annual Rates per \$1000 of Base Policy

Waiver of Premium for Disability Rider					
Issue Age	w/o Endowment (ALL)	With Endowment			
		15 Year	20 Year	25 Year	30 Year
20	0.13	0.31	0.24	0.20	0.17
21	0.13	0.31	0.24	0.20	0.17
22	0.13	0.31	0.24	0.20	0.17
23	0.13	0.31	0.24	0.20	0.17
24	0.13	0.31	0.24	0.20	0.17
25	0.14	0.34	0.26	0.21	0.18
26	0.14	0.34	0.26	0.21	0.18
27	0.15	0.36	0.27	0.23	0.19
28	0.15	0.36	0.27	0.23	0.19
29	0.15	0.36	0.27	0.23	0.19
30	0.16	0.39	0.29	0.24	0.21
31	0.17	0.41	0.31	0.26	0.22
32	0.17	0.41	0.31	0.26	0.22
33	0.18	0.44	0.33	0.27	0.23
34	0.19	0.46	0.35	0.29	0.25
35	0.20	0.48	0.37	0.30	0.26
36	0.21	0.51	0.38	0.32	0.27
37	0.23	0.56	0.42	0.35	0.30
38	0.24	0.58	0.44	0.36	0.31
39	0.26	0.63	0.48	0.39	0.34
40	0.28	0.68	0.51	0.42	0.36
41	0.31	0.75	0.57	0.47	0.40
42	0.34	0.82	0.62	0.51	0.44
43	0.37	0.90	0.68	0.56	0.48
44	0.41	0.99	0.75	0.62	0.53
45	0.47	1.14	0.86	0.71	0.61
46	0.53	1.28	0.97	0.80	0.68
47	0.60	1.45	1.10	0.90	0.77
48	0.68	1.65	1.24	1.02	0.88
49	0.78	1.89	1.43	1.17	1.01
50	0.91	2.20	1.67	1.37	1.17
51	1.06	2.57	1.94	1.59	1.37
52	1.25	3.03	2.29	1.88	1.61
53	1.47	3.56	2.69	2.21	1.90
54	1.75	4.24	3.20	2.63	2.26
55	2.10	5.08	3.84	3.15	2.71

Available only in IN,KS,OR,TX. Certain restrictions apply. Endowment Rider (Rider Series 2143).

Accidental Death Benefit Rider

Annual Rates per \$1000 of Base Policy

Accidental Death Benefit Rider					
Issue Age	w/o Endowment (ALL)	With Endowment			
		15 Year	20 Year	25 Year	30 Year
20	1.00	2.42	1.83	1.50	1.28
21	1.00	2.42	1.83	1.50	1.28
22	1.00	2.42	1.83	1.50	1.28
23	1.00	2.42	1.83	1.50	1.28
24	1.00	2.42	1.83	1.50	1.28
25	1.00	2.42	1.83	1.50	1.28
26	1.00	2.42	1.83	1.50	1.28
27	1.00	2.42	1.83	1.50	1.28
28	1.00	2.42	1.83	1.50	1.28
29	1.00	2.42	1.83	1.50	1.28
30	1.00	2.42	1.83	1.50	1.28
31	1.00	2.42	1.83	1.50	1.28
32	1.00	2.42	1.83	1.50	1.28
33	1.00	2.42	1.83	1.50	1.28
34	1.00	2.42	1.83	1.50	1.28
35	1.00	2.42	1.83	1.50	1.28
36	1.00	2.42	1.83	1.50	1.28
37	1.00	2.42	1.83	1.50	1.28
38	1.00	2.42	1.83	1.50	1.28
39	1.00	2.42	1.83	1.50	1.28
40	1.00	2.42	1.83	1.50	1.28
41	1.20	2.90	2.20	1.80	1.54
42	1.20	2.90	2.20	1.80	1.54
43	1.20	2.90	2.20	1.80	1.54
44	1.20	2.90	2.20	1.80	1.54
45	1.20	2.90	2.20	1.80	1.54
46	1.20	2.90	2.20	1.80	1.54
47	1.20	2.90	2.20	1.80	1.54
48	1.20	2.90	2.20	1.80	1.54
49	1.20	2.90	2.20	1.80	1.54
50	1.20	2.90	2.20	1.80	1.54
51	1.20	2.90	2.20	1.80	1.54
52	1.20	2.90	2.20	1.80	1.54
53	1.20	2.90	2.20	1.80	1.54
54	1.20	2.90	2.20	1.80	1.54
55	1.20	2.90	2.20	1.80	1.54
56	1.20	2.90	2.20	---	1.54
57	1.20	2.90	2.20	---	1.54
58	1.20	2.90	2.20	---	1.54
59	1.20	2.90	2.20	---	1.54
60	1.20	2.90	2.20	---	1.54

Available only in IN,KS,OR,TX. Certain restrictions apply. Endowment Rider (Rider Series 2143).

About Amerigo

For over 90 years, Amerigo Life, Inc., and its family of insurance companies have been committed to providing the life insurance and annuity products you need to protect your mortgage, family, and future.* We listen to what you want from an insurance policy or annuity and do our best to provide a proper solution for your situation.

Innovative thinking has helped us build a strong financial foundation for our business. Today, Amerigo Life, Inc., our holding company, is one of the largest independent, privately held insurance groups in the United States, with nearly eight hundred thousand policyholders, over \$37 billion of life insurance in force, and \$5 billion in assets in force according to the insurance companies' combined annual statements for year-end 2004.**

Amerigo Financial Life and Annuity Insurance Company is authorized to do business in all states and the District of Columbia except AK, NY, NJ and VT. Great Southern Life Insurance Company is authorized to do business in AK and NJ.

This product is offered on a group or individual basis depending on state.

Individual Policy Series: 174; Group Policy Series: 234.

Terms and conditions are set forth in the Group Policy Series 234, issued to the Trustee of Wilmington Trust Company, Wilmington, Delaware, and is subject to the laws of the state in which it is issued. A certificate of coverage will be issued to persons who become insured under the group plan.

Products are underwritten by Amerigo Financial Life and Annuity Insurance Company (Great Southern Life Insurance Company in NJ and AK) and may vary in accordance with state laws. Some products and benefits may not be available in all states or for all periods. Certain restrictions apply. For exact terms and conditions, please refer to the contract or contact Sales Support at 1-800-231-0801, ext 8410.

The company reserves the right to contest coverage for up to two years due to any misrepresentations in the application. In the event of the Insured's suicide while sane or insane, the company's liability is limited to a return of premiums during the first two years after the date of issue (one year in North Dakota and Colorado, see Missouri contract for special provisions).

**Amerigo Life, Inc., is a holding company and is not responsible for the financial condition or contractual obligations of its affiliate insurance companies.*

***"Admitted Assets, Top Life Writers-2004," A.M. Best Co., as of July, 2005.*



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