

LifeScape®
NonMed Term 350 Life Insurance - 10-Year Term
 Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Male									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.63	1.05	1.45	0.09	18-20	1.79	2.63	3.56	0.09
21	0.63	1.05	1.45	0.09	21	1.79	2.63	3.56	0.09
22	0.63	1.05	1.45	0.09	22	1.79	2.63	3.56	0.09
23	0.64	1.05	1.45	0.09	23	1.79	2.63	3.56	0.09
24	0.64	1.05	1.45	0.10	24	1.79	2.63	3.56	0.10
25	0.64	1.06	1.45	0.10	25	1.80	2.63	3.56	0.10
26	0.64	1.07	1.47	0.10	26	1.83	2.67	3.61	0.10
27	0.64	1.09	1.49	0.10	27	1.86	2.72	3.68	0.10
28	0.64	1.11	1.52	0.11	28	1.91	2.79	3.77	0.11
29	0.64	1.15	1.57	0.11	29	1.98	2.89	3.91	0.11
30	0.65	1.20	1.64	0.12	30	2.08	3.04	4.11	0.12
31	0.69	1.27	1.73	0.13	31	2.22	3.24	4.38	0.13
32	0.74	1.35	1.85	0.14	32	2.39	3.48	4.70	0.14
33	0.80	1.45	1.98	0.16	33	2.58	3.76	5.07	0.16
34	0.87	1.57	2.13	0.17	34	2.80	4.07	5.49	0.17
35	0.94	1.69	2.30	0.19	35	3.03	4.41	5.94	0.19
36	1.02	1.82	2.48	0.21	36	3.27	4.76	6.41	0.21
37	1.10	1.96	2.67	0.23	37	3.52	5.11	6.89	0.23
38	1.19	2.12	2.88	0.25	38	3.80	5.51	7.42	0.25
39	1.29	2.30	3.12	0.28	39	4.11	5.97	8.04	0.28
40	1.41	2.51	3.41	0.32	40	4.49	6.51	8.77	0.32
41	1.55	2.76	3.74	0.36	41	4.93	7.14	9.62	0.36
42	1.71	3.03	4.11	0.41	42	5.41	7.85	10.57	0.41
43	1.88	3.33	4.51	0.47	43	5.94	8.62	11.60	0.47
44	2.07	3.66	4.95	0.54	44	6.52	9.45	12.72	0.54
45	2.27	4.01	5.43	0.62	45	7.12	10.33	13.90	0.62
46	2.48	4.38	5.93	0.71	46	7.74	11.22	15.10	0.71
47	2.71	4.77	6.45	0.81	47	8.37	12.14	16.34	0.81
48	2.95	5.19	7.02	0.92	48	9.05	13.13	17.66	0.92
49	3.22	5.66	7.65	1.06	49	9.81	14.23	19.16	1.06
50	3.52	6.19	8.37	1.25	50	10.69	15.51	20.88	1.25
51	3.86	6.79	9.18	1.46	51	11.69	16.97	22.85	1.46
52	4.22	7.44	10.06	1.70	52	12.80	18.57	25.02	1.70
53	4.61	8.15	11.02	1.97	53	14.00	20.31	27.37	1.97
54	5.04	8.91	12.05	2.31	54	15.27	22.17	29.87	2.31
55	5.51	9.74	13.17	2.73	55	16.61	24.12	32.52	2.73
56	6.00	10.60	14.33		56	17.96	26.09	35.19	
57	6.49	11.48	15.52		57	19.33	28.09	37.90	
58	7.04	12.43	16.81		58	20.80	30.25	40.83	
59	7.68	13.52	18.27		59	22.46	32.67	44.13	
60	8.46	14.77	19.97		60	24.39	35.50	47.98	
61	9.36	16.17	21.87		61	26.57	38.68	52.33	
62	10.35	17.70	23.94		62	28.95	42.14	57.05	
63	11.46	19.37	26.21		63	31.55	45.94	62.24	
64	12.71	21.23	28.74		64	34.43	50.13	67.98	
65	14.13	23.31	31.57		65	37.62	54.79	74.36	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I L0760. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape®
NonMed Term 350 Life Insurance - 10-Year Term 
 Annual Premium per \$1,000 Benefit

For all states except the following: MT									
Female									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.25	0.38	0.53	0.06	18-20	0.67	0.98	1.34	0.06
21	0.25	0.38	0.54	0.06	21	0.67	0.99	1.35	0.06
22	0.25	0.39	0.55	0.06	22	0.69	1.01	1.38	0.06
23	0.25	0.40	0.58	0.06	23	0.71	1.05	1.43	0.06
24	0.26	0.42	0.60	0.06	24	0.75	1.10	1.50	0.06
25	0.27	0.45	0.64	0.06	25	0.79	1.17	1.59	0.06
26	0.28	0.48	0.68	0.06	26	0.84	1.25	1.69	0.06
27	0.30	0.52	0.73	0.07	27	0.90	1.34	1.81	0.07
28	0.32	0.56	0.78	0.08	28	0.97	1.44	1.95	0.08
29	0.34	0.61	0.84	0.08	29	1.06	1.56	2.11	0.08
30	0.37	0.67	0.92	0.09	30	1.16	1.71	2.31	0.09
31	0.41	0.74	1.01	0.10	31	1.28	1.88	2.54	0.10
32	0.45	0.81	1.11	0.10	32	1.41	2.08	2.80	0.10
33	0.49	0.89	1.22	0.11	33	1.56	2.29	3.09	0.11
34	0.54	0.98	1.34	0.12	34	1.72	2.52	3.40	0.12
35	0.59	1.07	1.46	0.13	35	1.88	2.75	3.71	0.13
36	0.64	1.16	1.58	0.14	36	2.04	2.98	4.02	0.14
37	0.69	1.25	1.71	0.16	37	2.21	3.22	4.34	0.16
38	0.75	1.35	1.85	0.18	38	2.38	3.47	4.68	0.18
39	0.82	1.46	2.00	0.20	39	2.58	3.75	5.05	0.20
40	0.89	1.59	2.17	0.22	40	2.80	4.06	5.47	0.22
41	0.97	1.73	2.35	0.25	41	3.04	4.40	5.93	0.25
42	1.06	1.87	2.55	0.27	42	3.30	4.77	6.42	0.27
43	1.16	2.04	2.76	0.30	43	3.59	5.17	6.96	0.30
44	1.27	2.22	3.01	0.34	44	3.90	5.61	7.56	0.34
45	1.39	2.43	3.29	0.39	45	4.26	6.12	8.24	0.39
46	1.53	2.66	3.60	0.44	46	4.64	6.67	8.97	0.44
47	1.67	2.91	3.94	0.50	47	5.03	7.25	9.75	0.50
48	1.83	3.19	4.31	0.57	48	5.47	7.89	10.60	0.57
49	2.01	3.50	4.73	0.66	49	5.98	8.61	11.57	0.66
50	2.21	3.86	5.21	0.78	50	6.57	9.45	12.70	0.78
51	2.44	4.27	5.77	0.92	51	7.27	10.43	14.02	0.92
52	2.69	4.74	6.39	1.07	52	8.06	11.54	15.51	1.07
53	2.97	5.23	7.06	1.24	53	8.91	12.72	17.11	1.24
54	3.26	5.75	7.77	1.46	54	9.81	13.94	18.77	1.46
55	3.56	6.28	8.48	1.74	55	10.72	15.16	20.41	1.74
56	3.86	6.79	9.17		56	11.62	16.31	21.96	
57	4.16	7.29	9.84		57	12.53	17.41	23.45	
58	4.48	7.81	10.56		58	13.49	18.57	25.02	
59	4.86	8.42	11.37		59	14.54	19.88	26.79	
60	5.31	9.13	12.34		60	15.73	21.44	28.90	
61	5.83	9.95	13.45		61	17.05	23.24	31.33	
62	6.41	10.84	14.65		62	18.46	25.21	33.99	
63	7.04	11.83	15.99		63	19.98	27.37	36.91	
64	7.76	12.92	17.46		64	21.66	29.75	40.13	
65	8.56	14.13	19.09		65	23.50	32.37	43.66	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 15-Year Term
Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Male									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.67	1.07	1.48	0.09	18-20	1.88	2.77	3.76	0.09
21	0.67	1.07	1.48	0.09	21	1.88	2.77	3.76	0.09
22	0.67	1.07	1.48	0.09	22	1.88	2.77	3.76	0.09
23	0.67	1.08	1.50	0.09	23	1.88	2.77	3.76	0.09
24	0.67	1.10	1.52	0.10	24	1.91	2.81	3.81	0.10
25	0.67	1.13	1.56	0.10	25	1.96	2.88	3.91	0.10
26	0.68	1.16	1.60	0.11	26	2.02	2.97	4.03	0.11
27	0.70	1.20	1.65	0.11	27	2.09	3.08	4.17	0.11
28	0.72	1.25	1.72	0.12	28	2.19	3.21	4.36	0.12
29	0.75	1.31	1.80	0.13	29	2.31	3.39	4.59	0.13
30	0.80	1.39	1.91	0.14	30	2.46	3.61	4.89	0.14
31	0.86	1.49	2.05	0.15	31	2.65	3.89	5.26	0.15
32	0.94	1.61	2.20	0.17	32	2.88	4.22	5.70	0.17
33	1.02	1.75	2.38	0.18	33	3.14	4.59	6.20	0.18
34	1.12	1.90	2.58	0.20	34	3.42	4.99	6.73	0.20
35	1.22	2.06	2.80	0.22	35	3.71	5.41	7.30	0.22
36	1.32	2.23	3.03	0.24	36	4.01	5.84	7.87	0.24
37	1.43	2.40	3.26	0.27	37	4.31	6.27	8.45	0.27
38	1.55	2.59	3.52	0.30	38	4.64	6.75	9.09	0.30
39	1.69	2.82	3.82	0.33	39	5.02	7.29	9.82	0.33
40	1.85	3.08	4.18	0.38	40	5.47	7.95	10.70	0.38
41	2.04	3.39	4.60	0.43	41	6.01	8.73	11.74	0.43
42	2.26	3.74	5.06	0.50	42	6.62	9.61	12.92	0.50
43	2.49	4.11	5.57	0.57	43	7.28	10.56	14.20	0.57
44	2.74	4.52	6.12	0.65	44	7.98	11.58	15.56	0.65
45	3.01	4.95	6.70	0.75	45	8.70	12.62	16.96	0.75
46	3.28	5.39	7.29	0.86	46	9.41	13.65	18.34	0.86
47	3.55	5.83	7.89	0.96	47	10.13	14.69	19.73	0.96
48	3.85	6.31	8.54	1.09	48	10.90	15.79	21.22	1.09
49	4.18	6.85	9.26	1.26	49	11.76	17.03	22.89	1.26
50	4.56	7.47	10.10	1.47	50	12.76	18.48	24.83	1.47
51	4.98	8.18	11.05	1.72	51	13.91	20.15	27.08	1.72
52	5.44	8.95	12.09	1.99	52	15.19	22.01	29.57	1.99
53	5.95	9.79	13.22	2.31	53	16.57	24.01	32.26	2.31
54	6.50	10.69	14.44	2.70	54	18.04	26.14	35.11	2.70
55	7.12	11.66	15.74	3.19	55	19.58	28.35	38.09	3.19
56	7.76	12.65	17.07		56	21.13	30.54	41.05	
57	8.43	13.66	18.43		57	22.70	32.74	44.01	
58	9.17	14.75	19.90		58	24.39	35.10	47.20	
59	10.04	16.00	21.59		59	26.30	37.78	50.83	
60	11.08	17.48	23.58		60	28.53	40.94	55.10	
61	12.28	19.16	25.84		61	31.05	44.54	59.97	
62	13.59	20.99	28.30		62	33.80	48.48	65.30	
63	15.07	23.01	31.03		63	36.81	52.82	71.16	
64	16.73	25.26	34.06		64	40.14	57.60	77.64	
65	18.63	27.78	37.45		65	43.83	62.9	84.81	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 15-Year Term
 Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Female									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.26	0.39	0.56	0.06	18-20	0.73	1.09	1.50	0.06
21	0.26	0.41	0.58	0.06	21	0.75	1.13	1.55	0.06
22	0.27	0.43	0.61	0.06	22	0.79	1.18	1.62	0.06
23	0.29	0.46	0.65	0.06	23	0.83	1.24	1.71	0.06
24	0.30	0.49	0.70	0.07	24	0.88	1.32	1.82	0.07
25	0.32	0.53	0.75	0.07	25	0.95	1.42	1.95	0.07
26	0.34	0.57	0.81	0.07	26	1.02	1.53	2.10	0.07
27	0.37	0.62	0.88	0.08	27	1.11	1.65	2.26	0.08
28	0.39	0.68	0.95	0.09	28	1.20	1.79	2.44	0.09
29	0.43	0.74	1.03	0.09	29	1.31	1.95	2.66	0.09
30	0.47	0.81	1.13	0.10	30	1.44	2.13	2.90	0.10
31	0.52	0.89	1.24	0.11	31	1.59	2.34	3.18	0.11
32	0.57	0.98	1.36	0.12	32	1.75	2.58	3.50	0.12
33	0.63	1.08	1.49	0.13	33	1.93	2.84	3.85	0.13
34	0.70	1.18	1.63	0.14	34	2.12	3.11	4.21	0.14
35	0.77	1.29	1.78	0.15	35	2.32	3.39	4.58	0.15
36	0.84	1.40	1.92	0.16	36	2.52	3.66	4.94	0.16
37	0.91	1.50	2.07	0.18	37	2.72	3.92	5.28	0.18
38	0.99	1.62	2.22	0.20	38	2.94	4.19	5.66	0.20
39	1.08	1.76	2.40	0.22	39	3.19	4.52	6.09	0.22
40	1.18	1.92	2.62	0.25	40	3.48	4.91	6.62	0.25
41	1.30	2.11	2.88	0.28	41	3.81	5.38	7.25	0.28
42	1.43	2.33	3.17	0.32	42	4.17	5.91	7.96	0.32
43	1.57	2.56	3.49	0.36	43	4.57	6.48	8.73	0.36
44	1.73	2.82	3.84	0.42	44	5.00	7.10	9.56	0.42
45	1.90	3.10	4.21	0.48	45	5.46	7.76	10.44	0.48
46	2.08	3.39	4.60	0.55	46	5.93	8.42	11.33	0.55
47	2.26	3.68	5.00	0.62	47	6.42	9.10	12.23	0.62
48	2.46	4.01	5.43	0.70	48	6.95	9.84	13.21	0.70
49	2.68	4.37	5.92	0.81	49	7.55	10.66	14.32	0.81
50	2.94	4.79	6.48	0.95	50	8.25	11.62	15.60	0.95
51	3.23	5.27	7.13	1.11	51	9.05	12.74	17.10	1.11
52	3.54	5.80	7.84	1.29	52	9.95	13.98	18.78	1.29
53	3.88	6.38	8.62	1.50	53	10.92	15.32	20.58	1.50
54	4.25	6.99	9.44	1.75	54	11.94	16.72	22.46	1.75
55	4.65	7.62	10.29	2.07	55	13.00	18.13	24.36	2.07
56	5.05	8.24	11.13		56	14.07	19.49	26.18	
57	5.46	8.86	11.96		57	15.15	20.81	27.95	
58	5.90	9.52	12.86		58	16.30	22.21	29.83	
59	6.43	10.29	13.88		59	17.57	23.81	31.97	
60	7.06	11.20	15.11		60	19.01	25.72	34.52	
61	7.79	12.25	16.52		61	20.60	27.92	37.45	
62	8.60	13.40	18.06		62	22.31	30.33	40.67	
63	9.50	14.67	19.77		63	24.17	32.98	44.22	
64	10.52	16.08	21.67		64	26.21	35.90	48.11	
65	11.67	17.66	23.78		65	28.45	39.12	52.41	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 20-Year Term
Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Male									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.77	1.17	1.61	0.09	18-20	2.07	3.04	4.12	0.09
21	0.77	1.18	1.63	0.09	21	2.08	3.06	4.15	0.09
22	0.77	1.20	1.65	0.09	22	2.11	3.10	4.20	0.09
23	0.77	1.23	1.69	0.10	23	2.16	3.17	4.30	0.10
24	0.77	1.27	1.75	0.10	24	2.23	3.27	4.43	0.10
25	0.78	1.32	1.81	0.11	25	2.31	3.39	4.59	0.11
26	0.81	1.37	1.88	0.12	26	2.41	3.53	4.77	0.12
27	0.84	1.43	1.96	0.13	27	2.51	3.68	4.98	0.13
28	0.89	1.50	2.05	0.13	28	2.64	3.87	5.23	0.13
29	0.95	1.58	2.16	0.15	29	2.80	4.10	5.53	0.15
30	1.02	1.69	2.31	0.16	30	3.00	4.39	5.92	0.16
31	1.11	1.82	2.49	0.18	31	3.25	4.75	6.40	0.18
32	1.21	1.98	2.70	0.19	32	3.54	5.16	6.95	0.19
33	1.32	2.15	2.93	0.21	33	3.86	5.62	7.56	0.21
34	1.45	2.34	3.19	0.23	34	4.20	6.12	8.23	0.23
35	1.58	2.55	3.47	0.26	35	4.57	6.64	8.93	0.26
36	1.72	2.76	3.76	0.29	36	4.94	7.17	9.64	0.29
37	1.86	2.99	4.06	0.32	37	5.31	7.70	10.35	0.32
38	2.02	3.23	4.38	0.35	38	5.72	8.29	11.13	0.35
39	2.19	3.51	4.76	0.40	39	6.18	8.95	12.02	0.40
40	2.40	3.83	5.19	0.45	40	6.72	9.73	13.06	0.45
41	2.64	4.20	5.69	0.51	41	7.36	10.64	14.28	0.51
42	2.90	4.61	6.24	0.59	42	8.07	11.66	15.64	0.59
43	3.19	5.06	6.84	0.67	43	8.84	12.77	17.11	0.67
44	3.49	5.54	7.49	0.76	44	9.65	13.94	18.66	0.76
45	3.82	6.05	8.17	0.88	45	10.49	15.14	20.26	0.88
46	4.15	6.57	8.86	1.00	46	11.32	16.33	21.84	1.00
47	4.49	7.09	9.57	1.13	47	12.15	17.52	23.43	1.13
48	4.86	7.66	10.33	1.28	48	13.03	18.79	25.11	1.28
49	5.28	8.30	11.19	1.47	49	14.03	20.21	27.01	1.47
50	5.77	9.03	12.17	1.72	50	15.20	21.86	29.20	1.72
51	6.32	9.86	13.28	2.00	51	16.55	23.76	31.73	2.00
52	6.92	10.77	14.50	2.32	52	18.04	25.85	34.51	2.32
53	7.58	11.75	15.81	2.68	53	19.65	28.11	37.53	2.68
54	8.31	12.82	17.24	3.13	54	21.37	30.51	40.72	3.13
55	9.13	13.97	18.78	3.68	55	23.19	33.01	44.05	3.68
56	10.01	15.18	20.40		56	25.06	35.56	47.45	
57	10.95	16.45	22.09		57	27.00	38.19	50.96	
58	11.97	17.82	23.91		58	29.06	40.96	54.67	
59	13.11	19.31	25.90		59	31.30	43.96	58.67	
60	14.38	20.97	28.11		60	33.76	47.25	63.06	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I L0760. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape®
NonMed Term 350 Life Insurance - 20-Year Term
 Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Female									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.33	0.47	0.68	0.06	18-20	0.88	1.31	1.80	0.06
21	0.34	0.50	0.72	0.06	21	0.92	1.38	1.90	0.06
22	0.36	0.54	0.77	0.07	22	0.98	1.47	2.01	0.07
23	0.38	0.58	0.82	0.07	23	1.05	1.57	2.15	0.07
24	0.40	0.63	0.88	0.08	24	1.12	1.68	2.30	0.08
25	0.43	0.68	0.95	0.08	25	1.21	1.81	2.47	0.08
26	0.46	0.73	1.02	0.08	26	1.31	1.95	2.65	0.08
27	0.49	0.79	1.10	0.09	27	1.41	2.09	2.84	0.09
28	0.53	0.85	1.19	0.09	28	1.52	2.25	3.06	0.09
29	0.58	0.92	1.28	0.10	29	1.65	2.43	3.30	0.10
30	0.63	1.01	1.40	0.11	30	1.81	2.65	3.59	0.11
31	0.69	1.11	1.53	0.12	31	1.99	2.90	3.92	0.12
32	0.76	1.22	1.68	0.13	32	2.19	3.18	4.30	0.13
33	0.83	1.34	1.84	0.15	33	2.40	3.48	4.71	0.15
34	0.91	1.47	2.01	0.16	34	2.64	3.81	5.14	0.16
35	1.00	1.61	2.20	0.18	35	2.89	4.15	5.60	0.18
36	1.09	1.75	2.39	0.20	36	3.15	4.50	6.06	0.20
37	1.19	1.90	2.59	0.22	37	3.42	4.85	6.53	0.22
38	1.30	2.06	2.80	0.25	38	3.71	5.23	7.04	0.25
39	1.42	2.24	3.05	0.27	39	4.03	5.66	7.61	0.27
40	1.56	2.45	3.33	0.31	40	4.40	6.16	8.28	0.31
41	1.71	2.69	3.66	0.35	41	4.81	6.74	9.05	0.35
42	1.88	2.96	4.02	0.39	42	5.25	7.38	9.90	0.39
43	2.06	3.25	4.41	0.45	43	5.74	8.07	10.82	0.45
44	2.26	3.56	4.83	0.51	44	6.25	8.81	11.80	0.51
45	2.47	3.90	5.28	0.58	45	6.81	9.58	12.83	0.58
46	2.69	4.24	5.74	0.66	46	7.38	10.35	13.86	0.66
47	2.92	4.60	6.21	0.74	47	7.97	11.13	14.89	0.74
48	3.18	4.98	6.71	0.84	48	8.60	11.97	16.01	0.84
49	3.46	5.41	7.29	0.97	49	9.32	12.92	17.27	0.97
50	3.79	5.91	7.96	1.13	50	10.15	14.03	18.75	1.13
51	4.16	6.49	8.74	1.32	51	11.11	15.33	20.48	1.32
52	4.57	7.13	9.59	1.53	52	12.17	16.79	22.43	1.53
53	5.01	7.83	10.53	1.77	53	13.32	18.36	24.52	1.77
54	5.50	8.57	11.52	2.07	54	14.54	20.00	26.71	2.07
55	6.04	9.35	12.57	2.44	55	15.81	21.67	28.93	2.44
56	6.61	10.15	13.64		56	17.10	23.34	31.14	
57	7.22	10.98	14.75		57	18.43	25.02	33.37	
58	7.87	11.86	15.93		58	19.83	26.78	35.69	
59	8.60	12.82	17.22		59	21.36	28.68	38.20	
60	9.41	13.89	18.64		60	23.04	30.77	40.95	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

FOR AGENT USE ONLY. Not for use with consumers. Policy form I L0760. Product availability, features and rates may vary by state. The policy may contain reductions of benefits, limitations and exclusions. For complete details of coverage, please contact Assurity Life Insurance Company or ask to review the policy for more information.

LifeScape®
NonMed Term 350 Life Insurance - 30-Year Term
 Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Male									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.94	1.38	1.91	0.10	18-20	2.50	3.63	4.91	0.10
21	0.95	1.43	1.98	0.11	21	2.58	3.75	5.07	0.11
22	0.97	1.49	2.06	0.11	22	2.67	3.89	5.25	0.11
23	1.00	1.57	2.15	0.12	23	2.78	4.06	5.48	0.12
24	1.04	1.65	2.26	0.13	24	2.92	4.25	5.73	0.13
25	1.09	1.74	2.38	0.14	25	3.07	4.47	6.02	0.14
26	1.15	1.84	2.51	0.15	26	3.23	4.70	6.32	0.15
27	1.22	1.94	2.64	0.16	27	3.40	4.94	6.64	0.16
28	1.30	2.05	2.79	0.17	28	3.60	5.22	7.00	0.17
29	1.39	2.18	2.97	0.18	29	3.83	5.55	7.43	0.18
30	1.51	2.35	3.19	0.20	30	4.12	5.95	7.96	0.20
31	1.65	2.55	3.46	0.22	31	4.47	6.44	8.60	0.22
32	1.80	2.78	3.76	0.24	32	4.87	7.01	9.35	0.24
33	1.97	3.03	4.09	0.27	33	5.32	7.63	10.16	0.27
34	2.16	3.30	4.45	0.30	34	5.79	8.29	11.02	0.30
35	2.36	3.58	4.83	0.33	35	6.28	8.96	11.90	0.33
36	2.57	3.87	5.21	0.37	36	6.77	9.62	12.76	0.37
37	2.80	4.16	5.60	0.41	37	7.27	10.28	13.62	0.41
38	3.04	4.47	6.02	0.45	38	7.80	10.98	14.54	0.45
39	3.32	4.83	6.50	0.50	39	8.40	11.77	15.57	0.50
40	3.64	5.25	7.05	0.57	40	9.10	12.70	16.78	0.57
41	4.00	5.73	7.69	0.65	41	9.89	13.75	18.15	0.65
42	4.40	6.27	8.40	0.73	42	10.75	14.91	19.64	0.73
43	4.84	6.85	9.17	0.82	43	11.69	16.17	21.27	0.82
44	5.32	7.48	9.99	0.94	44	12.72	17.55	23.06	0.94
45	5.84	8.15	10.85	1.08	45	13.87	19.07	25.02	1.08
46	6.39	8.85	11.74	1.24					
47	6.97	9.58	12.66	1.41					
48	7.60	10.37	13.63	1.61					
49	8.29	11.23	14.69	1.85					
50	9.07	12.18	15.86	2.14					

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 30-Year Term
 Annual Premium per \$1,000 Benefit



For all states except the following: MT									
Female									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.48	0.65	0.92	0.07	18-20	1.23	1.79	2.44	0.07
21	0.51	0.70	0.99	0.07	21	1.31	1.91	2.60	0.07
22	0.54	0.76	1.06	0.07	22	1.41	2.04	2.78	0.07
23	0.58	0.83	1.15	0.08	23	1.52	2.20	2.98	0.08
24	0.63	0.90	1.25	0.08	24	1.65	2.37	3.20	0.08
25	0.68	0.98	1.35	0.09	25	1.79	2.55	3.45	0.09
26	0.73	1.06	1.46	0.10	26	1.94	2.74	3.71	0.10
27	0.79	1.14	1.57	0.11	27	2.10	2.94	3.98	0.11
28	0.85	1.23	1.70	0.12	28	2.28	3.16	4.27	0.12
29	0.93	1.34	1.84	0.13	29	2.48	3.42	4.61	0.13
30	1.01	1.46	2.01	0.14	30	2.72	3.72	5.01	0.14
31	1.11	1.61	2.21	0.15	31	2.99	4.08	5.48	0.15
32	1.21	1.77	2.43	0.17	32	3.29	4.48	6.01	0.17
33	1.33	1.95	2.67	0.19	33	3.62	4.91	6.59	0.19
34	1.45	2.14	2.92	0.21	34	3.98	5.37	7.19	0.21
35	1.59	2.35	3.19	0.23	35	4.35	5.84	7.80	0.23
36	1.73	2.56	3.45	0.25	36	4.74	6.30	8.40	0.25
37	1.88	2.78	3.72	0.28	37	5.14	6.75	8.98	0.28
38	2.04	3.01	4.01	0.31	38	5.56	7.23	9.61	0.31
39	2.23	3.27	4.33	0.34	39	6.03	7.77	10.31	0.34
40	2.44	3.58	4.71	0.39	40	6.55	8.40	11.13	0.39
41	2.68	3.93	5.15	0.44	41	7.11	9.12	12.06	0.44
42	2.94	4.31	5.63	0.50	42	7.71	9.90	13.07	0.50
43	3.22	4.72	6.15	0.56	43	8.35	10.76	14.17	0.56
44	3.54	5.17	6.72	0.64	44	9.06	11.71	15.39	0.64
45	3.89	5.66	7.32	0.74	45	9.84	12.75	16.72	0.74
46	4.27	6.17	7.95	0.85					
47	4.67	6.71	8.61	0.97					
48	5.10	7.29	9.32	1.12					
49	5.59	7.92	10.09	1.28					
50	6.13	8.63	10.95	1.49					

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 10-Year Term
 Annual Premium per \$1,000 Benefit



For Montana Only									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.63	1.05	1.45	0.09	18-20	1.79	2.63	3.56	0.09
21	0.63	1.05	1.45	0.09	21	1.79	2.63	3.56	0.09
22	0.63	1.05	1.45	0.09	22	1.79	2.63	3.56	0.09
23	0.64	1.05	1.45	0.09	23	1.79	2.63	3.56	0.09
24	0.64	1.05	1.45	0.10	24	1.79	2.63	3.56	0.10
25	0.64	1.06	1.45	0.10	25	1.80	2.63	3.56	0.10
26	0.64	1.07	1.47	0.10	26	1.83	2.67	3.61	0.10
27	0.64	1.09	1.49	0.10	27	1.86	2.72	3.68	0.10
28	0.64	1.11	1.52	0.11	28	1.91	2.79	3.77	0.11
29	0.64	1.15	1.57	0.11	29	1.98	2.89	3.91	0.11
30	0.65	1.20	1.64	0.12	30	2.08	3.04	4.11	0.12
31	0.69	1.27	1.73	0.13	31	2.22	3.24	4.38	0.13
32	0.74	1.35	1.85	0.14	32	2.39	3.48	4.70	0.14
33	0.80	1.45	1.98	0.16	33	2.58	3.76	5.07	0.16
34	0.87	1.57	2.13	0.17	34	2.80	4.07	5.49	0.17
35	0.94	1.69	2.30	0.19	35	3.03	4.41	5.94	0.19
36	1.02	1.82	2.48	0.21	36	3.27	4.76	6.41	0.21
37	1.10	1.96	2.67	0.23	37	3.52	5.11	6.89	0.23
38	1.19	2.12	2.88	0.25	38	3.80	5.51	7.42	0.25
39	1.29	2.30	3.12	0.28	39	4.11	5.97	8.04	0.28
40	1.41	2.51	3.41	0.32	40	4.49	6.51	8.77	0.32
41	1.55	2.76	3.74	0.36	41	4.93	7.14	9.62	0.36
42	1.71	3.03	4.11	0.41	42	5.41	7.85	10.57	0.41
43	1.88	3.33	4.51	0.47	43	5.94	8.62	11.60	0.47
44	2.07	3.66	4.95	0.54	44	6.52	9.45	12.72	0.54
45	2.27	4.01	5.43	0.62	45	7.12	10.33	13.90	0.62
46	2.48	4.38	5.93	0.71	46	7.74	11.22	15.10	0.71
47	2.71	4.77	6.45	0.81	47	8.37	12.14	16.34	0.81
48	2.95	5.19	7.02	0.92	48	9.05	13.13	17.66	0.92
49	3.22	5.66	7.65	1.06	49	9.81	14.23	19.16	1.06
50	3.52	6.19	8.37	1.25	50	10.69	15.51	20.88	1.25
51	3.86	6.79	9.18	1.46	51	11.69	16.97	22.85	1.46
52	4.22	7.44	10.06	1.70	52	12.80	18.57	25.02	1.70
53	4.61	8.15	11.02	1.97	53	14.00	20.31	27.37	1.97
54	5.04	8.91	12.05	2.31	54	15.27	22.17	29.87	2.31
55	5.51	9.74	13.17	2.73	55	16.61	24.12	32.52	2.73
56	6.00	10.60	14.33		56	17.96	26.09	35.19	
57	6.49	11.48	15.52		57	19.33	28.09	37.90	
58	7.04	12.43	16.81		58	20.80	30.25	40.83	
59	7.68	13.52	18.27		59	22.46	32.67	44.13	
60	8.46	14.77	19.97		60	24.39	35.50	47.98	
61	9.36	16.17	21.87		61	26.57	38.68	52.33	
62	10.35	17.70	23.94		62	28.95	42.14	57.05	
63	11.46	19.37	26.21		63	31.55	45.94	62.24	
64	12.71	21.23	28.74		64	34.43	50.13	67.98	
65	14.13	23.31	31.57		65	37.62	54.79	74.36	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 15-Year Term
 Annual Premium per \$1,000 Benefit



For Montana Only									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.67	1.07	1.48	0.09	18-20	1.88	2.77	3.76	0.09
21	0.67	1.07	1.48	0.09	21	1.88	2.77	3.76	0.09
22	0.67	1.07	1.48	0.09	22	1.88	2.77	3.76	0.09
23	0.67	1.08	1.50	0.09	23	1.88	2.77	3.76	0.09
24	0.67	1.10	1.52	0.10	24	1.91	2.81	3.81	0.10
25	0.67	1.13	1.56	0.10	25	1.96	2.88	3.91	0.10
26	0.68	1.16	1.60	0.11	26	2.02	2.97	4.03	0.11
27	0.70	1.20	1.65	0.11	27	2.09	3.08	4.17	0.11
28	0.72	1.25	1.72	0.12	28	2.19	3.21	4.36	0.12
29	0.75	1.31	1.80	0.13	29	2.31	3.39	4.59	0.13
30	0.80	1.39	1.91	0.14	30	2.46	3.61	4.89	0.14
31	0.86	1.49	2.05	0.15	31	2.65	3.89	5.26	0.15
32	0.94	1.61	2.20	0.17	32	2.88	4.22	5.70	0.17
33	1.02	1.75	2.38	0.18	33	3.14	4.59	6.20	0.18
34	1.12	1.90	2.58	0.20	34	3.42	4.99	6.73	0.20
35	1.22	2.06	2.80	0.22	35	3.71	5.41	7.30	0.22
36	1.32	2.23	3.03	0.24	36	4.01	5.84	7.87	0.24
37	1.43	2.40	3.26	0.27	37	4.31	6.27	8.45	0.27
38	1.55	2.59	3.52	0.30	38	4.64	6.75	9.09	0.30
39	1.69	2.82	3.82	0.33	39	5.02	7.29	9.82	0.33
40	1.85	3.08	4.18	0.38	40	5.47	7.95	10.70	0.38
41	2.04	3.39	4.60	0.43	41	6.01	8.73	11.74	0.43
42	2.26	3.74	5.06	0.50	42	6.62	9.61	12.92	0.50
43	2.49	4.11	5.57	0.57	43	7.28	10.56	14.20	0.57
44	2.74	4.52	6.12	0.65	44	7.98	11.58	15.56	0.65
45	3.01	4.95	6.70	0.75	45	8.70	12.62	16.96	0.75
46	3.28	5.39	7.29	0.86	46	9.41	13.65	18.34	0.86
47	3.55	5.83	7.89	0.96	47	10.13	14.69	19.73	0.96
48	3.85	6.31	8.54	1.09	48	10.90	15.79	21.22	1.09
49	4.18	6.85	9.26	1.26	49	11.76	17.03	22.89	1.26
50	4.56	7.47	10.10	1.47	50	12.76	18.48	24.83	1.47
51	4.98	8.18	11.05	1.72	51	13.91	20.15	27.08	1.72
52	5.44	8.95	12.09	1.99	52	15.19	22.01	29.57	1.99
53	5.95	9.79	13.22	2.31	53	16.57	24.01	32.26	2.31
54	6.50	10.69	14.44	2.70	54	18.04	26.14	35.11	2.70
55	7.12	11.66	15.74	3.19	55	19.58	28.35	38.09	3.19
56	7.76	12.65	17.07		56	21.13	30.54	41.05	
57	8.43	13.66	18.43		57	22.70	32.74	44.01	
58	9.17	14.75	19.90		58	24.39	35.10	47.20	
59	10.04	16.00	21.59		59	26.30	37.78	50.83	
60	11.08	17.48	23.58		60	28.53	40.94	55.10	
61	12.28	19.16	25.84		61	31.05	44.54	59.97	
62	13.59	20.99	28.30		62	33.80	48.48	65.30	
63	15.07	23.01	31.03		63	36.81	52.82	71.16	
64	16.73	25.26	34.06		64	40.14	57.60	77.64	
65	18.63	27.78	37.45		65	43.83	62.90	84.81	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 20-Year Term
 Annual Premium per \$1,000 Benefit



For Montana Only									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.77	1.17	1.61	0.09	18-20	2.07	3.04	4.12	0.09
21	0.77	1.18	1.63	0.09	21	2.08	3.06	4.15	0.09
22	0.77	1.20	1.65	0.09	22	2.11	3.10	4.20	0.09
23	0.77	1.23	1.69	0.10	23	2.16	3.17	4.30	0.10
24	0.77	1.27	1.75	0.10	24	2.23	3.27	4.43	0.10
25	0.78	1.32	1.81	0.11	25	2.31	3.39	4.59	0.11
26	0.81	1.37	1.88	0.12	26	2.41	3.53	4.77	0.12
27	0.84	1.43	1.96	0.13	27	2.51	3.68	4.98	0.13
28	0.89	1.50	2.05	0.13	28	2.64	3.87	5.23	0.13
29	0.95	1.58	2.16	0.15	29	2.80	4.10	5.53	0.15
30	1.02	1.69	2.31	0.16	30	3.00	4.39	5.92	0.16
31	1.11	1.82	2.49	0.18	31	3.25	4.75	6.40	0.18
32	1.21	1.98	2.70	0.19	32	3.54	5.16	6.95	0.19
33	1.32	2.15	2.93	0.21	33	3.86	5.62	7.56	0.21
34	1.45	2.34	3.19	0.23	34	4.20	6.12	8.23	0.23
35	1.58	2.55	3.47	0.26	35	4.57	6.64	8.93	0.26
36	1.72	2.76	3.76	0.29	36	4.94	7.17	9.64	0.29
37	1.86	2.99	4.06	0.32	37	5.31	7.70	10.35	0.32
38	2.02	3.23	4.38	0.35	38	5.72	8.29	11.13	0.35
39	2.19	3.51	4.76	0.40	39	6.18	8.95	12.02	0.40
40	2.40	3.83	5.19	0.45	40	6.72	9.73	13.06	0.45
41	2.64	4.20	5.69	0.51	41	7.36	10.64	14.28	0.51
42	2.90	4.61	6.24	0.59	42	8.07	11.66	15.64	0.59
43	3.19	5.06	6.84	0.67	43	8.84	12.77	17.11	0.67
44	3.49	5.54	7.49	0.76	44	9.65	13.94	18.66	0.76
45	3.82	6.05	8.17	0.88	45	10.49	15.14	20.26	0.88
46	4.15	6.57	8.86	1.00	46	11.32	16.33	21.84	1.00
47	4.49	7.09	9.57	1.13	47	12.15	17.52	23.43	1.13
48	4.86	7.66	10.33	1.28	48	13.03	18.79	25.11	1.28
49	5.28	8.30	11.19	1.47	49	14.03	20.21	27.01	1.47
50	5.77	9.03	12.17	1.72	50	15.20	21.86	29.20	1.72
51	6.32	9.86	13.28	2.00	51	16.55	23.76	31.73	2.00
52	6.92	10.77	14.50	2.32	52	18.04	25.85	34.51	2.32
53	7.58	11.75	15.81	2.68	53	19.65	28.11	37.53	2.68
54	8.31	12.82	17.24	3.13	54	21.37	30.51	40.72	3.13
55	9.13	13.97	18.78	3.68	55	23.19	33.01	44.05	3.68
56	10.01	15.18	20.40		56	25.06	35.56	47.45	
57	10.95	16.45	22.09		57	27.00	38.19	50.96	
58	11.97	17.82	23.91		58	29.06	40.96	54.67	
59	13.11	19.31	25.90		59	31.30	43.96	58.67	
60	14.38	20.97	28.11		60	33.76	47.25	63.06	

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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LifeScape®
NonMed Term 350 Life Insurance - 30-Year Term
 Annual Premium per \$1,000 Benefit



For Montana Only									
Issue Age	Non-Tobacco				Issue Age	Tobacco			
	Select+	Select	Standard	Waiver		Select+	Select	Standard	Waiver
18-20	0.94	1.38	1.91	0.10	18-20	2.50	3.63	4.91	0.10
21	0.95	1.43	1.98	0.11	21	2.58	3.75	5.07	0.11
22	0.97	1.49	2.06	0.11	22	2.67	3.89	5.25	0.11
23	1.00	1.57	2.15	0.12	23	2.78	4.06	5.48	0.12
24	1.04	1.65	2.26	0.13	24	2.92	4.25	5.73	0.13
25	1.09	1.74	2.38	0.14	25	3.07	4.47	6.02	0.14
26	1.15	1.84	2.51	0.15	26	3.23	4.70	6.32	0.15
27	1.22	1.94	2.64	0.16	27	3.40	4.94	6.64	0.16
28	1.30	2.05	2.79	0.17	28	3.60	5.22	7.00	0.17
29	1.39	2.18	2.97	0.18	29	3.83	5.55	7.43	0.18
30	1.51	2.35	3.19	0.20	30	4.12	5.95	7.96	0.20
31	1.65	2.55	3.46	0.22	31	4.47	6.44	8.60	0.22
32	1.80	2.78	3.76	0.24	32	4.87	7.01	9.35	0.24
33	1.97	3.03	4.09	0.27	33	5.32	7.63	10.16	0.27
34	2.16	3.30	4.45	0.30	34	5.79	8.29	11.02	0.30
35	2.36	3.58	4.83	0.33	35	6.28	8.96	11.90	0.33
36	2.57	3.87	5.21	0.37	36	6.77	9.62	12.76	0.37
37	2.80	4.16	5.60	0.41	37	7.27	10.28	13.62	0.41
38	3.04	4.47	6.02	0.45	38	7.80	10.98	14.54	0.45
39	3.32	4.83	6.50	0.50	39	8.40	11.77	15.57	0.50
40	3.64	5.25	7.05	0.57	40	9.10	12.70	16.78	0.57
41	4.00	5.73	7.69	0.65	41	9.89	13.75	18.15	0.65
42	4.40	6.27	8.40	0.73	42	10.75	14.91	19.64	0.73
43	4.84	6.85	9.17	0.82	43	11.69	16.17	21.27	0.82
44	5.32	7.48	9.99	0.94	44	12.72	17.55	23.06	0.94
45	5.84	8.15	10.85	1.08	45	13.87	19.07	25.02	1.08
46	6.39	8.85	11.74	1.24					
47	6.97	9.58	12.66	1.41					
48	7.60	10.37	13.63	1.61					
49	8.29	11.23	14.69	1.85					
50	9.07	12.18	15.86	2.14					

To calculate the modal premium, multiply the number of units (benefit amount divided by \$1,000) by the unit rate listed above, add the policy fee of \$70, multiply by the mode factor (semi-annual, 0.510; quarterly, 0.264; monthly, 0.087) and round to the nearest \$.01. Other mode factors available upon request. Calculate for policy and rider separately and then sum.

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