

**Policy Number
1009208**

AWD Docs 1

AWD History for Work object key 2002-04-01-14.10.25.000000T01

JLIFE - PHONE - PHONE - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:09:57PM

Begin Date: 2002-04-01 Flags:
Begin Time: 14:13:33 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-04-01
Status: End Time: 14:13:33
Queue:
User Name: NORVELL, MARY G
DTM Description:
Comments: AGENT CALLED WANTED TO KNOW IF THERE WAS ENOUGH CASH VALUE TO PAY ANOTHER
 QUARTER. TOLD HER THERE WAS.

Begin Date: 2002-04-01 Flags: 9990N0
Begin Time: 14:10:26 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-04-01
Status: PHONE End Time: 14:14:59
Queue: END
User Name: NORVELL, MARY G
DTM Description:
Comments:

Begin Date: 2002-04-01 Flags: 9990N0
Begin Time: 14:10:25 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-04-01
Status: PHONE End Time: 14:10:25
Queue: END
User Name: NORVELL, MARY G
DTM Description:
Comments:

JCK000002

AWD History for Work object key 2002-04-08-11.43.16.000003T01

JLIFE - BILCHG - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:10:07PM

Begin Date: 2002-04-12 Flags: 3200N0
Begin Time: 00:20:53 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: BILCHG End Date: 2002-04-12
Status: PROCESSED End Time: 00:20:53
Queue: END
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-04-11 Flags:
Begin Time: 11:09:25 DTM Job Name:
User Id: JHOWAJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-04-11
Status: End Time: 11:09:25
Queue:
User Name: XXXXX, 7/25/02
DTM Description:
Comments: REC'D REQUEST FOR APL - COI HAS ALREADY COME FROM THE CASH VALUE

Begin Date: 2002-04-11 Flags: 3150Y1
Begin Time: 11:06:21 DTM Job Name:
User Id: JHOWAJL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: BILCHG End Date: 2002-04-11
Status: PROCESSED End Time: 11:10:27
Queue: CSQC
User Name: XXXXX, 7/25/02
DTM Description:
Comments:

Begin Date: 2002-04-11 Flags: 4150N0
Begin Time: 09:28:31 DTM Job Name:
User Id: JMULQPM DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: BILCHG End Date: 2002-04-11
Status: ALPHAMATCH End Time: 09:29:09
Queue: CSPROC

JCK000003

AWD History for Work object key 2002-04-08-11.43.16.000003T01

JLIFE - BILCHG - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:10:07PM

User Name: MULQUIN, PATTY M
DTM Description:
Comments:

Begin Date:	2002-04-08	Flags:	9990N0
Begin Time:	11:43:16	DTM Job Name:	
User Id:	JORRIJR	DTM Return Code:	
Workstation Id:	AWD_NT	DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2002-04-08
Status:	SCANNED	End Time:	11:43:16
Queue:	INDEX		
User Name:	XXXXX, 10/14/03		

DTM Description:
Comments:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	03-27-02	3 MONTH PREMIUM	17,857.30
			AMOUNT DUE	17,857.30
04-28-02				

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

193130303932303840404003270203017857300211801785730000000005

INDICATE ADDRESS CHANGE ABOVE

JCK000005

Simon L. Bernstein
600 N. Washington St.
Suite 1100
New York, NY 10018

4/03/02

Please pay this with APL Provision.

THANK YOU

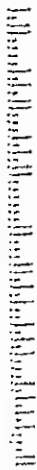
Simon L. Bernstein



600 WFS

CHICAGO, IL 60606

62650+1135 Q1



Audrey Life R
1228 Sandusky Rd.
Jacksonville, IL 62650-1135
ATT: App To & Banker Life



AWD History for Work object key 2002-04-08-12.53.15.000000T01

JLIFE - PHONE - PHONE - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:10:34PM

Begin Date: 2002-04-08 Flags:
Begin Time: 12:54:27 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-04-08
Status: End Time: 12:54:27
Queue:
User Name: CAFFERY, LORRIE D
DTM Description:
Comments: Wanted to know paid to date.

Begin Date: 2002-04-08 Flags: 9990N0
Begin Time: 12:53:16 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-04-08
Status: PHONE End Time: 12:54:14
Queue: END
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2002-04-08 Flags: 9990N0
Begin Time: 12:53:15 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-04-08
Status: PHONE End Time: 12:53:15
Queue: END
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

JCK000008

AWD History for Work object key 2002-05-06-14.21.23.000001T01

JLIFE - PHONE - PHONE - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:10:43PM

Begin Date: 2002-05-06 Flags:
Begin Time: 14:22:48 DTM Job Name:
User Id: JWEBBSL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-05-06
Status: End Time: 14:22:48
Queue:
User Name: XXXXX, 3/31/2003
DTM Description:
Comments: caller wnted to know if we need written req for apl..this is cvl pol..i advsd
 caller we need written req

Begin Date: 2002-05-06 Flags: 9990N0
Begin Time: 14:21:24 DTM Job Name:
User Id: JWEBBSL DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-05-06
Status: PHONE End Time: 14:22:52
Queue: END
User Name: XXXXX, 3/31/2003
DTM Description:
Comments:

Begin Date: 2002-05-06 Flags: 9990N0
Begin Time: 14:21:23 DTM Job Name:
User Id: JWEBBSL DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-05-06
Status: PHONE End Time: 14:21:23
Queue: END
User Name: XXXXX, 3/31/2003
DTM Description:
Comments:

AWD History for Work object key 2002-05-14-09.03.11.000000T01

JLIFE - PHONE - PHONE - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:10:53PM

Begin Date: 2002-05-14 Flags:
Begin Time: 09:05:33 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-05-14
Status: End Time: 09:05:33
Queue:
User Name: NORVELL, MARY G
DTM Description:
Comments: EMPLOYER CALLED TO SEE IF MONEY WAS TAKEN OUT OF CV.

Begin Date: 2002-05-14 Flags: 9990N0
Begin Time: 09:03:18 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-05-14
Status: PHONE End Time: 09:05:35
Queue: END
User Name: NORVELL, MARY G
DTM Description:
Comments:

Begin Date: 2002-05-14 Flags: 9990N0
Begin Time: 09:03:11 DTM Job Name:
User Id: JNORVMG DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2002-05-14
Status: PHONE End Time: 09:03:11
Queue: END
User Name: NORVELL, MARY G
DTM Description:
Comments:

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	12-27-01	3 MONTH PREMIUM	17,857.30
			AMOUNT DUE	17,857.30
01-28-02				

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

193130303932303840404012270103017857300202801785730000000006

INDICATE ADDRESS CHANGE ABOVE

690100

JCK000011

AWD History for Work object key 2002-07-08-15.55.14.141048T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:11:52PM

Begin Date: 2002-07-23 Flags: 6550N0
Begin Time: 00:35:12 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-23
Status: PROCESSED End Time: 00:35:12
Queue: END
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-22 Flags:
Begin Time: 15:13:44 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-07-22
Status: End Time: 15:13:44
Queue:
User Name: MILLS, MELANIE S
DTM Description:
Comments: nothing to process - he wants to pay premium from cash value.

Begin Date: 2002-07-22 Flags: 6500Y1
Begin Time: 15:11:17 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-22
Status: PROCESSED End Time: 15:13:50
Queue: QUALITY
User Name: MILLS, MELANIE S
DTM Description:
Comments:

Begin Date: 2002-07-20 Flags: 4500N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-20
Status: ALPHAMATCH End Time: 03:27:46
Queue: PROCESS

AWD History for Work object key 2002-07-08-15.55.14.141048T01

JLIFE - POLRES - PROCESSED - END - Updateable

- 1009200 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009200

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:11:52PM

User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-19 Flags: 4450N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-19
Status: ALPHAMATCH End Time: 03:38:30
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-18 Flags: 4400N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-18
Status: ALPHAMATCH End Time: 03:50:18
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-17 Flags: 4350N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-17
Status: ALPHAMATCH End Time: 04:04:55
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-16 Flags: 4300N0
Begin Time: 00:10:01 DTM Job Name:

AWD History for Work object key 2002-07-08-15.55.14.141048T01

JLIFE - POLRES - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:11:52PM

User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-16
Status: ALPHAMATCH End Time: 04:18:16
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-13 Flags: 4250N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-13
Status: ALPHAMATCH End Time: 04:41:44
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-12 Flags: 4200N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-12
Status: ALPHAMATCH End Time: 04:56:04
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2002-07-11 Flags: 4150N0
Begin Time: 07:53:32 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-11
Status: ALPHAMATCH End Time: 09:43:38
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:

JCK000014

AWD History for Work object key 2002-07-08-15.55.14.141048T01

JLIFE - POLRES - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19.-

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:11:52PM

Comments:

Begin Date: 2002-07-10 Flags:
Begin Time: 15:02:15 DTM Job Name:
User Id: JCLIFKS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-07-10
Status: End Time: 15:02:15
Queue:
User Name: CLIFTON, KIM S
DTM Description:
Comments: PO WANTS TO USE THE APL TO PAY PREM. POLICY DOES NOT HAVE THIS OPTION. PLEASE RESEARCH...THANKS.

Begin Date: 2002-07-10 Flags: 4100N0
Begin Time: 14:55:01 DTM Job Name:
User Id: JCLIFKS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2002-07-10
Status: ALPHAMATCH End Time: 15:02:42
Queue: PROCESS
User Name: CLIFTON, KIM S
DTM Description:
Comments:

Begin Date: 2002-07-10 Flags: 4100N0
Begin Time: 13:51:21 DTM Job Name:
User Id: JHALECD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: BILCHG End Date: 2002-07-10
Status: ALPHAMATCH End Time: 13:52:09
Queue: CSPROC
User Name: 01/26/2004, XXXXX
DTM Description:
Comments:

Begin Date: 2002-07-08 Flags: 9990N0
Begin Time: 15:55:14 DTM Job Name:
User Id: JKITSEL DTM Return Code:

AWD History for Work object key 2002-07-08-15.55.14.141048T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BEPNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:11:52PM

Workstation Id:	AWD_NT	DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2002-07-08
Status:	SCANNED	End Time:	15:55:14
Queue:	INDEX		
User Name:	KITSELMAN, ELLEN L		
DTM Description:			
Comments:			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

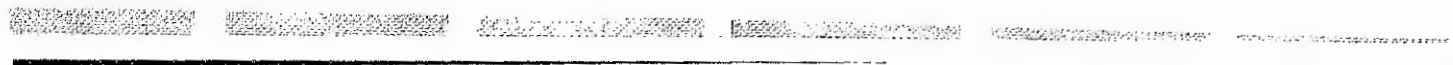
1009208	BERNSTEIN, SIMON	06-27-02	3 MONTH PREMIUM	17,857.30
			AMOUNT DUE	17,857.30
07-29-02				

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

193130303932303840404006270203017857300221001785730000000007



INDICATE ADDRESS CHANGE ABOVE



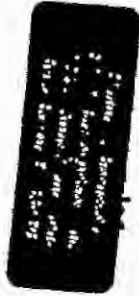
Please pay this
Premium by

APR


Thank you

[Signature]
(SBRUNSW)

Annuity & Life Re
P.O. BOX 4174
SPRINGFIELD, IL 62708-4174



Authority v. Life Re
 1275 SANDSKEY RD.
 JERICHO V. 110, N.Y. 11753-1115

6265041155 

AWD History for Work object key 2003-01-09-12.44.51.297551T01

JLIFE - PHONE - PHONE - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:13:21PM

0

Begin Date: 2003-01-09 Flags:
Begin Time: 16:33:15 DTM Job Name:
User Id: JOSWARJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2003-01-09
Status: End Time: 16:33:15
Queue:
User Name: HAUBENSAK-OSWALD, RAINA J
DTM Description:
Comments: status and owner info

Begin Date: 2003-01-09 Flags: 9990N0
Begin Time: 16:29:48 DTM Job Name:
User Id: JOSWARJ DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2003-01-09
Status: PHONE End Time: 16:33:18
Queue: END
User Name: HAUBENSAK-OSWALD, RAINA J
DTM Description:
Comments:

Begin Date: 2003-01-09 Flags: 9990N0
Begin Time: 12:44:52 DTM Job Name:
User Id: JOSWARJ DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2003-01-09
Status: PHONE End Time: 12:44:52
Queue: END
User Name: HAUBENSAK-OSWALD, RAINA J
DTM Description:
Comments:

JCK000020

AWD History for Work object key 2003-01-13-10.36.06.067727T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:13:31PM

Begin Date: 2003-01-18 Flags: 6256N1
Begin Time: 09:13:39 DTM Job Name:
User Id: JKAUFAC DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-18
Status: PROCESSED End Time: 09:13:43
Queue: END
User Name: KAUFMAN, AMY C
DTM Description:
Comments:

Begin Date: 2003-01-18 Flags:
Begin Time: 09:10:08 DTM Job Name:
User Id: JKAUFAC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2003-01-18
Status: End Time: 09:10:08
Queue:
User Name: KAUFMAN, AMY C
DTM Description:
Comments: sending letter to po explaining that his policy does not have an apl option
 however, the cost of insurance charges will be deducted from his policy value

Begin Date: 2003-01-18 Flags: 4250N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-18
Status: ALPHAMATCH End Time: 03:45:14
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-01-17 Flags: 4200N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-17
Status: ALPHAMATCH End Time: 03:56:09

AWD History for Work object key 2003-01-13-10.36.06.067727T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:13:31PM

Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-01-16 Flags: 4150N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-16
Status: ALPHAMATCH End Time: 04:11:39
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-01-15 Flags: 4100N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-15
Status: ALPHAMATCH End Time: 04:32:54
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-01-14 Flags: 4050N0
Begin Time: 08:25:53 DTM Job Name:
User Id: JKINGMR DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-14
Status: ALPHAMATCH End Time: 08:25:57
Queue: PROCESS
User Name: KING, MICHELLE R
DTM Description:
Comments:

Begin Date: 2003-01-14 Flags: 4050N0

AWD History for Work object key 2003-01-13-10.36.06.067727T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:13:31PM

Begin Time: 08:25:02 DTM Job Name:
User Id: JKINGMR DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-14
Status: FILEREQ End Time: 08:25:49
Queue: INDEX
User Name: KING, MICHELLE R
DTM Description:
Comments:

Begin Date: 2003-01-14 Flags: 4050N0
Begin Time: 08:24:55 DTM Job Name:
User Id: JKINGMR DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-01-14
Status: FILEREQ End Time: 08:25:42
Queue: FILEREQ
User Name: KING, MICHELLE R
DTM Description:
Comments:

Begin Date: 2003-01-14 Flags: 4050N0
Begin Time: 00:10:02 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2003-01-14
Status: FILEREQ End Time: 05:02:13
Queue: FILEREQ
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-01-13 Flags: 4000N0
Begin Time: 13:58:11 DTM Job Name:
User Id: JWILCDD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2003-01-13
Status: FILEREQ End Time: 13:59:29
Queue: FILEREQ
User Name: WILCOX, DEB D

AWD History for Work object key 2003-01-13-10.36.06.067727T01

JLIFE - POLRES - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:13:31PM

DTM Description:

Comments:

Begin Date:	2003-01-13	Flags:	9990N0
Begin Time:	10:36:06	DTM Job Name:	
User Id:	JKITSEL	DTM Return Code:	
Workstation Id:	AWD NT	DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2003-01-13
Status:	SCANNED	End Time:	10:36:06
Queue:	INDEX		
User Name:	KITSELMAN, ELLEN L		

DTM Description:
Comments:

JCK000024

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208

BERNSTEIN, SIMON

12-27-02

3 MONTH PREMIUM

20,667.10

01-28-03

AMOUNT DUE

20,667.10

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Please Pay By
A/R
Thank you
[Signature]

19313030393230384040401227020302066710030280201

INDICATE ADDRESS CHANGE ABOVE

JCK000025

From

Name

Address

10000 10000000
10000 1000000000
10000 10000000000
10000 100000000000

To help us serve you better, please:

- enclose the return portion of the premium notice
- make sure the address appears in the window
- write your policy number on your check or money order
- sign and date your check
- do not use staples

THANK YOU!

We appreciate your business.



Annuity
Life Re

January 20, 2003

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 05305414

Dear Mr. Bernstein:

Thank you for contacting Annuity & Life Reassurance, Incorporated. It is a pleasure to be of assistance.

We have received your request to pay the December quarterly premium by the Automatic Premium Loan (APL) provision. According to our records, APL is not a provision of this policy. However, when no payment is received for this type of plan, we will simply deduct the cost of insurance charges from your policy value as long as there is sufficient policy value to cover these charges.

If you have any questions, please feel free to call our office at 800/825-0003.

Sincerely,

Client Services

1275 Sandusky Road Jacksonville, IL 62650-1155 Fax 217/291-2398

JCK000028

AWD History for Work object key 2003-04-11-11.26.36.702406T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████ Policy Number: 1009208

Agent Number: ██████████ Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:06PM

Begin Date: 2003-04-23 Flags: 6406N1
Begin Time: 16:27:54 DTM Job Name:
User Id: JKILVPM DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-23
Status: PROCESSED End Time: 16:28:03
Queue: END
User Name: KILVER, PAT M
DTM Description:
Comments:

Begin Date: 2003-04-23 Flags:
Begin Time: 16:27:47 DTM Job Name:
User Id: JKILVPM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2003-04-23
Status: End Time: 16:27:47
Queue:
User Name: KILVER, PAT M
DTM Description:
Comments: Attached source is a signed request from PO to allow COI to be deducted from CV. Policy has positive CV. No request for a response mentioned.

Begin Date: 2003-04-23 Flags: 4400N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-23
Status: ALPHAMATCH End Time: 00:18:25
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-22 Flags: 4350N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-22
Status: ALPHAMATCH End Time: 00:19:20

AWD History for Work object key 2003-04-11-11.26.36.702406T01

JLIFE - POLRES - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:06PM

Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-19 Flags: 4300N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-19
Status: ALPHAMATCH End Time: 00:19:35
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-18 Flags: 4250N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-18
Status: ALPHAMATCH End Time: 00:20:00
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-17 Flags: 4200N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-17
Status: ALPHAMATCH End Time: 00:19:45
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-16 Flags: 4150N0

AWD History for Work object key 2003-04-11-11.26.36.702406T01

JLIFE - POLRES - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:06PM

Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-16
Status: ALPHAMATCH End Time: 00:20:22
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-15 Flags: 4100N0
Begin Time: 00:10:01 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-15
Status: ALPHAMATCH End Time: 00:22:05
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-12 Flags: 4050N0
Begin Time: 00:10:00 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-12
Status: ALPHAMATCH End Time: 00:23:21
Queue: PROCESS
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2003-04-11 Flags: 4000N0
Begin Time: 14:07:46 DTM Job Name:
User Id: JMULQPM DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2003-04-11
Status: ALPHAMATCH End Time: 14:08:39
Queue: PROCESS
User Name: MULQUIN, PATTY M

JCK000031

AWD History for Work object key 2003-04-11-11.26.36.702406T01

JLIFE - POLRES - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:06PM

DTM Description:

Comments:

Begin Date: 2003-04-11 Flags: 5000N0
Begin Time: 11:26:36 DTM Job Name:
User Id: FAXSRVR DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FAX End Date: 2003-04-11
Status: FAXED End Time: 11:26:36
Queue: INDEX
User Name: Fax Server UserId, BATCH
DTM Description:
Comments:

7700 Congress Ave.
Suite 2225
Boca Raton, Florida 33467
Phone 561-993-6667
Fax 561-993-6668



Fax

To: Premium Processing From: Simon Bernstein
Fax: 217-291-2398 Pages: 3
Phone: _____ Date: _____
Re: _____ CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

* Comments:

April 11, 2003

Please take premium from my cash value. Policy # 1009208.

Thank you,


Simon Bernstein

1009208	BERNSTEIN, SIMON	03-27-03	3 MONTH PREMIUM	20,667.10
			AMOUNT DUE	20,667.10

PLEASE RETAIN THIS PORTION FOR YOUR RECORDS
PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	03-27-03	3 MONTH PREMIUM	20,667.10
			AMOUNT DUE	20,667.10
04-28-03				

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

193130303932303840404003270303020667100311802066710000000001



INDICATE ADDRESS CHANGE ABOVE

JCK000035

AWD History for Work object key 2003-12-29-10.26.48.085515T01

JLIFE - PREMIUM - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number: [REDACTED]

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:59PM

Begin Date: 2003-12-29 Flags: 9990N2
Begin Time: 14:53:36 DTM Job Name:
User Id: JMORTSA DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PREMIUM End Date: 2003-12-29
Status: PROCESSD1 End Time: 14:54:25
Queue: END
User Name: MORTHOLE, SUSAN A

DTM Description:
Comments:

Begin Date: 2003-12-29 Flags: 5000N0
Begin Time: 11:04:11 DTM Job Name:
User Id: JGOODMD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PREMIUM End Date: 2003-12-29
Status: DEPOSITED End Time: 11:04:29
Queue: FSPROC
User Name: THORNTON, MELANIE D

DTM Description:
Comments:

Begin Date: 2003-12-29 Flags: 9990N0
Begin Time: 10:30:54 DTM Job Name:
User Id: JSTROBS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: TREASURY End Date: 2003-12-29
Status: ALPHAMATCH End Time: 10:31:11
Queue: TREASURY
User Name: STROPE, BECKY S

DTM Description:
Comments:

Begin Date: 2003-12-29 Flags: 9990N0
Begin Time: 10:30:42 DTM Job Name:
User Id: JSTROBS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: TREASURY End Date: 2003-12-29
Status: ALPHAMATCH End Time: 10:30:59
Queue: INDEX

AWD History for Work object key 2003-12-29-10.26.48.085515T01

JLIFE - PREMIUM - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:59PM

User Name: STROPE, BECKY S
DTM Description:
Comments:

Begin Date: 2003-12-29 Flags: 9990N0
Begin Time: 10:26:48 DTM Job Name:
User Id: JKITSEL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: TREASURY End Date: 2003-12-29
Status: SCANNED End Time: 10:26:48
Queue: INDEX
User Name: KITSELMAN, ELLEN L
DTM Description:
Comments:

Arbitrage International Marketing, Inc.
Ph. 561-988-8984
7700 Congress Avenue, Suite 3209
Boca Raton, Florida 33487
www.lifeinsuranceconcepts.com

1125

DATE 12.23.03

53-543/670
BRANCH 00993

PAY TO THE ORDER OF

Annuity Life Re

\$ 21,834.50

Twenty-one thousand eight hundred thirty-four and 50/100 - DOLLARS



WACHOVIA
Wachovia Bank, N.A.
ACH NVT 067006432

FOR

Policy # 1009208

[Signature]

⑈00⑈1⑈25⑈⑈067006432⑈20000⑈5569547⑈

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	12-27-03	3 MONTH PREMIUM	21,834.50
			AMOUNT DUE	21,834.50
01-28-04				

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

193130303932303840404012270303021834500402802183450000000008

INDICATE ADDRESS CHANGE ABOVE

JCK000039

LETTERS

Call 1-800-PICK-UPS (1-800-742-5877) or visit our Web site at www.ups.com

Place Labels In This Space

- Options: UPS Tracking Label and your address label
 UPS Air Shipping Document
 UPS Worldwide



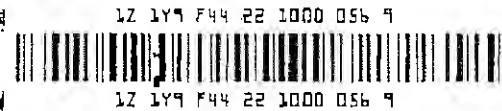
WEIGHT	WEIGHT	DIMENSIONAL WEIGHT	2
	LTR		

The shipping label must be affixed to the front of the package and must be legible. The weight of the package must be in pounds and ounces. The weight of the package must be in pounds and ounces. The weight of the package must be in pounds and ounces. The weight of the package must be in pounds and ounces.

- EXPRESS (INT'L) 1
 DOCUMENTS ONLY

SATURDAY DELIVERY

SHIPMENT FROM
 UPS ACCOUNT NO. 1Y9F44
 REFERENCE NUMBER



EXPORT

Simon Bernstein TELEPHONE 561-988-8984
 LIFE INSURANCE CONCEPTS
 7700 CONGRESS AVE RM 3209

BOCA RATON FL 33487-1352

DELIVERY TO

Policy Holder's Dpt
 Annuity Life Re
 1275 Sandusky Road
 Jacksonville, IL 62630-1155



DELIVERY

0101911202609 6/00 S United Parcel Service, Louisville, KY

SHIPMENT ID NUMBER 1Y9F 4479 XGR

DATE OF SHIPMENT
 12/24/03

100% Recycled Fiber
 (80% Post-Consumer Content)

International Shipping Notice - Carriage hereunder may be subject to the rules relating to liability and other terms and/or conditions established by the Convention for the Unification of Certain Rules Relating to International Carriage by Air (the "Warsaw Convention") and/or the Convention on the Contract for the International Carriage of Goods by Road (the "CMR Convention"). These commodities, technology or software were exported from the U.S. in accordance with the Export Administration Regulations. Diversion contrary to U.S. law prohibited. For shipping charges, call 1-800-752-7802.

010195201 Rev. 12/01 BL United Parcel Service, Louisville, KY

JCK000040

50/AB
 12-26



Annuity Life Re

1206
COPY

December 31, 2003

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

Re: Policy Number: 1009208
Insured: Simon Bernstein

Dear Simon Bernstein:

We are required by your state of residence to provide you, the policy/certificate owner, with annual notification of your right to designate an individual as a secondary addressee for receipt of possible lapse notices for this life insurance policy or certificate. You will continue to receive annual notification, even if this right has already been elected and a secondary addressee has been named.

If elected, the secondary addressee will receive these notices, if any, in all years following the policy/certificate owner or insured reaching age 64. If you wish to exercise this right, please complete the enclosed form and return it to us in the enclosed envelope.

While we are obligated to provide the secondary addressee with notification of a pending lapse if you so elect, we are restricted from providing anyone other than the policyowner any further details.

We are proud to be your insurance company and thank you for being our customer.

Annuity & Life Reassurance America, Inc.



**Annuity
Life Re**

11
12
13
14

COPY

OWNER INFORMATION AND SECONDARY ADDRESSEE

1009208

(Please print or type)

Policy Number

Name of Insured

Name of Owner

Birthdate of Owner

The Owner may designate a Secondary Addressee. After the policy has been in force for at least 1 year, and either the Insured or the Owner is at least age 65, any notification required at the end of the contractual grace period will also be sent to this Secondary Addressee.

SECONDARY ADDRESSEE (Optional)

Name

Street Address

City

State

Zip Code

Signature of Owner(s)

AWD History for Work object key 2004-07-14-12.00.46.256792T01

JLIFE - PHONE - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:15:40PM

Begin Date: 2004-09-28 Flags:
Begin Time: 15:25:54 DTM Job Name:
User Id: JCOLEDE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2004-09-28
Status: End Time: 15:25:54
Queue:
User Name: COLE, DARIN E
DTM Description:
Comments: jamila owens from agents office called to check status , , , , ph#312819-7474

Begin Date: 2004-07-14 Flags: 9990N0
Begin Time: 12:00:52 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2004-07-14
Status: PROCESSED End Time: 12:04:18
Queue: END
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

Begin Date: 2004-07-14 Flags: 9990N0
Begin Time: 12:00:46 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2004-07-14
Status: PHONE End Time: 12:00:46
Queue: PROCESS
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

AWD History for Work object key 2004-10-05-09.38.00.725763T01

JLIFE - PHONE - PROCESSED - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:
Agent Number:

Policy Number: 1009208

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:15:50PM

Begin Date: 2004-10-05 Flags:
Begin Time: 13:16:26 DTM Job Name:
User Id: JJONEYD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2004-10-05
Status: End Time: 13:16:26
Queue:
User Name: JONES, YANA D
DTM Description:
Comments: PO WANTED TO KNOW IF HE COULD SKIP A PMT THIS MONTH

Begin Date: 2004-10-05 Flags: 9990N0
Begin Time: 13:14:23 DTM Job Name:
User Id: JJONEYD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2004-10-05
Status: PROCESSED End Time: 13:14:32
Queue: END
User Name: JONES, YANA D
DTM Description:
Comments:

Begin Date: 2004-10-05 Flags: 9990N0
Begin Time: 09:38:03 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2004-10-05
Status: PROCESSED End Time: 09:40:02
Queue: END
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

Begin Date: 2004-10-05 Flags: 9990N0
Begin Time: 09:38:00 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2004-10-05
Status: PHONE End Time: 09:38:00
Queue: CSPROC

JCK000044

AWD History for Work object key 2004-10-05-09.38.00.725763T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:15:50PM

User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

AWD History for Work object key 2004-11-02-13.21.58.134422T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:17:48PM

Begin Date:	2004-11-02	Flags:	9990N0
Begin Time:	13:22:07	DTM Job Name:	
User Id:	JRUSSBS	DTM Return Code:	
Workstation Id:	AWD_NT	DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2004-11-02
Status:	PROCESSED	End Time:	13:23:36
Queue:	END		
User Name:	RUSSWINKEL, BARB S		
DTM Description:			
Comments:			

Begin Date:	2004-11-02	Flags:	9990N0
Begin Time:	13:21:58	DTM Job Name:	
User Id:	JRUSSBS	DTM Return Code:	
Workstation Id:	AWD_NT	DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2004-11-02
Status:	PHONE	End Time:	13:21:58
Queue:	CSPROC		
User Name:	RUSSWINKEL, BARB S		
DTM Description:			
Comments:			

JCK000046

AWD History for Work object key 2005-01-10-15.10.08.927937T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:20:22PM

Begin Date: 2005-03-09 Flags:
Begin Time: 12:42:25 DTM Job Name:
User Id: JSUITCS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2005-03-09
Status: End Time: 12:42:25
Queue:
User Name: SUITER, CINDY S
DTM Description:
Comments: Diana, PO assist. called to have pol. APL. Could not discuss pol. w/ her and asked to have PO call for info.

Begin Date: 2005-01-10 Flags: 9990N0
Begin Time: 15:10:32 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-01-10
Status: PROCESSED End Time: 15:11:07
Queue: END
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2005-01-10 Flags: 9990N0
Begin Time: 15:10:08 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-01-10
Status: PHONE End Time: 15:10:08
Queue: CSPROC
User Name: COLE, SHANNON D
DTM Description:
Comments:

AWD History for Work object key 2005-05-03-12.52.29.031206T01

JLIFE - PHONE - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:20:30PM

Begin Date: 2005-05-03 Flags: 9990NO
Begin Time: 12:53:46 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-05-03
Status: PROCESSED End Time: 12:53:49
Queue: END
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2005-05-03 Flags:
Begin Time: 12:53:16 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2005-05-03
Status: End Time: 12:53:16
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: agent ph 312-819-7474, in force

Begin Date: 2005-05-03 Flags: 9990NO
Begin Time: 12:52:37 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-05-03
Status: PROCESSED End Time: 12:53:21
Queue: END
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2005-05-03 Flags: 9990NO
Begin Time: 12:52:29 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-05-03
Status: PHONE End Time: 12:52:29
Queue: CSPROC

AWD History for Work object key 2005-05-03-12.52.29.031206T01

JLIFE - PHONE - PROCESSED - END - Updateable

██████████ - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████ Policy Number: 1009209

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:20:30PM

User Name: BUSEY, KATHY A
DTM Description:
Comments:

AWD History for Work object key 2005-06-22-11.22.03.203529T01
JLIFE - SURR - NOACTION - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208 Insured's Last Name: BERNSTEIN
Agent Number: Printed on Tuesday, May 07, 2013 at 1:20:46PM

Begin Date: 2005-06-30 Flags:
Begin Time: 16:42:40 DTM Job Name:
User Id: JCROSHR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2005-06-30
Status: End Time: 16:42:40
Queue:
User Name: CROSSMAN, HANNAH R
DTM Description:
Comments: this is not a request to cancel, po wants to pay his June qrtly prm from his
cv. nothing needs to be done as this will happen automatically since policy
is a UL

Begin Date: 2005-06-30 Flags: 9990N0
Begin Time: 16:38:08 DTM Job Name:
User Id: JCROSHR DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: SURR End Date: 2005-06-30
Status: NOACTION End Time: 16:42:44
Queue: END
User Name: CROSSMAN, HANNAH R
DTM Description:
Comments:

Begin Date: 2005-06-23 Flags: 9990N0
Begin Time: 15:00:26 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: SURR End Date: 2005-06-23
Status: MATCHED End Time: 15:00:28
Queue: CSPPROC
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2005-06-23 Flags: 9990N0
Begin Time: 14:45:43 DTM Job Name:
User Id: JORRIRL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: SURR End Date: 2005-06-23

AWD History for Work object key 2005-06-22-11.22.03.203529T01

JLIFE - SURR - NOACTION - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:20:46PM

=====
Status: FPULLED End Time: 14:45:46
Queue: RENDEZ
User Name: HAYES, RACHELE L
DTM Description:
Comments:

Begin Date: 2005-06-22 Flags: 9990N0
Begin Time: 14:08:06 DTM Job Name:
User Id: IDUBESX DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: SURR End Date: 2005-06-22
Status: FILEREQ End Time: 14:09:46
Queue: FILEREQ
User Name: DUBEY, SANJAY X
DTM Description:
Comments:

Begin Date: 2005-06-22 Flags: 9000N0
Begin Time: 11:22:03 DTM Job Name:
User Id: JKITSEL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: CSGENERIC End Date: 2005-06-22
Status: SCANNED End Time: 11:22:03
Queue: INDEX
User Name: KITSELMAN, ELLEN L
DTM Description:
Comments:

1009208

BERNSTEIN, SIMON

06-27-05

3 MONTH PREMIUM

23,204.70

AMOUNT DUE

23,204.70

07-29-05

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

*Please
pay with
cash value*

193130303932303840404006270503023204700521002320470000000003



INDICATE ADDRESS CHANGE ABOVE

Life
INSURANCE CONCEPTS

7776 CONGRESS AVENUE, SUITE 3209
BOCA RATON, FLORIDA 33487

MC

Amnuty & Life Reassurance, Inc
PO Box 830043
Baltimore, Md 21283-0043

1218 PM
JUN 30 1987
BOCA RATON FL 33487

21283-0043

AWD History for Work object key 2005-07-12-17.06.55.311534T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:11PM

Begin Date: 2005-10-03 Flags:
Begin Time: 09:26:22 DTM Job Name:
User Id: JCOLEDE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2005-10-03
Status: End Time: 09:26:22
Queue:
User Name: COLE, DARIN E
DTM Description:
Comments: general billing question

Begin Date: 2005-07-12 Flags: 9990N0
Begin Time: 17:09:48 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-07-12
Status: PROCESSED End Time: 17:09:51
Queue: END
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2005-07-12 Flags: 9990N0
Begin Time: 17:09:41 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-07-12
Status: PROCESSED End Time: 17:09:43
Queue: END
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2005-07-12 Flags: 9990N0
Begin Time: 17:07:39 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-07-12
Status: PHONE End Time: 17:09:20
Queue: CSPROC

AWD History for Work object key 2005-07-12-17.06.55.311534T01

JLIFE - PHONE - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:11PM

=====
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2005-07-12 Flags: 9990N0
Begin Time: 17:06:55 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2005-07-12
Status: PHONE End Time: 17:06:55
Queue: CSPROC
User Name: COLE, SHANNON D
DTM Description:
Comments:

AWD History for Work object key 2006-03-06-10.16.36.577063T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:57PM

Begin Date: 2006-03-08 Flags:
Begin Time: 06:53:20 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2006-03-08
Status: End Time: 06:53:20
Queue:
User Name: TUCKER, MONA C
DTM Description:
Comments: sent letter of expl to po using info provided by actuary

Begin Date: 2006-03-08 Flags: 9996N1
Begin Time: 06:47:49 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2006-03-08
Status: PROCESSED End Time: 06:53:29
Queue: END
User Name: TUCKER, MONA C
DTM Description:
Comments:

Begin Date: 2006-03-07 Flags: 9990N0
Begin Time: 09:59:45 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: AWD NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2006-03-07
Status: CS End Time: 09:59:49
Queue: CSPROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2006-03-07 Flags:
Begin Time: 09:59:44 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2006-03-07
Status: End Time: 09:59:44
Queue:

JCK000056

AWD History for Work object key 2006-03-06-10.16.36.577063T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:57PM

User Name: WIERSMA, TONY J
DTM Description:
Comments: Policy has enough value to last to 12/27/2006 without further premiums.

Begin Date: 2006-03-07 Flags: 9990N0
Begin Time: 09:38:47 DTM Job Name:
User Id: JGROJCM DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2006-03-07
Status: ACTUARY4 End Time: 09:38:51
Queue: ACTUARY4
User Name: GROJEAN, CHRISTINE M
DTM Description:
Comments:

Begin Date: 2006-03-07 Flags:
Begin Time: 08:28:57 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2006-03-07
Status: End Time: 08:28:57
Queue:
User Name: TUCKER, MONA C
DTM Description:
Comments: ACTUARY: POLICY IS A CVL...PLS SEE REQ FOR MIN PREM CAL...THX

Begin Date: 2006-03-07 Flags: 9990N0
Begin Time: 08:28:23 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2006-03-07
Status: ACTUARY End Time: 08:29:01
Queue: ACTUARY
User Name: TUCKER, MONA C
DTM Description:
Comments:

Begin Date: 2006-03-06 Flags:
Begin Time: 10:18:26 DTM Job Name:

AWD History for Work object key 2006-03-06-10.16.36.577063T01

JLIFE - MINPREM - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:57PM

User Id: JKAYLAK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2006-03-06
Status: End Time: 10:18:26
Queue:
User Name: KAYLOR, ANGELA K
DTM Description:
Comments: PLEASE SEND MIN PREM QUOTE FROM NOW TIL DEC 2006 TO ADDRESS ON THE SYSTEM.

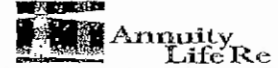
Begin Date: 2006-03-06 Flags: 9990N0
Begin Time: 10:16:39 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2006-03-06
Status: PHONE End Time: 10:18:28
Queue: CSPROC
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

Begin Date: 2006-03-06 Flags: 9990N0
Begin Time: 10:16:36 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2006-03-06
Status: PHONE End Time: 10:16:36
Queue: CSPROC
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

JCK000058

ANNUITY & LIFE RE

1275 Sandusky Road Jacksonville, IL 62650-1155
Phone 800-825-0003 Fax 803-333-7842



March 8, 2006

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 06966789

Dear Mr. Bernstein:

Thank you for contacting Annuity & Life Reassurance America. It is a pleasure to be of assistance.

Our office received your recent request for the minimum premium due on the above-mentioned policy. According to our calculations there is enough value in this policy to maintain itself until December 27, 2006.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

AWD History for Work object key 2007-03-14-12.44.03.666281T01

JLIFE - FORMS - PROCESSD3 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:22:53PM

Begin Date: 2007-03-15 Flags:
Begin Time: 04:44:52 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-03-15
Status: End Time: 04:44:52
Queue:
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments: Mailed Illust form as requested.

Begin Date: 2007-03-15 Flags: 9990N2
Begin Time: 04:35:19 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2007-03-15
Status: PROCESSD3 End Time: 04:45:40
Queue: END
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments:

Begin Date: 2007-03-15 Flags: 4500N0
Begin Time: 03:55:11 DTM Job Name:
User Id: ADEVICK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2007-03-15
Status: PHONE End Time: 03:55:11
Queue: ALUDDSX
User Name: DE VILLIERS, CHERYL
DTM Description:
Comments:

Begin Date: 2007-03-14 Flags:
Begin Time: 12:45:31 DTM Job Name:
User Id: JDECKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-03-14
Status: End Time: 12:45:31
Queue:

AWD History for Work object key 2007-03-14-12.44.03.666281T01

JLIFE - FORMS - PROCESSD3 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:22:53PM

User Name: DECKER, ALLISON
DTM Description:
Comments: Please mail illust req form to attorney at:

Traci Kratish
950 Peninsula Corporate Circle Ste 3010
Boca Raton, Fl 33487

Begin Date:	2007-03-14	Flags:	4500N0
Begin Time:	12:44:06	DTM Job Name:	
User Id:	JDECKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	FORMS	End Date:	2007-03-14
Status:	PHONE	End Time:	12:45:33
Queue:	CSPROC2		
User Name:	DECKER, ALLISON		

DTM Description:
Comments:

Begin Date:	2007-03-14	Flags:	9990N0
Begin Time:	12:44:03	DTM Job Name:	
User Id:	JDECKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2007-03-14
Status:	PHONE	End Time:	12:44:03
Queue:	CSPROC		
User Name:	DECKER, ALLISON		

DTM Description:
Comments:

ANNUITY & LIFE RE

1275 Sandusky Road Jacksonville, IL 62650-1155
Phone 800-825-0003 Fax 803-333-7842



March 15, 2007

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 07623733

Dear Policyowner:

Thank you for contacting Annuity & Life Reassurance America. As requested, an Illustration Form is enclosed. Please complete and sign this form and return to our office.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustration Request

cc: TRACI KRATISH

JCK000062

Annuity & Life Reassurance America

800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN.

Name and Phone of contact in the event we have questions

Term Policy

_____ Term to UL conversion

_____ Term to WL conversion

Universal Life Policy

_____ Current death benefit and premiums

_____ Minimum premiums to endow at maturity

_____ Minimum premiums to carry to maturity

_____ Other specific request

We provide one illustration per policy per year at no charge. Any additional requests require \$25.00 fee prior to running the illustration.

I have enclosed a check or money order payable to Annuity & Life Reassurance America for:

_____ First request per year	Free
_____ Additional requests	\$25.00 each
_____ TOTAL	\$ _____

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to:

Name: _____

Address: _____

Fax: _____

Phone: _____

Policy Owner Signature

Date

ANNUITY & LIFE RE

1275 Sandusky Road Jacksonville, IL 62650-1155
Phone 800-825-0003 Fax 803-333-7842



**Annuity
Life Re**

March 15, 2007

TRACI KRATISH
950 PENINSULA CORPORATE CIRCLE STE 3010
BOCA RATON, FL 33487

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 07623733

Dear Traci Kratish:

Enclosed is a copy of the letter that was sent on the policy number mentioned above.

If you have any questions regarding this information, please contact us at 800-825-0003.

Sincerely,

Client Services

Enclosure(s): Copy of original

ANNUITY & LIFE RE

1275 Sandusky Road Jacksonville, IL 62650-1155
Phone 800-825-0003 Fax 803-333-7842



**Annuity
Life Re**

March 15, 2007

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 07623733

Dear Policyowner:

Thank you for contacting Annuity & Life Reassurance America. As requested, an Illustration Form is enclosed. Please complete and sign this form and return to our office.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustration Request

cc: TRACI KRATISH

JCK000065

AWD History for Work object key 2007-03-27-11.51.15.638281T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]
Agent Number:

Policy Number: 1009208

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:23:22PM

Begin Date:	2007-03-27	Flags:	
Begin Time:	11:54:59	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2007-03-27
Status:		End Time:	11:54:59
Queue:			
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:	values		

Begin Date:	2007-03-27	Flags:	9990N0
Begin Time:	11:51:17	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2007-03-27
Status:	PROCESSED	End Time:	11:55:05
Queue:	END		
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:			

Begin Date:	2007-03-27	Flags:	9990N0
Begin Time:	11:51:15	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2007-03-27
Status:	PHONE	End Time:	11:51:15
Queue:	CSPROC		
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:			

AWD History for Work object key 2007-06-06-11.43.33.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:23:59PM

Begin Date:	2007-12-11	Flags:	
Begin Time:	11:36:08	DTM Job Name:	
User Id:	JSUITCS	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2007-12-11
Status:		End Time:	11:36:08
Queue:			
User Name:	SUITER, CINDY S		
DTM Description:			
Comments:	Dianna, PO assist./PO called. Went over minprem., according to letter and notes, it just increased to 31131.25 and they will be sending that amount.		

Begin Date:	2007-06-13	Flags:	
Begin Time:	10:00:12	DTM Job Name:	
User Id:	JTUCKMC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2007-06-13
Status:		End Time:	10:00:12
Queue:			
User Name:	TUCKER, MONA C		
DTM Description:			
Comments:	sent letter of expl to po using info provided by actuary		

Begin Date:	2007-06-13	Flags:	9996N1
Begin Time:	09:50:03	DTM Job Name:	
User Id:	JTUCKMC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2007-06-13
Status:	PROCESSED	End Time:	10:00:20
Queue:	END		
User Name:	TUCKER, MONA C		
DTM Description:			
Comments:			

Begin Date:	2007-06-12	Flags:	9990N0
Begin Time:	14:22:24	DTM Job Name:	
User Id:	JWIERTJ	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2007-06-12
Status:	CS	End Time:	14:22:30

AWD History for Work object key 2007-06-06-11.43.33.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:23:59PM

Queue: CSPROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2007-06-12 Flags:
Begin Time: 14:22:23 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-06-12
Status: End Time: 14:22:23
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: PO needs to pay 2,000 to carry policy to 12/2007. PO will then need to pay 19,200 per quarter to carry to 12/2009.

Begin Date: 2007-06-12 Flags:
Begin Time: 08:05:15 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-06-12
Status: End Time: 08:05:15
Queue:
User Name: TUCKER, MONA C
DTM Description:
Comments: actuary pls assist...policy is a CVL...thx

Begin Date: 2007-06-12 Flags: 9990N0
Begin Time: 07:58:40 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2007-06-12
Status: ACTUARY End Time: 08:05:20
Queue: ACTUARY
User Name: TUCKER, MONA C
DTM Description:
Comments:

JCK000068

AWD History for Work object key 2007-06-06-11.43.33.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:23:59PM

Begin Date: 2007-06-06 Flags:
Begin Time: 12:28:43 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-06-06
Status: End Time: 12:28:43
Queue:
User Name: KAYLOR, ANGELA K
DTM Description:
Comments: PLEASE MAIL MINPREM QUOTE FROM NOW TIL DEC 07 AND THEN DEC 07 THRU DEC 08 TO
ADDRESS ON THE SYSTEM.

Begin Date: 2007-06-06 Flags: 9990N0
Begin Time: 11:45:37 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2007-06-06
Status: PHONE End Time: 12:28:47
Queue: CSPROC
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

Begin Date: 2007-06-06 Flags: 9990N0
Begin Time: 11:43:33 DTM Job Name:
User Id: JKAYLAK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2007-06-06
Status: PHONE End Time: 11:43:33
Queue: CSPROC
User Name: KAYLOR, ANGELA K
DTM Description:
Comments:

ANNUITY & LIFE RE

1275 Sandusky Road Jacksonville, IL 62650-1155
Phone 800-825-0003 Fax 803-333-7842



**Annuity
Life Re**

June 13, 2007

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 07782433

Dear Mr. Bernstein:

Thank you for contacting Annuity & Life Reassurance America.

Our office received your recent request for the minimum premium due. To keep your policy in a current status, you will need to remit a payment of \$2,000.00 within 15 business days from the date of this letter. This payment will pay the policy to December 27, 2007, when your next quarterly premium will be due.

Our records indicate the current scheduled quarterly premium of \$28,275.80 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of December 27, 2008.

Since you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year according to the insured's attained age. You may want to contact us upon receipt of your annual statement to verify your current minimum premium is sufficient to cover the cost of insurance.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Service

JCK000070

AWD History for Work object key 2007-07-13-10.57.10.780281T01

JLIFE - CASHMGT - NOACTION - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████ Policy Number: 1009208 Insured's Last Name: BERNSTEIN
Agent Number: ██████████ Printed on Tuesday, May 07, 2013 at 1:24:39PM

Begin Date:	2007-07-13	Flags:	9990N0
Begin Time:	10:59:06	DTM Job Name:	
User Id:	JDECKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGT	End Date:	2007-07-13
Status:	NOACTION	End Time:	10:59:24
Queue:	END		
User Name:	DECKER, ALLISON		
DTM Description:			
Comments:			

Begin Date:	2007-07-13	Flags:	8600N0
Begin Time:	10:57:10	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGT	End Date:	2007-07-13
Status:	SCANNED	End Time:	10:57:10
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		
DTM Description:			
Comments:			

SECURITY WARNING: THE FACE OF THIS DOCUMENT FEATURES A COLORED BACKGROUND AND MICROPRINT BORDERS • THE REVERSE SIDE FEATURES ARTIFICIAL WATERMARKS

ARBITRAGE INTERNATIONAL MANAGEMENT LLC

950 PENINSULA CORPORATE CIRCLE
SUITE 3010
BOCA RATON, FL 33487

1009208

WACHOVIA BANK, N.A.

03-643/670

⑆
⑆
⑆

2588

7/6/2007

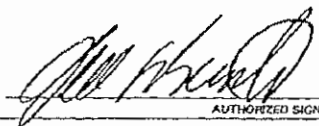
PAY TO THE ORDER OF Annuity & Life Reassurance, Inc.

⑆**2,000.00

Two Thousand and 00/100*****

DOLLARS

Annuity & Life RE
1275 Sandusky Road
Jacksonville, FL 62650-1155



AUTHORIZED SIGNATURE

MEMO:

⑈002588⑈ ⑆067006432⑆ 2000034069950⑈

ARBITRAGE INTERNATIONAL MANAGEMENT LLC

Annuity & Life Reassurance, Inc.

Date	Type	Reference
7/5/2007	Bill	1009208

Original Amt.
2,000.00

Balance Due
2,000.00

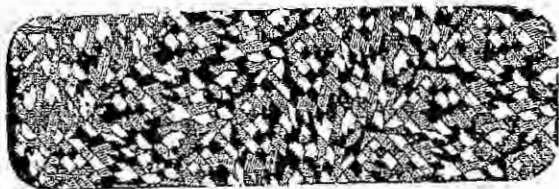
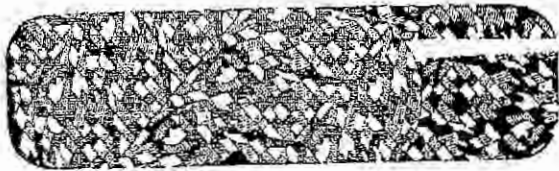
7/6/2007	
Discount	Check Amount

Payment
2,000.00
2,000.00

2588

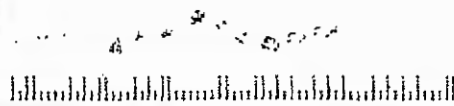
Cash - Wachovia

2,000.00



★ ★ ★ UNITED STATES POSTAGE
 191 PB8704846
 5072 B 00.41⁰ JUL 07 07
 3953 BOCA RATON FL 33487

62850+1155



JCK000073

AWD History for Work object key 2007-12-21-11.43.23.873281T01

JLIFE - PHONE - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:25:31PM

Begin Date:	2007-12-21	Flags:	
Begin Time:	11:43:50	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2007-12-21
Status:		End Time:	11:43:50
Queue:			
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:	values		

Begin Date:	2007-12-21	Flags:	9990N0
Begin Time:	11:43:24	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2007-12-21
Status:	PROCESSED	End Time:	11:43:51
Queue:	END		
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:			

Begin Date:	2007-12-21	Flags:	9990N0
Begin Time:	11:43:23	DTM Job Name:	
User Id:	JBUSEKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2007-12-21
Status:	PHONE	End Time:	11:43:23
Queue:	CSFPROC		
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:			

JCK000074

AWD History for Work object key 2007-12-27-10.10.37.442281T01

JLIFE - CASHMGT - NOACTION - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:25:39PM

Begin Date:	2007-12-27	Flags:	9990N0
Begin Time:	10:52:01	DTM Job Name:	
User Id:	JDECKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGT	End Date:	2007-12-27
Status:	NOACTION	End Time:	10:52:21
Queue:	END		
User Name:	DECKER, ALLISON		

DTM Description:
Comments:

Begin Date:	2007-12-27	Flags:	8600N0
Begin Time:	10:18:37	DTM Job Name:	
User Id:	JLONGDS	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGT	End Date:	2007-12-27
Status:	SCANNED	End Time:	10:18:37
Queue:	INDEX		
User Name:	LONG, DEBBIE S		

DTM Description:
Comments:

SECURITY WARNING: THE FACE OF THIS DOCUMENT FEATURES A COLORED BACKGROUND AND MICROPRINT BORDERS - THE REVERSE SIDE FEATURES ARTIFICIAL WATERMARKS

ARBITRAGE INTERNATIONAL MANAGEMENT LLC
 950 PENINSULA CORPORATE CIRCLE
 SUITE 3010
 BOCA RATON, FL 33487

WACHOVIA BANK, N.A.

63-843/870

12/14/2007

2985
 000710
 IN
 000207
 DOLLARS

PAY TO THE ORDER OF Annuity & Life Reassurance, Inc.

\$ **38,019.44

Thirty-Eight Thousand Nineteen and 44/100*****

Annuity & Life RE
 1275 Sandusky Road
 Jacksonville, IL 62650-1155



AUTHORIZED SIGNATURE

MEMO:

⑈002985⑈ ⑆067006432⑆2000034069950⑈

ARBITRAGE INTERNATIONAL MANAGEMENT LLC
 Annuity & Life Reassurance, Inc.

12/14/2007

2985

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
12/11/2007	Bill	12.27.07	31,131.25	31,131.25		31,131.25
12/14/2007	Bill	12.27.07 INTEREST	6,888.19	6,888.19		6,888.19
				Check Amount		38,019.44

1009208
~~1009~~

Cash - Wachovia

38,019.44

ENDORSE CHECK HERE
X

DO NOT WRITE / SIGN / STAMP BELOW THIS LINE

THIS DOCUMENT IS PROTECTED BY ARTIFICIAL WATERMARKS
HOLD AT AN ANGLE TO VIEW

JCK000077

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208 INSURED'S NAME SIMON BERNSTEIN

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
PO Box 19099
Newark, NJ 07195-0099

Table with 2 columns: Description and Amount. Rows include Premium Payment, Less Dividend Reduction, Loan Repayment, Total Amount Due, Additional Payment, and Total Amount Enclosed. Total Amount Due is \$6,888.19.

193130303932303840404000000000000012270700000000000802800688819000000006

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

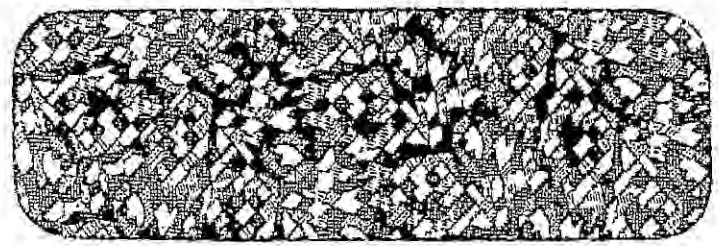
ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/07	\$31,131.25
Premium Payment	\$16,347.36
Loss Dividend Reduction	\$0.00
Loan Repayment	\$0.00
Total Amount Due	\$31,131.25
Additional Payment	\$
Total Amount Enclosed	\$

to April 27, 2008

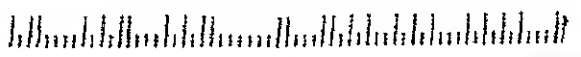
193130303932303840404000000000000012270703031131250802803113125000000002

JCK000080



☆ ☆ ☆ UNITED STATES POSTAGE
 166 PB8718413
 0540 \$ 00.41⁰ DEC 21 07
 0405 BOCA RATON, FL 33487

82850+11EE



AWD History for Work object key 2008-01-03-10.21.08.545280T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:06PM

Begin Date: 2008-09-03 Flags:
Begin Time: 16:40:30 DTM Job Name:
User Id: JCOLEDE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-03
Status: End Time: 16:40:30
Queue:
User Name: COLE, DARIN E
DTM Description:
Comments: secretary called...no info given

Begin Date: 2008-01-03 Flags:
Begin Time: 10:21:34 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-01-03
Status: End Time: 10:21:34
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: values

Begin Date: 2008-01-03 Flags: 9990N0
Begin Time: 10:21:09 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-01-03
Status: PROCESSED End Time: 10:21:36
Queue: END
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2008-01-03 Flags: 9990N0
Begin Time: 10:21:08 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-01-03
Status: PHONE End Time: 10:21:08
Queue: CSPROC

AWD History for Work object key 2008-01-03-10.21.08.545280T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:06PM

User Name: BUSEY, KATHY A
DTM Description:
Comments:

AWD History for Work object key 2008-01-16-15.18.24.378281T01
JLIFE - PRMRESRCH - PROCESSD1 - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:26:15PM

Begin Date: 2008-01-21 Flags:
Begin Time: 11:51:42 DTM Job Name:
User Id: JDEVLL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-01-21
Status: End Time: 11:51:42
Queue:
User Name: DEVLIN, LORI
DTM Description:
Comments: reversed applied \$31131.25 to prm unable to apply loan error program check has
 occurred please notify systems department

Begin Date: 2008-01-21 Flags: 9996N1
Begin Time: 11:47:07 DTM Job Name:
User Id: JDEVLL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2008-01-21
Status: PROCESSD1 End Time: 11:51:49
Queue: END
User Name: DEVLIN, LORI
DTM Description:
Comments:

Begin Date: 2008-01-16 Flags:
Begin Time: 15:20:13 DTM Job Name:
User Id: JPERKBR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-01-16
Status: End Time: 15:20:13
Queue:
User Name: PERKINS, BRENDA R
DTM Description:
Comments: please reverse prem 38,019.44 as of 12/27/07. Reapply this amount as
 31,121.35 reg prem and 6888.19 loan payment.

Begin Date: 2008-01-16 Flags: 4000N0
Begin Time: 15:17:36 DTM Job Name:
User Id: JPERKBR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2008-01-16

AWD History for Work object key 2008-01-16-15.18.24.376281T01

JLIFE - PRMRESRCH - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:15PM

Status:	CREATED	End Time:	15:18:24
Queue:	FSPROC2		
User Name:	PERKINS, BRENDA R		
DTM Description:			
Comments:			

AWD History for Work object key 2008-02-06-15.55.13.637281T01
JLIFE - PRMRESRCH - PROCESSD1 - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:32PM

Begin Date: 2008-02-06 Flags:
Begin Time: 15:58:07 DTM Job Name:
User Id: JCROSHR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-02-06
Status: End Time: 15:58:07
Queue:
User Name: CROSSMAN, HANNAH R
DTM Description:
Comments: applied \$6,888.19 as loan payment per prmresrch above.

Begin Date: 2008-02-06 Flags: 9996N1
Begin Time: 15:55:03 DTM Job Name:
User Id: JCROSHR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2008-02-06
Status: PROCESSD1 End Time: 15:55:13
Queue: END
User Name: CROSSMAN, HANNAH R
DTM Description:
Comments:

AWD History for Work object key 2008-03-06-11.33.28.439281T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:50PM

0

Begin Date: 2008-09-04 Flags:
Begin Time: 11:41:33 DTM Job Name:
User Id: JSUITCS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-04
Status: End Time: 11:41:33
Queue:
User Name: SUITER, CINDY S
DTM Description:
Comments: Marian, PO assist, called for info, PO was not there to auth., no info given.

Begin Date: 2008-03-13 Flags:
Begin Time: 10:22:28 DTM Job Name:
User Id: JSUITCS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-03-13
Status: End Time: 10:22:28
Queue:
User Name: SUITER, CINDY S
DTM Description:
Comments: Diana Banks, PO assist, called, rec'vd auth. from PO to speak to her re: values/coins.

Begin Date: 2008-03-06 Flags:
Begin Time: 11:51:04 DTM Job Name:
User Id: JSWEECD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-03-06
Status: End Time: 11:51:04
Queue:
User Name: BUHL, CHRISTI D
DTM Description:
Comments: Maryann, daughter of Insured called to get min. prem. on the policy to pay. No info. given as we do not show auth. to be able to speak w/ her. Says she does this every time & gets the info. & I advised that we should not be providing anyone info. except Simon, over the phone unless we have written auth.

Begin Date: 2008-03-06 Flags: 9990N0
Begin Time: 11:34:07 DTM Job Name:
User Id: JPETESD DTM Return Code:

JCK000086

AWD History for Work object key 2008-03-06-11.33.28.439281T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:50PM

0

Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-03-06
Status: PROCESSED End Time: 11:34:09
Queue: END
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2008-03-06 Flags:
Begin Time: 11:34:05 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-03-06
Status: End Time: 11:34:05
Queue:
User Name: COLE, SHANNON D
DTM Description:
Comments: PO'S SECRETARY CALLED, NO INFO GIVEN.

Begin Date: 2008-03-06 Flags: 9990N0
Begin Time: 11:33:29 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-03-06
Status: PHONE End Time: 11:33:56
Queue: CSPROC
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2008-03-06 Flags: 9990N0
Begin Time: 11:33:28 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-03-06
Status: PHONE End Time: 11:33:28
Queue: CSPROC
User Name: COLE, SHANNON D
DTM Description:

JCK000087

AWD History for Work object key 2008-03-06-11.33.28.439281T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:50PM

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Comments:

JCK000088

AWD History for Work object key 2008-05-20-15.42.04.656281T01

JLIFE - FORMS - PROCESSDI - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:58PM

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Begin Date: 2008-05-20 Flags: 9990N2
Begin Time: 15:43:51 DTM Job Name:
User Id: JHETTMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2008-05-20
Status: PROCESSDI End Time: 15:43:57
Queue: END
User Name: HETTINGER, MARGIE A
DTM Description:
Comments:

Begin Date: 2008-05-20 Flags:
Begin Time: 15:43:49 DTM Job Name:
User Id: JHETTMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-05-20
Status: End Time: 15:43:49
Queue:
User Name: HETTINGER, MARGIE A
DTM Description:
Comments: **faxed TOF and COB forms to Diana at agents office @ 561-988-0833**

Begin Date: 2008-05-20 Flags: 4500N0
Begin Time: 15:42:06 DTM Job Name:
User Id: JHETTMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2008-05-20
Status: PHONE End Time: 15:42:22
Queue: CSPROC2
User Name: HETTINGER, MARGIE A
DTM Description:
Comments:

Begin Date: 2008-05-20 Flags: 9990N0
Begin Time: 15:42:04 DTM Job Name:
User Id: JHETTMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-05-20
Status: PHONE End Time: 15:42:04

JCK000089

AWD History for Work object key 2008-05-20-15.42.04.656281T01

JLIFE - FORMS - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:26:58PM

0

Queue: CSPROC
User Name: HETTINGER, MARGIE A
DTM Description:
Comments:

AWD History for Work object key 2008-09-15-10.31.29.947221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:27:28PM

Begin Date: 2008-09-26 Flags:
Begin Time: 13:12:13 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-26
Status: End Time: 13:12:13
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: Faxed min prem letter to PO at 561-988-0833 advising Our records indicate the current scheduled premium of \$31,131.25 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of December 27, 2009.

The quarterly minimum premium for December 27, 2008 thru December 27, 2009, will be approximately \$19,521.62.

Begin Date: 2008-09-26 Flags: 9996N1
Begin Time: 13:07:33 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-26
Status: PROCESSED End Time: 13:13:01
Queue: END
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2008-09-24 Flags: 9990N0
Begin Time: 10:53:41 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-24
Status: CS End Time: 10:53:46
Queue: CSPROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2008-09-24 Flags:
Begin Time: 10:53:39 DTM Job Name:

AWD History for Work object key 2008-09-15-10.31.29.947221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:27:28PM

User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-24
Status: End Time: 10:53:39
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: Minimum premium is 19,521.62/Q to carry policy to 12/27/2009.

Begin Date: 2008-09-23 Flags: 9990NO
Begin Time: 18:39:55 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-23
Status: ACTUARY End Time: 18:39:59
Queue: ACTUARY
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2008-09-23 Flags:
Begin Time: 18:39:47 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-23
Status: End Time: 18:39:47
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: **ACTUARY: POLICY IS A CVL...PLS CAL MIN PREM FOR 08-09 POLICY YR...THX**

Begin Date: 2008-09-23 Flags: 9990NO
Begin Time: 18:34:01 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-23
Status: ALPHAMATCH End Time: 18:34:01
Queue: CSPROC
User Name: CLARK, TARA S
DTM Description:

JCK000092

AWD History for Work object key 2008-09-15-10.31.29.947221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:27:28PM

Comments: End Suspension

Begin Date: 2008-09-23 Flags:
Begin Time: 14:16:32 DTM Job Name:
User Id: JLONGCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-23
Status: End Time: 14:16:32
Queue:
User Name: LONG, CASSIDY M
DTM Description:
Comments: PO GAVE AUTH TO SPEAK WITH DIANE ADV MIN PREM HAS NOT BEEN COMPLETED.

Begin Date: 2008-09-15 Flags: 0000N0
Begin Time: 11:16:45 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-15
Status: ALPHAMATCH End Time: 11:16:45
Queue: CSPROC
User Name: CLARK, TARA S
DTM Description:
Comments: Suspend Suspend Reason
 Activate Date/Time 2008-09-25 00:00:00 Activate Status

Begin Date: 2008-09-15 Flags:
Begin Time: 10:40:17 DTM Job Name:
User Id: JSIMMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-09-15
Status: End Time: 10:40:17
Queue:
User Name: ARNOUDTS, STACY
DTM Description:
Comments: fax minprem to po #561-988-0833 .

Begin Date: 2008-09-15 Flags: 9990N0
Begin Time: 10:31:33 DTM Job Name:
User Id: JSIMMS DTM Return Code:

AWD History for Work object key 2008-09-15-10.31.29.947221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:27:28PM

Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2008-09-15
Status: ALPHAMATCH End Time: 10:40:28
Queue: CSEROC
User Name: ARNOUDTS, STACY
DTM Description:
Comments:

Begin Date: 2008-09-15 Flags: 9990N0
Begin Time: 10:31:29 DTM Job Name:
User Id: JSIMMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2008-09-15
Status: PHONE End Time: 10:31:29
Queue: CSEROC
User Name: ARNOUDTS, STACY
DTM Description:
Comments:

JCK000094

ANNUITY & LIFE REASSURANCE AMERICA, INC

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842



Annuity
Life Re

September 29, 2008

SIMON BERNSTEIN
VIA FACSIMILE
561-988-0833
TOTAL PAGES: 1

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 08520633

Dear SIMON BERNSTEIN:

Thank you for contacting Annuity & Life Reassurance America Inc.. We have received your request to calculate the minimum premium required for the above referenced policy.

Our records indicate the current scheduled premium of \$31,131.25 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of December 27, 2009.

The quarterly minimum premium for December 27, 2008 thru December 27, 2009, will be approximately \$19,521.62.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

JCK000095

AWD History for Work object key 2009-01-03-10.05.51.047281T01

JLIFE - OVERLOAN - NOACTION - END - Updateable

- 1009208 - - BERSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERSTEIN

Printed on Tuesday, May 07, 2013 at 1:30:37PM

Begin Date: 2009-01-03 Flags:
Begin Time: 10:05:57 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-01-03
Status: End Time: 10:05:57
Queue:
User Name: MILLS, MELANIE S
DTM Description:
Comments: closing no action -- this is a ul policy and a grace letter will generate upon
 overloan status.

Begin Date: 2009-01-03 Flags: 9990N0
Begin Time: 10:05:52 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2009-01-03
Status: NOACTION End Time: 10:05:57
Queue: END
User Name: MILLS, MELANIE S
DTM Description:
Comments:

Begin Date: 2009-01-03 Flags: 9990N0
Begin Time: 10:05:45 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2009-01-03
Status: CREATED End Time: 10:05:51
Queue: CSPROC
User Name: MILLS, MELANIE S
DTM Description:
Comments:

AWD History for Work object key 2009-06-09-16.46.28.184221T01

JLIFE - MINPREM - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number: [REDACTED]

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:31:58PM

Begin Date: 2009-06-25 Flags: 9990N2
Begin Time: 18:10:06 DTM Job Name:
User Id: JDIETBK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-25
Status: QPASS End Time: 18:10:12
Queue: END
User Name: DIETZ, BEV K
DTM Description:
Comments:

Begin Date: 2009-06-20 Flags: 9996N0
Begin Time: 13:02:49 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-20
Status: PROCESSED End Time: 13:03:46
Queue: CSQC
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2009-06-20 Flags:
Begin Time: 13:01:55 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-06-20
Status: End Time: 13:01:55
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: Mailed min prem letter to PO at address on cyberlife

Begin Date: 2009-06-20 Flags: 9996Y1
Begin Time: 12:52:29 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-20
Status: PROCESSED End Time: 13:01:59
Queue: CSQC

JCK000097

AWD History for Work object key 2009-06-09-16.46.28.184221T01

JLIFE - MINPREM - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:31:58PM

User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2009-06-19 Flags: 9990NO
Begin Time: 15:58:16 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-19
Status: CS End Time: 15:58:23
Queue: CSEROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2009-06-19 Flags:
Begin Time: 15:58:11 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-06-19
Status: End Time: 15:58:11
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: minimum premium to 12/27/09 is 38,555.11

 minimum premium from 12/27/09 to 12/27/2010 is 94,755.91
 assumes 38,555.11 premium is paid to get policy to 12/27/09

Begin Date: 2009-06-19 Flags:
Begin Time: 12:52:02 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-06-19
Status: End Time: 12:52:02
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: this is a cvl policy, please provide current min prem...thanks

AWD History for Work object key 2009-06-09-16.46.28.184221T01

JLIFE - MINPREM - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:31:58PM

Begin Date: 2009-06-19 Flags: 9990N0
Begin Time: 12:51:21 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-19
Status: ACTUARY End Time: 12:51:32
Queue: ACTUARY
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2009-06-09 Flags:
Begin Time: 16:47:57 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-06-09
Status: End Time: 16:47:57
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: please calc minimum premium from now thru 122709 then from 122709 thru 122710
and mail info to po at address on system thanks

Begin Date: 2009-06-09 Flags: 9990N0
Begin Time: 16:46:32 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2009-06-09
Status: PHONE End Time: 16:48:01
Queue: CSPROC
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2009-06-09 Flags: 9990N0
Begin Time: 16:46:28 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2009-06-09

AWD History for Work object key 2009-06-09-16.46.28.104221T01

JLIFE - MINPREM - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:31:58PM

Status:	PHONE	End Time:	16:46:28
Queue:	CSPROC		
User Name:	BUSEY, KATHY A		
DTM Description:			
Comments:			

ANNUITY & LIFE REASSURANCE AMERICA, INC

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842



Annuity
Life Re

June 22, 2009

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 08800807

Dear SIMON BERNSTEIN:

Thank you for contacting Annuity & Life Reassurance America Inc.. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$38,555.11 prior to grace period ending date of August 31, 2009. This premium will pay this policy to December 27, 2009.

The current scheduled premium amount of \$32,526.65 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. The minimum premium for December 27, 2009 to December 27, 2010 will be approximately \$94,755.91.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000101

AWD History for Work object key 2009-07-30-13.30.26.001221T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:32:29PM

Begin Date: 2009-07-30 Flags:
Begin Time: 13:31:19 DTM Job Name:
User Id: JHOOTT DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-07-30
Status: End Time: 13:31:19
Queue:
User Name: HOOTS, TARA
DTM Description:
Comments: advised of mailing address for premium payments.

Begin Date: 2009-07-30 Flags: 9990N0
Begin Time: 13:31:57 DTM Job Name:
User Id: JHOOTT DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2009-07-30
Status: PROCESSED End Time: 13:31:22
Queue: END
User Name: HOOTS, TARA
DTM Description:
Comments:

Begin Date: 2009-07-30 Flags: 9990N0
Begin Time: 13:30:27 DTM Job Name:
User Id: JHOOTT DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2009-07-30
Status: ALPHAMATCH End Time: 13:30:54
Queue: CSPROC
User Name: HOOTS, TARA
DTM Description:
Comments:

Begin Date: 2009-07-30 Flags: 9990N0
Begin Time: 13:30:26 DTM Job Name:
User Id: JHOOTT DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2009-07-30
Status: PHONE End Time: 13:30:26
Queue: CSPROC

AWD History for Work object key 2009-07-30-13.30.26.001221T01

JLIFE - PHONE - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:32:29PM

User Name: HOOTS, TARA
DTM Description:
Comments:

AWD History for Work object key 2010-04-06-14.37.49.667221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:33:14PM

Begin Date: 2010-04-08 Flags: 9996N1
Begin Time: 10:35:20 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2010-04-08
Status: PROCESSED End Time: 10:38:15
Queue: END
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2010-04-08 Flags: 9990N0
Begin Time: 10:38:09 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2010-04-08
Status: ALPHAMATCH End Time: 10:38:09
Queue: CSPROC
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2010-04-08 Flags:
Begin Time: 10:35:29 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-08
Status: End Time: 10:35:29
Queue:
User Name: RATLIFF, CASSIE M
DTM Description:
Comments: sent min prem letter

Begin Date: 2010-04-06 Flags:
Begin Time: 14:39:09 DTM Job Name:
User Id: JBASTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-06
Status: End Time: 14:39:09
Queue:

AWD History for Work object key 2010-04-06-14.37.49.667221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:33:14PM

User Name: BAST, LORI F
DTM Description:
Comments: NO INFO RELEASED TO DIANE COULD NOT FIND AUTH ON FILE ADVISED OF FAX # TO SEND, PLEASE SEND MINPREM CALC TO ADDY ON FILE

Begin Date:	2010-04-06	Flags:	9990N0
Begin Time:	14:37:51	DTM Job Name:	
User Id:	JBASTL	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	MINPREM	End Date:	2010-04-06
Status:	ALPHAMATCH	End Time:	14:39:36
Queue:	CSPROC		
User Name:	BAST, LORI F		
DTM Description:			
Comments:			

Begin Date:	2010-04-06	Flags:	9990N0
Begin Time:	14:37:49	DTM Job Name:	
User Id:	JBASTL	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2010-04-06
Status:	PHONE	End Time:	14:37:49
Queue:	CSPROC		
User Name:	BAST, LORI F		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

April 12, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09072337

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy.

Our records indicate the current scheduled premium of \$34,397.20 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of December 27, 2010. Please remit a payment in the amount of \$22,704.87 to our office within 30 business days.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Policy Number: 1009208 Date: 4-8-10
 Insured Name: Simon Bernstein GPE DATE: _____

Basic C (Worksheet)

Need to know what the policyowner pays (S2D2 screen). When the next premium due date is. We must request enough money to pay the policy to the next premium due. We need to account for the COI's in premiums missed.

- If next year's COI's is required, it is equal to Rate X units. See Rate Look-up instructions for help. Take the (New Rate X Death Benefit = New COI Rate).

Load Factor = Net Premium divided by Gross Premium (If no premiums on UIDA or F7 screen, check schedule page).

- If the policy is in a Negative or Needs Reinstated do the top portion of the worksheet.
- If the policyowner needs minimum premium for next year's COI's use the bottom portion of the worksheet.

Monthly deduction: = Monthly COI's \$ 6575.16
 (Go to the UIMV screen) + Monthly Expense \$ 9.25
\$ 6584.41

Minimum Due to pay the policy to: _____

(Go to F12 screen) = Total Cash Value \$ 152,604.36
 - Loan Payoff \$ 141,620.03
 = Unloaned Cash Value \$ 10,984.33
 (Go to the F7 screen - to see last monthly deduction - to calculate how many deductions are needed) 3 months deductions \$ 19753.23 ~~13168.82~~
 = Cash Value \$ 19753.23
 (Go to the F7 screen - take the Net Premium divided by Gross Premium for the Load Factor - If no premiums paid Check schedule page). - .87
 = Total due \$ 22,704.87

Minimum Due for remainder of policy year or Calculating the Next year COI's:

= Monthly Deduction \$ 6584.41
 X mode 3
 = Modal Deduction \$ 19753.23
.87
 div by load factor _____
 = Minimum Modal Premium \$ 22,704.87 = 22,705.00

(Check to see if the policyowner is paying enough to cover COI's for the next year). Current Modal Premium \$ 34,397.20

Calculated By: Cassie

AWD History for Work object key 2010-04-22-11.43.10.535220T01
JLIFE - POLINQUIRY - PROCESSD3 - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:34:12PM

Begin Date: 2010-04-23 Flags:
Begin Time: 08:42:05 DTM Job Name:
User Id: ACHETD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-23
Status: End Time: 08:42:05
Queue:
User Name: CHETTY, DEBORAH
DTM Description:
Comments: to be faxed after QC

Begin Date: 2010-04-23 Flags:
Begin Time: 08:41:51 DTM Job Name:
User Id: ACHETD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-23
Status: End Time: 08:41:51
Queue:
User Name: CHETTY, DEBORAH
DTM Description:
Comments: bene verified on pg 140 of file - updated cyber and sent letter

Begin Date: 2010-04-23 Flags: 9990N2
Begin Time: 07:15:01 DTM Job Name:
User Id: ACHETD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2010-04-23
Status: PROCESSD3 End Time: 08:42:10
Queue: END
User Name: CHETTY, DEBORAH
DTM Description:
Comments:

Begin Date: 2010-04-22 Flags:
Begin Time: 11:43:47 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-22
Status: End Time: 11:43:47
Queue:

AWD History for Work object key 2010-04-22-11.43.10.535220T01

JLIFE - POLINQUIRY - PROCESSD3 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:34:12PM

User Name: LYONS, KERI A
DTM Description:
Comments: please fax who bene is to po fax# 561-988-0833, i could not find a file out in awd.

Begin Date: 2010-04-22 Flags: 4000N0
Begin Time: 11:43:12 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2010-04-22
Status: PHONE End Time: 11:43:52
Queue: CSPROC
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2010-04-22 Flags: 9990N0
Begin Time: 11:43:10 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2010-04-22
Status: PHONE End Time: 11:43:10
Queue: CSPROC
User Name: LYONS, KERI A
DTM Description:
Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

April 23, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09085605

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. Our records indicate the following beneficiary designation for the above referenced contract number:

Primary Beneficiary/Beneficiaries:	Lasalle National Trust, N.A.
Contingent Beneficiary/Beneficiaries:	Simon Bernstein Trust, N.A.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

AWD History for Work object key 2010-04-23-09.58.09.541221T01

JLIFE - PHONE - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:34:53PM

Begin Date: 2010-06-09 Flags:
Begin Time: 12:40:24 DTM Job Name:
User Id: JVANHC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-06-09
Status: End Time: 12:40:24
Queue:
User Name: VANHYNING, CASSIDY
DTM Description:
Comments: rec'd call from diana, spoke with po to gain permission to speak with her..adv
 on current coi, adv on current surr value, adv a notice would go out before
 the policy lapsed indicating a grace period.

Begin Date: 2010-06-08 Flags:
Begin Time: 15:23:18 DTM Job Name:
User Id: JARVICJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-06-08
Status: End Time: 15:23:18
Queue:
User Name: ARVIN, CANDEE J
DTM Description:
Comments: diana called to get access, no auth on file i could find, asked for date when
 this was received, stated years ago, viewed previous notes, nothign showing
 where she was given access, showing she was denied access unless po was on the
 call w/ her, she hung up

Begin Date: 2010-05-12 Flags:
Begin Time: 10:36:43 DTM Job Name:
User Id: JHOPPK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-05-12
Status: End Time: 10:36:43
Queue:
User Name: HOPPER, KELLY
DTM Description:
Comments: advised the overnite payment address

Begin Date: 2010-04-23 Flags:
Begin Time: 09:59:07 DTM Job Name:
User Id: JWILCDD DTM Return Code:

AWD History for Work object key 2010-04-23-09.58.09.541221T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009200

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:34:53PM

Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-04-23
Status: End Time: 09:59:07
Queue:
User Name: WILCOX, DEB D
DTM Description:
Comments: called to ck on prem due date

Begin Date: 2010-04-23 Flags: 9990N0
Begin Time: 09:58:10 DTM Job Name:
User Id: JWILCDD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2010-04-23
Status: PROCESSED End Time: 09:58:55
Queue: END
User Name: WILCOX, DEB D
DTM Description:
Comments:

Begin Date: 2010-04-23 Flags: 9990N0
Begin Time: 09:58:09 DTM Job Name:
User Id: JWILCDD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2010-04-23
Status: PHONE End Time: 09:58:09
Queue: CSPROC
User Name: WILCOX, DEB D
DTM Description:
Comments:

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

Begin Date: 2010-10-29 Flags: 6000N2
Begin Time: 08:39:34 DTM Job Name:
User Id: AMULDCX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-29
Status: QPASS End Time: 08:39:44
Queue: END
User Name: MULDER, CORA X
DTM Description:
Comments:

Begin Date: 2010-10-29 Flags:
Begin Time: 05:26:16 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-10-29
Status: End Time: 05:26:16
Queue:
User Name: CARR, LIEZEL
DTM Description:
Comments: Requested minimum payment not received. Coverage terminated due to overloan.
Overloan lapse letter sent.

Begin Date: 2010-10-29 Flags: 6000Y2
Begin Time: 05:22:46 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-29
Status: PROCESSD3 End Time: 05:28:34
Queue: CSQC2
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2010-10-29 Flags: 6050N0
Begin Time: 03:01:08 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-29
Status: CS End Time: 03:01:08

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009206

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2010-10-29 Flags:
Begin Time: 03:01:08 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-10-29
Status: End Time: 03:01:08
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2010-10-28 Flags: 0000N0
Begin Time: 06:59:44 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-28
Status: CSWAIT End Time: 06:59:44
Queue: CSWAIT
User Name: SALIE, MARIAM
DTM Description:
Comments: Suspend Suspend Reason
 Activate Date/Time 2010-10-29 00:00:00 Activate Status CS

Begin Date: 2010-10-28 Flags: 6000N0
Begin Time: 06:57:47 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-28
Status: CSWAIT End Time: 06:59:37
Queue: CSWAIT
User Name: SALIE, MARIAM
DTM Description:
Comments:

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

Begin Date: 2010-10-28 Flags: 6050N0
Begin Time: 03:40:36 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-28
Status: CS End Time: 03:40:36
Queue: ASALIM
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2010-10-28 Flags: 6050N0
Begin Time: 03:01:06 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-28
Status: CS End Time: 03:01:06
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2010-10-28 Flags:
Begin Time: 03:01:06 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-10-28
Status: End Time: 03:01:06
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2010-10-05 Flags:
Begin Time: 09:30:46 DTM Job Name:
User Id: AKOBOF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-10-05
Status: End Time: 09:30:46
Queue:

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

User Name: KOBO, FLORINE
DTM Description:
Comments: Requested overloan amount not received, Case resuspended until after GPE date

Begin Date: 2010-10-05 Flags: 0000N0
Begin Time: 09:28:57 DTM Job Name:
User Id: AKOBOF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-05
Status: CSWAIT End Time: 09:30:52
Queue: CSWAIT
User Name: KOBO, FLORINE
DTM Description:
Comments:

Begin Date: 2010-10-05 Flags: 0000N0
Begin Time: 09:30:15 DTM Job Name:
User Id: AKOBOF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-05
Status: CS End Time: 09:30:15
Queue: CSPROC2
User Name: KOBO, FLORINE
DTM Description:
Comments: Suspend Suspend Reason HOLD FOR \$
 Activate Date/Time 2010-10-28 00:00:00 Activate Status CS

Begin Date: 2010-10-05 Flags: 6050N0
Begin Time: 03:01:05 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-10-05
Status: CS End Time: 03:01:05
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

AWD History for Work object key 2010-09-02-09.30.14.926261T01

JLIFE - OVERLOAN - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

Begin Date: 2010-10-05 Flags:
Begin Time: 03:01:05 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-10-05
Status: End Time: 03:01:05
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2010-09-03 Flags: 0000N0
Begin Time: 04:21:36 DTM Job Name:
User Id: AMULDCX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-09-03
Status: CSWAIT End Time: 04:22:47
Queue: CSWAIT
User Name: MULDER, CORA X
DTM Description:
Comments:

Begin Date: 2010-09-03 Flags: 0000N0
Begin Time: 04:22:34 DTM Job Name:
User Id: AMULDCX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-09-03
Status: RIPPED End Time: 04:22:34
Queue: AMULDCX
User Name: MULDER, CORA X
DTM Description:
Comments: Suspend Suspend Reason HOLD FOR \$
 Activate Date/Time 2010-10-05 00:00:00 Activate Status CS

Begin Date: 2010-09-03 Flags:
Begin Time: 04:21:28 DTM Job Name:
User Id: AMULDCX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-03
Status: End Time: 04:21:28

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

Queue:
User Name: MULDER, CORA X
DTM Description:
Comments: Grace letter was sent, change status to cswait for 32 days:
72 164 00000000 I 0 CK4 08/27/2010 0155EA8B **/**/**** 0082
APFLGRPD - UL GRACE LETTER GENERATED**
AMOUNT DUE \$24735.16**

Begin Date: 2010-09-03 Flags: 9990N0
Begin Time: 02:36:30 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-09-03
Status: RIPPED End Time: 02:36:30
Queue: AMULDCX
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2010-09-02 Flags:
Begin Time: 09:30:15 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-02
Status: End Time: 09:30:15
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: Beagle ID Product Status Bill Form Loan Payoff Cash Value Surr Value

00000003576.58- U 22 0 00000144686.50 00000141109.92

Begin Date: 2010-09-02 Flags: 9990N0
Begin Time: 09:30:14 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2010-09-02
Status: RIPPED End Time: 09:30:14
Queue: CSPROC2

AWD History for Work object key 2010-09-02-09.30.14.926281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:19PM

User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

October 29, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09238348

Dear Simon Bernstein:

The loan repayment requested in our previous letter was not received within the 31-day period; therefore, our records now indicate that your policy is terminated.

You may be eligible to reinstate your policy. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums and/or loan interest during the lifetime of the insured. If you wish to apply for reinstatement, please contact us for the necessary forms.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02022806

Sincerely,

Client Services

AWD History for Work object key 2010-09-09-14.26.54.846221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:50PM

Begin Date: 2010-09-17 Flags: 9996N1
Begin Time: 12:08:32 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2010-09-17
Status: PROCESSED End Time: 12:12:23
Queue: END
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2010-09-17 Flags: 9990N0
Begin Time: 12:12:20 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2010-09-17
Status: CSPROC End Time: 12:12:20
Queue: CSPROC
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2010-09-17 Flags:
Begin Time: 12:08:43 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-17
Status: End Time: 12:08:43
Queue:
User Name: RATLIFF, CASSIE M
DTM Description:
Comments: sent min prem letter

Begin Date: 2010-09-17 Flags:
Begin Time: 12:05:39 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-17
Status: End Time: 12:05:39
Queue:

JCK000121

AWD History for Work object key 2010-09-09-14.26.54.846221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:50PM

User Name: TUCKER, MONA C
DTM Description:
Comments: changed w/t to min prem

Begin Date: 2010-09-17 Flags: 9990N0
Begin Time: 12:05:24 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2010-09-17
Status: CSPROC End Time: 12:05:48
Queue: CSPROC
User Name: TUCKER, MONA C
DTM Description:
Comments:

Begin Date: 2010-09-15 Flags: 9990N0
Begin Time: 15:57:52 DTM Job Name:
User Id: JTUCKMC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2010-09-15
Status: CSPROC End Time: 15:58:05
Queue: CSPROC
User Name: TUCKER, MONA C
DTM Description:
Comments:

Begin Date: 2010-09-15 Flags: 4500N0
Begin Time: 14:42:29 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2010-09-15
Status: CS End Time: 14:42:34
Queue: CSPROC2
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2010-09-15 Flags:
Begin Time: 14:42:25 DTM Job Name:

AWD History for Work object key 2010-09-09-14.26.54.846221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:50PM

User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-15
Status: End Time: 14:42:25
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: po needs to pay 11,180 now, then 31,830.05/q to carry to 12/27/2011

Begin Date: 2010-09-10 Flags:
Begin Time: 06:07:18 DTM Job Name:
User Id: AMGWN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-10
Status: End Time: 06:07:18
Queue:
User Name: MGWALI, NCMA
DTM Description:
Comments: kindly verify values.

Begin Date: 2010-09-10 Flags: 4000N0
Begin Time: 06:06:19 DTM Job Name:
User Id: AMGWN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2010-09-10
Status: ACTUARY End Time: 06:07:27
Queue: ACTUARY
User Name: MGWALI, NCMA
DTM Description:
Comments:

Begin Date: 2010-09-09 Flags:
Begin Time: 14:28:02 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-09-09
Status: End Time: 14:28:02
Queue:
User Name: COONS, WILLIAM RAY
DTM Description:

JCK000123

AWD History for Work object key 2010-09-09-14.26.54.846221T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:47:50PM

Comments: PLS FAX QUOTE SHOWING MIN PREM TO FUND POLICY FOR NEXT YEAR TO PO @
561-988-0833

Begin Date: 2010-09-09 Flags: 4000N0
Begin Time: 14:26:56 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2010-09-09
Status: ALPHAMATCH End Time: 14:28:04
Queue: CSPROC2
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

Begin Date: 2010-09-09 Flags: 9990N0
Begin Time: 14:26:54 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2010-09-09
Status: PHONE End Time: 14:26:54
Queue: CSPROC
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

September 20, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09202460

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$11,180.00 prior to grace period ending date of October 28, 2010.

Effective September 17, 2010 the annual premium has been changed to \$31,831.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000125

AWD History for Work object key 2010-11-02-16.10.30.748201T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:40:18PM

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Begin Date: 2010-11-10 Flags: 9990N0
Begin Time: 09:02:49 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-10
Status: QPASS2 End Time: 09:02:56
Queue: END
User Name: SIMONS, JINA J
DTM Description:
Comments:

Begin Date: 2010-11-09 Flags: 9990Y2
Begin Time: 10:56:21 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-09
Status: QPASS End Time: 10:57:09
Queue: CSQC
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2010-11-09 Flags:
Begin Time: 10:04:05 DTM Job Name:
User Id: AKOBOF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-09
Status: End Time: 10:04:05
Queue:
User Name: KOBO, FLORINE
DTM Description:
Comments: Letter mailed to PO

Begin Date: 2010-11-09 Flags: 9990Y2
Begin Time: 09:54:34 DTM Job Name:
User Id: AKOBOF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-09
Status: PROCESSD3 End Time: 10:04:14

JCK000126

AWD History for Work object key 2010-11-02-16.10.30.748281T01

JLIFE - POLRES - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:18PM

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Queue: CSQC2
User Name: KOBO, FLORINE
DTM Description:
Comments:

Begin Date: 2010-11-09 Flags: 9990N0
Begin Time: 03:47:37 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-09
Status: CSPROC2 End Time: 03:47:37
Queue: AKOBOF
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2010-11-08 Flags: 9990N0
Begin Time: 15:46:24 DTM Job Name:
User Id: JHICKC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-08
Status: CSPROC2 End Time: 15:46:27
Queue: CSPROC2
User Name: BONJEAN, CORTNEY
DTM Description:
Comments:

Begin Date: 2010-11-05 Flags: 9990N0
Begin Time: 10:08:22 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-05
Status: CS1 End Time: 10:08:27
Queue: CSPROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

JCK000127

AWD History for Work object key 2010-11-02-16.10.30.748281T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:18PM

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Begin Date: 2010-11-05 Flags:
Begin Time: 10:08:19 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-05
Status: End Time: 10:08:19
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: the premium was enough to get policy back to positive cash value but only had a cash surrender value 2,333.09. Policy then ran out of value on 10/27/2010.

Begin Date: 2010-11-04 Flags:
Begin Time: 10:20:49 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-04
Status: End Time: 10:20:49
Queue:
User Name: SALIE, MARIAM
DTM Description:
Comments: pls advise if the \$11,180.00 prem received 10/15/2010 was too little to keep policy in force , is this the reason y the policy surr....if not please advise why the policy terminated after payment was received?

Begin Date: 2010-11-04 Flags: 4000N0
Begin Time: 10:18:59 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-04
Status: ACTUARY End Time: 10:20:58
Queue: ACTUARY
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2010-11-04 Flags: 4000N0
Begin Time: 04:10:19 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:

JCK000128

AWD History for Work object key 2010-11-02-16.10.30.748281T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:18PM

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Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-04
Status: ALPHAMATCH End Time: 04:10:19
Queue: ASALIM
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2010-11-02 Flags:
Begin Time: 16:13:31 DTM Job Name:
User Id: JHILLAN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-02
Status: End Time: 16:13:31
Queue:
User Name: HILL, ASHTON N
DTM Description:
Comments:

spoke to diana who works at po's office. NO INFO GIVEN. she said that they sent in a quarterly amount of 11,180.00 on october. they said they like to send in quarterly prem's instead of yearly. on oct 28th there was a letetr sent to the po stating that the policy was terminated due to insufficient cash value. please research and determine why policy lapsed after payment.

Begin Date: 2010-11-02 Flags: 4000N0
Begin Time: 16:10:35 DTM Job Name:
User Id: JHILLAN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2010-11-02
Status: ALPHAMATCH End Time: 16:11:43
Queue: CSPROC2
User Name: HILL, ASHTON N
DTM Description:
Comments:

Begin Date: 2010-11-02 Flags: 9990N0
Begin Time: 16:10:30 DTM Job Name:
User Id: JHILLAN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2010-11-02
Status: PHONE End Time: 16:10:30

JCK000129

AWD History for Work object key 2010-11-02-16.10.30.748281T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:18PM

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Queue: CSPROC
User Name: HILL, ASHTON N
DTM Description:
Comments:

JCK000130

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

November 09, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11036892

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. We are writing in response to your inquiry on the above-referenced policy.

This policy is a flexible-premium life insurance contract, which accumulates cash value with interest. A charge is deducted from each premium paid to cover sales and administrative expenses. The remainder of the premium goes into a cash value account.

Your policy will remain in effect as long as you have sufficient cash value to cover your monthly deductions. At the point your cash value was insufficient to meet the monthly cost of insurance deductions due the policy lapsed. The premiums of \$11,180.00 received 10/15/2010 was enough to get policy back to positive cash value but only had a cash surrender value \$2,333.09. Policy then ran out of value on 10/27/2010. You can pay as much as you wish (up to established federal guidelines) or as little as you wish (not below the minimum). The minimum premium required is the minimum amount you can pay to keep you policy in effect during its no-lapse period outlined in your contract.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

JCK000131

AWD History for Work object key 2010-11-12-14.10.33.383281T01

JLIFE - FORMS - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:52PM

Begin Date: 2010-11-12 Flags:
Begin Time: 14:11:41 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-12
Status: End Time: 14:11:41
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: FAXED

Begin Date: 2010-11-12 Flags: 4500N2
Begin Time: 14:11:02 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2010-11-12
Status: PROCESSED End Time: 14:11:38
Queue: END
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2010-11-12 Flags:
Begin Time: 14:10:51 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-12
Status: End Time: 14:10:51
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: fax reinst forms 561-988-0833

Begin Date: 2010-11-12 Flags: 4500N0
Begin Time: 14:10:34 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2010-11-12
Status: ALPHAMATCH End Time: 14:11:10
Queue: CSPROC

AWD History for Work object key 2010-11-12-14.10.33.383281T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:48:52PM

User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date:	2010-11-12	Flags:	4500N0
Begin Time:	14:10:33	DTM Job Name:	
User Id:	JLYONKA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	FORMS	End Date:	2010-11-12
Status:	PHONE	End Time:	14:10:33
Queue:	CSPROC		
User Name:	LYONS, KERI A		
DTM Description:			
Comments:			

JCK000133

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

November 12, 2010

SIMON BERNSTEIN
FAX# 561-988-0833

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11043261

Dear SIMON BERNSTEIN:

We have received your request to reinstate the above referenced policy. To consider your request, the enclosed forms must be completed for the proposed primary insured and returned to us. In addition, if your policy includes any Riders that you wish to reinstate the enclosed forms must also be completed for any other proposed insured to be covered by the Riders. Upon receipt, we will consider your application for reinstatement under our current underwriting rules and practices. These forms must be received by the Company at the address shown above during the lifetime of the insured, within 31 days from the date of this letter or the timeframe stipulated in your policy provisions, whichever is greater.

- Until the completion of the reinstatement process, your policy will remain terminated.

Completing the reinstatement form is the first step in processing your request. Underwriting may require additional information that includes a statement from your attending physician and/or an examination and blood draw from our paramedical provider. You may be contacted by a Portamedic examiner to make arrangements for the examination.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Hippa Notice
Privacy Notice
Reinstatement Form

JCK000134

**Authorization for Release of Health Information
to Heritage Union Life Insurance Company**
This authorization complies with the HIPAA Privacy Rule.

1009208

Policy Number

Name of proposed insured/patient
(please print)

____/____/____
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

This Authorization shall remain valid for 24 months following the date of my signature. A copy of this Authorization is as valid as the original.

I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address shown on the attached correspondence. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application, or, if coverage has been issued, may not be able to make any benefit payments. I have received a copy of this Authorization which I have signed and will retain for my records.

Signature of Proposed Insured/Patient or Legal Representative

Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Insured Copy

**Authorization for Release of Health Information
to Heritage Union Life Insurance Company**
This authorization complies with the HIPAA Privacy Rule.

1009208

Policy Number _____
Name of proposed insured/patient
(please print)

_____/_____/_____
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

This Authorization shall remain valid for 24 months following the date of my signature. A copy of this Authorization is as valid as the original.

I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address shown on the attached correspondence. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application, or, if coverage has been issued, may not be able to make any benefit payments. I have received a copy of this Authorization which I have signed and will retain for my records.

Signature of Proposed Insured/Patient or Legal Representative Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Home Office Copy

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all of the legal rights to which you are entitled. This privacy notice supersedes all such prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

Annuity & Life Reassurance America, Inc.
 Home Office:
 Hartford, CT 06103
 ("the Company")

Service Bureau:
 P.O. Box 1147
 Jacksonville, IL 62651
 (800) 825-0003

**POLICYOWNER PLAN CHANGE/
 REINSTATEMENT REQUEST
 PART 1**

INSTRUCTIONS: • Check for service desired • Indicate to what address items should be returned • Mail form (and policy if required) to Servicing Office • For Change of Beneficiary, complete separate form.

SIGNATURE REQUIREMENTS: • Insured, if age 16 or older • Owner, if other than the Insured • Assignee, if policy assigned
 • Corporate officer with Uile, if policy is corporate-owned.

Policy Number	Insured (also called "you")	Insured's Date of Birth
Insured's Address		Insured's Social Security Number*
Owner or Assignee		Owner's Social Security Number
Owner or Assignee Address and Phone Number		Agent's Phone Number
Servicing Agent's Name	Agency Code	Agent Code

*Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
 Return all items to: Owner General Agency Other (specify) _____

TRADITIONAL UNIVERSAL LIFE

Old Plan: Old Benefit Amount: \$ _____ New Plan: New Benefit Amount: \$ _____

If converting part of a term policy or term life rider, is the balance to be retained or dropped? Retain \$ _____ Drop

Death Benefit Option (Universal Life ONLY): Level Increasing I declare the Original Policy Contract has been lost or destroyed.

Benefits:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Waiver of Premium (or COI if UL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Monthly Disability Benefit (UL ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Guaranteed Purchase Option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Riders:						
Spouse's Level Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Children's Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Primary Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Riders (specify):						
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Do you currently use any tobacco product? Yes No If "YES", what form of tobacco do you use? Cigarettes Cigars Pipe Smokeless

Have you ever used any tobacco product? Yes No If "YES", what was the date on which you last used tobacco? _____

BILLING INSTRUCTIONS:

MODE: Annual Semi-Annual Quarterly Monthly Non-bill BILLING TYPE: Direct List bill PAC
 Government Allotment

New Planned Periodic Premium: \$ _____ Amount Enclosed: \$ _____

SPECIAL INSTRUCTIONS:

PART II APPLICATION FOR Increase \$25,000 or less Reinstatement Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number _____

(Print first name, middle initial, and last name)	Occupation	Relationship To Proposed Insured	Date of Birth			Age Nearest Birthday	State of Birth	Sex	Height		Weight	
			Month	Day	Year				Feet	Inches	Now	Yr. ago
1. a. Proposed Insured:		n/a										
b. Second Proposed Insured:												
Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term)												
2. a.		Spouse										
b.		Children										
c.												

Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

3. Within the past 10 years, has any person proposed for coverage:	
a. Been examined by or consulted a physician or other practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been under observation or treatment in a hospital or any other form of health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Had an X-ray, electrocardiogram, blood test, urine or other laboratory tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within the past 10 years, has any person proposed for coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued as a substandard risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily infirmity, hernia or rupture, hemorrhoids or varicose veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Within the past 10 years, has any persons proposed for coverage had or been treated for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any deformity or disorder of the back, spine, muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gall bladder, liver, pancreas, spleen, or enlarged lymph glands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Rheumatic or other fever, diabetes, syphilis, gout, arthritis, goiter, cancer, tumor or disorder of the lymph nodes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she had; an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person proposed for coverage now pregnant? (If "YES", provide the child's expected due date in "Comments")	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? (If "NO", provide details in "Comments")	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation or of driving while impaired, intoxicated, or under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has any person proposed for coverage ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list Question Number and item(s) that you are referring to, Dates/Duration, Diagnosis, Physician Name and Address, and name of the Health Care Facility.

16. Family History	Age(s) (If living)	Condition of Health *	Age(s) at Death	Cause of Death
Wife or Husband				
Father				
Mother				
Sister(s)				
Brother(s)				

* If not answered "Good," give details above.

AGREEMENT AND SIGNATURE FOR PARTS I & II
(See "Notice to Applicant" on reverse side)

The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners. The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, The undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

~~The undersigned request(s) that all transactions marked above be completed by the Company and agree for myself (ourselves), heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.~~

Dated at (City and State) _____, this _____ Day of _____

Witness (not related) or Agent

Address

City

State

Zip

Insured(s), Owner(s), Assignee(s)

(Please indicate title)

Address

City

State

Zip

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its reinsurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) _____, this _____ Day of _____

Proposed Insured (if age 18 or over)

Witness (not related) or Agent

Telephone Number (day): ()

Spouse (if to be insured) or Second Proposed Insured (if J.W.L.)

Owner (If not Proposed Insured) and relationship

(night): ()

ANNUITY & LIFE REASSURANCE AMERICA, INC. ("we", "us", "our")
IMPORTANT NOTICE - PLEASE READ BOTH SIDES
NOTICE TO UNITED STATES RESIDENTS UNDER FAIR CREDIT REPORTING ACT

Thank you for choosing us for your insurance program. We would like to explain a part of our underwriting process that is frequently misunderstood.

You are entitled to know that, as part of our routine selection procedure, we may request an investigative consumer report concerning the insurability of each person proposed for coverage. This report would include information as to character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation, obtained through personal interviews with friends, neighbors, and associates of the Proposed Insured. The Proposed Insured may request to be interviewed in connection with this report.

Should you desire additional information about the nature and scope of this report, please make a written request to the Servicing Office, P.O. Box 1147, Jacksonville, Illinois 62651-1147. Please include the name of your agent as well as your own full name, date of birth and return address.

You selected us for excellent financial planning services and quality protection. In order to provide the best possible products on the most favorable basis, it is necessary for us to be somewhat selective in issuing our policies. We sincerely believe that the consumer investigative report is an essential and proper tool to assist us in meeting these mutual objectives.

We will do our best to serve you both now and in the future. Please call us any time at our toll-free number: (800) 825-0003.

NOTICE TO APPLICANT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

**IMPORTANT NOTICE – PLEASE READ BOTH SIDES
NOTICE REGARDING MEDICAL INFORMATION BUREAU**

Information regarding your insurability will be treated as confidential. The Company and its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction. If you are a United States resident, your request will be handled in accordance with the procedures set forth in the Fair Credit Reporting Act. The address of the Bureau's information office in the United States is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660. In Canada, the address is 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7, telephone number (416) 597-0590.

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

AWD History for Work object key 2010-11-15-12.26.17.866281T01

JLIFE - FORMS - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:49:25PM

Begin Date: 2010-11-15 Flags:
Begin Time: 13:22:01 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-15
Status: End Time: 13:22:01
Queue:
User Name: COLE, SHANNON D
DTM Description:
Comments: MAILED REINSTATEMENT FORM TO PO.

Begin Date: 2010-11-15 Flags: 4500N2
Begin Time: 13:21:35 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2010-11-15
Status: PROCESSED End Time: 13:21:54
Queue: END
User Name: COLE, SHANNON D
DTM Description:
Comments:

Begin Date: 2010-11-15 Flags:
Begin Time: 12:27:44 DTM Job Name:
User Id: JMILLH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-15
Status: End Time: 12:27:44
Queue:
User Name: MILLER, HEATHER R
DTM Description:
Comments: *no info given to Diana as I could not locate letter of auth on file.. while I was searching for letter that she claims to have sent in she terminated call*

Begin Date: 2010-11-15 Flags:
Begin Time: 12:27:14 DTM Job Name:
User Id: JMILLH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-15

JCK000145

AWD History for Work object key 2010-11-15-12.26.17.566201T01

JLIFE - FORMS - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:49:25PM

Status: End Time: 12:27:14
Queue:
User Name: MILLER, HEATHER R
DTM Description:
Comments: PLS FAX REINST FORMS TO DIANA@ 561-980-0833

Begin Date: 2010-11-15 Flags: 4500N0
Begin Time: 12:26:20 DTM Job Name:
User Id: JMILLH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2010-11-15
Status: ALPHAMATCH End Time: 12:27:00
Queue: CSPROC
User Name: MILLER, HEATHER R
DTM Description:
Comments:

Begin Date: 2010-11-15 Flags: 4500N0
Begin Time: 12:26:17 DTM Job Name:
User Id: JMILLH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2010-11-15
Status: PHONE End Time: 12:26:17
Queue: CSPROC
User Name: MILLER, HEATHER R
DTM Description:
Comments:

JCK000146

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

November 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11044995

Dear SIMON BERNSTEIN:

We have received your request to reinstate the above referenced policy. To consider your request, the enclosed forms must be completed for the proposed primary insured and returned to us. In addition, if your policy includes any Riders that you wish to reinstate the enclosed forms must also be completed for any other proposed insured to be covered by the Riders. Upon receipt, we will consider your application for reinstatement under our current underwriting rules and practices. These forms must be received by the Company at the address shown above during the lifetime of the insured, within 31 days from the date of this letter or the timeframe stipulated in your policy provisions, whichever is greater.

- Until the completion of the reinstatement process, your policy will remain terminated.

Completing the reinstatement form is the first step in processing your request. Underwriting may require additional information that includes a statement from your attending physician and/or an examination and blood draw from our paramedical provider. You may be contacted by a Portamedic examiner to make arrangements for the examination.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Hipa Notice
Privacy Notice
Reinstatement Form

JCK000147

**Authorization for Release of Health Information
to Heritage Union Life Insurance Company**
This authorization complies with the HIPAA Privacy Rule.

1009208

Policy Number

Name of proposed insured/patient
(please print)

____/____/____
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

This Authorization shall remain valid for 24 months following the date of my signature. A copy of this Authorization is as valid as the original.

I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address shown on the attached correspondence. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application, or, if coverage has been issued, may not be able to make any benefit payments. I have received a copy of this Authorization which I have signed and will retain for my records.

Signature of Proposed Insured/Patient or Legal Representative

Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Insured Copy

**Authorization for Release of Health Information
to Heritage Union Life Insurance Company**
This authorization complies with the HIPAA Privacy Rule.

1009208

Policy Number

Name of proposed insured/patient
(please print)

____/____/____
Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

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Signature of Proposed Insured/Patient or Legal Representative

Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Home Office Copy

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all of the legal rights to which you are entitled. This privacy notice supersedes all such prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

Annuity & Life Reassurance America, Inc.

Home Office:
Hartford, CT 06103
("the Company")

Service Bureau:
P.O. Box 1147
Jacksonville, IL 62851
(800) 825-0003

**POLICYOWNER PLAN CHANGE/
REINSTATEMENT REQUEST
PART 1**

INSTRUCTIONS: • Check for service desired • Indicate to what address items should be returned • Mail form (and policy if required) to Servicing Office • For Change of Beneficiary, complete separate form.

SIGNATURE REQUIREMENTS: • Insured, if age 15 or older • Owner, if other than the Insured • Assignee, if policy assigned • Corporate officer with title, if policy is corporate-owned.

Policy Number	Insured (also called "you")	Insured's Date of Birth
Insured's Address		Insured's Social Security Number*
Owner or Assignee		Owner's Social Security Number
Owner or Assignee Address and Phone Number		Agent's Phone Number
Servicing Agent's Name	Agency Code	Agent Code

*Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
Return all items to: Owner General Agency Other (specify) _____

TRADITIONAL UNIVERSAL LIFE

Old Plan: _____ Old Benefit Amount: \$ _____ New Plan: _____ New Benefit Amount: \$ _____

If converting part of a term policy or term life rider, is the balance to be retained or dropped? Retain \$ _____ Drop

Death Benefit Option (Universal Life ONLY): Level Increasing I declare the Original Policy Contract has been lost or destroyed.

Benefits:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Waiver of Premium (or COI if UL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Monthly Disability Benefit (UL ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Guaranteed Purchase Option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Riders:						
Spouse's Level Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Children's Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Primary Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Riders (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Do you currently use any tobacco product? Yes No If "YES", what form of tobacco do you use? Cigarettes Cigars Pipe Smokeless

Have you ever used any tobacco product? Yes No If "YES", what was the date on which you last used tobacco? _____

BILLING INSTRUCTIONS:

MODE: Annual Semi-Annual Quarterly Monthly Non-bill BILLING TYPE: Direct List bill PAC
 Government Allotment

New Planned Periodic Premium: \$ _____ Amount Enclosed: \$ _____

SPECIAL INSTRUCTIONS:

PART II APPLICATION FOR Increase \$25,000 or less Reinstatement Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number _____

(Print first name, middle initial, and last name)	Occupation	Relationship To Proposed Insured	Date of Birth			Age Nearest Birthday	State of Birth	Sex	Height		Weight	
			Month	Day	Year				Feet	Inches	Now	Yr. ago
1. a. Proposed Insured:		n/a										
b. Second Proposed Insured:												

Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term

2. a.		Spouse										
b.		Children										
c.												

Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

3. Within the past 10 years, has any person proposed for coverage:	
a. Been examined by or consulted a physician or other practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Been under observation or treatment in a hospital or any other form of health care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Had an X-ray, electrocardiogram, blood test, urine or other laboratory tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Within the past 10 years, has any person proposed for coverage:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued as a substandard risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily infirmity, hernia or rupture, hemorrhoids or varicose veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Within the past 10 years, has any persons proposed for coverage had or been treated for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Any deformity or disorder of the back, spine, muscles, bones or joints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gall bladder, liver, pancreas, spleen, or enlarged lymph glands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Rheumatic or other fever, diabetes, syphilis, gout, arthritis, goiter, cancer, tumor or disorder of the lymph nodes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Any surgical operations, treatment, or any illness, ailment, abnormally, or injury not mentioned above within the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she had: an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is any person proposed for coverage now pregnant? (If "YES", provide the child's expected due date in "Comments")	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? (If "NO", provide details in "Comments")	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation or of driving while impaired, intoxicated, or under the influence of drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Has any person proposed for coverage ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list Question Number and Item(s) that you are referring to, Dates/Duration, Diagnosis, Physician Name and Address, and name of the Health Care Facility.

16. Family History	Age(s) (if living)	Condition of Health *	Age(s) at Death	Cause of Death
Wife or Husband				
Father				
Mother				
Sister(s)				
Brother(s)				

* If not answered "Good," give details above.

AGREEMENT AND SIGNATURE FOR PARTS I & II
 (See "Notice to Applicant" on reverse side)

The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners. The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, The undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

~~The undersigned request(s) that all transactions marked above be completed by the Company and agree for myself (ourselves),~~ heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) _____, this _____ Day of _____

 Witness (not related) or Agent

 Address

 City State Zip

 Insured(s), Owner(s), Assignee(s) (Please indicate title)

 Address

 City State Zip

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its reinsurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) _____, this _____ Day of _____

 Proposed Insured (if age 16 or over)

 Witness (not related) or Agent
 Telephone Number (day): () _____

 Spouse (if to be insured) or Second Proposed Insured (if J.W.L.)

 Owner (if not Proposed Insured) and relationship
 (night): () _____

ANNUITY & LIFE REASSURANCE AMERICA, INC. ("we", "us", "our")
IMPORTANT NOTICE - PLEASE READ BOTH SIDES
NOTICE TO UNITED STATES RESIDENTS UNDER FAIR CREDIT REPORTING ACT

Thank you for choosing us for your insurance program. We would like to explain a part of our underwriting process that is frequently misunderstood.

You are entitled to know that, as part of our routine selection procedure, we may request an investigative consumer report concerning the insurability of each person proposed for coverage. This report would include information as to character, general reputation, personal characteristics and mode of living, except as may be related directly or indirectly to your sexual orientation, obtained through personal interviews with friends, neighbors, and associates of the Proposed Insured. The Proposed Insured may request to be interviewed in connection with this report.

Should you desire additional information about the nature and scope of this report, please make a written request to the Servicing Office, P.O. Box 1147, Jacksonville, Illinois 62651-1147. Please include the name of your agent as well as your own full name, date of birth and return address.

You selected us for excellent financial planning services and quality protection. In order to provide the best possible products on the most favorable basis, it is necessary for us to be somewhat selective in issuing our policies. We sincerely believe that the consumer investigative report is an essential and proper tool to assist us in meeting these mutual objectives.

We will do our best to serve you both now and in the future. Please call us any time at our toll-free number: (800) 825-0003.

NOTICE TO APPLICANT

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

IMPORTANT NOTICE – PLEASE READ BOTH SIDES
NOTICE REGARDING MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. The Company and its reinsurers may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction. If you are a United States resident, your request will be handled in accordance with the procedures set forth in the Fair Credit Reporting Act. The address of the Bureau's information office in the United States is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660. In Canada, the address is 330 University Avenue, Suite 501, Toronto, Ontario M5G 1R7, telephone number (416) 597-0590.

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

AWD History for Work object key 2010-11-16-12.12.52.495281T01

JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:50:03PM

Begin Date: 2010-11-16 Flags:
Begin Time: 12:27:38 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-16
Status: End Time: 12:27:38
Queue:
User Name: JESS, LISA A
DTM Description:
Comments: PO CALLED AND WILL BE MAILING LOAN PAYMENT TO US TODAY.

Begin Date: 2010-11-16 Flags: 9990N2
Begin Time: 12:24:01 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2010-11-16
Status: PROCESSD2 End Time: 12:24:06
Queue: END
User Name: JESS, LISA A
DTM Description:
Comments:

Begin Date: 2010-11-16 Flags:
Begin Time: 12:23:54 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-16
Status: End Time: 12:23:54
Queue:
User Name: JESS, LISA A
DTM Description:
Comments: FAXED TO DIANA AT 561/988-0833

Begin Date: 2010-11-16 Flags:
Begin Time: 12:22:13 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-11-16
Status: End Time: 12:22:13
Queue:

AWD History for Work object key 2010-11-16-12.12.52.495281T01

JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:50:03PM

User Name: JESS, LISA A
DTM Description:
Comments: PLEASE FAX DIANA AT 561/988-0833 THE GRACE NOTICE DATED 8/27

Begin Date: 2010-11-16 Flags: 4000N0
Begin Time: 12:12:55 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2010-11-16
Status: ALPHAMATCH End Time: 12:22:16
Queue: CSPROC2
User Name: JESS, LISA A
DTM Description:
Comments:

Begin Date: 2010-11-16 Flags: 9990N0
Begin Time: 12:12:52 DTM Job Name:
User Id: JKNOXLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE DTM Next Task:
Type: PHONE End Date: 2010-11-16
Status: PHONE End Time: 12:12:52
Queue: CSPROC
User Name: JESS, LISA A
DTM Description:
Comments:

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

November 16, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11047109

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. We are writing in response to your inquiry on the above-referenced policy.

Following is the Grace Letter dated 8/27/2010.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Requested Documents

JCK000160

HERITAGE UNION LIFE INSURANCE COMPANY
P.O. Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 603-333-7842

AUGUST 27, 2010

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$34,397.20
Total Amount Required to Continue Coverage: \$24,735.16

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before October 28, 2010, which is the end of your Grace Period. If payment is not received at the address shown below on or before October 28, 2010, your coverage will terminate effective October 28, 2010 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a non-forfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common non-forfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 19099
Newark, NJ 07195-0099

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK000161

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK000162

AWD History for Work object key 2010-12-13-09.00.00.199281T01

JLIFE - REINST - INCOMPLETE - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 1:51:23PM

Begin Date: 2010-12-15 Flags:
Begin Time: 16:21:03 DTM Job Name:
User Id: JSIMMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-12-15
Status: End Time: 16:21:03
Queue:
User Name: ARNOUDTS, STACY
DTM Description:
Comments: sent forms again...

Begin Date: 2010-12-14 Flags:
Begin Time: 14:41:15 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-12-14
Status: End Time: 14:41:15
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: sent additional info to aof

Begin Date: 2010-12-14 Flags: 9996N1
Begin Time: 14:41:00 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2010-12-14
Status: INCOMPLETE End Time: 14:41:03
Queue: END
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2010-12-14 Flags: 9990N0
Begin Time: 14:40:55 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2010-12-14
Status: CSPROC End Time: 14:40:55
Queue: CSPROC

AWD History for Work object, key 2010-12-13-09.00.00.199281T01

JLIFE - REINST - INCOMPLETE - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:51:23PM

User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2010-12-14 Flags:
Begin Time: 08:58:03 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2010-12-14
Status: End Time: 08:58:03
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: Tobacco question details missing in part 1, In part 2 details to question 1,2,
3a,3c,4a,5c,8 and complete dr. info missing. Year of signature missing in
authorization part 2

Begin Date: 2010-12-14 Flags: 9990N0
Begin Time: 08:50:43 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2010-12-14
Status: CSPROC End Time: 08:58:19
Queue: CSPROC
User Name: NAZAR, MUDDASAR
DTM Description:
Comments:

Begin Date: 2010-12-13 Flags: 7500N0
Begin Time: 09:58:45 DTM Job Name:
User Id: IGARGAX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2010-12-13
Status: ALPHAMATCH End Time: 09:59:23
Queue: CSPROC2
User Name: GARG, AMIT X
DTM Description:
Comments:

AWD History for Work object key 2010-12-13-09.00.00.199281T01

JLIFE - REINST - INCOMPLETE - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:51:23PM

Begin Date:	2010-12-13	Flags:	9500N0
Begin Time:	09:00:00	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2010-12-13
Status:	SCANNED	End Time:	09:00:00
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

2010

November 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11044995

Dear SIMON BERNSTEIN:

We have received your request to reinstate the above referenced policy. To consider your request, the enclosed forms must be completed for the proposed primary insured and returned to us. In addition, if your policy includes any Riders that you wish to reinstate the enclosed forms must also be completed for any other proposed insured to be covered by the Riders. Upon receipt, we will consider your application for reinstatement under our current underwriting rules and practices. These forms must be received by the Company at the address shown above during the lifetime of the insured, within 31 days from the date of this letter or the timeframe stipulated in your policy provisions, whichever is greater.

- Until the completion of the reinstatement process, your policy will remain terminated.

Completing the reinstatement form is the first step in processing your request. Underwriting may require additional information that includes a statement from your attending physician and/or an examination and blood draw from our paramedical provider. You may be contacted by a Paramedic examiner to make arrangements for the examination.

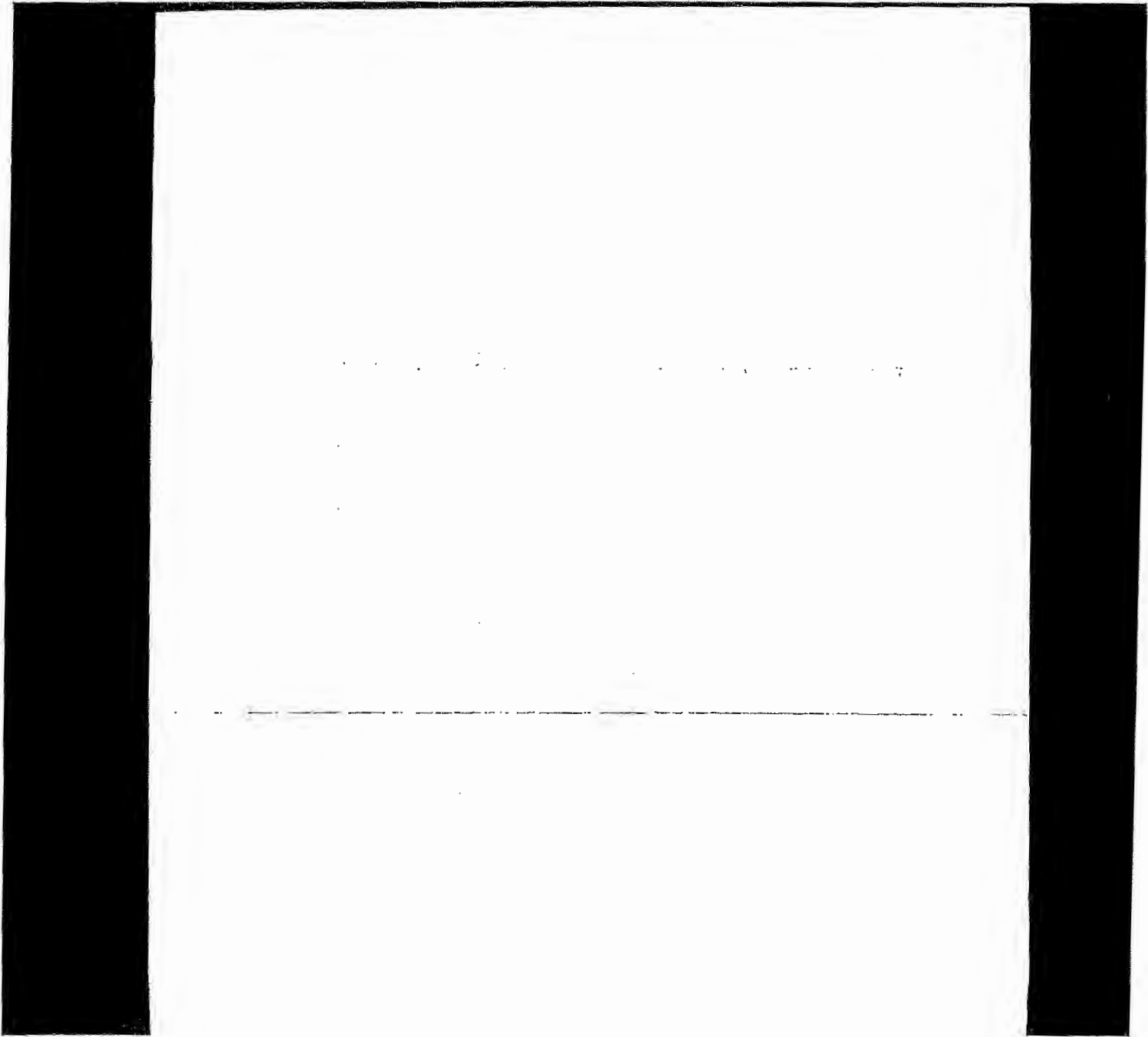
If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Hipaa Notice
Privacy Notice
Reinstatement Form

JCK000166



Authorization for Release of Health Information
to Heritage Union Life Insurance Company

This authorization complies with the HIPAA Privacy Rule.

2059

1009208

Simon L. Bernstein

12 31
11301

Policy Number

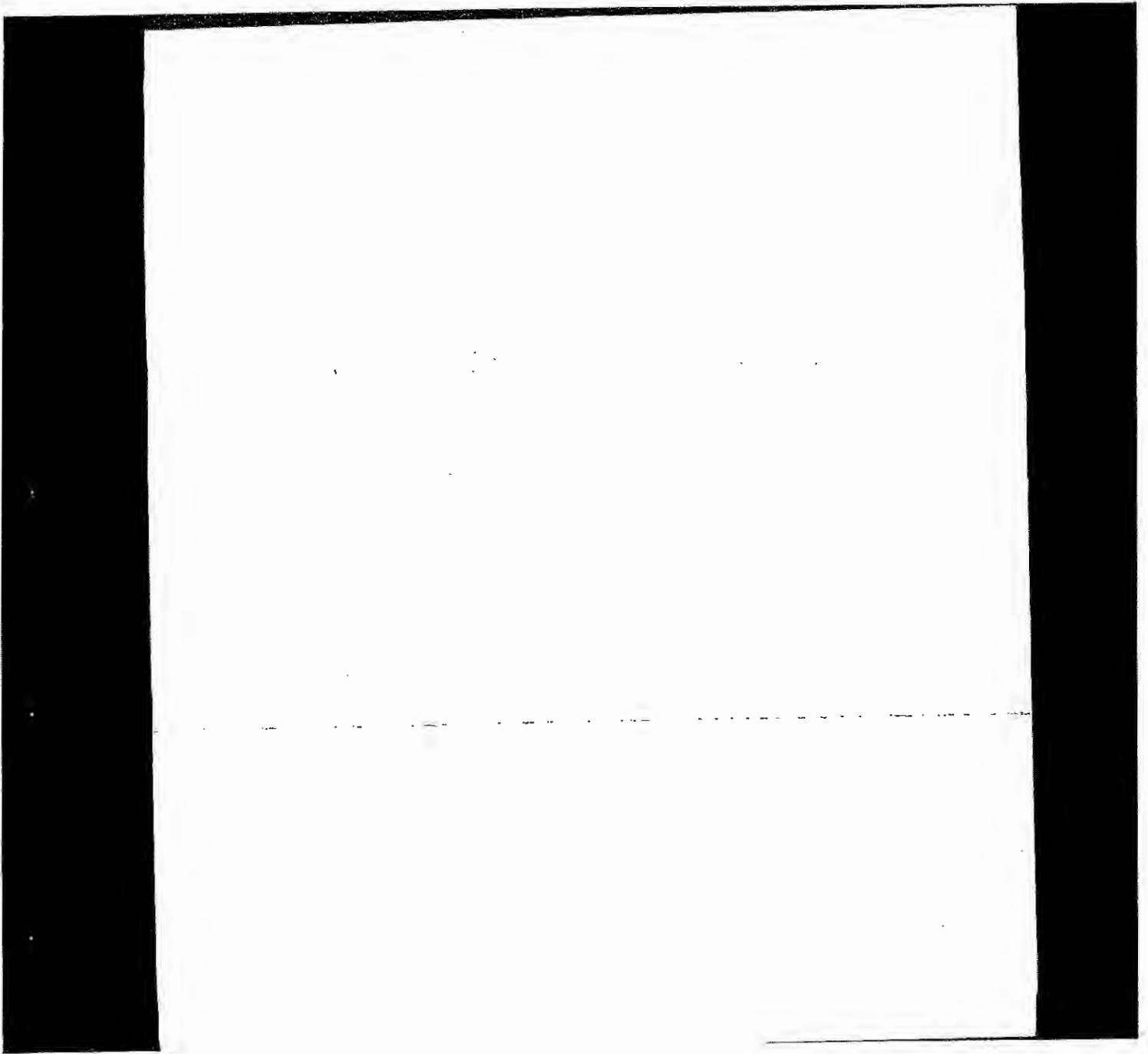
Name of proposed insured/patient
(please print)

Date of birth

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

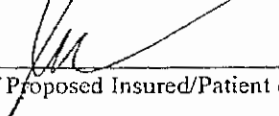
The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

This Authorization shall remain valid for 24 months following the date of my signature. A copy of this Authorization is as valid as the original.



JCK000169

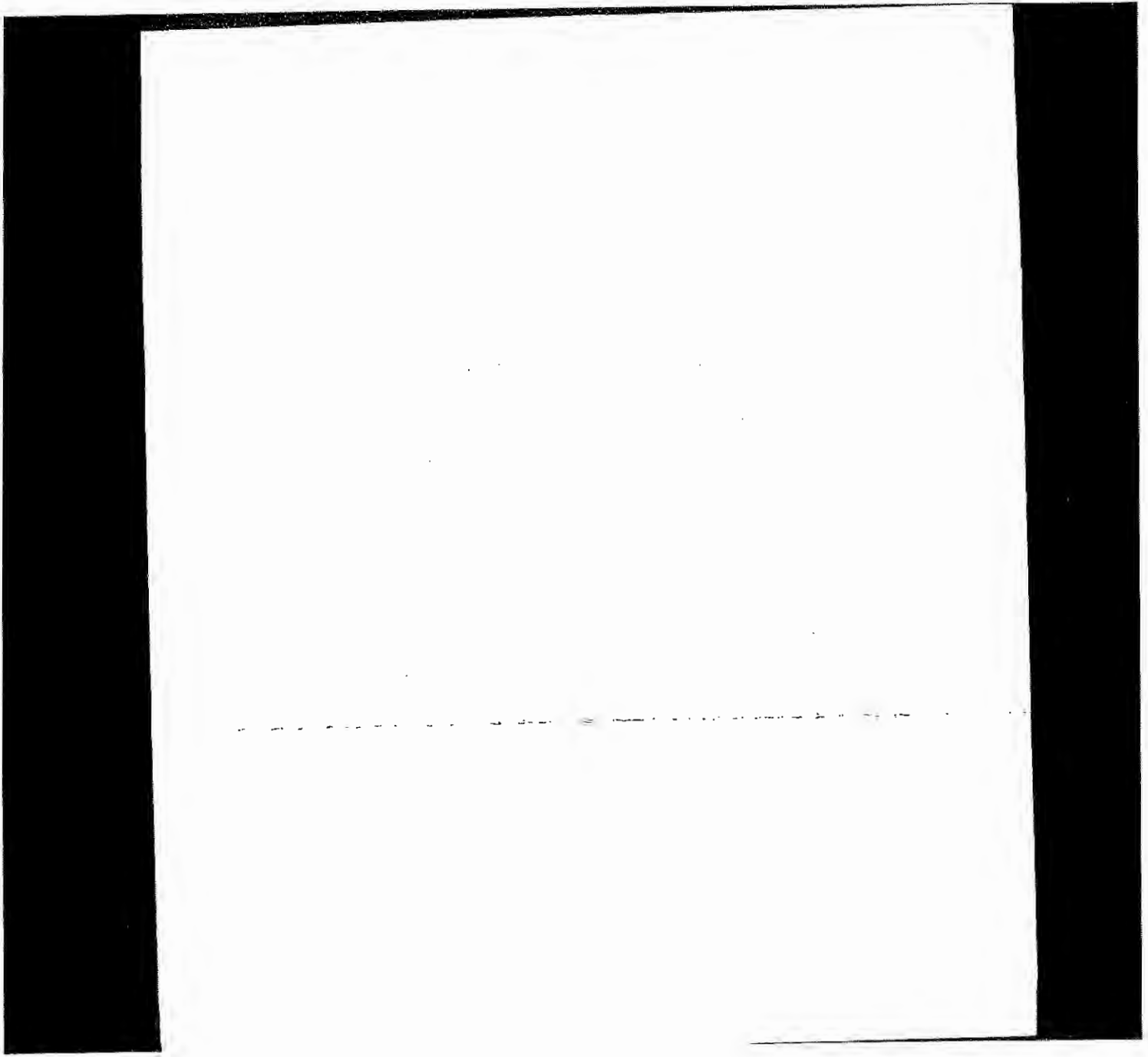
I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address shown on the attached correspondence. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application, or, if coverage has been issued, may not be able to make any benefit payments. I have received a copy of this Authorization which I have signed and will retain for my records.

 _____ 11/30/10
Signature of Proposed Insured/Patient or Legal Representative Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Insured Copy



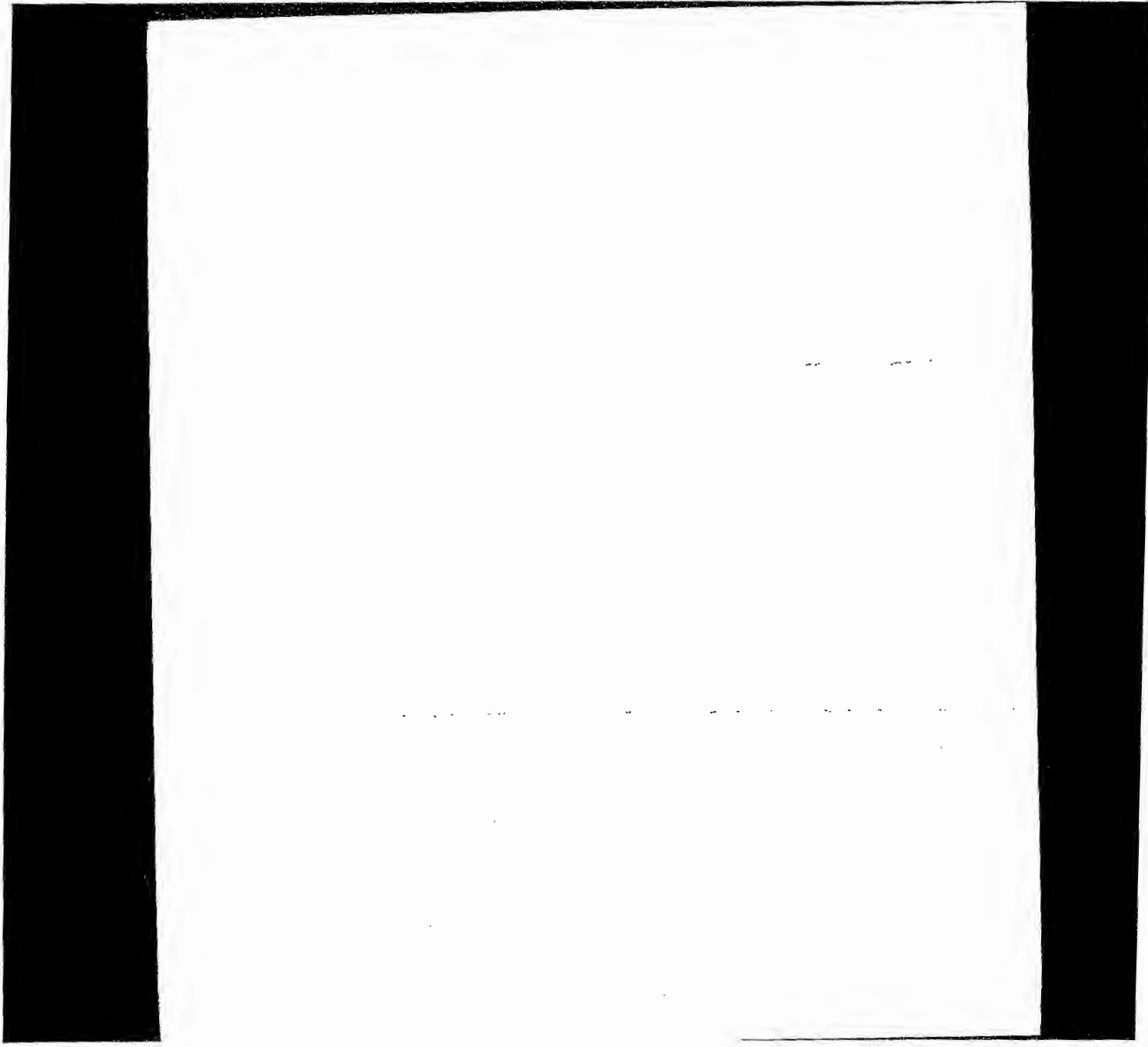
**Authorization for Release of Health Information
to Heritage Union Life Insurance Company**
This authorization complies with the HIPAA Privacy Rule.

1009208 Simon C. BEAUFIELD 12/1/35
Policy Number Name of proposed insured/patient Date of birth
(please print)

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical or medically-related facility, federally assisted alcohol or substance abuse program, Veterans Affairs health care facility, or other health care provider or facility that has provided payment, treatment, or services to me or on my behalf or the behalf of me and my minor children who are insured or for whom I am seeking insurance, if any, ("My Providers") to disclose the entire medical record and any other protected health information concerning me or me and my minor children to Heritage Union Life Insurance Company ("the Company") and its agents, employees, and representatives. This includes information on the testing, diagnosis, treatment or prognosis of any physical or mental condition, including, but not limited to, Human Immunodeficiency Virus (HIV) infection and AIDS (Acquired Immune Deficiency Syndrome), sexually transmitted or communicable diseases, mental illness, developmental disabilities, sickle cell anemia, and the use of alcohol, drugs and tobacco, but excludes psychotherapy notes. By my signature below, I acknowledge that any agreements I have made with My Providers to restrict my or my minor children's protected health information do not apply to this Authorization. I further instruct My Providers to release and disclose my/our entire medical records without restriction, if requested under this Authorization.

The Company may use and disclose information received under this Authorization to: 1) underwrite my application for coverage and make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage; and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with the Company. I understand that any information that is disclosed pursuant to this Authorization may be re-disclosed and no longer covered by federal rules governing privacy and confidentiality of health information.

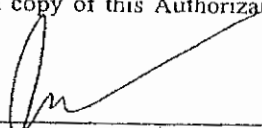
This Authorization shall remain valid for 24 months following the date of my signature. A copy of this Authorization is as valid as the original.



JCK000173

2662

I have the right to revoke this Authorization in writing, at any time, by sending a written request for revocation to the Company at the address shown on the attached correspondence. A revocation of this Authorization is not effective to the extent that the Company or others have relied on it, or to the extent that the Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this Authorization. I understand that if I refuse to sign this Authorization, the Company may not be able to process my application, or, if coverage has been issued, may not be able to make any benefit payments. I have received a copy of this Authorization which I have signed and will retain for my records.



11/30/10

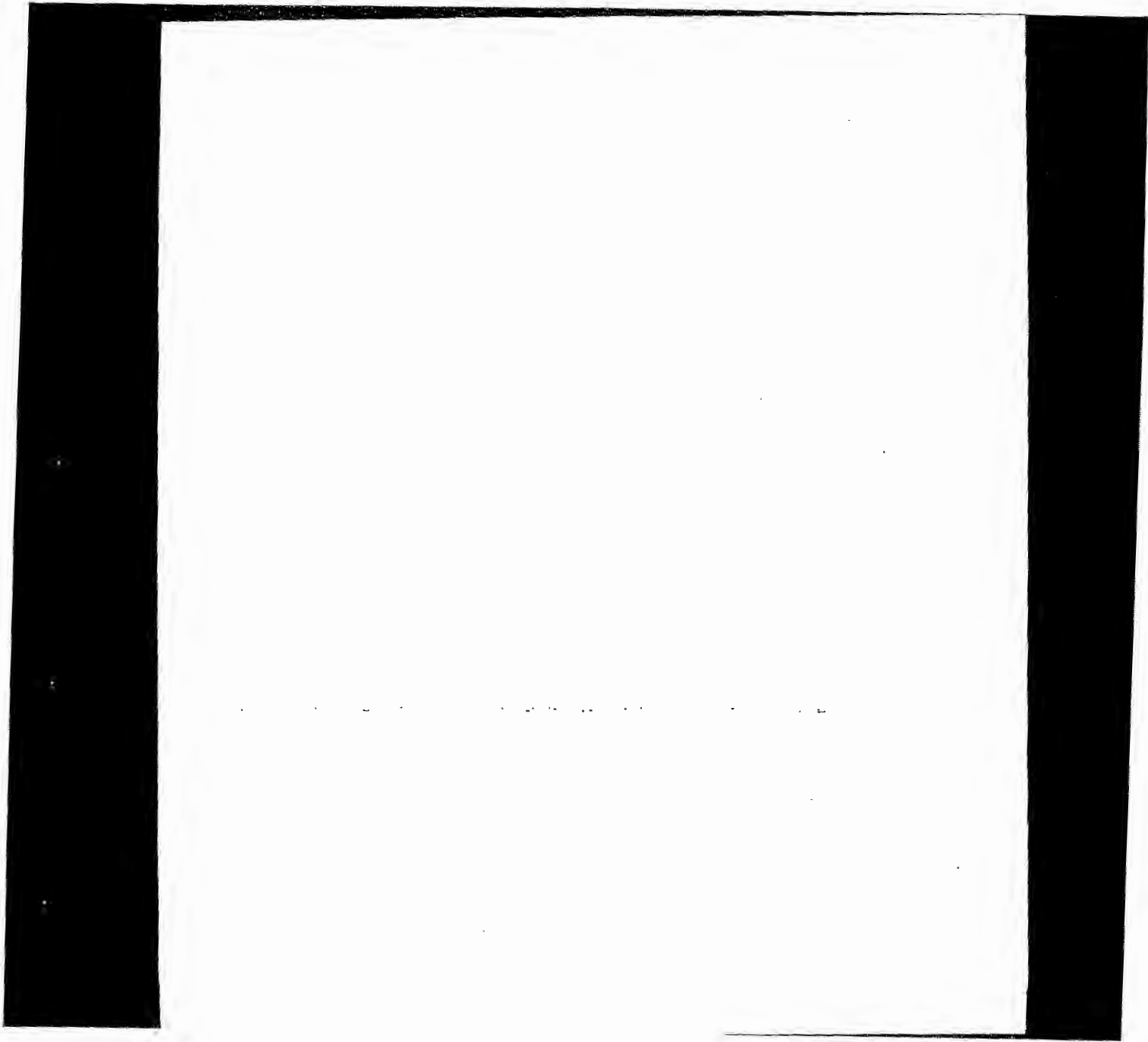
Signature of Proposed Insured/Patient or Legal Representative

Date

Description of Legal Representative's Authority or Relationship to Patient

Health Authorization (2.4)

Home Office Copy



JCK000175

01/08

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

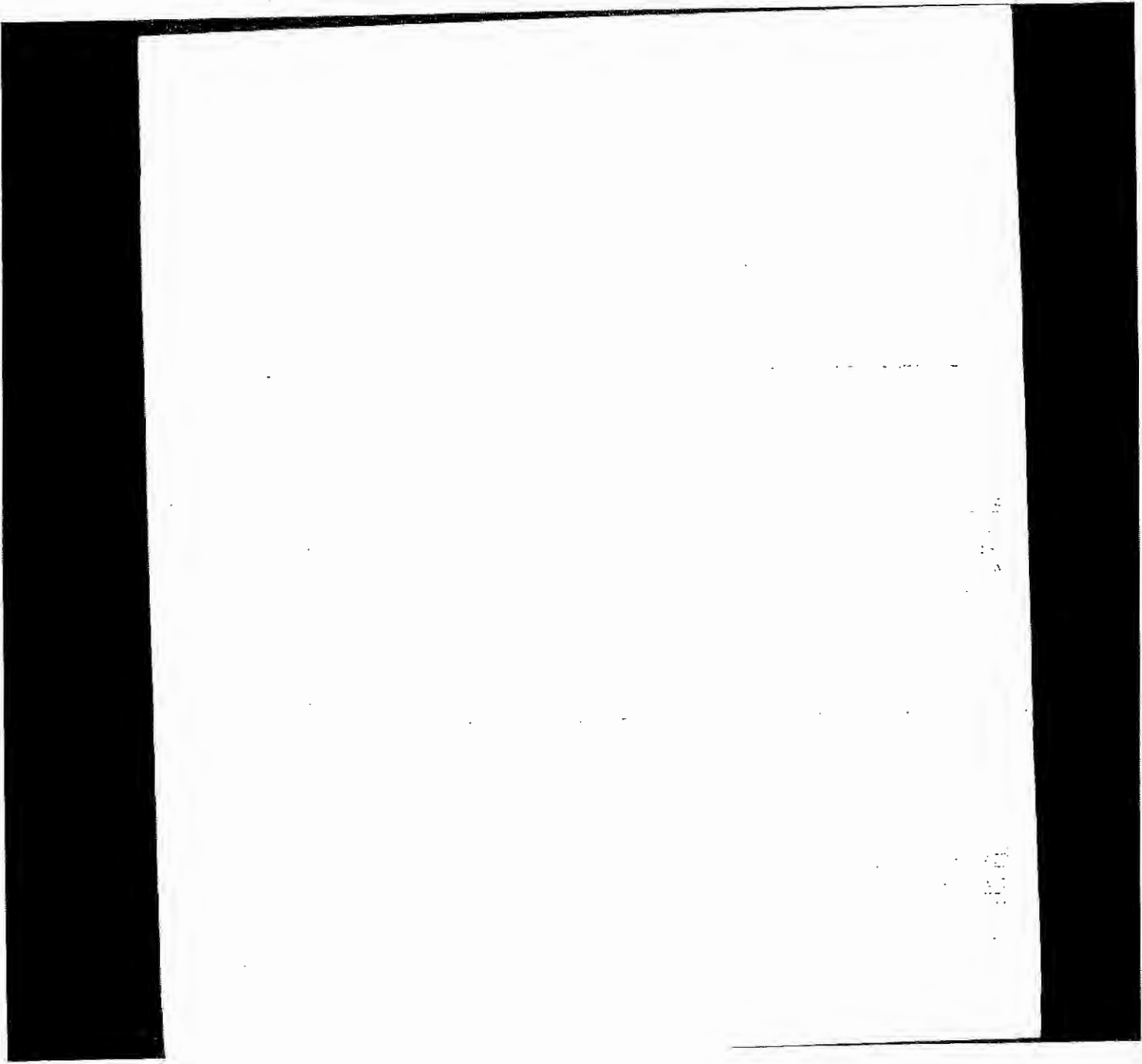
- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all of the legal rights to which you are entitled. This privacy notice supersedes all such prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.



JCK000177

Annuity & Life Reassurance America, Inc.
 Home Office:
 Hartford, CT 06103
 ("The Company")

Service Bureau:
 P.O. Box 1147
 Jacksonville, IL 62851
 (800) 825-0003

**POLICYOWNER PLAN CHANGE/
 REINSTATEMENT REQUEST
 PART 1**

INSTRUCTIONS: • Check for service desired • Indicate to what address items should be returned • Mail form (and policy if required) to Servicing Office • For Change of Beneficiary, complete separate form.
 SIGNATURE REQUIREMENTS: • Insured, if age 16 or older • Owner, if other than the Insured • Assignee, if policy assigned • Corporate officer with title, if policy is corporate-owned.

Policy Number 1009208	Insured (also called "you") Simon Bernstein	Insured's Date of Birth 12-2-35
Insured's Address 1020 Lions Head Lane		Insured's Social Security Number [REDACTED]
Owner or Assignee		Owner's Social Security Number
Owner or Assignee Address and Phone Number		Agent's Phone Number
Servicing Agent's Name	Agency Code	Agent Code

Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
 Return all items to: Owner General Agency Other (specify)

TRADITIONAL UNIVERSAL LIFE

Old Plan:	Old Benefit Amount: \$	New Plan:	New Benefit Amount: \$
-----------	------------------------	-----------	------------------------

If converting part of a term policy or term life rider, is the balance to be retained or dropped? Retain \$ Drop

Death Benefit Option (Universal Life ONLY): Level Increasing I declare the Original Policy Contract has been lost or destroyed.

Benefits:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Waiver of Premium (or COI if UL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Monthly Disability Benefit (UL ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Guaranteed Purchase Option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Riders:						
Spouse's Level Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Children's Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Primary Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Riders (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Do you currently use any tobacco product? Yes No If "YES", what form of tobacco do you use? Cigarettes Cigars Pipe Smokeless
 Have you ever used any tobacco product? Yes No If "YES", what was the date on which you last used tobacco?

BILLING INSTRUCTIONS:
 MODE: Annual Semi-Annual Quarterly Monthly Non-bill **BILLING TYPE:** Direct 1st bill PAC
 Government Allotment
 New Planned Periodic Premium: \$ Amount Enclosed: \$

SPECIAL INSTRUCTIONS:

15-5-27



Simon Bernstein

100 King Street
New York, N.Y.

PJ
07
07
08

PART II APPLICATION FOR Increase \$25,000 or less Reinstatement Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number _____

(Print first name, middle initial, and last name)	Occupation	Relationship To Proposed Insured	Date of Birth			Age Nearest Birthday	State of Birth	Sex	Height Feet-Inches	Weight Now Yr. ago
1. a. Proposed Insured		n/a								
b. Second Proposed Insured										

Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term

2. a.	Spouse								
b.	Children								
c.									

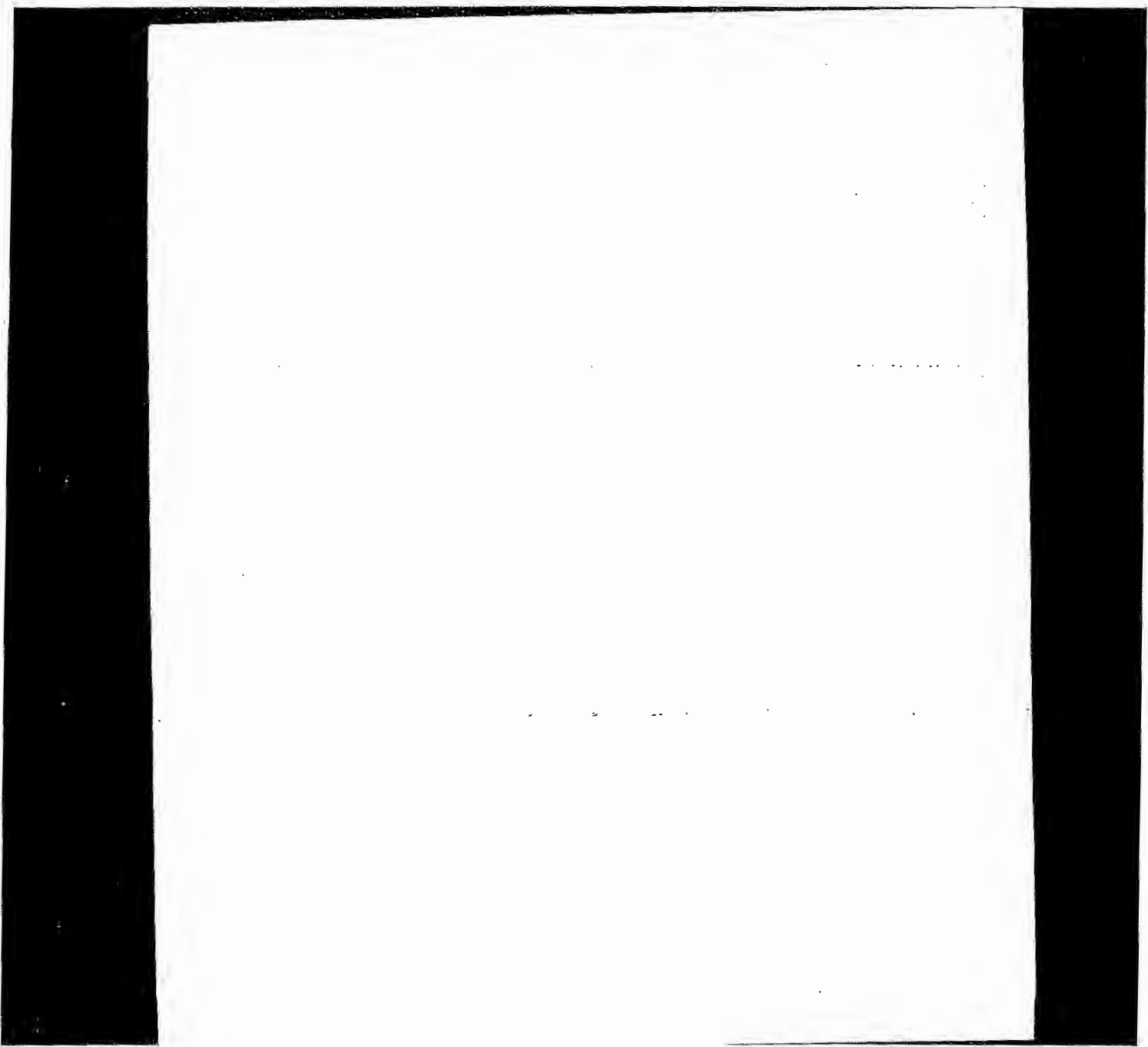
Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

3. Within the past 10 years, has any person proposed for coverage:
- a. Been examined by or consulted a physician or other practitioner? Yes No
 - b. Been under observation or treatment in a hospital or any other form of health care facility? Yes No
 - c. Had an X-ray, electrocardiogram, blood test, urine or other laboratory tests? Yes No
4. Within the past 10 years, has any person proposed for coverage:
- a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued as a substandard risk? Yes No
 - b. Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs? Yes No
 - c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily infirmity, hernia or rupture, hemorrhoids or varicose veins? Yes No
 - d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes No
5. Within the past 10 years, has any persons proposed for coverage had or been treated for:
- a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland? Yes No
 - b. Any deformity or disorder of the back, spine, muscles, bones or joints? Yes No
 - c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels? Yes No
 - d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gall bladder, liver, pancreas, spleen, or enlarged lymph glands? Yes No
 - e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung? Yes No
 - f. Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate? Yes No
 - g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system? Yes No
 - h. Rheumatic or other fever, diabetes, syphilis, gout, arthritis, polter, cancer, tumor or disorder of the lymph nodes? Yes No
 - i. Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years? Yes No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she had: an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)? Yes No
7. Is any person proposed for coverage now pregnant? (If "YES", provide the child's expected due date in "Comments") Yes No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs? Yes No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? (If "NO", provide details in "Comments") Yes No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada? Yes No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so? Yes No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting? Yes No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind? Yes No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation or of driving while impaired, intoxicated, or under the influence of drugs or alcohol? Yes No
15. Has any person proposed for coverage ever been convicted of a felony? Yes No

Please list Question Number and item(s) that you are referring to, Dates/Duration, Diagnosis, Physician Name and Address, and name of the Health Care Facility.

16. Family History	Age(s) (if living)	Condition of Health *	Age(s) at Death	Cause of Death
Wife or Husband	44	FAIR	44	Heart
Father	80	Good	80	ROADKICK
Mother	80	Good	80	ROADKICK
Sister(s)	80	Good	80	ROADKICK
Brother(s)	80	Good	80	ROADKICK

* If not answered "Good," give details above.



AGREEMENT AND SIGNATURE FOR PARTS I & II
 (See "Notice to Applicant" on reverse side)

1-3
 2010

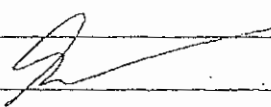
The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners.

The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, The undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

The undersigned request(s) that all transactions marked above be completed by the Company and agree for myself (ourselves), heirs, beneficiaries and all others claiming under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) Boca Raton, FL this 30 Day of Nov
2010

 _____ Witness (not related) or Agent			_____ Insured(s), Owner(s), Assignee(s) (Please indicate title)		
_____ Address			_____ Address		
_____ City	_____ State	_____ Zip	_____ City	_____ State	_____ Zip

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its reinsurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) Boca Raton, FL this 30 Day of Nov

_____ Proposed Insured (if age 16 or over) <u>Bank</u>	_____ Spouse (if to be insured) or Second Proposed Insured (if J.W.L.)
_____ Witness (not related) or Agent	_____ Owner (if not Proposed Insured) and relationship
_____ Telephone Number (day): ()	_____ (night): ()

1000 1000 1000 1000 1000 1000 1000 1000 1000 1000

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Life

950 Peninsula Corporate Drive, Suite 2010
Box 1510, Puerto Rico 00987

Heritage Union Life Ins Co
PO Box 1147
Jacksonville, FL 32265-1147

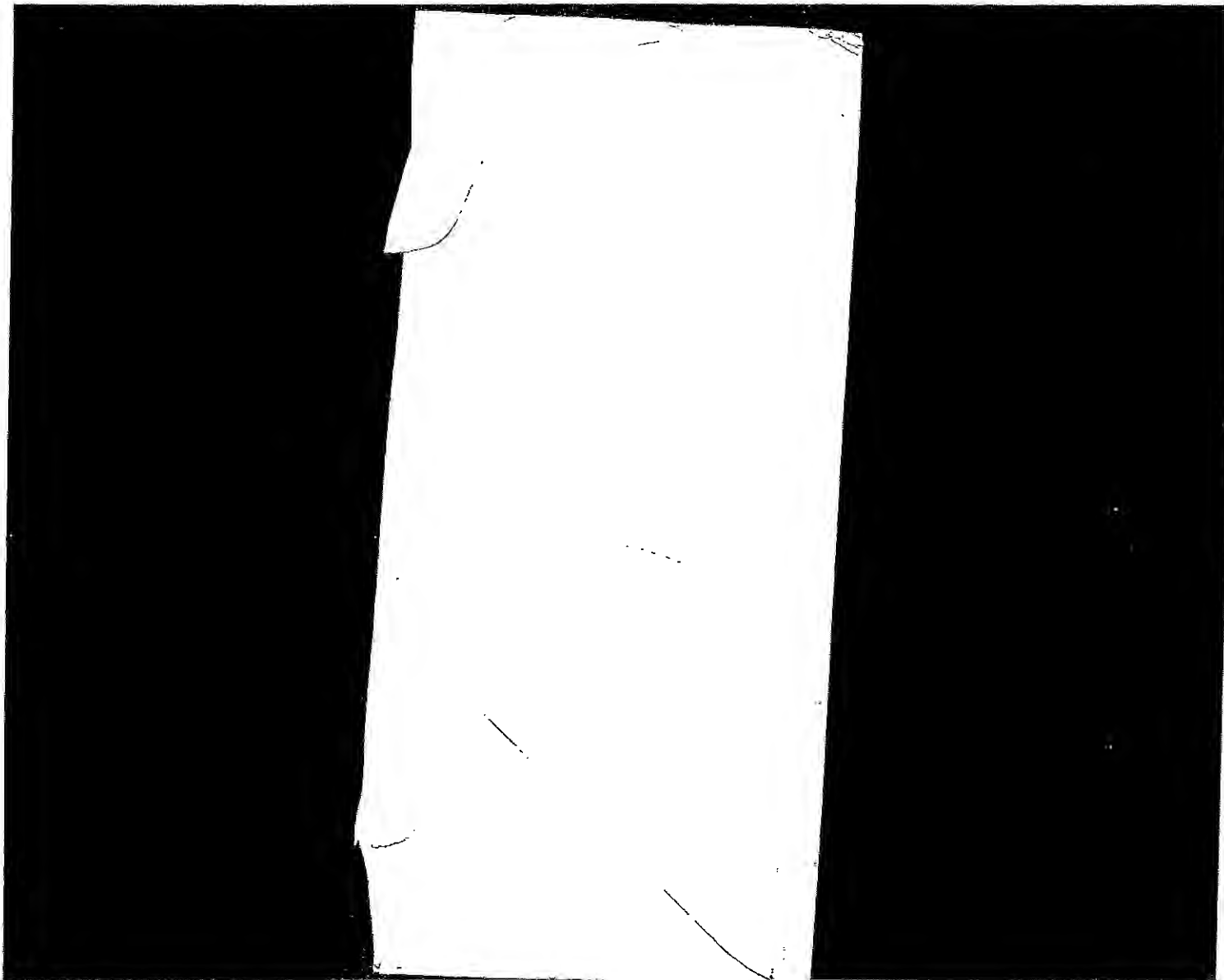
6225131147



02 1P
0003859896 DEC 06 2010
MAILED FROM ZIP CODE 33487



\$ 000.44



JCK000185

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

- The tobacco question was not completed.
- The height and/or weight section was not completed.
- The family history section was not completed.
- Question (1, 2,) must be completed with full details if applicable.
- Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.
- Provide the full name, address and phone number of your physician(s).
- Other: _____

Mr. Bernstein
Page 2
December 14, 2010

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

JCK000187

AWD History for Work object key 2011-01-10-12.59.31.011281T01

JLIFE - REINST - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:52:22PM

0

Begin Date: 2011-01-17 Flags: 9990N0
Begin Time: 12:07:37 DTM Job Name:
User Id: JMILLMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-01-17
Status: QPASS2 End Time: 12:07:42
Queue: END
User Name: MILLS, MELANIE S
DTM Description:
Comments:

Begin Date: 2011-01-14 Flags:
Begin Time: 11:41:53 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-01-14
Status: End Time: 11:41:53
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: sent additional info letter asking for complete dr info and details of 3a, 3c,
4a, 5c, 8

Begin Date: 2011-01-14 Flags: 9990Y1
Begin Time: 11:41:23 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-01-14
Status: INCOMPLETE End Time: 11:41:29
Queue: CSQC
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-01-13 Flags:
Begin Time: 13:17:07 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-01-13

JCK000188

AWD History for Work object key 2011-01-10-12.59.31.011281T01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:52:22PM

0

Status: End Time: 13:17:07
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: In part 2 Still details to question occupation, 3a,3c,4a,5c,8 is missing.

Begin Date: 2011-01-13 Flags: 9990NO
Begin Time: 12:58:03 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-01-13
Status: CSPROC End Time: 13:17:18
Queue: CSPROC
User Name: NAZAR, MUDDASAR
DTM Description:
Comments:

Begin Date: 2011-01-11 Flags: 7500NO
Begin Time: 07:34:03 DTM Job Name:
User Id: IMANJKX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-01-11
Status: ALPHAMATCH End Time: 07:34:52
Queue: CSPROC
User Name: MANJEET, KUMAR X
DTM Description:
Comments:

Begin Date: 2011-01-10 Flags: 9500NO
Begin Time: 12:59:31 DTM Job Name:
User Id: JBAUESK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: CSGENERIC End Date: 2011-01-10
Status: SCANNED End Time: 12:59:31
Queue: INDEX
User Name: BAUER, SHAWNETTE K
DTM Description:
Comments:

JCK000189

AWD History for Work object key 2011-01-10-12.59.31.011281T01

ULIFE - REINST - QPASS2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:52:22PM

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JCK000190

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, FL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

1637

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

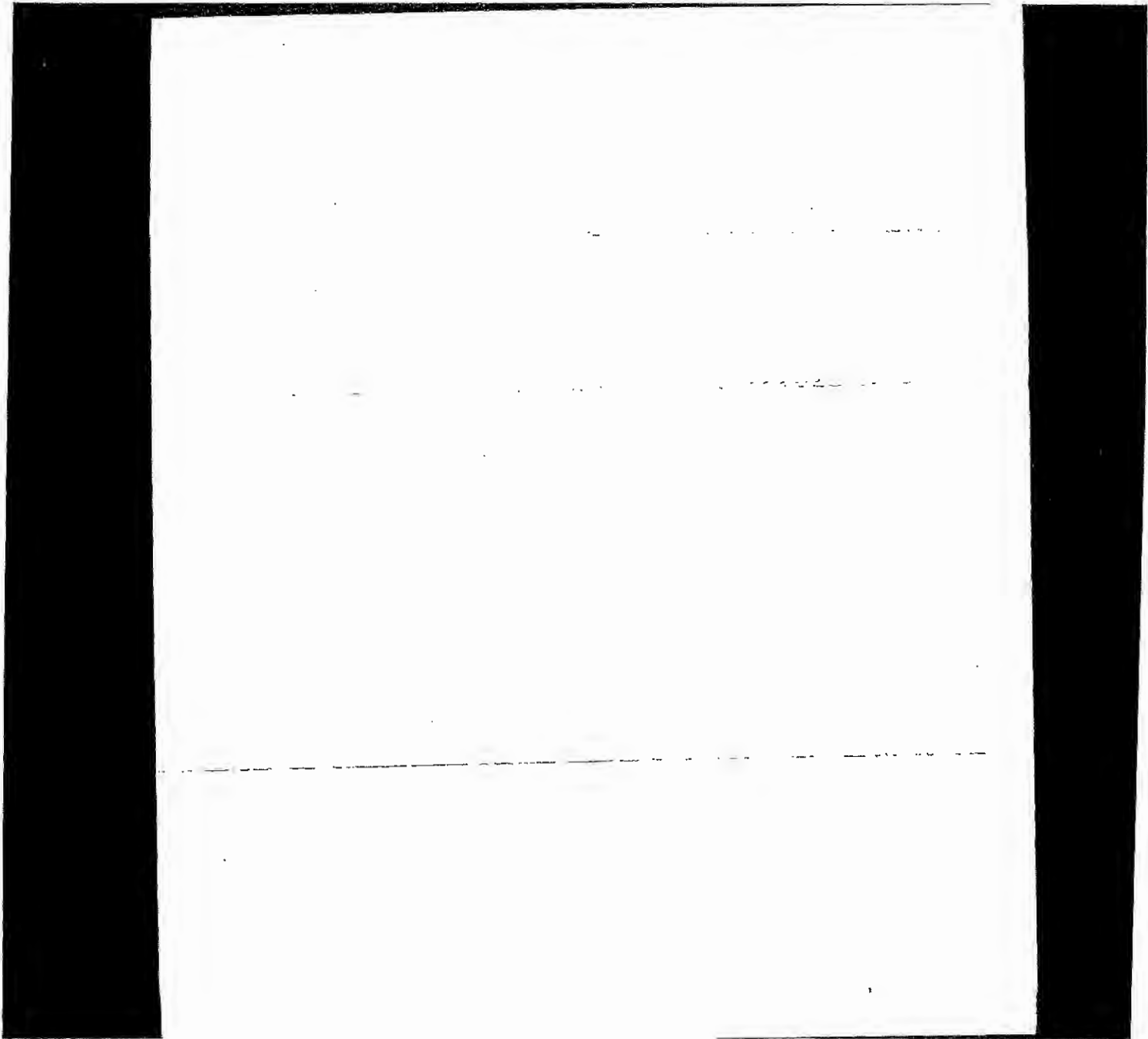
Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

- The tobacco question was not completed.
- The height and/or weight section was not completed.
- The family history section was not completed.
- Question (1, 2.), must be completed with full details if applicable.
- Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.
- Provide the full name, address and phone number of your physician(s).
- Other: _____

Dr. Seth Baum
7900 Glades Rd
Ste 400
Boca Raton, FL 33487



Mr. Bernstein
Page 2
December 14, 2010

1
2
3
4

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

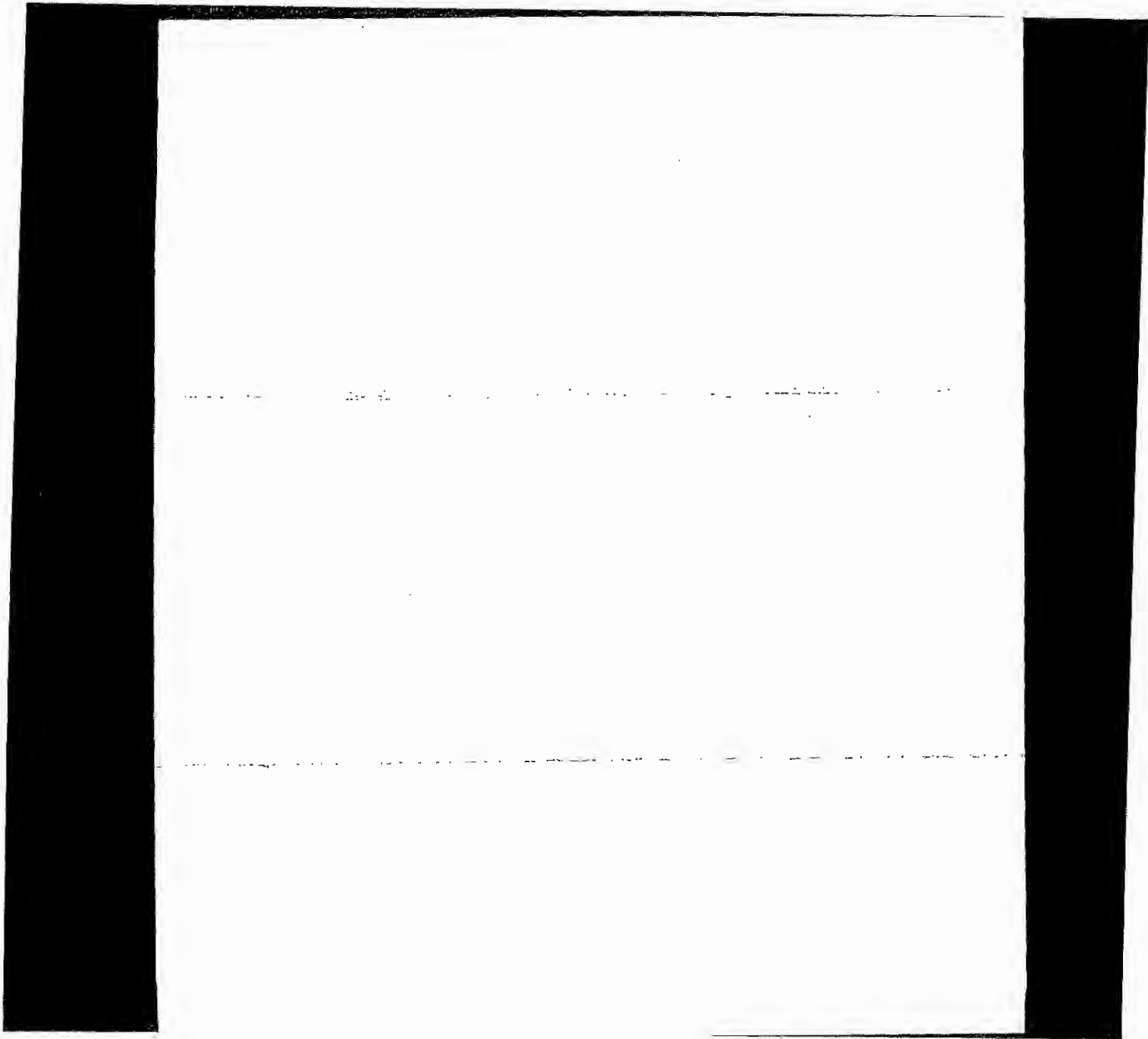
If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

JCK000193



Annuity & Life Reassurance America, Inc.
 Home Office:
 Hartford, CT 06103
 ("The Company")
**POLICYOWNER PLAN CHANGE/
 REINSTATEMENT REQUEST**
PART 1

Service Bureau:
 P O Box 1147
 Jacksonville, IL 62651
 (800) 825-0003

INSTRUCTIONS: - Check for services desired - Indicate to what address items should be returned - Mail form (and policy if required) to
 Sending Office - For Change of Beneficiary, complete separate form.
SIGNATURE REQUIREMENTS: - Insured, if age 18 or older - Owner, if other than the insured - Assignee, if policy assigned
 - Corporate officer with the floor for a corporate officer.

Policy Number: 109208 Insured (also called you): Simon Bernstein Insured's Date of Birth: 12.2.35
 Insured's Address: 110 Lions Head Lane Insured's Social Security Number: [REDACTED]
 Owner's Social Security Number: _____
 Agent's Name and Phone Number: _____ Agent's Phone Number: _____
 Issuing Agent's Name: _____ Agency Code: _____ Agent Code: _____

We will process without valid insured's Social Security Number and Owner's Social Security or Tax Identification Number.
 Return all items to: Owner General Agency Owner (select)

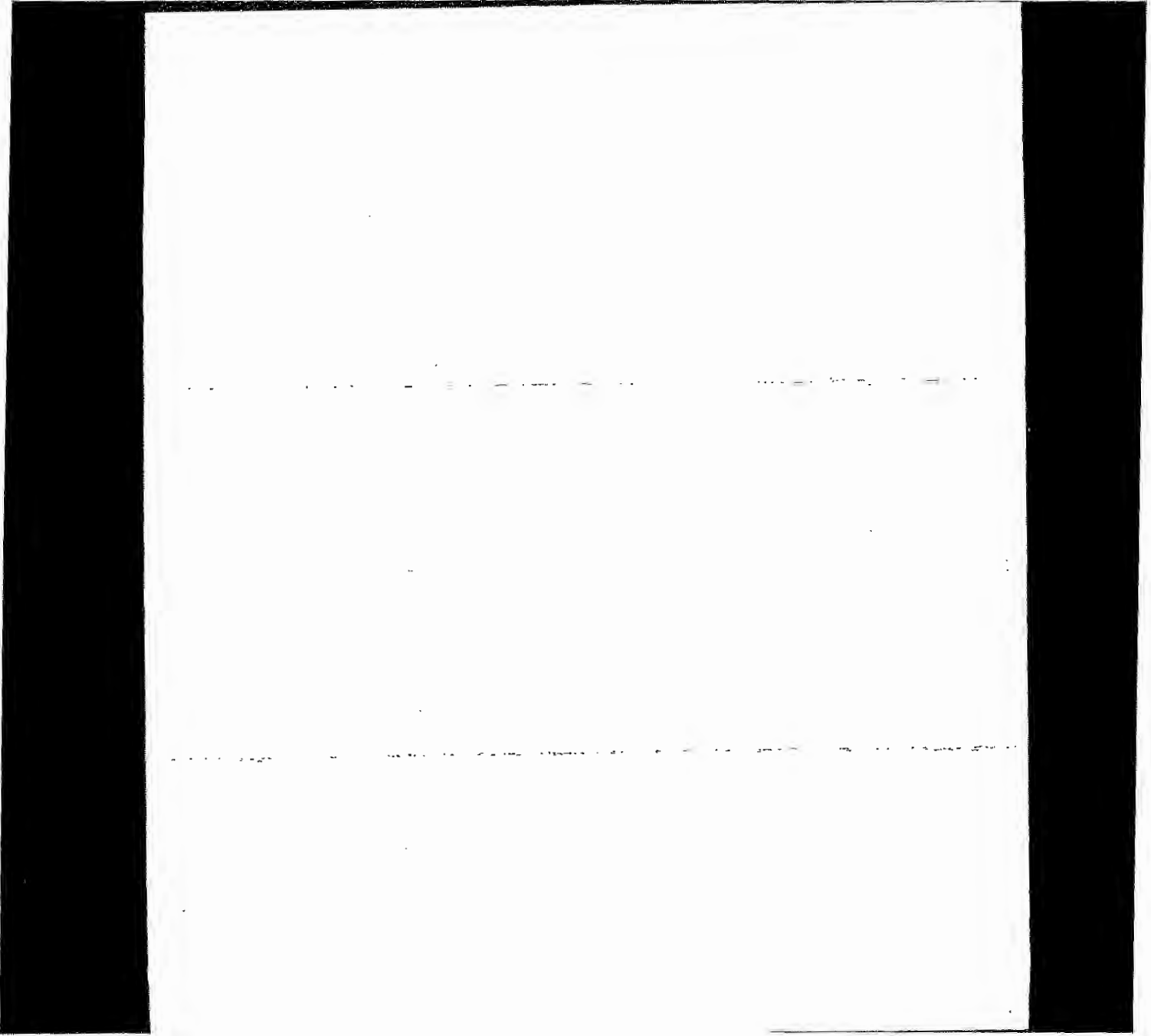
TRADITIONAL UNIVERSAL LIFE
 Old Plan: _____ Old Benefit Amount \$: _____ New Plan: _____ New Benefit Amount \$: _____
 If converting part of a term policy or term rider, is the balance to be retained or dropped? Retain \$ _____ Drop
 Death Benefit Option (Universal Life ONLY): Level Increasing I declare the Original Policy Contract has been lost or destroyed.
 Currently on Policy (Check Answer) Add Delete Increase Decrease New Amount
 Accidental Death Yes No \$ _____
 Waiver of Premium (or CDIFUL) Yes No \$ _____
 Monthly Disability Benefit (UL ONLY) Yes No \$ _____
 Guaranteed Purchase Option Yes No \$ _____
Riders
 Spouse's Level Term Rider Yes No \$ _____
 Children's Term Rider Yes No \$ _____
 Primary Insured Term Rider Yes No \$ _____
 Other Insured Term Rider Yes No \$ _____
 Other Riders (specify) _____ Yes No \$ _____
 _____ Yes No \$ _____
 _____ Yes No \$ _____

Do you currently use any tobacco product? Yes No If "YES", what form of tobacco do you use? Cigarettes Churn Pipe Smokeless
 Have you ever used any tobacco product? Yes No If "YES", what was the date on which you last used tobacco?

BILLING INSTRUCTIONS:
 MODE: Annual Semi Annual Quarterly Monthly Non-Int BILLING TYPE: Over Below PAC
 Government Allowance
 New Planned Periodic Premium: \$ _____ Amount Enclosed: \$ _____

SPECIAL INSTRUCTIONS:

AL-A-01



PART II APPLICATION FOR Increase \$25,000 or less Reinstatement Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number

First Name, middle initial, and last name	Occupation	Relationship to Proposed Insured	Date of Birth Month Day Year	Age Requested	Sex	Height	Weight	Waxes Hair To Age
1. a. Proposed Insured Sueann Bernstein		no	12 2 35	75	M	5'8"	163	167
b. Second Proposed Insured								
Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Term								
2. a. N/A	Spouse							
b. N/A	Children							
c.								

Give details in "Comments" section following the questions for any "YES" answers to questions 3 through 8 and 10 through 15.

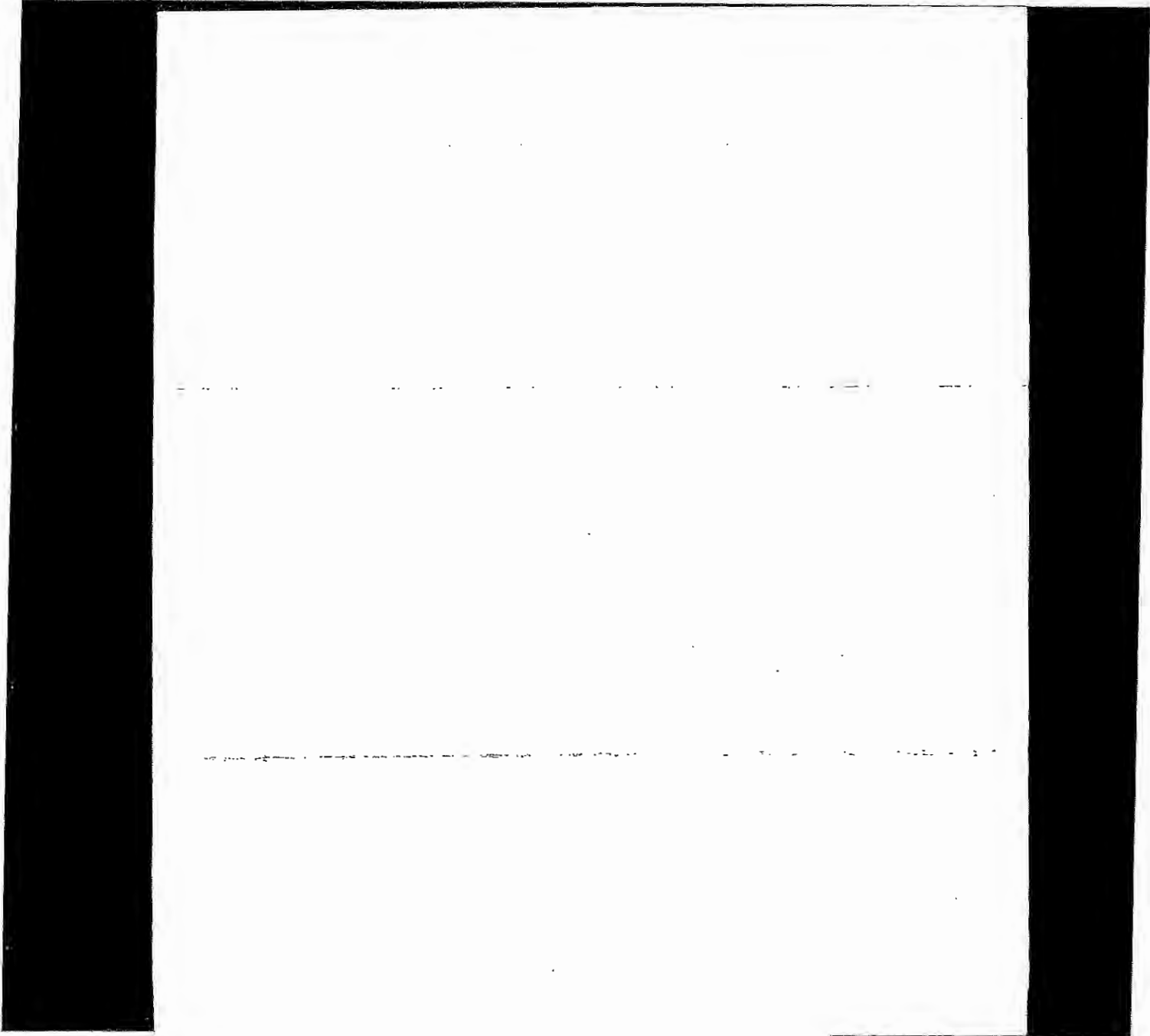
- Within the past 10 years, has any person proposed for coverage?
 - Been examined by or consulted a physician or other practitioner? Yes No
 - Been under observation or treatment in a hospital or any other form of health care facility? Yes No
 - Had an X-ray, electrocardiogram, blood test, urine or other laboratory tests? Yes No
- Within the past 10 years, has any person proposed for coverage?
 - Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or issued as a substituted risk? Yes No
 - Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs? Yes No
 - Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily ailment, hernia or rupture, hemorrhoids or varicose veins? Yes No
 - Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes No
- Within the past 10 years, has any person proposed for coverage had or been treated for?
 - Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland? Yes No
 - Any deformity or disorder of the back, spine, muscles, bones or joints? Yes No
 - Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels? Yes No
 - Pepic ulcer, indigestion, or other disease of the stomach, intestines, gut bladder, liver, pancreas, spleen, or enlarged lymph glands? Yes No
 - Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung? Yes No
 - Albumin, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate? Yes No
 - Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, neuroticism, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system? Yes No
 - Rheumatic or other fever, diabetes, psoriasis, gout, arthritis, gonorrhea, cancer, tumor or disorder of the lymph nodes? Yes No
 - Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years? Yes No
- Within the past 7 years, to the best of your knowledge, has any person proposed for coverage had or been told by a medical professional, he or she had an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)? Yes No
- Is any person proposed for coverage now pregnant? If "YES" provide the date's expected due date in "Comments" Yes No
- Is any person proposed for coverage now under medical treatment of taking any prescription drugs? Yes No
- To the best of your knowledge, are all persons proposed for coverage now in good health? If "NO," provide details in "Comments" Yes No
- Has any person proposed for coverage any intention to travel or reside outside the United States or Canada? Yes No
- Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so? Yes No
- Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting? Yes No
- Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind? Yes No
- Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation, or of driving while impaired, intoxicated or under the influence of drugs or alcohol? Yes No
- Has any person proposed for coverage ever been convicted of a felony? Yes No

Please list Question Number and description you are referring to. Date of Birth, Diagnosis, Physician Name and Address, and Name of the Health Care Facility.

Dr. Bauer 5161 367-8155
Dr. Warner 754-491-2140

16. Family History	Age(s) at Death	Cause of Death	Age(s) at Death	Cause of Death
Wife or partner	45	MI	47	Heart
Father	60	MI	65	MI
Mother	80	MI	85	MI
Grandfather	80	MI	85	MI
Grandmother	80	MI	85	MI

* If not answered "Good," give details above.



AGREEMENT AND SIGNATURE FOR PARTS I & II
 (See "Notice to Applicant" on reverse side)

The undersigned hereby declares that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agrees that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agrees to accept a return of any payments made in connection with this application for change, should the Company decline to approve it. The undersigned further agrees that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agrees as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change, but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners. The undersigned understands that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, the undersigned hereby surrenders the policy for cancellation and agrees that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

The undersigned requests that the transactions hereinabove be completed by the Company and agrees for himself, spouse, heirs, beneficiaries and all others signing under the above policy to release, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrants that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) Orlando, FL this 30 Day of Nov 2010

Witness (not related) or Agent _____ Insured(s), Owner(s), Assignee(s) (Please indicate title)

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

AUTHORIZATION FOR PART II

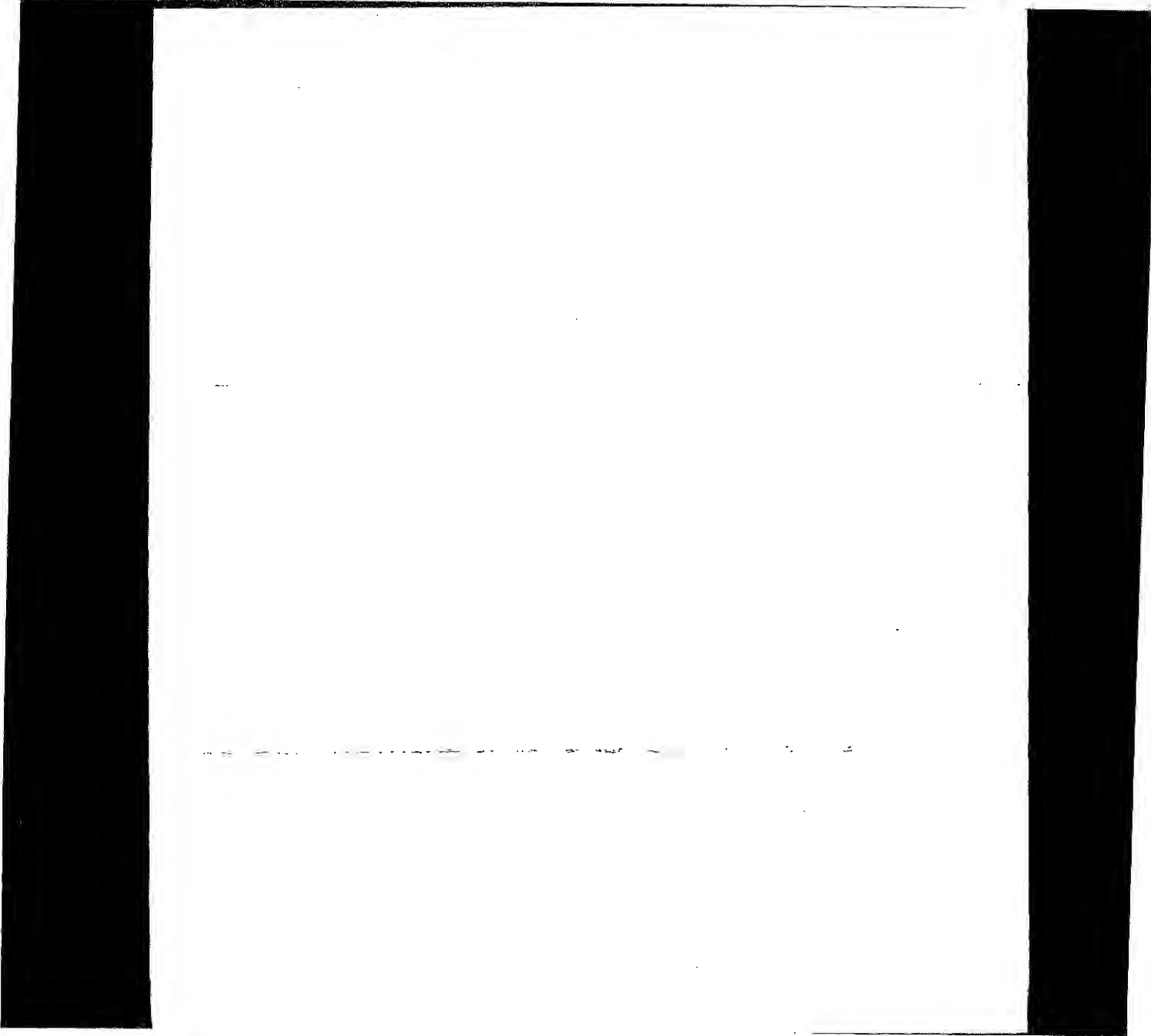
The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its insurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one-half years from the date I sign this application.

Dated at (City and State) Orlando, FL this 30 Day of Nov 2010

_____ Proposed Insured (if age 18 or over) _____ Spouse (if to be insured) or Second Proposed Insured (if W.L.)

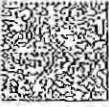
_____ Witness (not related) or Agent _____ Owner (if not Proposed Insured) and relationship

Telephone Number (area) _____ Telephone (area) _____



Life
INSURANCE CORPORATION

850 Peninsula Corporate Center, Suite 2010
Boca Raton, Florida 33487

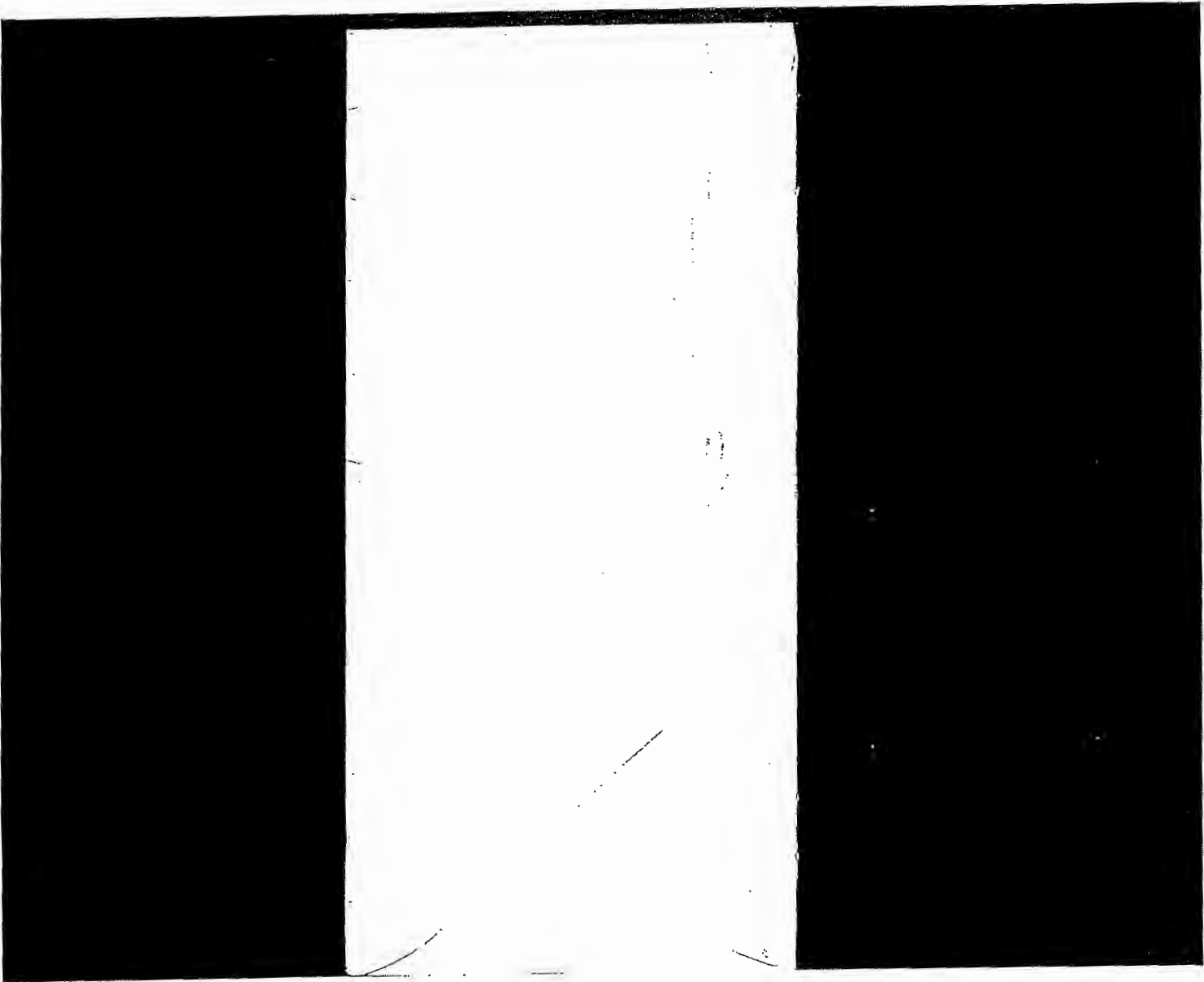


02 1P \$00.44
003559686 JAN 06 2011
MAILED FROM ZIP CODE 33487

Heritage Union Life Ins Co
PO Box 1147
Jackson, IL 62651-1147

626511147





JCK000202

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

January 17, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09297145

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.

Provide the full name, address and phone number of your physician Dr. Homer .

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

AWD History for Work object key 2011-02-11-11.11.44.889281T01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Begin Date: 2011-03-10 Flags: 9990N0
Begin Time: 18:07:31 DTM Job Name:
User Id: JDIETBK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-03-10
Status: QPASS2 End Time: 18:07:39
Queue: END
User Name: DIETZ, BEV K
DTM Description:
Comments:

Begin Date: 2011-03-10 Flags: 9990Y1
Begin Time: 17:04:55 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-03-10
Status: INCOMPLETE End Time: 17:04:58
Queue: CSQC
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-03-10 Flags:
Begin Time: 17:04:51 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-03-10
Status: End Time: 17:04:51
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: attached decline letter uw sent to po declining reinst.

Begin Date: 2011-03-09 Flags: 7500N0
Begin Time: 09:29:15 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-03-09
Status: DECLINED End Time: 09:29:18

JCK000204

AWD History for Work object key 2011-02-11-11.11.44.889281T01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number: [REDACTED]

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Queue: CSPROC2
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-03-09
Begin Time: 09:29:11
User Id: JLYONKA
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: per uw reinst declined due to medical history provided in aps from dr homer and dr baum

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-03-09
End Time: 09:29:11

Begin Date: 2011-02-18
Begin Time: 11:56:45
User Id: JHENSC
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: attached fax from UW regarding them "Ordering APS's from Dr Homer and Dr Baum"

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-18
End Time: 11:56:45

Begin Date: 2011-02-15
Begin Time: 13:51:47
User Id: SBROWMA
Workstation Id:
Business Area: JLIFE
Type: REINST
Status: UWPEND
Queue: UW
User Name: BROWN, MICHELLE
DTM Description:
Comments:

Flags: 9990NO
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-02-15
End Time: 13:51:52

AWD History for Work object key 2011-02-11-11.11.44.889281F01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Begin Date: 2011-02-15 Flags: 4000NO
Begin Time: 09:14:31 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-02-15
Status: UW End Time: 09:14:38
Queue: UW
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-02-15 Flags:
Begin Time: 09:14:28 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-02-15
Status: End Time: 09:14:28
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: male/ 47/nonsmoker

Begin Date: 2011-02-14 Flags: 7500NO
Begin Time: 13:24:55 DTM Job Name:
User Id: SBROWMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-02-14
Status: REQUNT End Time: 13:25:00
Queue: CSPROC
User Name: BROWN, MICHELLE
DTM Description:
Comments:

Begin Date: 2011-02-14 Flags:
Begin Time: 13:24:53 DTM Job Name:
User Id: SBROWMA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

JCK000206

AWD History for Work object key 2011-02-11-11.11.44.889281T01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:53:15PM

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Type: End Date: 2011-02-14
Status: End Time: 13:24:53
Queue:
User Name: BROWN, MICHELLE
DTM Description:
Comments: Please advise how and when issued.

Begin Date: 2011-02-14 Flags:
Begin Time: 11:41:05 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-02-14
Status: End Time: 11:41:05
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: Sent to uw with lapse date...10/28/2010

Begin Date: 2011-02-14 Flags:
Begin Time: 11:40:35 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-02-14
Status: End Time: 11:40:35
Queue:
User Name: NAZAR, MUDDASAR
DTM Description:
Comments: REINSTMT-REQ TO UW EnCorr letter has been sent.

Begin Date: 2011-02-14 Flags: 4000N0
Begin Time: 11:35:36 DTM Job Name:
User Id: INAZAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINST End Date: 2011-02-14
Status: UW End Time: 11:41:12
Queue: UW
User Name: NAZAR, MUDDASAR
DTM Description:
Comments:

JCK000207

AWD History for Work object key 2011-02-11-11.11.44.889281T01

JLIFE - REINST - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:53:15PM

0

Begin Date:	2011-02-14	Flags:	7500N0
Begin Time:	06:21:32	DTM Job Name:	
User Id:	IFRADAX	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINST	End Date:	2011-02-14
Status:	ALPHAMATCH	End Time:	06:21:57
Queue:	CSPROC2		
User Name:	FRADRICK, ABHISHEK X		
DTM Description:			
Comments:			

Begin Date:	2011-02-11	Flags:	9500N0
Begin Time:	11:11:44	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2011-02-11
Status:	SCANNED	End Time:	11:11:44
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		
DTM Description:			
Comments:			

JCK000208

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, FL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

1147

December 15, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09272448

Dear SIMON BERNSTEIN :

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

- The tobacco question was not completed.
- The height and/or weight section was not completed.
- The family history section was not completed.
- Question (1, 2), must be completed with full details if applicable.
- Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.
- Provide the full name, address and phone number of your physician(s).

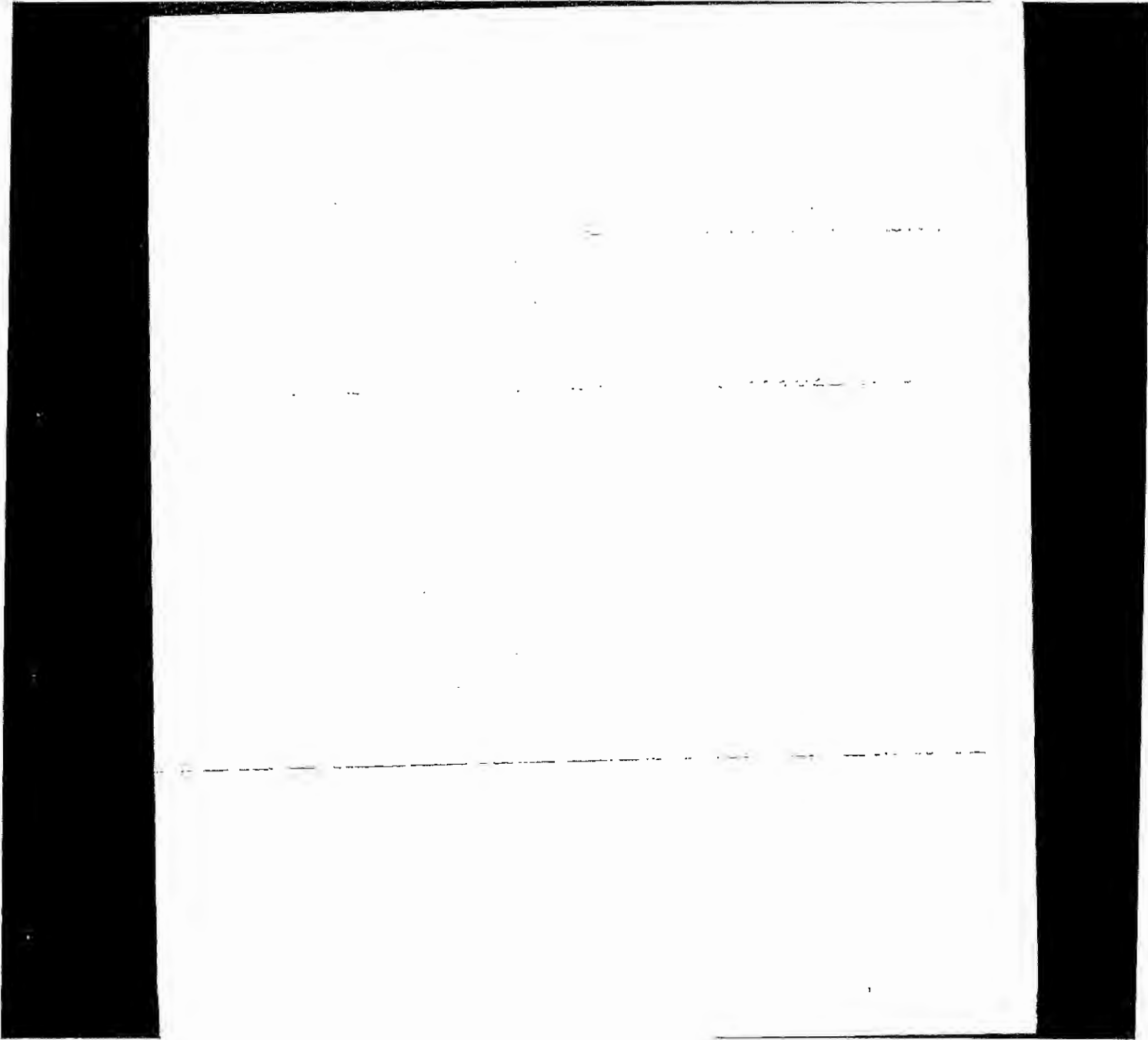
Other: _____

Dr. Seth Baum

7900 Glades Rd

Ste 400

Boca Raton, Fl 33487



JCK000210

Mr. Bernstein
Page 2
December 14, 2010

11
12
13
14

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

We received your premium payment; however, we cannot accept payments during the reinstatement process. A refund check will be mailed to you under separate cover.

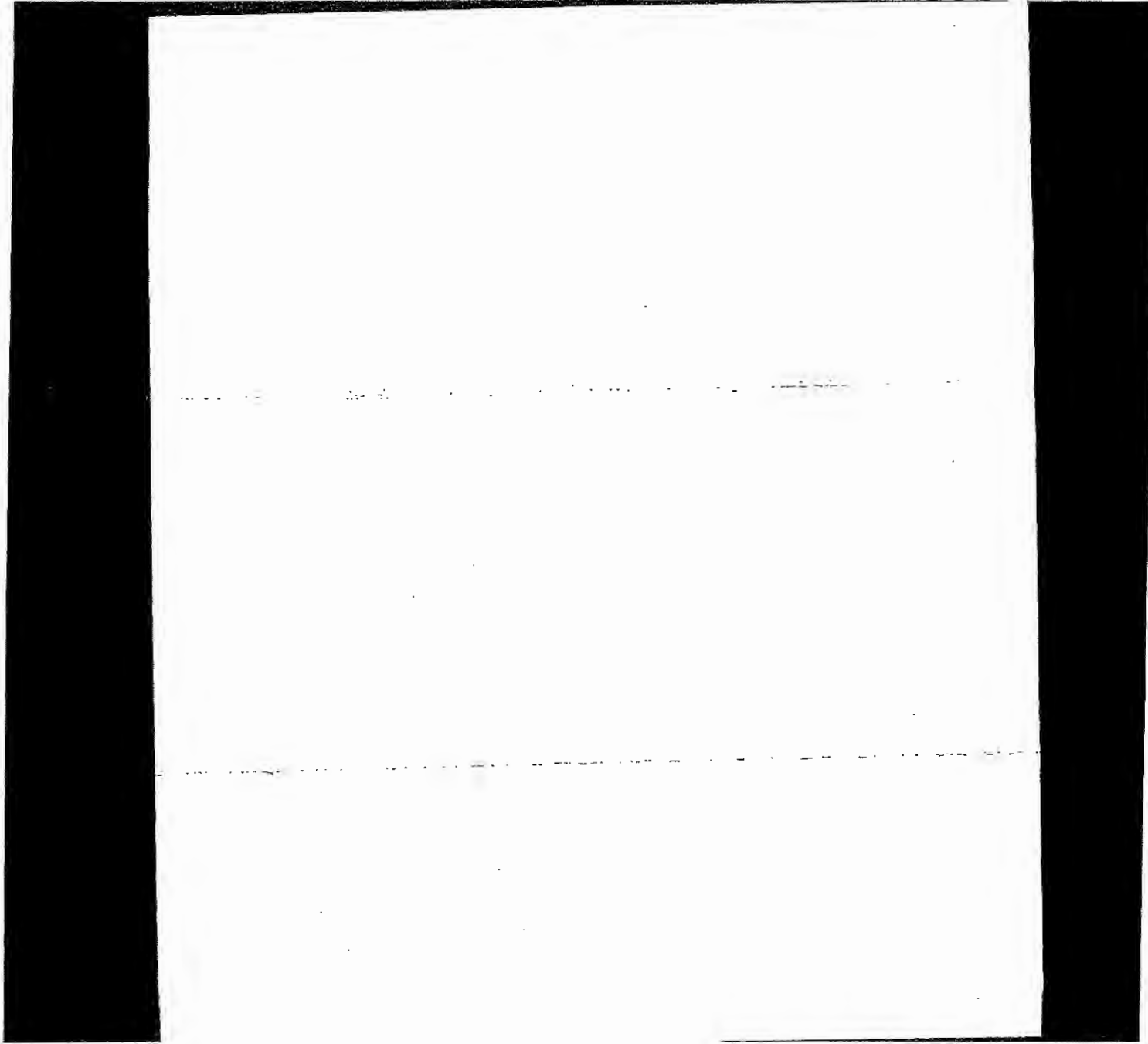
If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

JCK000211



Annuity & Life Reassurance America, Inc.
Home Office:
Hartford, CT 06103
["The Company"]
**POLICYOWNER PLAN CHANGE/
REINSTATEMENT REQUEST**
PART 1

Service Bureau:
P O Box 1147
Jacksonville, IL 62651
(800) 825-0003

INSTRUCTIONS: - Check for service desired - Indicate to what address items should be returned - Mail form (and policy if required) to
Service Office - For Change of Beneficiary, complete separate form.
SIGNATURE REQUIREMENTS: - Insured, if age 18 or older - Owner, if other than the Insured - Assignee, if policy assigned
- Corporate officer with title, if policy is corporate owned.

Policy Number: 1009208 Insured (also called you): Simon Bernstein Insured's Date of Birth: 12-2-35
 Insured's Address: 7820 Lions Head Lane Insured's Social Security Number: [REDACTED]
 Owner's Social Security Number: _____
 Name of Assignee: _____ Agent's Phone Number: _____
 Name of Assignee Address and Phone Number: _____ Agency Code: _____
 Insuring Agent's Name: _____ Agency Code: _____ Agent Code: _____

Will not process without valid Insured's Social Security Number and Owner's Social Security or Tax Identification Number.
 Return to items to: Owner General Agency Other (specify) _____

TRADITIONAL UNIVERSAL LIFE

Old Plan: _____ Old Benefit Amount \$: _____ New Plan: _____ New Benefit Amount \$: _____
 Is converting part of a term policy or term life rider. Is the balance to be retained or dropped? Retain \$ _____ Drop _____

Death Benefit Option (Universal Life ONLY): Level Increasing I declare the Original Policy Contract has been lost or destroyed.

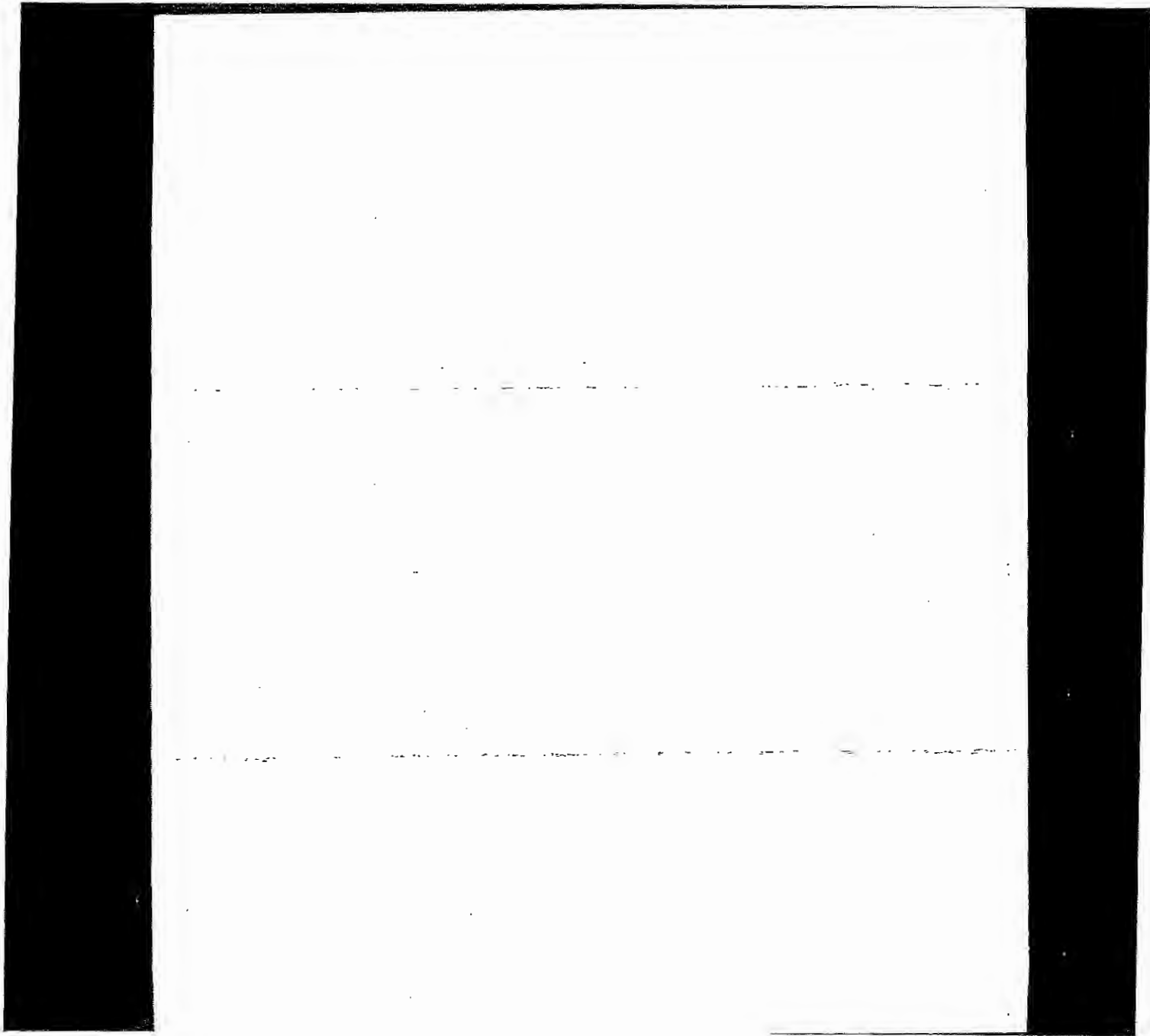
Benefit:	Currently on Policy (Check Answer)	Add	Delete	Increase	Decrease	New Amount
Accidental Death	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Waiver of Premium for COI (UL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Monthly Disability Benefit (UL ONLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Guaranteed Purchase Option	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Riders						
Spouse's Level Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Child's Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Primary Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Insured Term Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Other Riders (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Do you currently use any tobacco product? Yes No If "YES", what form of tobacco do you use? Cigarettes Cigs Pipe Smokeless
 Have you ever used any tobacco product? Yes No If "YES", what was the date on which you last used tobacco?

BILLING INSTRUCTIONS:
 MODE: Annual Semi-Annual Quarterly Monthly Non-Int BILLING TYPE: Direct 5103 PAC
 Government Allowance

New Planned Periodic Premium \$ _____ Amount Enclosed \$ _____

SPECIAL INSTRUCTIONS:



PART B APPLICATION FOR Increase \$25,000 or less Reinstatement Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number

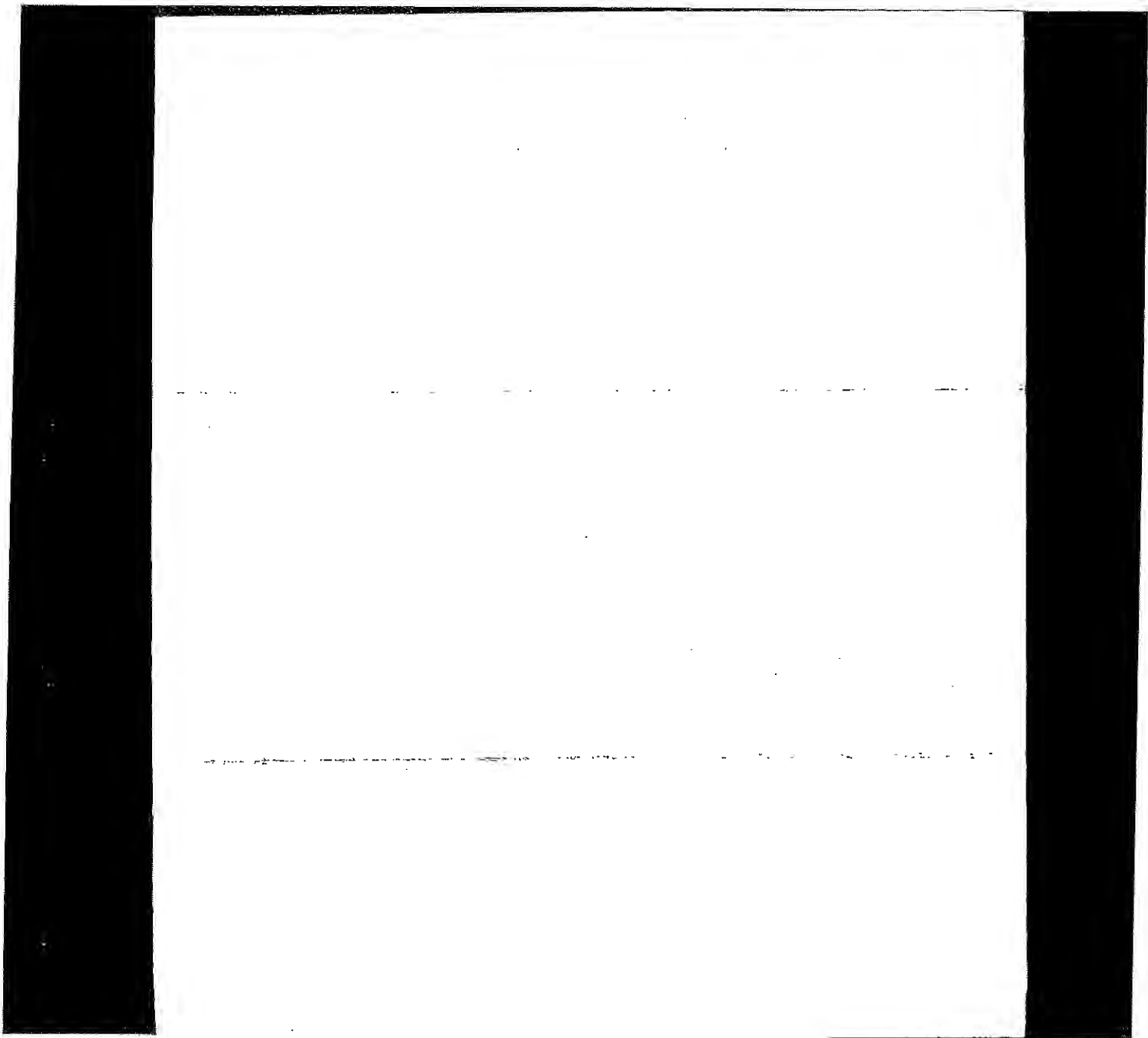
(Proposed name, middle initial, and last name)	Occupation	Relationship to Proposed Insured	DATE OF BIRTH (Month, Day, Year)	Age Next Birthday	State of Birth	Sex	ISSUED (Month, Year)	ISSUE NO. TO ADD
Simon Bernstein		MA	12 2 35	75	MI	M	5 18	163 167
Complete for Family Plan, Spouse Rider, Other Insured Rider or Children's Plan								
2. a. N/A	Spouse							
b. N/A	Child							

- Give details in "Comments" section answering the questions for any "YES" answers to questions 3 through 6 and 10 through 15.
3. Within the past 10 years, has any person proposed for coverage:
- a. Been examined by or consulted a physician or other practitioner? Yes No
 - b. Been under observation or treatment in a hospital or any other form of health care facility? Yes No
 - c. Had an X-ray, electrocardiogram, blood test, urine or other laboratory tests? Yes No
4. Within the past 10 years, has any person proposed for coverage:
- a. Received benefits or compensation for sickness or injury, or had life or disability insurance modified, rejected, not renewed, or lapsed at a substantially rate? Yes No
 - b. Sought advice or treatment for, or been arrested for or been addicted to, the use of alcohol or drugs? Yes No
 - c. Had any disease of the reproductive organs, genital organs, breasts, or any amputation or bodily infirmity, hernia or rupture, hemorrhoids or varicose veins? Yes No
 - d. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes No
5. Within the past 10 years, has any person proposed for coverage had or been treated for:
- a. Any disease or disorder of the eyes, ears, nose, throat, or thyroid gland? Yes No
 - b. Any deformity or disorder of the back, spine, muscles, bones or joints? Yes No
 - c. Chest pain, heart murmur, high blood pressure, or any other disease or disorder of the heart, circulatory system, blood or blood vessels? Yes No
 - d. Peptic ulcer, indigestion, or other disease of the stomach, intestines, gut bladder, liver, pancreas, spleen, or enlarged lymph glands? Yes No
 - e. Tuberculosis, asthma, pleurisy, or any other disease of the chest or lung? Yes No
 - f. Abnormal, pus, blood or sugar in urine, urinary stone, or other disease of the kidneys, bladder or prostate? Yes No
 - g. Severe headaches, fainting spells, dizziness, vertigo, syncope, epilepsy, nervousness, paralysis, mental disorder, depression, or any other disease or disorder of the brain or nervous system? Yes No
 - h. Rheumatism or other fever, diabetes, syphilis, gonorrhea, polio, cancer, tumor or disorder of the lymph nodes? Yes No
 - i. Any surgical operations, treatment, or any illness, ailment, abnormality, or injury not mentioned above within the past 10 years? Yes No
6. Within the past 7 years: To the best of your knowledge, has any person proposed for coverage had or been told by a medical professional he or she had an immune deficiency disorder, AIDS or AIDS-Related Complex (ARC)? Yes No
7. Is any person proposed for coverage now pregnant? If "YES", provide the date's expected due date in "Comments" Yes No
8. Is any person proposed for coverage now under medical treatment or taking any prescription drugs? Yes No
9. To the best of your knowledge, are all persons proposed for coverage now in good health? (If "NO", provide details in "Comments") Yes No
10. Has any person proposed for coverage any intention to travel or reside outside the United States or Canada? Yes No
11. Has any person proposed for coverage within the past two years flown as a pilot, student pilot or crew member or intend to do so? Yes No
12. Has any person proposed for coverage engaged in, or intend to engage in, underwater diving, hang gliding or parachuting? Yes No
13. Has any person proposed for coverage engaged in, or intend to engage in, competitive racing of any kind? Yes No
14. Has any person proposed for coverage had a driver's license suspended or revoked, or been convicted in the last 3 years of a moving violation or of driving while impaired, intoxicated, or under the influence of drugs or alcohol? Yes No
15. Has any person proposed for coverage ever been convicted of a felony? Yes No

Please list Question Number and name(s) that you are referring to. Date(s), Duration, Diagnosis, Physician Name and Address, and Name of the Health Care Facility.

Dr. Baum 501.367.8155
 Dr. Hauer 954.491.2140

16. Family History	Age(s) (if living)	Condition of Health	Age(s) at Death	Cause of Death	* If not answered "Good", give details above.
Wife or Husband	71	MI	77	HEART	
Father	85	MI	85	HEART	
Mother	80	MI	85	HEART	
Siblings					
Grandparents					



AGREEMENT AND SIGNATURE FOR PARTS I & II
 (See "Notice to Applicant" on reverse side)

The undersigned hereby declare(s) that to the best of his knowledge and belief the foregoing statements and answers are complete and true and have been made to induce the Company to change the above numbered policy. The undersigned agree(s) that the policy shall not be so changed until the Company has received payment of all arrears and has formally approved the application at its Home Office and further agree(s) to accept a return of any payments made in connection with this application for change, should the Company decline to approve it.

The undersigned further agree(s) that if the Company approves this application for change, such approval shall be based upon the above statements and answers which shall be deemed to be representations and not warranties. The undersigned further agree(s) as an express condition of such change, that if any such representation is untrue in whole or in part, and is material, the Company shall be under no liability by reason of the change, except to return all premiums paid in connection with and subsequent to such change; but on the condition that the change shall be incontestable after the same period following such change and with the same conditions and exceptions as provided in the policy with respect to the incontestability thereof. It is understood that, unless otherwise provided, the reinstatement of a policy reinstates interests of any assignees, beneficiaries or owners.

The undersigned understand(s) that if making a policy change, unless the change will be to the same plan of insurance, no disability benefits will be allowed for any condition existing at the present time. If the above policy is to be surrendered with this service request, the undersigned hereby surrender(s) the policy for cancellation and agree that this request together with the application for the original policy, shall constitute the application for any new policy and that the original application shall be changed only to the extent provided.

The undersigned request(s) that the assignees, beneficiaries and owners of the above policy be compelled by the Company and agree to release, defend, indemnify and hold the Company harmless from any liability incurred because of completing the above transactions. The undersigned expressly warrant(s) that all persons signing below are of legal age and that no proceedings in bankruptcy are pending against any of them.

Dated at (City and State) Orlando, FL this 30 Day of Nov 2010

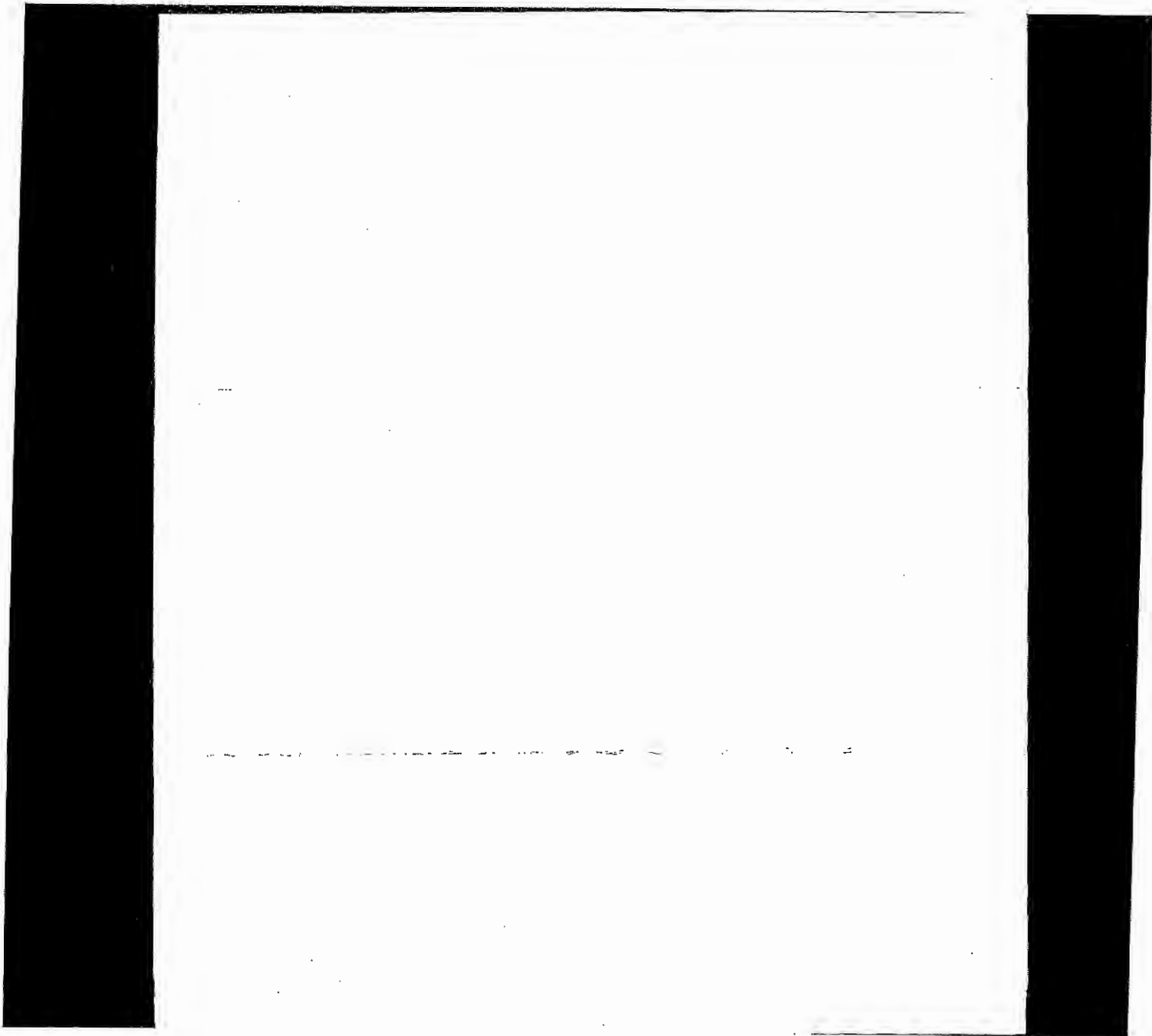
Witness (not related) or Agent _____ Insured(s), Owner(s), Assignee(s) (Please indicate role) _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____

AUTHORIZATION FOR PART II

The undersigned authorize(s) any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health or the health of any family dependent applying for insurance, to give to the Company, or its insurers, any such information. A photostatic copy of this authorization shall be as valid as the original. I agree that this authorization shall be valid for two and one half years from the date I sign this application.

Dated at (City and State) Orlando, FL this 30 Day of Nov 2010

_____ Proposed (if age 16 or over) _____ Spouse (if to be insured) or Second Proposed Insured (if T.W.C.) _____
 _____ Witness (not related) or Agent _____ Owner (if not Proposed Insured) and Relationship _____
 Telephone Number (Day) () _____ () _____

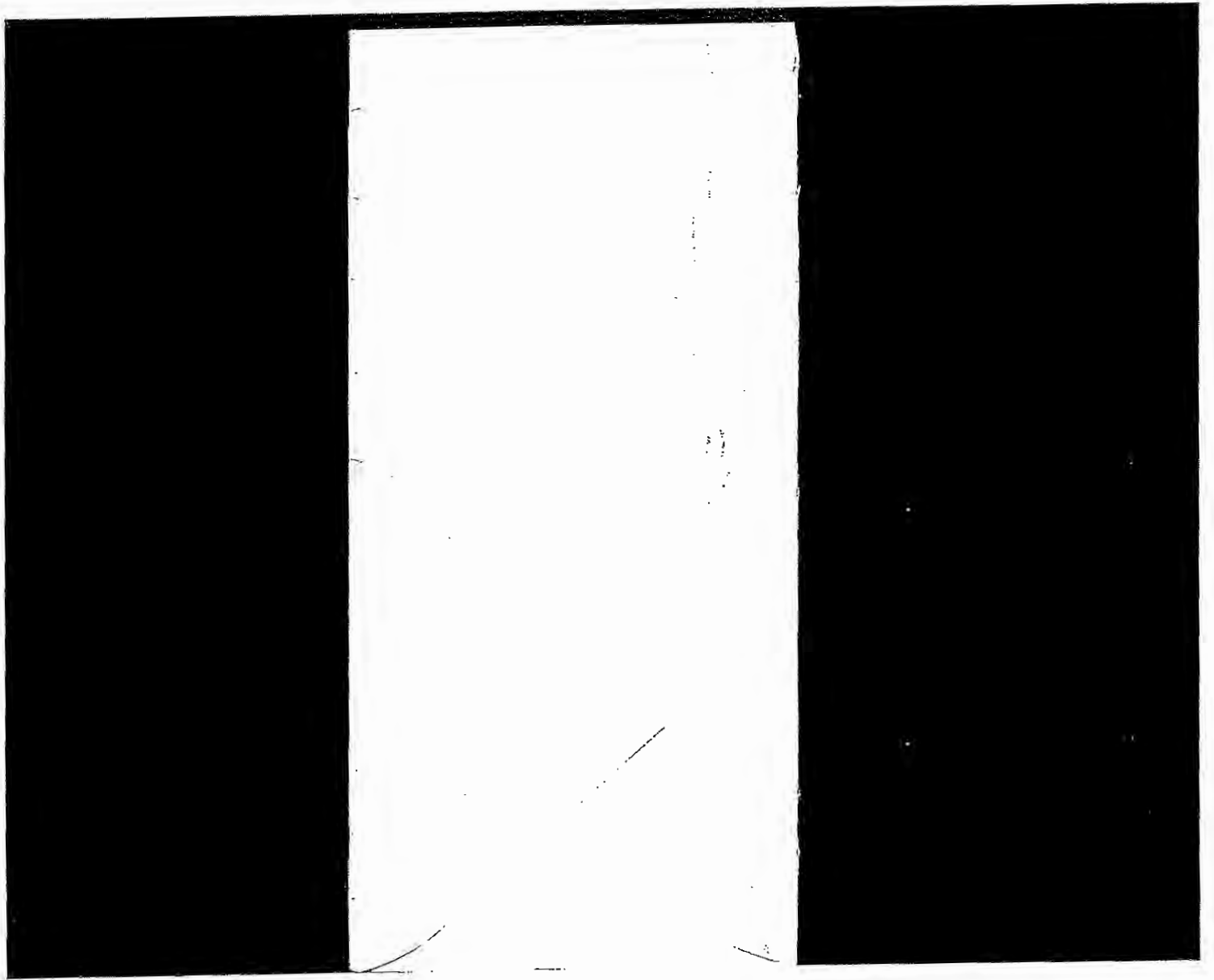




Life!
MANUFACTURED BY
240 Piedmont Corporate Circle, Suite 3010
Scottsdale, Arizona 85267

Heritage Union Life Ins Co
PO Box 1147
Jackson, IL 62251-1147

E2651+1147



JCK000220

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

4636

January 17, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09297145

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company. However, in order to continue with the reinstatement process we require that the Reinstatement/Plan Change Application be fully completed. The items noted below are incomplete on your Application. Please complete these items on the enclosed application and return it to us within 30 days from the date of this letter.

You must initial and date all changes made to the enclosed Application

- Question (3a, 3c, 4a, 5c, 8) was answered as 'yes'. Details are required to support the response.
- Provide the full name, address and phone number of your physician Dr. Homer.

Upon receipt of the required information, further consideration will be given to the reinstatement of this policy under the current underwriting rules and practices. A new application will be required if not received within the time frame noted above.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Reinstatement Application

52 Male Puff
1 pair for 17 yrs
10m

PART 2 APPLICATION FOR Increase \$33,908 in 1988 Miscellaneous Add Rider or Benefit
 Preferred Non-Smoker Select Non-Smoker Term Conversion Policy Number

Age	Sex	Rate	Term	Rate	Rate	Rate	Rate	Rate	Rate
22	M	75	10	168	167				

1. Name: Steven Beaudoin
 2. Address: 111A
 3. City: St. Louis

1. Have you ever been hospitalized for any of the following conditions?
 2. Have you ever been hospitalized for any of the following conditions?
 3. Have you ever been hospitalized for any of the following conditions?
 4. Have you ever been hospitalized for any of the following conditions?
 5. Have you ever been hospitalized for any of the following conditions?
 6. Have you ever been hospitalized for any of the following conditions?
 7. Have you ever been hospitalized for any of the following conditions?
 8. Have you ever been hospitalized for any of the following conditions?
 9. Have you ever been hospitalized for any of the following conditions?
 10. Have you ever been hospitalized for any of the following conditions?
 11. Have you ever been hospitalized for any of the following conditions?
 12. Have you ever been hospitalized for any of the following conditions?
 13. Have you ever been hospitalized for any of the following conditions?
 14. Have you ever been hospitalized for any of the following conditions?
 15. Have you ever been hospitalized for any of the following conditions?

Dr. Baum 316-262-8155
 Dr. Homer 984-491-2140

Family History	Medical History	Current Medication	Notes on Death	Cause of Death

3a - Dr. Baum - routine exam
 3c - Dr. Baum
 4a - this policy not renewed due to psmk
 5c) 2 stents
 8. See attached.

Dr. Homer
 2274 NW 39th Dr
 Boca Raton, FL 33431

Diana Banks

From: Rachel Walker [rachel3584@gmail.com]
Sent: Tuesday, February 08, 2011 9:54 AM
To: Diana Banks
Subject: Med list for Simon

Nitroglycerin SL (the new patch the he started taking in Deccember)
Nitroglycerin taken as needed
Plavix 75mg tablet daily
Isosorbide Mononitrate extended release 30mg daily
Serevant Diskus 50mg inhaler
Cartia XT 180mg twice daily
Pantoprazole 40mg tablet once daily
Ranexa 500mg tablets twice daily
1 vitamin D3 supplement daily
N-A-C 500 mg supplement daily
Feosol 65mg tablet daily
81mg bayer aspirin tablet daily
1 Homocysteine formula capsule daily
2 extra strength tylenol capsules daily or as needed

I think that is all :)

Life
INSURANCE CONCEPTS

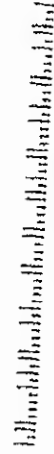
850 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487

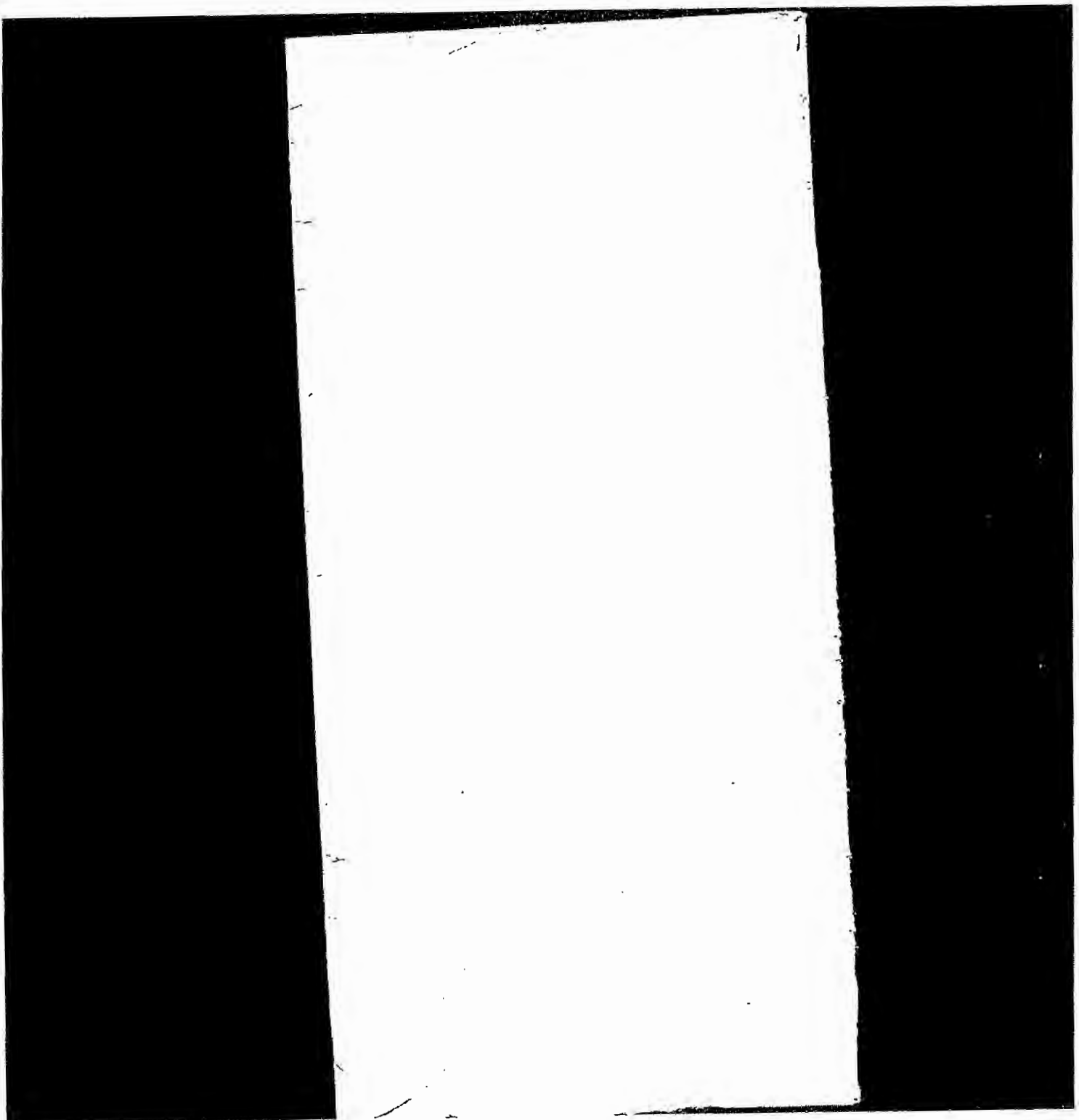


02 1P \$000.440
0003859686 FEB 08 2011
MAILED FROM ZIP CODE 33487

Heritage Union
PO Box 1147
Jacksonville, FL 32201-1147

62551+1147





JCK000227

62D1,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

** SURRENDERED

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-
ACT

UL	SS NBR	[REDACTED]	NO	27 2	NO	99	ZP	NO /0	N	0	10/27/10	N
					PLAN-	CVLOA			OPTION	INCLUDES	CV	
	INSURED	SIMON BERNSTEIN			DIR-A		31831.00		REQ	MAT	**/**/**	
		7020 LIONS HEAD			BILLING		ON SCHED		BILLED	TO	12/27/10	
		BOCA RATON FL 33496			VALUE		139745.59		ISSUE		12/27/82	
					RISK		1537147.13		LAST	FIN	10/28/10	
	OWN(01)	SIMON BERNSTEIN			SPAMT		1689070.00		LAST	BILL	08/30/10	
		7020 LIONS HEAD			LOAN		147143.88		LAST	ACCT	10/28/10	
		BOCA RATON FL 33496			SUSP		.00		LAST	OTHR	10/01/10	
					HANDL	CODE	0					
	PAYOR	SIMON BERNSTEIN										
		7020 LIONS HEAD										
		BOCA RATON FL 33496										

BEN(01) LASALLE NATIONAL TRUST, N.A.

BEN(02) SIMON BERNSTEIN TRUST, N.A.

AGT-0000735032-CAPITOL BANKERS LIF R
GA-- NONE.
CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSPJAX19

62D2,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

** SURRENDERED

AGE RTE IS CEASE FACE/UN MONTHLY SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-
ACT

(01)--CVLOA	-0611-04500-3-2-CVL-0A-	PLAN-	CVLOA	NO	99	ZP	NO /0	N	0	10/27/10	N
M-47 N	82 12-41	1689,070	6,575.16	DIR-A		31831.00		REQ	MAT	**/**/**	
STATUS - PREMIUM PAYING				BILLING		ON SCHED		BILLED	TO	12/27/10	
				VALUE		139745.59		ISSUE		12/27/82	
				RISK		1537147.13		LAST	FIN	10/28/10	
				SPAMT		1689070.00		LAST	BILL	08/30/10	
				LOAN		147143.88		LAST	ACCT	10/28/10	
				SUSP		.00		LAST	OTHR	10/01/10	
				HANDL	CODE	0					

CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSPJAX19

62D7,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

REIN 001 F

** SURRENDERED

SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
 NO 99 ZP NO /0 N 0 10/27/10 N
 PLAN- CVLOA OPTION INCLUDES CV
 DIR-A 31831.00 REQ MAT **/**/**
 BILLING ON SCHED BILLED TO 12/27/10
 VALUE 139745.59 ISSUE 12/27/82
 RISK 1537147.13 LAST FIN 10/28/10
 SPAMT 1689070.00 LAST BILL 08/30/10
 LOAN 147143.88 LAST ACCT 10/28/10
 SUSP .00 LAST OTHR 10/01/10
 HANDL CODE 0

CK620 DISPLAY COMPLETE

02/14/11 CS801
CICSEJAX19

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

February 15, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09320212

Dear SIMON BERNSTEIN:

Your policy is being considered for reinstatement by Heritage Union Life Insurance Company under the current underwriting rules and practices.

- Until the completion of the reinstatement process, your policy will remain terminated.
- Until the completion of the reinstatement process, your policy will continue under the applicable "Non-forfeiture Option."

Special Note: We cannot accept premium payments during the reinstatement process. If we received a premium payment from you, a refund check will be mailed to you under separate cover.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

To: FaxServer

From: SWISS RE

Fax: +1 212 317 54 50

KOFAX 11-02-17-15:01 New York Doc: 765 Page: 001



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Swiss Re



Eric Hoerr
Vice President

Swiss Re Life & Health America Inc.
1670 Magnavox Way IN
Fort Wayne
46804
-
USA

Telephone 1 260 435 8205
Fax 1 260 435 8757
Eric_Hoerr@swissre.com

Confidential
Jax Client Services
Underwriter
Reassure America Life Insurance Company
1275 Sandusky
Jacksonville, Illinois 62650
United States

Your reference
1009208

Our Reference
002 00237168

February 17, 2011

BERNSTEIN, SIMON L 2 December 1935

Reinstatement

Ordering APS's from Dr Homer and Dr Baum.

Eric Hoerr

To: FaxServer

From: SWISS RE

Fax: +1 212 317 54 50

KOFAX® 11-03-08-14:35 New York Doc: 929 Page: 001



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Swiss Re



Eric Hoerr
Vice President

Swiss Re Life & Health America Inc.
1670 Magnavox Way IN
Fort Wayne
46804
-
USA

Telephone 1 260 435 8205
Fax 1 260 435 8757
Eric_Hoerr@swissre.com

Confidential
Jax Client Services
Underwriter
Reassure America Life Insurance Company
1275 Sandusky
Jacksonville, Illinois 62650
United States

Your reference
1009208

Our Reference
002 00237168

March 08, 2011

BERNSTEIN, SIMON L 2 December 1935

Reinstatement declined due to medical history provided in APS's from Dr Homer and Dr Baum.

Eric Hoerr

Reassure America Life Insurance Company

1275 Sandusky Rd. Jacksonville, IL 62650

March 9, 2011

Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Insured: Simon Bernstein
Policy Number: 1009208
Administered By: Alliance-One Services, Inc.
Managed By: Reassure America Life Insurance Company

Dear Mr. Bernstein:

In connection with your application for reinstatement, we regret that we are unable to fulfill your request due to history of Coronary Artery Disease as provided in medical records obtained from Dr Baum, and history of Hepatitis C as provided in medical records obtained from Dr Homer. Because this medical information indicates a significant change in health since your insurance policy was originally issued, reinstatement is not possible. You no longer qualify for the premium rate at which your policy was issued.

If you have any questions concerning this matter, please call our Customer Support Center toll-free at 1-877-627-3618, Monday through Friday, from 7:30 a.m. to 4:30 p.m. CT.

Sincerely,

Underwriting

AWD History for Work object key 2011-02-15-09.21.38.980281T01

JLIFE - PHONE - PROCESSED - END - Updateable
[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:55:04PM

Begin Date: 2011-02-15 Flags:
Begin Time: 09:22:46 DTM Job Name:
User Id: JWEAKLEY DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-02-15
Status: End Time: 09:22:46
Queue:
User Name: WEAKLEY, JOHNNETRIA
DTM Description:
Comments: PO old abt the status of policy and why it had lapsed when he sent in prem amt that was due. Wanted to spk with supv to get the policy reinstated today.

Begin Date: 2011-02-15 Flags: 9990NO
Begin Time: 09:21:43 DTM Job Name:
User Id: JWEAKLEY DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-02-15
Status: PROCESSED End Time: 09:22:52
Queue: END
User Name: WEAKLEY, JOHNNETRIA
DTM Description:
Comments:

Begin Date: 2011-02-15 Flags: 9990NO
Begin Time: 09:21:38 DTM Job Name:
User Id: JWEAKLEY DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-02-15
Status: PHONE End Time: 09:21:38
Queue: CSPROC
User Name: WEAKLEY, JOHNNETRIA
DTM Description:
Comments:

**Policy Number
1009208**

AWD Docs 2

AWD History for Work object key 2011-07-13-12.09.13.048221T01

JLIFE - DOICOMP - SRMAILED - END - Updateable

- 1009208 - - BERSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERSTEIN

Printed on Tuesday, May 07, 2013 at 1:59:40PM

0==

Begin Date: 2011-07-15 Flags: 9990N0
Begin Time: 09:56:27 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-15
Status: SRMAILED End Time: 09:57:10
Queue: END
User Name: WADDELL, DIANE H
DTM Description:
Comments:

Begin Date: 2011-07-15 Flags: 9990N0
Begin Time: 09:56:18 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-15
Status: SRMAILED End Time: 09:56:22
Queue: END
User Name: WADDELL, DIANE H
DTM Description:
Comments:

Begin Date: 2011-07-14 Flags: 9990N0
Begin Time: 19:11:30 DTM Job Name:
User Id: SJACODA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-14
Status: SRMAILED End Time: 19:11:36
Queue: END
User Name: JACOBS, DEBBIE A
DTM Description:
Comments:

Begin Date: 2011-07-14 Flags:
Begin Time: 16:20:53 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-14
Status: End Time: 16:20:53

AWD History for Work object key 2011-07-13-12.09.13.048221T01

JLIFE - DOICOMP - SRMAILED - END - Updateable

- 1009208 - - BERSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERSTEIN

Printed on Tuesday, May 07, 2013 at 1:59:40PM

0==

Queue:
User Name: WADDELL, DIANE H
DTM Description:
Comments: Broke relationship with a Child -
Key:2011-07-13-16.18.16.695281/O/01

Begin Date: 2011-07-14 Flags: 9990N0
Begin Time: 10:40:25 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-14
Status: SUGGRESF End Time: 10:43:24
Queue: CLIENT
User Name: WADDELL, DIANE H
DTM Description:
Comments:

Begin Date: 2011-07-14 Flags: 9990N0
Begin Time: 09:54:38 DTM Job Name:
User Id: JDLOUTR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-14
Status: APPROVED End Time: 09:54:46
Queue: BROCESS
User Name: DLOUHY, TOM
DTM Description:
Comments:

Begin Date: 2011-07-13 Flags: 9990N0
Begin Time: 18:09:22 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-13
Status: REVIEW End Time: 18:12:26
Queue: COMP
User Name: WADDELL, DIANE H
DTM Description:
Comments:

JCK000239

AWD History for Work object key 2011-07-13-12.09.13.048221T01

JLIFE - DOICOMP - SPMAILED - END - Updateable

- 1009208 - - BERSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERSTEIN

Printed on Tuesday, May 07, 2013 at 1:59:40PM

0

Begin Date: 2011-07-13 Flags: 9990N0
Begin Time: 18:08:57 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-13
Status: REVIEW End Time: 18:09:16
Queue: COMP
User Name: WADDELL, DIANE H
DTM Description:
Comments:

Begin Date: 2011-07-13 Flags: 9990N0
Begin Time: 12:23:19 DTM Job Name:
User Id: DWADDDH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DOICOMP End Date: 2011-07-13
Status: FAXED End Time: 12:26:39
Queue: PROCESS
User Name: WADDELL, DIANE H
DTM Description:
Comments:

Begin Date: 2011-07-13 Flags: 8450N0
Begin Time: 12:09:13 DTM Job Name:
User Id: FAXSRVR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: COMPLAINT End Date: 2011-07-13
Status: FAXED End Time: 12:09:13
Queue: PROCESS
User Name: Fax Server UserId, BATCH
DTM Description:
Comments:

JCK000240

COMPLAINT PROCESSING FORM
This form is to accompany all complaints and response letters.

Service Center Location Jacksonville

Due to Complaint Manager:
07/14/2011
By 12:00 Noon
 NEW
 STATUS

COMPLAINT INFORMATION

Complaint Type: (Check One)

- Department of Insurance
- Consumer Written (or Minnesota Oral) – Type A (For Type A, check all subtypes that apply.)
 - To Pres/Exec Attorney Sent/Threat/Copied DOI Threat/Copied Gov't Agency/Rep.
- Consumer Written (or Minnesota Oral) – Type B

Complaint Information:

Insured Name Bernstein, Simon
 Complainant Name Bernstein, Simon
 Policy Owner Name _____
 Company Name Heritage Union Block of Business Heritage Union
 Agent Name _____
 Policy No. 1009208 Policy Type U L
 State FL Claim No. _____

SERVICE CENTER PROCESSING

Corrective Action Necessary? Yes No If yes, describe action: _____

I have read, understand and approved the written proposed response letter and believe it is true, accurate, complete and appropriate.

By _____ Date _____
Senior Complaint Specialist

By _____ Date _____
Service Center Manager

COMPLAINT MANAGER APPROVAL OF TYPE B COMPLAINTS

By _____ Date _____
Complaint Manager



FW: FL Dept. of Financial Services [Service Request Number:1-705957085]
Gabor Molnar to: Joan_Olson, Debble_Jacobs

07/12/2011 07:18 PM

History: This message has been forwarded.

I believe this is one of your policies. Thanks

Gábor Molnár, Controller
Heritage Union, LLC
115 South 15th Street, Suite 500
Richmond, VA 23219
P: 804.212.2815
F: 804.213.0051
gabor.molnar@heritageunion.com



HERITAGE UNION

From: Nick Brown [mailto:Nick.Brown@myfloridacfo.com]
Sent: Tuesday, July 12, 2011 11:43 AM
To: Gabor Molnar
Cc: ServicePoint
Subject: FL Dept. of Financial Services [Service Request Number:1-705957085]
Importance: High

STIPULATION IN PROCESS

DFS Contact:

To date, our office has not received a response from your company regarding the following inquiry. This failure to respond is in violation of section 20.121(2)(h)2, Florida Statutes. Further, section 20.121(2)(h)2, Florida Statutes, provides for penalties of up to \$2,500 for such violations.

Please reference the following Service Request Detail and send your response to our office immediately.

Service Request Detail

SR Number: 1-705957085

Consumer Information:

Name: SIMON L. BERNSTEIN
Home Phone #:

Work Phone #: (561) 988-9984
 Cell Phone #: (561) 302-2598
 Address 1: 950 PENINSULA CORPORATE CIRCLE, SUITE 3010
 Address 2:
 City: BOCA RATON
 State: FL
 Zip: 33487

Service Request Information:

Policy Number: 1008208
 Claim Number:
 Service Point Company: HERITAGE UNION LIFE INSURANCE COMPANY
 Special Category:
 Insurance Area: Life Insurance
 Insurance Sub-area: Universal Life
 Reason Code: Cancellation Issue
 Mediation Requested?:

Service Request Description: Simon Bernstein, the Insured, purchased a Universal Life (UL) policy with your company about 35 years ago. In October 2010, his Executive Assistant, Diana Banks (Diana), contacted your company by phone to get the minimum premium payment due for that quarter. Diana calls your company every quarter to make the minimum payments in order to keep the policy in force. On that particular phone call, Diana was advised that the minimum premium due was \$11,180, and payment was issued accordingly. The check was paid and cancelled by the bank on October, 15, 2010. The insured further indicates he received a letter dated October 26, 2010, indicating that his policy had lapsed without any additional information. On November 9, 2010, he received a second letter indicating that his policy lapsed effective October 27, 2010, for non-payment of premium. Diana contacted your company to inquire about the lapse and learned the policy had cancelled because the minimum premium payment fell short by \$2,333. She offered to pay the difference right away but your company did not accept the payment. However, Diana was advised that your company agreed to take the policy back to the Underwriting Department for reinstatement. The insured further indicates a final letter was issued to him advising that the policy could not be reinstated. At this point, the insured is requesting the reinstatement of his policy. He further indicates he never received a notice of cancellation indicating that his premium payment fell short by \$2,333. He came to know this information right after the policy was cancelled. Please advise your position on this matter and provide a copy of all the Notices of Cancellation that were mailed to the insured along with proof of mailing. Please also advise whether the wrong premium amount was communicated to Diana by phone. Thank you.

Specialist Information:

Name: Iker Aranguren
 Phone Number: (727) 687-7284
 Email Address: iker.aranguren@myflorida.cfo.com

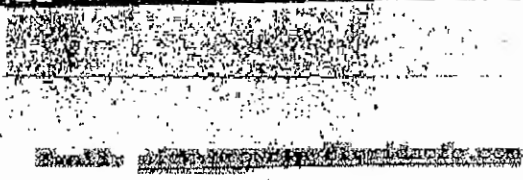
To avoid penalty, your complete response is expected no later than the close of business, Thursday, July 14, 2011. Send your response to this email address (Nick.Brown@MyFloridaCFO.com). Please let me know if you have any further questions or concerns.

Failure to timely respond to this email will result in a Settlement Stipulation for Consent Order being sent to the president of your company.

Please let me know if you have any further questions or concerns.

Sincerely,

Nicholas Brown, B.S., MPA
 Government Analyst
 Florida Department of Financial Services
 Division of Consumer Services
 Bureau of Education, Advocacy & Research
 Phone: 850.413.5842 Fax: 850.488.6372



COMPLAINT PROCESSING FORM

This form is to accompany all complaints and response letters.

Service Center Location JACKSONVILLE

Due to Complaint
Manager:
2011-07-14

COMPLAINT INFORMATION

NEW
 STATUS

Complaint Type: (Check One)

- Department of Insurance
 Consumer Written (or Minnesota Oral) – Type A (For Type A, check all subtypes that apply.)
 To Pres/Exec Attorney Sent/Threat/Copied DOI Threat/Copied Gov't Agency/Rep.
 Consumer Written (or Minnesota Oral) – Type B

Complaint Information:

Insured Name: SIMON BERNSTEIN	Complainant Name: SIMON BERNSTEIN
Policy Owner Name: SIMON BERNSTEIN	
Agent Name: {AGTF} UNKNOWN	
Policy No: 1009208	Company Name: HULIC
State: FL	Block of Business: HERITAGE UNION - JACKSONVILLE
Policy Type: ISWL (UL ON CL)	Claim No: NA

SERVICE CENTER PROCESSING

Corrective Action Necessary? Yes No

If yes, describe action: REINSTATE W/O UW

I have read, understand and approved the written proposed response letter and believe it is true, accurate, complete and appropriate.

By *Shirley Waldorf* Date 7/14/11
Senior Complaint Specialist

By *Thomas R. Dlouhy* Date 7/14/11
Service Center Manager

COMPLAINT MANAGER APPROVAL OF TYPE B COMPLAINTS

By _____ Date _____
Complaint Manager



P.O. Box 1147, Jacksonville, Illinois 62651-1147
 Phone: 800-825-0003 Fax: 803-333-7842

July 14, 2011

Via E-Mail

Nicholas Brown, B.S., MPA
 Government Analyst
 Florida Department of Financial Services
 Division of Consumer Services
 Bureau of Education, Advocacy and Research
 200 East Gaines Street
 Tallahassee, FL 32399-0322

RE: Service Request Number: 1-705957085
 Insured: Simon Bernstein
 Policy Owner/Complainant: Simon Bernstein
 Policy Number: 1009208
 NAIC Number: 62421 – Heritage Union Life Insurance Company

Dear Mr. Brown:

Your correspondence dated July 12, 2011 addressed to Gabor Molnar regarding the above-referenced policy has been referred to my attention for a response.

Upon our receipt of your correspondence, we conducted a thorough review of our policy records. Based on our review, we will make a one-time exception and return policy number 1009208 to an active premium-paying status upon receipt of a payment in the amount of \$76,255.00 within 14 days from the date of this letter (July 28, 2011). Please have the payment mailed to the address noted below in order to expedite our processing:

Debbie Jacobs
 12750 Merit Drive, Suite 500
 Dallas, TX 75251

If the required payment is not received by July 28, 2011, the policy will remain terminated.

This individual non-participating interest sensitive Current Value Life insurance policy with a sum insured (death benefit) of \$1,689,070.00 was issued on December 27, 1982 insuring the life of Simon Bernstein. The policy was issued by Capitol Bankers Life Insurance Company, now known as Heritage Union Life Insurance Company. The policy provides for the payment of premiums during the lifetime of the insured or to age 100.

Our records indicate that we mailed our Notice of Policy Grace Period dated August 27, 2010 to Mr. Bernstein's address of record notifying him that the policy was in the grace period and a payment of \$24,735.16 was needed on or before October 28, 2010 in order for the policy to continue in force. We also advised if the payment was not received and the policy terminated, reinstatement of the policy would require evidence of insurability, underwriting approval, and

Nicholas Brown, B. S., MPA
Service Request Number: 1-705957085
Policy Number: 1009208
July 14, 2011
Page 2

payment of all past due premiums during the lifetime of the insured. We also mailed the September 27, 2010 quarterly Payment Notice on August 30, 2010 for the premium due in the amount of \$34,397.20. This notice also advised Mr. Bernstein that the payment was needed by the due date shown on the policy would enter the grace period.

We were contacted by telephone on September 9, 2010 and requested to provide the minimum premium needed to keep the policy in force for the next year. We mailed our letter dated September 20, 2010 (attached) advising that a payment of \$11,180.00 was needed on or before October 28, 2010, and as of September 17, 2010, the annual premium had been changed to \$31,831.00. However, this letter was in error as we should have stated that the quarterly premium had been changed to \$31,831.00. Please note that the amount of \$11,180.00 was correct on the day of Diana's phone call to our office had the amount of \$31,831.00 also been paid by the September 27, 2010 due date. However, it doesn't appear that this was sufficiently communicated to her.

We received the payment of \$11,180.00 on October 15, 2010, which was applied to the policy. However, when we did not receive a payment sufficient to bring the loan amount to below the policy value, the policy lapsed as we advised in our letter dated October 29, 2010. As requested, attached are copies of the cancellation notices.

We subsequently provided Mr. Bernstein with the reinstatement forms on November 12, 2010 and November 15, 2010, which were returned to us for review. Upon our review of the completed reinstatement forms, we found that we were unable to approve reinstatement of the policy as we advised in our letter dated March 9, 2011. However, due to the confusion with regard to our letter dated September 20, 2010 and as stated on the first page of this letter, we will return the policy to an active premium-paying basis upon receipt of a payment of \$76,255.00, which will cover the overloan amount and pay premiums to December 27, 2011. If the payment is not received within 14 days from the date of this letter (July 28, 2011), the policy will remain in a terminated status.

We strive to provide accurate and timely service, and we apologize for any inconvenience Mr. Bernstein may have experienced in connection with this matter. If you have any specific questions about this response, please feel free to contact me toll-free at (800) 888-9772 and select option 7 or call me directly at (972) 776-8606.

Sincerely,



Debbie Jacobs, FLMI, AIRC, PCS, HIA
Paralegal

Attachments

cc: Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Fax Server 7/19/2011 12:43:37 PM PAGE 1/002 Fax Server

HERITAGE UNION LIFE INSURANCE COMPANY
P.O. Box 1147, Jacksonville, IL 62851-1147
Phone 800-826-0003 Fax 609-333-7042

AUGUST 27, 2010

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$34,387.20
Total Amount Required to Continue Coverage: \$24,735.16

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before October 28, 2010, which is the end of your Grace Period. If payment is not received at the address shown below on or before October 28, 2010, your coverage will terminate effective October 28, 2010 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a non-forfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common non-forfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 19099
Newark, NJ 07195-0099

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

Fax Server

7/13/2011 12:43:37 PM PAGE 2/002

Fax Server

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0820100205
//APFLGRPD

JCK000249

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

September 20, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09202460

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$11,180.00 prior to grace period ending date of October 28, 2010.

Effective September 17, 2010 the annual premium has been changed to \$31,831.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, FL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

October 29, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09238348

Dear Simon Bernstein:

The loan repayment requested in our previous letter was not received within the 31-day period; therefore, our records now indicate that your policy is terminated.

You may be eligible to reinstate your policy. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums and/or loan interest during the lifetime of the insured. If you wish to apply for reinstatement, please contact us for the necessary forms.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02022806

Sincerely,

Client Services

AWD History for Work object key 2011-07-19-11.00.24.254221T01

JLIFE - POLRES - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:02:01PM

Begin Date: 2011-07-21 Flags:
Begin Time: 16:40:50 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-21
Status: End Time: 16:40:50
Queue:
User Name: CAFFERY, LORRIE D
DTM Description:
Comments: spoke with actuary and the amounts cannot be quoted until the policy is
reinstated... the values will depend on how the funds are applied (to loan,
premium, etc) ... couldn't fax letter as requested since we don't have
authorization to do so ... sent letter to po and included an illustration
request form for once the policy is reinstated (for future premium, etc)

Begin Date: 2011-07-21 Flags: 9996N1
Begin Time: 16:00:12 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2011-07-21
Status: PROCESSD1 End Time: 16:41:00
Queue: END
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2011-07-20 Flags:
Begin Time: 10:52:50 DTM Job Name:
User Id: JLOGEAF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-20
Status: End Time: 10:52:50
Queue:
User Name: LOGEMANN, ANNE F
DTM Description:
Comments: Spoke with permission to Diana Banks - please fax this information to them
asap at:
561-988-0833 as well as mailing it.

Begin Date: 2011-07-20 Flags:

AWD History for Work object key 2011-07-19-11.00.24.254221T01

JLIFE - POLRES - PROCESSD1 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:02:01PM

Begin Time: 10:49:30 DTM Job Name:
User Id: JLOGEAF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-20
Status: End Time: 10:49:30
Queue:
User Name: LOGEMANN, ANNE F
DTM Description:
Comments: PO needs this information in writing. They are also sending in authorization for Diana Banks to speak on behalf of the policy. Please send information out asap.
561-988-0833

Begin Date: 2011-07-20 Flags:
Begin Time: 08:45:26 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-20
Status: End Time: 08:45:26
Queue:
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments: Please assist with attached source query - please also see comments under the reinstmnt trnxs - policy is not on cl.

Begin Date: 2011-07-20 Flags: 9990N0
Begin Time: 08:41:47 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2011-07-20
Status: CSEROC End Time: 08:45:30
Queue: CSEROC
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments:

Begin Date: 2011-07-19 Flags:
Begin Time: 11:06:27 DTM Job Name:
User Id: IBALLPX DTM Return Code:
Workstation Id: DTM Task Name:

AWD History for Work object key 2011-07-19-11.00.24.254221T01

JLIFE - POLRES - PROCESSD1 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:02:01PM

Business Area: DTM Next Task:
Type: End Date: 2011-07-19
Status: End Time: 11:06:27
Queue:
User Name: BALLABH, PREM X
DTM Description:
Comments: not sure if given conditons are for illustrations.
please note that this policy has COMPLAINT case in previuos.

Begin Date: 2011-07-19 Flags: 4000N0
Begin Time: 11:00:25 DTM Job Name:
User Id: IBALLEP DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2011-07-19
Status: ALPHAMATCH End Time: 11:03:26
Queue: CSPROC2
User Name: BALLABH, PREM X
DTM Description:
Comments:

Begin Date: 2011-07-19 Flags: 9900N0
Begin Time: 11:00:24 DTM Job Name:
User Id: FAXSRVR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FAX End Date: 2011-07-19
Status: FAXED End Time: 11:00:24
Queue: INDEX
User Name: Fax Server UserId, BATCH
DTM Description:
Comments:

07/19/2011 11:09 FAX

INS CONCEPTS

0017004

Simon Bernstein

July 19, 2011

Heritage Union Life Insurance Company
PO Box 1147
Jacksonville, IL 62651
Fax: 803.333.7842

Re: Policy Number: 1009208


To Whom It May Concern:

In response to the attached letter, please advise of the following as soon as possible as time is of the essence.

- 1) Once the premium of \$76,255 is paid, how long will the policy remain in force?
- 2) How much premium is needed to keep the policy in force for the next 12 months?
- 3) How much premium is required on an annual basis from this point going forward?
- 4) How much is the loan and what is the interest rate?
- 5) What is the net death benefit of the policy?

Please fax responses to 561.988.0833 as soon as possible. I can be reached at 561.988.8984 with any questions.

Thank you,



Simon Bernstein
Enclosures

7020 Lions Head Lane, Boca Raton, FL 33496 H) (561) 477.9096 / O) (561) 988.8984

JCK000255

07/19/2011 11:10 FAX

INS CONCEPTS



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

July 15, 2011

Simon L. Bernstein
950 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487

Re: Service Request Number: 1-705957085
Company Name: Heritage Union Life Insurance Company (Heritage Union)

Dear Mr. Bernstein:

We have received a response from your insurance company in regard to the request for service you filed.

Heritage Union indicates they have made a one-time exception to reinstate your policy upon receipt of a payment in the amount of \$76,255.00 within 13 days from the date of this letter. Your payment should be mailed to the following address:

Debbie Jacobs
12759 Merit Drive, Suite 500
Dallas, Texas 75251

Heritage Union also indicates that this decision was made based on the confusion generated by a letter dated September 20, 2010. The letter was issued in error advising that a minimum payment in the amount of \$11,180.00 was due on October 28, 2010. However, your annual premium was changed to \$31,831.00, as of September 17, 2010. The amount of \$11,180.00 was correct on the day of Diana Banks's phone call, if the amount of \$31,831.00 would have also been paid by September 27, 2010.

It appears your request has been resolved. Please be aware that your policy will not be reinstated if your payment is not received by July 28, 2011. If this information is incorrect, or you have additional questions regarding this matter, please contact me at (727) 587-7284.

Thank you for the opportunity to be of assistance. For additional information on insurance or financial matters, please visit us on the web at www.myfloridacfo.com. While there, be sure to check out Consumer eViews, Chief Financial Officer Jeff Atwater's weekly newsletter.

Sincerely,

Iker Aranguren
(727) 587-7284

FLORIDA DEPARTMENT OF FINANCIAL SERVICES • DIVISION OF CONSUMER SERVICES
www.myfloridacfo.com
Iker Aranguren • DFS Insurance Specialist III
200 E. Gaines St. • Tallahassee, FL 32399-0322
Toll-free: 1-877-MYFLCFO (693-5236) • Direct: 850-413-3089 • Fax 850-413-1550
Affirmative Action • Equal Opportunity Employer

JCK000256

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

July 22, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09438124

Dear Mr. Bernstein:

Thank you for contacting Heritage Union Life Insurance Company.

Our office had been requested to fax information to Diana Banks; however, in order for us to do that we would need a signed request from you giving us the authorization to do that. Consequently, we are sending the information to you as the owner of the policy.

The questions you addressed in your July 19, 2011 letter cannot be answered until the policy is reinstated. An Illustration will be required to provide the information, and an illustration cannot be generated on a terminated policy. We have enclosed an illustration form that you may use to request the information once the policy is reinstated.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustration Request

JCK000257

Heritage Union Life Insurance Company

800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN.

Name and Phone of contact in the event we have questions

Universal Life Policy

- _____ Current death benefit and premiums
 - _____ Minimum premiums to endow at maturity
 - _____ Minimum premiums to carry to maturity
 - _____ Other specific request
- _____
- _____
- _____

We provide one illustration per policy per year at no charge. Any additional requests require \$25.00 fee prior to running the illustration.

I have enclosed a check or money order payable to Heritage Union Life Insurance Company for:

_____ First request per year	Free
_____ Additional requests	\$25.00 each
_____ TOTAL	\$ _____

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to: Name: _____
 Address: _____
 Fax: _____
 Phone: _____

Policy Owner Signature

Date

AWD History for Work object key 2011-07-19-11.03.16.759281T01

JLIFE - QUOTES - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:03:10PM

Begin Date: 2011-07-25 Flags:
Begin Time: 10:12:10 DTM Job Name:
User Id: JWELLA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-25
Status: End Time: 10:12:10
Queue:
User Name: WELLS, AARON
DTM Description:
Comments: adv Dianna that we do not provide illust on termed policy and letter has been sent to PO advising.... per DOI comp we are making a one time exception as long as we receive the funds within 14 days from 7/14/2011.... they are now saying that before they can agree to the exception that they are wanting illust run to decide if they want to continue the policy... requested supe... was not available... offered call back or suggested contact legal at info provided in DOI response... will call legal

Begin Date: 2011-07-21 Flags: 9990N0
Begin Time: 09:21:45 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2011-07-21
Status: QPASS2 End Time: 09:21:55
Queue: END
User Name: SIMONS, JINA J
DTM Description:
Comments:

Begin Date: 2011-07-21 Flags: 7000Y2
Begin Time: 09:21:38 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2011-07-21
Status: QPASS End Time: 09:21:42
Queue: CSQC
User Name: SIMONS, JINA J
DTM Description:
Comments:

Begin Date: 2011-07-21 Flags:
Begin Time: 05:59:15 DTM Job Name:

AWD History for Work object key 2011-07-19-11.03.16.759281T01

JLIFE - QUOTES - QPASS? - END - Updateable
1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:03:10PM

User Id: ANYANPC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-21
Status: End Time: 05:59:15
Queue:
User Name: PHUMZA, NYANG C
DTM Description:
Comments: Policy surrendered, confirmation ltr mailed to po.

Begin Date: 2011-07-21 Flags: 9990Y2
Begin Time: 05:51:57 DTM Job Name:
User Id: ANYANPC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2011-07-21
Status: PROCESSD3 End Time: 05:59:21
Queue: CSQC2
User Name: PHUMZA, NYANG C
DTM Description:
Comments:

Begin Date: 2011-07-20 Flags:
Begin Time: 10:52:59 DTM Job Name:
User Id: JLOGEAF DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-20
Status: End Time: 10:52:59
Queue:
User Name: LOGEMANN, ANNE F
DTM Description:
Comments: Spoke with permission to Diana Banks - please fax this information to them
asap at:

561-908-0833 as well as mailing it.

Begin Date: 2011-07-19 Flags: 4000N0
Begin Time: 11:03:16 DTM Job Name:
User Id: IBALLPX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: QUOTES End Date: 2011-07-19
Status: ALPHAMATCH End Time: 11:03:16

AWD History for Work object key 2011-07-19-11.03.16.759281T01

JLIFE - QUOTES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

[REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:03:10PM

Queue:

CSPROC2

User Name:

BALLABH, PREM X

DTM Description:

Comments:

07/19/2011 11:09 FAX

INS CONCEPTS

001/004

Simon Bernstein

July 19, 2011

Heritage Union Life Insurance Company
PO Box 1147
Jacksonville, IL 62651
Fax: 803.333.7842

Re: Policy Number: 1009208

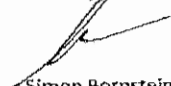
To Whom It May Concern:

In response to the attached letter, please advise of the following as soon as possible as time is of the essence.

- 1) Once the premium of \$76,255 is paid, how long will the policy remain in force?
- 2) How much premium is needed to keep the policy in force for the next 12 months?
- 3) How much premium is required on an annual basis from this point going forward?
- 4) How much is the loan and what is the interest rate?
- 5) What is the net death benefit of the policy?

Please fax responses to 561.988.0833 as soon as possible. I can be reached at 561.988.8984 with any questions.

Thank you,



Simon Bernstein
Enclosures

7020 Lions Head Lane, Boca Raton, FL 33496 H) (561) 477.9096 / O) (561) 988.8984

JCK000262



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

July 15, 2011

Simon L. Bernstein
950 Peninsula Corporate Circle, Suite 3010
Boca Raton, Florida 33487

Re: Service Request Number: 1-705957085
Company Name: Heritage Union Life Insurance Company (Heritage Union)

Dear Mr. Bernstein:

We have received a response from your insurance company in regard to the request for service you filed.

Heritage Union indicates they have made a one-time exception to reinstate your policy upon receipt of a payment in the amount of \$76,255.00 within 13 days from the date of this letter. Your payment should be mailed to the following address:

Debbie Jacobs
12759 Merit Drive, Suite 500
Dallas, Texas 75251

Heritage Union also indicates that this decision was made based on the confusion generated by a letter dated September 20, 2010. The letter was issued in error advising that a minimum payment in the amount of \$11,180.00 was due on October 28, 2010. However, your annual premium was changed to \$31,831.00, as of September 17, 2010. The amount of \$11,180.00 was correct on the day of Diana Banks's phone call, if the amount of \$31,831.00 would have also been paid by September 27, 2010.

It appears your request has been resolved. Please be aware that your policy will not be reinstated if your payment is not received by July 28, 2011. If this information is incorrect, or you have additional questions regarding this matter, please contact me at (727) 587-7284.

Thank you for the opportunity to be of assistance. For additional information on insurance or financial matters, please visit us on the web at www.myfloridacfo.com. While there, be sure to check out *Consumer eViews*, Chief Financial Officer Jeff Atwater's weekly newsletter.

Sincerely,

Iker Aranguren
(727) 587-7284

FLORIDA DEPARTMENT OF FINANCIAL SERVICES • DIVISION OF CONSUMER SERVICES
www.myfloridacfo.com
Iker Aranguren • DFS Insurance Specialist III
200 E. Gaines St. • Tallahassee, FL 32399-0322
Toll-free: 1-877-MYFLCFO (693-5236) • Direct: 850-413-3089 • Fax 850-413-1550
Affirmative Action • Equal Opportunity Employer

62D1,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

** SURRENDERED

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED] NO 27 2 NO 99 ZP NO /0 N 0 10/27/10 N

PLAN- CVLOA OPTION INCLUDES CV
INSURED SIMON BERNSTEIN DIR-A 31831.00 REQ MAT **/**/**
7020 LIONS HEAD BILLING ON SCHED BILLED TO 12/27/10
BOCA RATON FL 33496 VALUE 139745.59 ISSUE 12/27/82
RISK 1537147.13 LAST FIN 10/28/10
OWN(01) SIMON BERNSTEIN SPAMT 1689070.00 LAST BILL 08/30/10
7020 LIONS HEAD LOAN 147143.88 LAST ACCT 10/28/10
BOCA RATON FL 33496 SUSP .00 LAST OTHR 10/01/10
HANDL CODE 0

PAYOR SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

BEN(01) LASALLE NATIONAL TRUST, N.A.

BEN(02) SIMON BERNSTEIN TRUST, N.A.

AGT-0000735032-CAPITOL BANKERS LIF R
GA-- NONE.
CK620 DISPLAY COMPLETE

07/21/11 SA141
CICSPJAX19

,1009208 ; . AS-OF 07/21/11;. BERNSTEIN, SIMON
FINANCIAL ACTIVITY FROM 09/10

M-47 12/03/35

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV GEN VPH
INTERN SURR	GRACE	10/28/10	6,121.52-		A 00H
I-L PAYOFF			145,883.68		
ADVANCE INT			1,260.20		
CHRG DEDUCT	01 FIXED1	10/27/10	0.00	10,267.32	01H
CHRG ADJ	01 GRACE	10/27/10	5,993.01	4,274.31	6.000 A 01H
REG PRM	01 FIXED1	10/15/10	11,180.00	9,726.60	4.500 AC 01H

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

07/21/11 SA141
CICSPJAX19

JCK000265

UINP,1009208 ; .

BERNSTEIN, SIMON
INFOCE NOTEPAD DISPLAY
NOTED BY SA165 ON 10/29/10
PURGE ON **/**/**

07/21/11

PURPOSE CODE
SOURCE INFOCE

PRIORITY 0

REQUESTED MINIMUM PAYMENT NOT RECEIVED. COVERAGE TERMINATED DUE TO
OVERLOAN. OVERLOAN LAPSE LETTER SENT. *

PURPOSE CODE
SOURCE INFOCE

NOTED BY CK4 ON 10/28/10
PURGE ON **/**/**

PRIORITY 0

APFLLPSE - UL LAPSE LETTER GENERATED

PURPOSE CODE
SOURCE INFOCE

NOTED BY CK4 ON 08/27/10
PURGE ON **/**/**

PRIORITY 0

APFLGRPD - UL GRACE LETTER GENERATED

AMOUNT DUE \$24735.16

AP0012 - TRANSACTION TERMINATED

07/21/11 SA141
CICSPJAX19

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

July 21, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09437242

Dear Sir or Madam:

Thank you for contacting Heritage Union Life Insurance Company.

This letter is in response to your recent inquiry concerning the above referenced policy. According to our records, this policy surrendered effective October 28, 2010.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

AWD History for Work object key 2011-07-21-16.24.59.086221T01

JLIFE - ILLUST - QPASS2 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:04:17PM

Begin Date: 2011-07-28 Flags: 9990N0
Begin Time: 14:53:13 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-07-28
Status: QPASS2 End Time: 14:53:20
Queue: END
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2011-07-28 Flags: 8000Y2
Begin Time: 14:53:04 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-07-28
Status: QPASS End Time: 14:53:10
Queue: CSQC
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2011-07-28 Flags:
Begin Time: 10:45:34 DTM Job Name:
User Id: JHICKC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-28
Status: End Time: 10:45:34
Queue:
User Name: BONJEAN, CORTNEY
DTM Description:
Comments: sent letter with info

Begin Date: 2011-07-28 Flags: 8006Y1
Begin Time: 10:43:53 DTM Job Name:
User Id: JHICKC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-07-28
Status: INCOMPLETE End Time: 10:45:38
Queue: CSQC

AWD History for Work object key 2011-07-21-16.24.59.086221T01

JLIFE - ILLUSTR - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:04:17PM

User Name: BONJEAN, CORTNEY
DTM Description:
Comments:

Begin Date: 2011-07-25 Flags: 4500N0
Begin Time: 11:54:31 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2011-07-25
Status: CS End Time: 11:54:36
Queue: CSPROC
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2011-07-25 Flags:
Begin Time: 11:54:25 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-25
Status: End Time: 11:54:25
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: no illustration done. not inforce.

Begin Date: 2011-07-25 Flags: 9990N0
Begin Time: 10:24:10 DTM Job Name:
User Id: JHICKC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2011-07-25
Status: ACTUARY End Time: 10:24:11
Queue: ACTUARY
User Name: BONJEAN, CORTNEY
DTM Description:
Comments:

Begin Date: 2011-07-22 Flags: 9990N0
Begin Time: 03:42:54 DTM Job Name:

AWD History for Work object key 2011-07-21-16.24.59.086221T01

JLIFE - ILLUSTR - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:04:17PM

User Id: ARUDOMX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2011-07-22
Status: CSPROC End Time: 03:43:01
Queue: CSPROC
User Name: RUDOLPH, MERLYN X
DTM Description:
Comments:

Begin Date: 2011-07-21 Flags: 4500N0
Begin Time: 17:12:02 DTM Job Name:
User Id: IMALHRX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2011-07-21
Status: ALPHAMATCH End Time: 17:12:41
Queue: CSPROC
User Name: MALHOTRA, RITIKA X
DTM Description:
Comments:

Begin Date: 2011-07-21 Flags: 9900N0
Begin Time: 16:24:59 DTM Job Name:
User Id: FAXSRVR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FAX End Date: 2011-07-21
Status: FAXED End Time: 16:24:59
Queue: INDEX
User Name: Fax Server UserId, BATCH
DTM Description:
Comments:

Simon Bernstein

July 21, 2011

Heritage Union Life Insurance Company
PO Box 1147
Jacksonville, IL 62651
Fax: 803.333.7842

Re: Policy Number: 1009208

To Whom It May Concern:

Please consider this a request for a current in force ledger for above reference policy.

Please fax to 561.988.0833 as soon as possible. I can be reached at 561.988.8984 with any questions.

Thank you



Simon Bernstein
Enclosures

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

July 29, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09442586

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company.

We have received your request for an illustration on the above mentioned policy; however, we are unable to comply with your request. The above policy is no longer active.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

AWD History for Work object key 2011-07-26-15.53.42.987281T01

JLIFE - PHONE - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:05:13PM

Begin Date: 2011-07-26 Flags:
Begin Time: 15:56:17 DTM Job Name:
User Id: WGILL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-07-26
Status: End Time: 15:56:17
Queue:
User Name: GILL, WILLIAM
DTM Description:
Comments: PO verbally auth me to speak with Diana Banks and his son, Ted Bernstein regarding payment due by 7/28/11. Adv this is to catch up the missed COI between October 2010 and current, plus a couple of months COI, and probably interest. Once we have the payment and policy is back in force, we can run the illustrations or quotes. Verified that the payment needs to be mailed to Debbie Jacobs attention in Dallas Overnight.

Begin Date: 2011-07-26 Flags: 9990N0
Begin Time: 15:53:48 DTM Job Name:
User Id: WGILL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-07-26
Status: PROCESSED End Time: 15:54:32
Queue: END
User Name: GILL, WILLIAM
DTM Description:
Comments:

Begin Date: 2011-07-26 Flags: 9990N0
Begin Time: 15:53:42 DTM Job Name:
User Id: WGILL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-07-26
Status: PHONE End Time: 15:53:42
Queue: CSPROC
User Name: GILL, WILLIAM
DTM Description:
Comments:

AWD History for Work object key 2011-08-01-12.12.15.964281T01

JLIFE - CASHMGTB - INDEXED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:05:23PM

Begin Date:	2011-08-01	Flags:	9990N0
Begin Time:	14:02:14	DTM Job Name:	
User Id:	IKAUSKY	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGTB	End Date:	2011-08-01
Status:	INDEXED	End Time:	14:02:44
Queue:	END		
User Name:	KAUSHIK, KIRTI X		

DTM Description:
Comments:

Begin Date:	2011-08-01	Flags:	9600N0
Begin Time:	12:12:15	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CASHMGTB	End Date:	2011-08-01
Status:	SCANNED	End Time:	12:12:15
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		

DTM Description:
Comments:

SIMON BERNSTEIN
7020 LIONS HEAD LANE
BOCA RATON, FL 33496

63-8413 360
2670

136

DATE 7/26/11

PAY TO THE
ORDER OF

Heritage Union Life Insurance Co. \$ 76,255
Seventy six thousand two hundred fifty five and ^{00/100} no/100
DOLLARS

Security Features
Included
Details on Back

J.P.Morgan

Founded 1799
JPMorgan Chase Bank, N.A.
Palm Beach, Florida

MEMO

policy # 1009208

MP

⑆ 26 7084 13 ⑆

849197231⑆0136



HERITAGE UNION

P.O. Box 1147, Jacksonville, Illinois 62651-1147
Phone: 800-825-0003 Fax: 803-333-7842

July 14, 2011

Via E-Mail

Nicholas Brown, B.S., MPA
Government Analyst
Florida Department of Financial Services
Division of Consumer Services
Bureau of Education, Advocacy and Research
200 East Gaines Street
Tallahassee, FL 32399-0322

RECEIVED JUL 28 2011

RE: Service Request Number: 1-705957085
Insured: Simon Bernstein
Policy Owner/Complainant: Simon Bernstein
Policy Number: 1009208
NAIC Number: 62421 -- Heritage Union Life Insurance Company

Dear Mr. Brown:

Your correspondence dated July 12, 2011 addressed to Gabor Molnar regarding the above-referenced policy has been referred to my attention for a response.

Upon our receipt of your correspondence, we conducted a thorough review of our policy records. Based on our review, we will make a one-time exception and return policy number 1009208 to an active premium-paying status upon receipt of a payment in the amount of \$76,255.00 within 14 days from the date of this letter (July 28, 2011). Please have the payment mailed to the address noted below in order to expedite our processing:

Debbie Jacobs
12750 Merit Drive, Suite 500
Dallas, TX 75251

If the required payment is not received by July 28, 2011, the policy will remain terminated.

This individual non-participating interest sensitive Current Value Life insurance policy with a sum insured (death benefit) of \$1,689,070.00 was issued on December 27, 1982 insuring the life of Simon Bernstein. The policy was issued by Capitol Bankers Life Insurance Company, now known as Heritage Union Life Insurance Company. The policy provides for the payment of premiums during the lifetime of the insured or to age 100.

Our records indicate that we mailed our Notice of Policy Grace Period dated August 27, 2010 to Mr. Bernstein's address of record notifying him that the policy was in the grace period and a payment of \$24,735.16 was needed on or before October 28, 2010 in order for the policy to continue in force. We also advised if the payment was not received and the policy terminated, reinstatement of the policy would require evidence of insurability, underwriting approval, and

JCK000276

Nicholas Brown, B. S., MPA
Service Request Number: 1-705957085
Policy Number: 1009208
July 14, 2011
Page 2

payment of all past due premiums during the lifetime of the insured. We also mailed the September 27, 2010 quarterly Payment Notice on August 30, 2010 for the premium due in the amount of \$34,397.20. This notice also advised Mr. Bernstein that the payment was needed by the due date shown on the policy would enter the grace period.

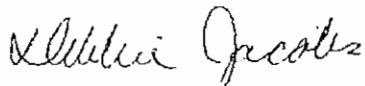
We were contacted by telephone on September 9, 2010 and requested to provide the minimum premium needed to keep the policy in force for the next year. We mailed our letter dated September 20, 2010 (attached) advising that a payment of \$11,180.00 was needed on or before October 28, 2010, and as of September 17, 2010, the annual premium had been changed to \$31,831.00. However, this letter was in error as we should have stated that the quarterly premium had been changed to \$31,831.00. Please note that the amount of \$11,180.00 was correct on the day of Diana's phone call to our office had the amount of \$31,831.00 also been paid by the September 27, 2010 due date. However, it doesn't appear that this was sufficiently communicated to her.

We received the payment of \$11,180.00 on October 15, 2010, which was applied to the policy. However, when we did not receive a payment sufficient to bring the loan amount to below the policy value, the policy lapsed as we advised in our letter dated October 29, 2010. As requested, attached are copies of the cancellation notices.

We subsequently provided Mr. Bernstein with the reinstatement forms on November 12, 2010 and November 15, 2010, which were returned to us for review. Upon our review of the completed reinstatement forms, we found that we were unable to approve reinstatement of the policy as we advised in our letter dated March 9, 2011. However, due to the confusion with regard to our letter dated September 20, 2010 and as stated on the first page of this letter, we will return the policy to an active premium-paying basis upon receipt of a payment of \$76,255.00, which will cover the overloan amount and pay premiums to December 27, 2011. If the payment is not received within 14 days from the date of this letter (July 28, 2011), the policy will remain in a terminated status.

We strive to provide accurate and timely service, and we apologize for any inconvenience Mr. Bernstein may have experienced in connection with this matter. If you have any specific questions about this response, please feel free to contact me toll-free at (800) 888-9772 and select option 7 or call me directly at (972) 776-8606.

Sincerely,



Debbie Jacobs, FLMI, AIRC, PCS, HIA
Paralegal

Attachments

cc: Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

JCK000277

<https://www.ups.com/ship/create?ActionOriginPair=default> Print Window ... 7/29/2011

DEBBIE JACOBS
972-776-8606
SWISS RE
12750 MERIT DR STE 500
DALLAS TX 75251

1.0 LBS LTR

1 OF 1

SHIP TO:

JANET WARRICK
217-291-2217
CSC-JACKSONVILLE
1275 SANDUSKY RD.
JACKSONVILLE IL 62650-1155

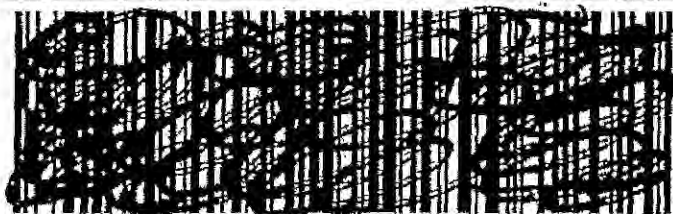


IL 626 5-02



UPS NEXT DAY AIR SAVER 1P

TRACKING #: 1Z 634 E7W 13 9385 6430

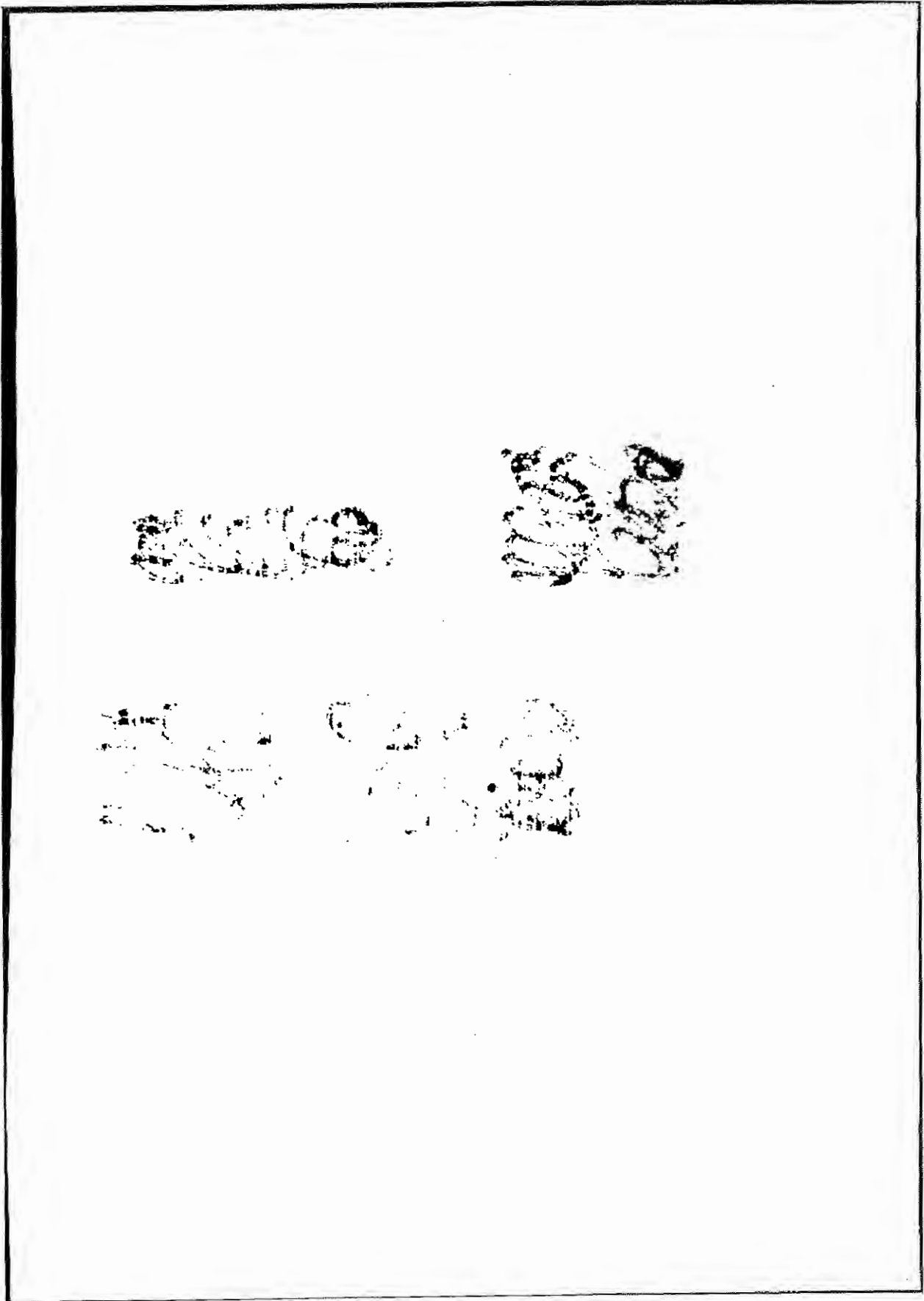


BILLING: P/P

Reference # 1: Bernstein

GS 13.5.32 WXP1E7U 18.0A 07/2011





From: (561) 888-8984
Simon Barnstein
Life Insurance Concepts, Inc
7020 Lions Head Lane

Origin ID: PHKA

FedEx
Express



J11201 104250225

Boca Raton, FL 33496

Ship Date: 26JUL11
Act/Wgt: 1.0 LB
CAD: 101054253/NET3180

Delivery Address Bar Code



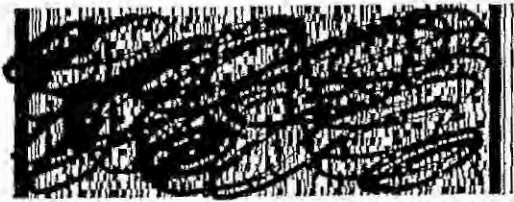
SHIP TO: (972) 776-8606

BILL SENDER

Debbie Jacobs
Heritage Union Life Ins Company
12750 MERIT DR STE 500

DALLAS, TX 75251

Ref # Heritage Payment
Invoice #
PO #
Dept #



FedEx

TRK# 7973 4540 8740
0201

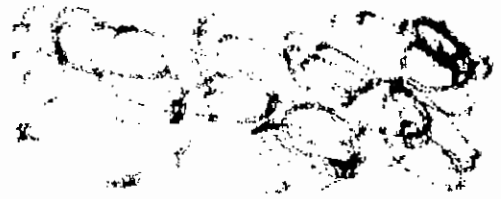
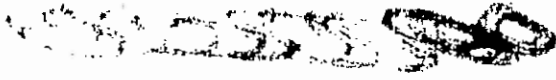
AD TRLA



WED - 27 JUL A2
PRIORITY OVERNIGHT
THU - 28 JUL A2
PRIORITY OVERNIGHT

75251
TX-US
DFW

Emp# 244942 27JUL11 BCTA 59FC2/F655/F5F4



AWD History for Work object key 2011-08-02-04.30.10.397261T01

JLIFE - REINSTMN - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:06:29PM

Begin Date: 2011-08-02 Flags:
Begin Time: 11:16:11 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-02
Status: End Time: 11:16:11
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: Created reinstnow to have policy reinstated per compliance contact and CLIENT one time exception.

Begin Date: 2011-08-02 Flags: 9996N1
Begin Time: 11:15:37 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMN End Date: 2011-08-02
Status: PROCESSED End Time: 11:16:13
Queue: END
User Name: HENSON, CARRIE
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags:
Begin Time: 11:15:32 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-02
Status: End Time: 11:15:32
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: **Date of lapse 10/28/2010**

Begin Date: 2011-08-02 Flags: 9990N0
Begin Time: 11:09:41 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMN End Date: 2011-08-02
Status: RIPPED End Time: 11:14:57

AWD History for Work object key 2011-08-02-04.30.10.397281T01

JLIFE - REINSTMNY - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:06:29PM

Queue: CSPROC
User Name: HENSON, CARRIE
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags: 9990N0
Begin Time: 09:54:01 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMNY End Date: 2011-08-02
Status: RIPPED End Time: 09:54:25
Queue: CSPROC
User Name: HENSON, CARRIE
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags:
Begin Time: 09:53:46 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-02
Status: End Time: 09:53:46
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: Open Compliance work item, contacting them on how to proceed.

Begin Date: 2011-08-02 Flags: 9990N0
Begin Time: 09:11:39 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMNY End Date: 2011-08-02
Status: RIPPED End Time: 09:13:54
Queue: CSPROC
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags: 9990N0

JCK000283

AWD History for Work object key 2011-08-02-04.30.10.397281T01

JLIFE - REINSTMMY - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:06:29PM

Begin Time:	04:30:10	DTM Job Name:	
User Id:	AWDCYCLE	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINSTMMY	End Date:	2011-08-02
Status:	RIPPED	End Time:	04:30:10
Queue:	CSPROC		
User Name:	Batch Station & User, BATCH		
DTM Description:			
Comments:			

JCK000284



P.O. Box 1147, Jacksonville, Illinois 62531-1147
Phone: 800-825-0003 Fax: 803-333-7842

July 14, 2011

Via E-Mail

Nicholas Brown, B.S., MPA
Government Analyst
Florida Department of Financial Services
Division of Consumer Services
Bureau of Education, Advocacy and Research
200 East Gaines Street
Tallahassee, FL 32399-0322

RE: Service Request Number: 1-705957085
Insured: Simon Bernstein
Policy Owner/Complainant: Simon Bernstein
Policy Number: 1009208
NAIC Number: 62421 – Heritage Union Life Insurance Company.

Dear Mr. Brown:

Your correspondence dated July 12, 2011 addressed to Gabor Molnar regarding the above-referenced policy has been referred to my attention for a response.

Upon our receipt of your correspondence, we conducted a thorough review of our policy records. Based on our review, we will make a one-time exception and return policy number 1009208 to an active premium-paying status upon receipt of a payment in the amount of \$76,255.00 within 14 days from the date of this letter (July 28, 2011). Please have the payment mailed to the address noted below in order to expedite our processing:

Debbie Jacobs
12750 Merit Drive, Suite 500
Dallas, TX 75251

If the required payment is not received by July 28, 2011, the policy will remain terminated.

This individual non-participating interest sensitive Current Value Life insurance policy with a sum insured (death benefit) of \$1,689,070.00 was issued on December 27, 1982 insuring the life of Simon Bernstein. The policy was issued by Capitol Bankers Life Insurance Company, now known as Heritage Union Life Insurance Company. The policy provides for the payment of premiums during the lifetime of the insured or to age 100.

Our records indicate that we mailed our Notice of Policy Grace Period dated August 27, 2010 to Mr. Bernstein's address of record notifying him that the policy was in the grace period and a payment of \$24,735.16 was needed on or before October 28, 2010 in order for the policy to continue in force. We also advised if the payment was not received and the policy terminated, reinstatement of the policy would require evidence of insurability, underwriting approval, and

Nicholas Brown, B. S., MPA
Service Request Number: 1-705957085
Policy Number: 1009208
July 14, 2011
Page 2

payment of all past due premiums during the lifetime of the insured. We also mailed the September 27, 2010 quarterly Payment Notice on August 30, 2010 for the premium due in the amount of \$34,397.20. This notice also advised Mr. Bernstein that the payment was needed by the due date shown or the policy would enter the grace period.

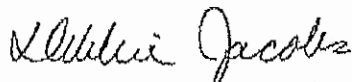
We were contacted by telephone on September 9, 2010 and requested to provide the minimum premium needed to keep the policy in force for the next year. We mailed our letter dated September 20, 2010 (attached) advising that a payment of \$11,180.00 was needed on or before October 28, 2010, and as of September 17, 2010, the annual premium had been changed to \$31,831.00. However, this letter was in error as we should have stated that the quarterly premium had been changed to \$31,831.00. Please note that the amount of \$11,180.00 was correct on the day of Diana's phone call to our office had the amount of \$31,831.00 also been paid by the September 27, 2010 due date. However, it doesn't appear that this was sufficiently communicated to her.

We received the payment of \$11,180.00 on October 15, 2010, which was applied to the policy. However, when we did not receive a payment sufficient to bring the loan amount to below the policy value, the policy lapsed as we advised in our letter dated October 29, 2010. As requested, attached are copies of the cancellation notices.

We subsequently provided Mr. Bernstein with the reinstatement forms on November 12, 2010 and November 15, 2010, which were returned to us for review. Upon our review of the completed reinstatement forms, we found that we were unable to approve reinstatement of the policy as we advised in our letter dated March 9, 2011. However, due to the confusion with regard to our letter dated September 20, 2010 and as stated on the first page of this letter, we will return the policy to an active premium-paying basis upon receipt of a payment of \$76,255.00, which will cover the overloan amount and pay premiums to December 27, 2011. If the payment is not received within 14 days from the date of this letter (July 28, 2011), the policy will remain in a terminated status.

We strive to provide accurate and timely service, and we apologize for any inconvenience Mr. Bernstein may have experienced in connection with this matter. If you have any specific questions about this response, please feel free to contact me toll-free at (800) 888-9772 and select option 7 or call me directly at (972) 776-8606.

Sincerely,



Debbie Jacobs, FLMI, AIRC, PCS, HIA
Paralegal

Attachments

cc: Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Fax Server

7/18/2011 12:43:37 PM PAGE 1/002 Fax Server

HERITAGE UNION LIFE INSURANCE COMPANY
P.O. Box 1147, Jacksonville, IL 62051-1147
Phone 609-825-0003 Fax 609-333-7842

AUGUST 27, 2010

Simon Bernstein
7020 Lions Head
Boca Raton FL 33498

RE: Insured: Simon Bernstein
Policy Number: 1009203
Planned Periodic Premium: \$34,367.20
Total Amount Required to Continue Coverage: \$24,785.16

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before October 28, 2010, which is the end of your Grace Period. If payment is not received at the address shown below on or before October 28, 2010, your coverage will terminate effective October 28, 2010 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a non-forfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common non-forfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 19089
Newark, NJ 07185-0099

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

Fax Server

7/13/2011 12:43:37 PM PAGE 2/002

Fax Server

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0820100205
//APFLGRP0

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

September 20, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09202460

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$11,180.00 prior to grace period ending date of October 28, 2010.

Effective September 17, 2010 the annual premium has been changed to \$31,831.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

October 29, 2010

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09238348

Dear Simon Bernstein:

The loan repayment requested in our previous letter was not received within the 31-day period; therefore, our records now indicate that your policy is terminated.

You may be eligible to reinstate your policy. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums and/or loan interest during the lifetime of the insured. If you wish to apply for reinstatement, please contact us for the necessary forms.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02022806

Sincerely,

Client Services

AWD History for Work object key 2011-08-02-11.09.34.322285T01

JLIFE - REINSTNOUW - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:07:42PM

Begin Date: 2011-08-08 Flags:
Begin Time: 15:34:59 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-08
Status: End Time: 15:34:59
Queue:
User Name: COLE, SHANNON D
DTM Description:
Comments: PO'S OFFICE CALLED TO CONFIRM THE PAYMENT WAS RECEIVED AND POLICY IS IN
 FORCE.

Begin Date: 2011-08-03 Flags:
Begin Time: 11:23:11 DTM Job Name:
User Id: JHENSCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-03
Status: End Time: 11:23:11
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: HD ticket # 18954 closed, pmt has been applied as loan pmt

Begin Date: 2011-08-02 Flags: 9990N0
Begin Time: 11:42:19 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTNOUW End Date: 2011-08-02
Status: QPASS2 End Time: 11:42:22
Queue: END
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags: 9990Y2
Begin Time: 11:42:09 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTNOUW End Date: 2011-08-02
Status: QPASS End Time: 11:42:16

JCK000291

AWD History for Work object key 2011-08-02-11.09.34.322285T01

JLIFE - REINSTNOUW - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:07:42PM

Queue: CSQC
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-08-02
Begin Time: 11:31:14
User Id: JHENSC
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: Policy reinstated, money applied and confirmation ltr sent to PO.

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-08-02
End Time: 11:31:14

Begin Date: 2011-08-02
Begin Time: 11:30:45
User Id: JHENSC
Workstation Id:
Business Area: JLIFE
Type: REINSTNOUW
Status: PROCESSD2
Queue: CSQC
User Name: HENSON, CARRIE
DTM Description:
Comments:

Flags: 9990Y2
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-08-02
End Time: 11:31:15

Begin Date: 2011-08-02
Begin Time: 11:14:54
User Id: JHENSC
Workstation Id:
Business Area:
Type:
Status:
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: Per compliance issue, one time exception being made. Recvd 76,255.00 on 8/1/2011. Reinstate policy, apply money and send confirmation ltr to PO.

Flags:
DTM Job Name:
DTM Return Code:
DTM Task Name:
DTM Next Task:
End Date: 2011-08-02
End Time: 11:14:54

AWD History for Work object key 2011-08-02-11.09.34.322285T01

JLIFE - REINSTNOUW - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:07:42PM

Begin Date:	2011-08-02	Flags:	9990N0
Begin Time:	11:06:52	DTM Job Name:	
User Id:	JHNSC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	REINSTNOUW	End Date:	2011-08-02
Status:	CSPROC2	End Time:	11:09:34
Queue:	CSPROC2		
User Name:	HENSON, CARRIE		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

August 3, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09445909

Dear SIMON BERNSTEIN:

We are writing to inform you that your reinstatement application has been approved.

- Your policy has been fully reinstated.
- In order to complete the reinstatement process, your payment of \$ must be received by the Company at the address shown above during the lifetime of the insured and within 30 days from the date of this letter. Your policy will remain terminated until the requested premium payment is received in our office. If payment is not received as indicated above, your reinstatement approval will be considered void, and a new reinstatement application will be required.
- Enclosed is a copy of your completed Policy Owner Plan Change/Reinstatement Application for your records.

PLEASE PLACE THIS COPY WITH YOUR INSURANCE RECORDS FOR FUTURE REFERENCE.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

AWD History for Work object key 2011-08-02-11.18.29.881281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:21:32PM

Begin Date: 2011-08-10 Flags: 9990N0
Begin Time: 15:00:10 DTM Job Name:
User Id: JBURNM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2011-08-10
Status: QPASS2 End Time: 15:01:41
Queue: END
User Name: BURNETT, MANDY
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags:
Begin Time: 12:33:18 DTM Job Name:
User Id: AHOLIFIE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-02
Status: End Time: 12:33:18
Queue:
User Name: HOLIFIELD, ANDRIECE D
DTM Description:
Comments: reversed premium \$76,255.00 as of applied date of 10/28/10

Begin Date: 2011-08-02 Flags: 9990Y1
Begin Time: 12:28:21 DTM Job Name:
User Id: AHOLIFIE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2011-08-02
Status: PROCESSD1 End Time: 12:32:43
Queue: FSQC
User Name: HOLIFIELD, ANDRIECE D
DTM Description:
Comments:

Begin Date: 2011-08-02 Flags:
Begin Time: 11:20:35 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-02
Status: End Time: 11:20:35
Queue:

AWD History for Work object key 2011-08-02-11.10.29.881281701

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:21:32PM

User Name: HENSON, CARRIE
DTM Description:
Comments: plz reverse pmt in amt of 78255.00 so I can reapply accordingly

Begin Date:	2011-08-02	Flags:	4000N0
Begin Time:	11:17:59	DTM Job Name:	
User Id:	JHENSC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PRMRESRCH	End Date:	2011-08-02
Status:	ALPHAMATCH	End Time:	11:18:29
Queue:	FSPROC2		
User Name:	HENSON, CARRIE		
DTM Description:			
Comments:			

AWD History for Work object key 2011-08-03-15.40.34.647281T01

JLIFE - ILLUST - APROCESSD3 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:22:34PM

Begin Date: 2011-08-05 Flags: 9990N2
Begin Time: 05:39:22 DTM Job Name:
User Id: AHASSE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-08-05
Status: APROCESSD3 End Time: 05:41:19
Queue: END
User Name: HASSAN, EBRAHIM
DTM Description:
Comments:

Begin Date: 2011-08-04 Flags: 9990N0
Begin Time: 16:49:19 DTM Job Name:
User Id: RHOGAN DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-08-04
Status: CS2 End Time: 16:49:23
Queue: CSPROC2
User Name: HOGAN, RACHEL
DTM Description:
Comments:

Begin Date: 2011-08-03 Flags: 9990N0
Begin Time: 16:34:16 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2011-08-03
Status: PENDED2 End Time: 16:34:38
Queue: PENDING
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2011-08-03 Flags:
Begin Time: 16:34:14 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-03
Status: End Time: 16:34:14
Queue:

AWD History for Work object key 2011-08-03-15.40.34.647281T01

JLIFE - ILLUSTR - APROCESSD3 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:22:34PM

User Name: WIERSMA, TONY J
DTM Description:
Comments: Illustration completed.
Illustration shows the minimum premium to maturity.

Begin Date:	2011-08-03	Flags:	4500N0
Begin Time:	15:39:51	DTM Job Name:	
User Id:	DWADDDH	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	ILLUST	End Date:	2011-08-03
Status:	ACTUARY	End Time:	15:40:34
Queue:	ACTUARY		
User Name:	WADDELL, DIANE H		

DTM Description:
Comments:

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

August 05, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11297603

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. We received your request for an illustration on the above referenced life insurance policy.

- Enclosed is an illustration as requested.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustration

Heritage Union Life Insurance Company
 1275 Sandusky Rd Jacksonville, IL 62650-2030
 Illustration based on current interest rate of 4.50%

NAME: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE 08/03/11
OPTION: Including Cash Value
 MODAL PREMIUM: \$161,134.70
 Annual
 BEGINNING ACCT VALUE: \$109,365.42

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4.50%	CASH VALUE AT Current rate of 4.50%	CURRENT DEATH BENEFIT	LOAN AMOUNT
29	12/27/11	76	28,500.00	62,169.54	87.85	1,689,070	62,081.69
30	12/27/12	77	161,134.70	124,140.05	58,643.87	1,689,070	65,496.18
31	12/27/13	78	161,134.70	184,417.06	115,318.59	1,689,070	69,098.47
32	12/27/14	79	161,134.70	242,678.00	169,779.11	1,689,070	72,896.69
33	12/27/15	80	161,134.70	298,845.63	221,937.30	1,689,070	76,908.33
34	12/27/16	81	161,134.70	353,076.01	271,937.72	1,689,070	81,138.29
35	12/27/17	82	161,134.70	405,713.36	320,112.46	1,689,070	85,600.89
36	12/27/18	83	161,134.70	456,544.37	366,235.43	1,689,070	90,306.94
37	12/27/19	84	161,134.70	505,447.96	410,172.03	1,689,070	95,275.93
38	12/27/20	85	161,134.70	551,603.90	451,087.79	1,689,070	100,516.11
39	12/27/21	86	161,134.70	594,364.49	488,319.99	1,689,070	106,044.49
40	12/27/22	87	161,134.70	632,912.83	521,035.89	1,689,070	111,876.94
41	12/27/23	88	161,134.70	666,201.69	548,171.52	1,689,070	118,030.17
42	12/27/24	89	161,134.70	693,072.54	568,550.71	1,689,070	124,521.83
43	12/27/25	90	161,134.70	714,570.33	583,199.80	1,689,070	131,370.53
44	12/27/26	91	161,134.70	732,560.07	593,964.16	1,689,070	138,595.91
45	12/27/27	92	161,134.70	748,266.35	602,047.66	1,689,070	146,218.69
46	12/27/28	93	161,134.70	761,254.36	608,993.64	1,689,070	154,260.72
47	12/27/29	94	161,134.70	766,490.17	603,745.12	1,689,070	162,745.06
48	12/27/30	95	161,134.70	755,801.45	584,105.41	1,689,070	171,696.03
49	12/27/31	96	161,134.70	723,263.31	542,123.99	1,689,070	181,139.32
50	12/27/32	97	161,134.70	667,663.52	476,561.54	1,689,070	191,101.98
51	12/27/33	98	161,134.70	577,951.40	376,338.82	1,689,070	201,612.59
52	12/27/34	99	161,134.70	438,422.21	225,720.93	1,689,070	212,701.28
53	12/27/35	100	161,134.70	224,523.04	123.19	1,689,070	224,399.85

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.

This is not likely to occur, and actual results may be more or less favorable than those shown.

Heritage Union Life Insurance Company
1275 Sandusky Rd Jacksonville, IL 62650-2030
 Illustration based on current interest rate of 4.50%

NAME: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 08/03/11
 OPTION: **Including Cash Value**
 MODAL PREMIUM: \$161,134.70
 Annual
 BEGINNING ACCT VALUE: \$109,365.42

<u>END OF YEAR</u>	<u>DATE</u>	<u>AGE</u>	<u>PREMIUMS</u>	<u>ACCOUNT VALUE AT</u> <u>Current rate of 4.50%</u>	<u>CASH VALUE AT</u> <u>Current rate of 4.50%</u>	<u>CURRENT DEATH BENEFIT</u>	<u>LOAN AMOUNT</u>
29	12/27/11	76	28,500.00	62,169.54	87.85	1,689,070	62,081.69
30	12/27/12	77	161,134.70	124,140.05	58,643.87	1,689,070	65,496.18
31	12/27/13	78	161,134.70	184,417.06	115,318.59	1,689,070	69,098.47
32	12/27/14	79	161,134.70	242,678.00	169,779.11	1,689,070	72,898.69
33	12/27/15	80	161,134.70	298,845.63	221,937.30	1,689,070	76,908.33
34	12/27/16	81	161,134.70	353,076.01	271,937.72	1,689,070	81,138.29
35	12/27/17	82	161,134.70	405,713.36	320,112.46	1,689,070	85,600.89
36	12/27/18	83	161,134.70	456,544.37	366,235.43	1,689,070	90,308.94
37	12/27/19	84	161,134.70	505,447.96	410,172.03	1,689,070	95,275.93
38	12/27/20	85	161,134.70	551,603.90	451,087.79	1,689,070	100,516.11
39	12/27/21	86	161,134.70	594,364.49	488,319.99	1,689,070	106,044.49
40	12/27/22	87	161,134.70	632,912.83	521,035.89	1,689,070	111,876.94
41	12/27/23	88	161,134.70	666,201.69	548,171.52	1,689,070	118,030.17
42	12/27/24	89	161,134.70	693,072.54	568,550.71	1,689,070	124,521.83
43	12/27/25	90	161,134.70	714,570.33	583,199.80	1,689,070	131,370.53
44	12/27/26	91	161,134.70	732,560.07	593,964.16	1,689,070	138,595.91
45	12/27/27	92	161,134.70	748,266.35	602,047.66	1,689,070	146,218.69
46	12/27/28	93	161,134.70	761,254.36	606,993.64	1,689,070	154,260.72
47	12/27/29	94	161,134.70	766,490.17	603,745.12	1,689,070	162,745.06
48	12/27/30	95	161,134.70	755,801.45	584,105.41	1,689,070	171,696.03
49	12/27/31	96	161,134.70	723,263.31	542,123.99	1,689,070	181,139.32
50	12/27/32	97	161,134.70	667,663.52	476,561.54	1,689,070	191,101.98
51	12/27/33	98	161,134.70	577,951.40	376,338.82	1,689,070	201,612.59
52	12/27/34	99	161,134.70	438,422.21	225,720.93	1,689,070	212,701.28
53	12/27/35	100	161,134.70	224,523.04	123.19	1,689,070	224,399.85

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown. This is not likely to occur, and actual results may be more or less favorable than those shown.

AWD History for Work object key 2011-08-10-16.33.12.912281T01
JLIFE - UNDAUDIT - AUDITED4 - END - Updateable
- 1009208 - - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name:
Printed on Tuesday, May 07, 2013 at 2:23:52PM

Begin Date: 2011-08-10 Flags:
Begin Time: 16:33:18 DTM Job Name:
User Id: ISINGR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-08-10
Status: End Time: 16:33:18
Queue:
User Name: SINGH, RAJENDRA
DTM Description:
Comments: Report Date : 08/02/2011.
 No underwriting required.
 Reinstated policy. Premium applied.

Begin Date: 2011-08-10 Flags: 9990N2
Begin Time: 16:33:04 DTM Job Name:
User Id: ISINGR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: UNDAUDIT End Date: 2011-08-10
Status: AUDITED4 End Time: 16:33:12
Queue: END
User Name: SINGH, RAJENDRA
DTM Description:
Comments:

AWD History for Work object key 2011-09-19-13.21.49.935281T01

JLIFE - PHONE - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:24:46PM

Begin Date: 2011-09-19 Flags:
Begin Time: 13:22:33 DTM Job Name:
User Id: JHUGHAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-09-19
Status: End Time: 13:22:33
Queue:
User Name: HUGHES, ALICE M
DTM Description:
Comments: GOT AUTH FROM PO TO SPEAK TO DAINA, THEN THE CALL DROPPED

Begin Date: 2011-09-19 Flags: 9990N0
Begin Time: 13:21:53 DTM Job Name:
User Id: JHUGHAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-09-19
Status: PROCESSED End Time: 13:22:09
Queue: END
User Name: HUGHES, ALICE M
DTM Description:
Comments:

Begin Date: 2011-09-19 Flags: 9990N0
Begin Time: 13:21:49 DTM Job Name:
User Id: JHUGHAM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2011-09-19
Status: PHONE End Time: 13:21:49
Queue: CSPROC
User Name: HUGHES, ALICE M
DTM Description:
Comments:

AWD History for Work object key 2011-09-19-15.14.27.622281T01

JLIFE - MINPREM - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:24:58PM

Begin Date: 2011-11-29 Flags:
Begin Time: 15:27:30 DTM Job Name:
User Id: JPETESD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-11-29
Status: End Time: 15:27:30
Queue:
User Name: COLE, SHANNON D
DTM Description:
Comments: AUTH. CALLER DIANA BANKS CALLED W/? ON MINIMUM PREMIUM DUE. ADVISED HER THAT AMOUNT IS NEEDED TO BRING HIM CURRENT. POLICY IS OVERLOANED. THEN HIS ANNUAL PREMIUM WILL BE DUE ON 12/27/11.

Begin Date: 2011-09-22 Flags:
Begin Time: 14:13:23 DTM Job Name:
User Id: JDESHT DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-09-22
Status: End Time: 14:13:23
Queue:
User Name: DESHASIER, TERRI
DTM Description:
Comments: refaxed

Begin Date: 2011-09-21 Flags: 9990N2
Begin Time: 11:47:11 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-09-21
Status: QPASS End Time: 11:47:18
Queue: END
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2011-09-19 Flags: 9990Y1
Begin Time: 15:31:12 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-09-19

AWD History for Work object key 2011-09-19-15.14.27.622281T01

JLIFE - MINPREM - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:24:58PM

Status: PROCESSED End Time: 15:31:18
Queue: CSQC
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2011-09-19 Flags: 9990N0
Begin Time: 15:31:10 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-09-19
Status: ALPHAMATCH End Time: 15:31:10
Queue: CSPROC
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2011-09-19 Flags:
Begin Time: 15:15:20 DTM Job Name:
User Id: JBORGJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-09-19
Status: End Time: 15:15:20
Queue:
User Name: BORGENS, JOHN C
DTM Description:
Comments: plz send po letter showing min prem needed to keep inforce for the next two
yrs and fax to po @561-988-0833

Begin Date: 2011-09-19 Flags: 9990N0
Begin Time: 15:14:32 DTM Job Name:
User Id: JBORGJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-09-19
Status: ALPHAMATCH End Time: 15:15:41
Queue: CSPROC
User Name: BORGENS, JOHN C
DTM Description:
Comments:

AWD History for Work object key 2011-09-19-15.14.27.622281T01

JLIFE - MINPREM - QPASS - END - Updateable
1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:24:58PM

Begin Date:	2011-09-19	Flags:	9990N0
Begin Time:	15:14:27	DTM Job Name:	
User Id:	JBORGJC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2011-09-19
Status:	PHONE	End Time:	15:14:27
Queue:	CSPROC		
User Name:	BORGENS, JOHN C		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

September 20, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09479736

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the *minimum premium* required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$32,662.94 prior to grace period ending date of December 01, 2011. This premium will pay this policy to December 27, 2011

The current scheduled premium amount of \$31,831.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective September 19, 2011 the annual premium has been changed to \$99,416.00. As of December 27, 2011 the annual premium will need to be increased to \$108,928.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

AWD History for Work object key 2011-09-19-15.18.12.784221T01

JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:25:50PM

Begin Date: 2011-09-21 Flags:
Begin Time: 12:11:04 DTM Job Name:
User Id: JBASTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-09-21
Status: End Time: 12:11:04
Queue:
User Name: BAST, LORI F
DTM Description:
Comments: updated notepad w/ auth to release info

Begin Date: 2011-09-21 Flags:
Begin Time: 12:10:02 DTM Job Name:
User Id: JBASTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-09-21
Status: End Time: 12:10:02
Queue:
User Name: BAST, LORI F
DTM Description:
Comments: confirmed signature from pg 3 of file

Begin Date: 2011-09-21 Flags: 9990N2
Begin Time: 12:05:23 DTM Job Name:
User Id: JBASTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2011-09-21
Status: PROCESSD2 End Time: 12:11:12
Queue: END
User Name: BAST, LORI F
DTM Description:
Comments:

Begin Date: 2011-09-20 Flags: 4000N0
Begin Time: 05:50:52 DTM Job Name:
User Id: IBAJWAX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2011-09-20
Status: ALPHAMATCH End Time: 05:51:31
Queue: CSPROC2

AWD History for Work object key 2011-09-19-15.18.12.784221T01

JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:25:50PM

User Name: KAUR, ANUPREET X
DTM Description:
Comments:

Begin Date:	2011-09-19	Flags:	9900N0
Begin Time:	15:18:12	DTM Job Name:	
User Id:	FAXSRVR	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	FAX	End Date:	2011-09-19
Status:	FAXED	End Time:	15:18:12
Queue:	INDEX		
User Name:	Fax Server UserId, BATCH		

DTM Description:
Comments:

09/19/2011 15:28 FAX

INS CONCEPTS

09/19/2011

September 19, 2011

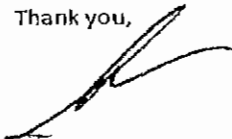
Heritage Union Life Ins Company
PO Box 1147
Jacksonville, IL 62651

Re: Simon Bernstein 1009208

To Whom It May Concern:

I authorize Diana Banks to access any information she requests regarding above referenced policy on my life. Please respond and comply to any request.

Thank you,



Simon Bernstein
7020 Lions Head Lane
Boca Raton, FL 33496
(561) 477-9096

JCK000310

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Begin Date: 2011-12-16 Flags: 6000N2
Begin Time: 05:17:05 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-12-16
Status: QPASS End Time: 05:18:08
Queue: END
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2011-12-15 Flags:
Begin Time: 09:38:53 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-15
Status: End Time: 09:38:53
Queue:
User Name: SALIE, MARIAM
DTM Description:
Comments: Mailed notice of overloaned status. Requested minimum loan payment of \$6,539.17 within 61days.

Begin Date: 2011-12-15 Flags: 6000Y2
Begin Time: 09:35:31 DTM Job Name:
User Id: ASALIM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-12-15
Status: PROCESSD3 End Time: 09:39:26
Queue: CSQC2
User Name: SALIE, MARIAM
DTM Description:
Comments:

Begin Date: 2011-12-14 Flags: 6050N0
Begin Time: 14:46:40 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-12-14
Status: CS End Time: 14:46:48

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Queue: CSPROC2
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2011-12-14 Flags:
Begin Time: 14:46:33 DTM Job Name:
User Id: JWIER TJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-14
Status: End Time: 14:46:33
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: policy is still overloaned by 6539.17 as of 12/27/11

Begin Date: 2011-12-14 Flags:
Begin Time: 07:31:38 DTM Job Name:
User Id: ACARR LX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-14
Status: End Time: 07:31:38
Queue:
User Name: CARR, LIEZEL
DTM Description:
Comments: Actuary please refer to comments and kindly assist.

Begin Date: 2011-12-14 Flags: 9990N0
Begin Time: 07:30:32 DTM Job Name:
User Id: ACARR LX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-12-14
Status: ACTUARY End Time: 07:31:42
Queue: ACTUARY
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2011-12-13 Flags: 6050N0

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Begin Time: 03:01:03 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-12-13
Status: CS End Time: 03:01:03
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2011-12-13 Flags:
Begin Time: 03:01:03 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-13
Status: End Time: 03:01:03
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2011-12-12 Flags:
Begin Time: 15:24:55 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-12
Status: End Time: 15:24:55
Queue:
User Name: TOLAND, REGINA L
DTM Description:
Comments: policy internally surrendered and was reinstated - policy is still overloaned
as there is a loan amount of \$13,776.38 that we are unable to add to Cyberlife
- Cyberlife loan balance only shows 58,401.87 but the actual loan balance is
72,178.25 - need to have amount needed calculated by actuary and an overloan
letter needs to be mailed

Begin Date: 2011-11-14 Flags:
Begin Time: 04:24:19 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Type: End Date: 2011-11-14
Status: End Time: 04:24:19
Queue:
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments: Grace letter was sent - holding for \$.

Begin Date: 2011-11-14 Flags: 0000N0
Begin Time: 04:22:13 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-11-14
Status: CSWAIT End Time: 04:24:22
Queue: CSWAIT
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments:

Begin Date: 2011-11-14 Flags: 0000N0
Begin Time: 04:24:14 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-11-14
Status: CS End Time: 04:24:14
Queue: CSPROC2
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments: Suspend Suspend Reason HOLD FOR \$
Activate Date/Time 2011-12-13 00:00:00 Activate Status CS

Begin Date: 2011-11-14 Flags: 6050N0
Begin Time: 03:01:11 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-11-14
Status: CS End Time: 03:01:11
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Begin Date: 2011-11-14 Flags:
Begin Time: 03:01:11 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-11-14
Status: End Time: 03:01:11
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2011-10-13 Flags: 0000N0
Begin Time: 04:18:01 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-10-13
Status: CSWAIT End Time: 04:26:31
Queue: CSWAIT
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2011-10-13 Flags: 0000N0
Begin Time: 04:26:24 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2011-10-13
Status: RIPPED End Time: 04:26:24
Queue: CSPROC2
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: Suspend Suspend Reason HOLD FOR \$
 Activate Date/Time 2011-11-14 00:00:00 Activate Status CS

Begin Date: 2011-10-13 Flags:
Begin Time: 04:26:02 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

AWD History for Work object key 2011-10-06-09.30.19.465281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:26:49PM

Type: End Date: 2011-10-13
 Status: End Time: 04:26:02
 Queue:
 User Name: MOREMI, MAPASEKA
 DTM Description:
 Comments: Grace letter generated within the past 60 days.

Begin Date: 2011-10-06 Flags:
 Begin Time: 09:30:19 DTM Job Name:
 User Id: AWDCYCLE DTM Return Code:
 Workstation Id: DTM Task Name:
 Business Area: DTM Next Task:
 Type: End Date: 2011-10-06
 Status: End Time: 09:30:19
 Queue:
 User Name: Batch Station & User, BATCH

DTM Description:
 Comments:

Beagle ID	Product	Status	Bill Form	Loan Payoff	Cash Value	Surr Value
.98-	U	22	0	57,605.05	50,796.17	6,808

Begin Date: 2011-10-06 Flags: 9990N0
 Begin Time: 09:30:19 DTM Job Name:
 User Id: AWDCYCLE DTM Return Code:
 Workstation Id: DTM Task Name:
 Business Area: JLIFE DTM Next Task:
 Type: OVERLOAN End Date: 2011-10-06
 Status: RIPPED End Time: 09:30:19
 Queue: CSPROC2
 User Name: Batch Station & User, BATCH

DTM Description:
 Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

December 16, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09541880

Dear Policyowner:

We are writing to notify you that your policy loan amount has exceeded the cash value of your policy.

In order to continue your insurance coverage, a payment in the amount of \$6,539.17 must be received at the address shown below within 61 days of the date of this letter. If you choose not to remit this amount, your policy will terminate with no benefits payable.

Heritage Union Life Insurance Company
PO Box 371425
Pittsburgh, PA 15250-7425

To prevent your policy loan amount from exceeding your policy's cash value in the future, you must pay the accumulated interest due each year.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V0208252006

Sincerely,

Client Services

JCK000317

AWD History for Work object key 2011-10-31-12.46.11.324281T01

JLIFE - POLINQUIRY - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:27:47PM

Begin Date: 2011-10-31 Flags:
Begin Time: 12:47:29 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-10-31
Status: End Time: 12:47:29
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: refaxed tjhe letter as they never recsd

Begin Date: 2011-10-31 Flags: 9990N2
Begin Time: 12:46:53 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2011-10-31
Status: PROCESSD1 End Time: 12:47:03
Queue: END
User Name: SIMONS, JINA J
DTM Description:
Comments:

Begin Date: 2011-10-31 Flags:
Begin Time: 12:46:51 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-10-31
Status: End Time: 12:46:51
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: plz send po letter showing min prem needed to keep inforce for the next two
yrs and fax to po @561-988-0833

Begin Date: 2011-10-31 Flags: 4000N0
Begin Time: 12:45:53 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLINQUIRY End Date: 2011-10-31
Status: CREATED End Time: 12:46:11

JCK000318

AWD History for Work object key 2011-10-31-12.46.11.324281T01

JLIFE - POLINQUIRY - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:27:47PM

Queue: CSPROC2
User Name: SIMONS, JINA J
DTM Description:
Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

September 20, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09479736

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$32,662.94 prior to grace period ending date of December 01, 2011. This premium will pay this policy to December 27, 2011

The current scheduled premium amount of \$31,831.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective September 19, 2011 the annual premium has been changed to \$99,416.00. As of December 27, 2011 the annual premium will need to be increased to \$108,928.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000320

AWD History for Work object key 2011-12-06-04.30.20.606281T01
JLIFE - REINSTMNY - PROCESSED - END - Updateable
- 1009208 - - BERNs - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNs

Printed on Tuesday, May 07, 2013 at 2:29:52PM

Begin Date: 2011-12-07 Flags:
Begin Time: 11:38:41 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-07
Status: End Time: 11:38:41
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: created work for reinstnow to apply \$32,662.94 received 120511 as lapse date is 120111

Begin Date: 2011-12-07 Flags: 9996N1
Begin Time: 11:26:08 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMNY End Date: 2011-12-07
Status: PROCESSED End Time: 11:38:43
Queue: END
User Name: BUSEY, KATHY A
DTM Description:
Comments:

Begin Date: 2011-12-06 Flags: 9990N0
Begin Time: 04:30:20 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTMNY End Date: 2011-12-06
Status: RIPPED End Time: 04:30:20
Queue: CSPROC
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

AWD History for Work object key 2011-12-07-11.30.10.403281T01

JLIFE - REINSTNOUW - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:30:41PM

Begin Date: 2011-12-12 Flags: 9990N0
Begin Time: 13:25:45 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTNOUW End Date: 2011-12-12
Status: QPASS2 End Time: 13:25:48
Queue: END
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-12-12 Flags:
Begin Time: 13:25:41 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-12
Status: End Time: 13:25:41
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: reinstated policy. funds applied. confirmation to po and also faxing to attn
 diana fax# 561-988-0833

Begin Date: 2011-12-12 Flags: 9990Y2
Begin Time: 13:25:11 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTNOUW End Date: 2011-12-12
Status: PROCESSSD1 End Time: 13:25:16
Queue: CSQC
User Name: LYONS, KERI A
DTM Description:
Comments:

Begin Date: 2011-12-12 Flags:
Begin Time: 13:07:12 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-12
Status: End Time: 13:07:12

AWD History for Work object key 2011-12-07-11.30.10.403281T01

JLIFE - REINSTNOW - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:30:41PM

Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: spoke with diana per auth on file. please fax reinstnow letter to 561-988-0833 adv policy status is active

Begin Date: 2011-12-07 Flags:
Begin Time: 11:31:05 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-07
Status: End Time: 11:31:05
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: billed to 122712

Begin Date: 2011-12-07 Flags:
Begin Time: 11:30:57 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-07
Status: End Time: 11:30:57
Queue:
User Name: BUSEY, KATHY A
DTM Description:
Comments: please apply \$32,662.94 received 120511 as policy lapse date is 120111, thanks

Begin Date: 2011-12-07 Flags: 9990N0
Begin Time: 11:29:54 DTM Job Name:
User Id: JBUSEKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: REINSTNOW End Date: 2011-12-07
Status: CSPROC2 End Time: 11:30:10
Queue: CSPROC2
User Name: BUSEY, KATHY A
DTM Description:
Comments:

JCK000323

AWD History for Work object key 2011-12-07-11.30.10.403281T01

JLIFE - REINSTNOUW - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

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Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

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December 13, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09538984

Dear SIMON BERNSTEIN :

We are writing to inform you that the above referenced policy has been reinstated.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02032206

Sincerely,

Client Services

AWD History for Work object key 2011-12-13-11.41.50.546281T01

JLIFE - UNDAUDIT - QPASS - END - Updateable

- 1009208 - - SIMON BERNSTEIN - - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: SIMON BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:32:04PM

Begin Date: 2011-12-14 Flags: 9990N2
Begin Time: 11:02:18 DTM Job Name:
User Id: IGRAWM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: UNDAUDIT End Date: 2011-12-14
Status: QPASS End Time: 11:02:24
Queue: END
User Name: AGRAWAL, MANOJ
DTM Description:
Comments:

Begin Date: 2011-12-13 Flags: 9990Y2
Begin Time: 11:42:01 DTM Job Name:
User Id: IAGARSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: UNDAUDIT End Date: 2011-12-13
Status: AUDITED4 End Time: 11:42:05
Queue: CSQC2
User Name: AGARWAL, SHOBHIT X
DTM Description:
Comments:

Begin Date: 2011-12-13 Flags:
Begin Time: 11:41:57 DTM Job Name:
User Id: IAGARSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-13
Status: End Time: 11:41:57
Queue:
User Name: AGARWAL, SHOBHIT X
DTM Description:
Comments: Report Date : 12/12/2011
 No underwriting required.
 Reinstated policy. Premium applied.

Begin Date: 2011-12-13 Flags: 9990N0
Begin Time: 11:41:30 DTM Job Name:
User Id: IAGARSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: UNDAUDIT End Date: 2011-12-13

AWD History for Work object key 2011-12-13-11.41.50.546201T01

JLIFE - UNDAUDIT - QPASS - END - Updateable

[REDACTED] - 1009208 - - SIMON BERNSTEIN - - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: SIMON BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:32:04PM

Status: CREATED End Time: 11:41:50
Queue: CSPROC2
User Name: AGARWAL, SHOBHIT X
DTM Description:
Comments:

AWD History for Work object key 2011-12-14-10.16.01.467281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:32:16PM

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Begin Date: 2011-12-14 Flags: 9996N1
Begin Time: 10:28:04 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-12-14
Status: PROCESSED End Time: 10:28:09
Queue: END
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2011-12-14 Flags: 9990N0
Begin Time: 10:28:06 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-12-14
Status: ALPHAMATCH End Time: 10:28:06
Queue: CSPROC
User Name: RATLIFF, CASSIE M
DTM Description:
Comments:

Begin Date: 2011-12-14 Flags:
Begin Time: 10:16:39 DTM Job Name:
User Id: RGARDNER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2011-12-14
Status: End Time: 10:16:39
Queue:
User Name: GARDNER, ROBERT
DTM Description:
Comments: PO Simon requests min prem letter faxed to him 561-988-0833

Begin Date: 2011-12-14 Flags: 9990N0
Begin Time: 10:16:02 DTM Job Name:
User Id: RGARDNER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2011-12-14
Status: ALPHAMATCH End Time: 10:16:47

JCK000328

AWD History for Work object key 2011-12-14-10.16.01.467201T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009200

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:32:16PM

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Queue: CSPROC
User Name: GARDNER, ROBERT
DTM Description:
Comments:

Begin Date: 2011-12-14 Flags: 9990N0
Begin Time: 10:16:01 DTM Job Name:
User Id: RGARDNER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: NLIFE DTM Next Task:
Type: PHONE End Date: 2011-12-14
Status: PHONE End Time: 10:16:01
Queue: CSPROC
User Name: GARDNER, ROBERT
DTM Description:
Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

December 15, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09540870

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$108,926.89 prior to grace period ending date of February 12, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of \$99,416.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective December 27, 2011 the annual premium has been changed to \$108,927.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000330

AWD History for Work object key 2012-01-18-10.20.24.009201T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:33:24PM

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Begin Date: 2012-01-26 Flags:
Begin Time: 11:35:24 DTM Job Name:
User Id: JSIMMS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-01-26
Status: End Time: 11:35:24
Queue:
User Name: ARNOUDTS, STACY
DTM Description:
Comments: No info released but did adv letter mailed

Begin Date: 2012-01-23 Flags: 9996N1
Begin Time: 12:50:01 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-01-23
Status: PROCESSED End Time: 12:50:07
Queue: END
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-01-23 Flags: 9990N0
Begin Time: 12:50:03 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-01-23
Status: ALPHAMATCH End Time: 12:50:03
Queue: CSPROC
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-01-23 Flags: 9990N0
Begin Time: 09:19:33 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-01-23
Status: ALPHAMATCH End Time: 09:23:06

JCK000331

AWD History for Work object key 2012-01-18-10.20.24.088281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:33:24PM

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Queue: CSPROC
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2012-01-18 Flags:
Begin Time: 10:23:13 DTM Job Name:
User Id: JOLIVTM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-01-18
Status: End Time: 10:23:13
Queue:
User Name: COTTON, TINA M
DTM Description:
Comments: please send letter to po at address on file showing the minprem needed to keep
pol enforce & include the loan pymt of 6,538.17 as instructed in note pad
auth given by po cb 561 988 9184

Begin Date: 2012-01-18 Flags: 4000N0
Begin Time: 10:20:26 DTM Job Name:
User Id: JOLIVTM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FOLRES End Date: 2012-01-18
Status: ALPHAMATCH End Time: 10:23:16
Queue: CSPROC2
User Name: COTTON, TINA M
DTM Description:
Comments:

Begin Date: 2012-01-18 Flags: 4500N0
Begin Time: 10:20:24 DTM Job Name:
User Id: JOLIVTM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-01-18
Status: PHONE End Time: 10:20:24
Queue: CSPROC
User Name: COTTON, TINA M
DTM Description:
Comments:

AWD History for Work object key 2012-01-18-10.20.24.088281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:33:24PM

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Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

January 24, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09568538

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$100,304.53 prior to grace period ending date of March 03, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of \$108,927.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective January 23, 2012 the annual premium has been changed to \$108,950.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

AWD History for Work object key 2012-02-01-13.07.58.675281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:34:33PM

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Begin Date: 2012-02-09 Flags:
Begin Time: 11:37:17 DTM Job Name:
User Id: JHUDSAL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-09
Status: End Time: 11:37:17
Queue:
User Name: HUDSON, ABBY L
DTM Description:
Comments: diana called regarding payment due. she adv she is wishing to send in overnight payment and has been told two different amounts over the phone and my mail, transferred to esc.

Begin Date: 2012-02-02 Flags: 9996N1
Begin Time: 08:54:18 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-02
Status: PROCESSED End Time: 08:54:23
Queue: END
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-02-02 Flags: 9990N0
Begin Time: 08:54:16 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-02
Status: ALPHAMATCH End Time: 08:54:16
Queue: CSPROC
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-02-02 Flags:
Begin Time: 01:38:20 DTM Job Name:
User Id: ALUDDX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

AWD History for Work object key 2012-02-01-13.07.58.675201T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:34:33PM

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Type: End Date: 2012-02-02
Status: End Time: 01:38:20
Queue:
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments: Please send minprem. letter. thk u

Begin Date: 2012-02-02 Flags: 9990N0
Begin Time: 01:38:04 DTM Job Name:
User Id: ALUDDSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-02
Status: ALPHAMATCH End Time: 01:38:22
Queue: CSPROC
User Name: LUDDIE, SHANAAZ X
DTM Description:
Comments:

Begin Date: 2012-02-01 Flags:
Begin Time: 13:09:38 DTM Job Name:
User Id: JBJORGJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-01
Status: End Time: 13:09:38
Queue:
User Name: BORGENS, JOHN C
DTM Description:
Comments: po would like a letter stating what they need to pay at the min for a
quarterly prem payment,,, diane states they get it all the time

Begin Date: 2012-02-01 Flags: 4000N0
Begin Time: 13:08:01 DTM Job Name:
User Id: JBJORGJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-02-01
Status: ALPHAMATCH End Time: 13:09:40
Queue: CSPROC2
User Name: BORGENS, JOHN C
DTM Description:
Comments:

JCK000336

AWD History for Work object key 2012-02-01-13.07.58.675201T01

JLIFE - MINPREM - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:34:33PM

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Begin Date:	2012-02-01	Flags:	4500N0
Begin Time:	13:07:58	DTM Job Name:	
User Id:	JBORGJC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	FORMS	End Date:	2012-02-01
Status:	PHONE	End Time:	13:07:58
Queue:	CSPROC		
User Name:	BORGENS, JOHN C		
DTM Description:			
Comments:			

JCK000337

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

February 3, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09577091

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$99,993.72 prior to grace period ending date of March 03, 2012. This premium will pay this policy to December 27, 2012.

The current scheduled premium amount of \$108,950.00 is adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective February 02, 2012 the minimum quarterly premium is \$27,238.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000338

AWD History for Work object key 2012-02-01-15.53.20.071281T01
JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: ██████████ Policy Number: 1009208
Agent Number: ██████████ Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:35:37PM

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Begin Date:	2012-02-02	Flags:	9990N2
Begin Time:	17:25:21	DTM Job Name:	
User Id:	JRUSSBS	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	POLINQUIRY	End Date:	2012-02-02
Status:	PROCESSD2	End Time:	17:26:56
Queue:	END		
User Name:	RUSSWINKEL, BARB S		
DTM Description:			
Comments:			

Begin Date:	2012-02-01	Flags:	
Begin Time:	15:54:03	DTM Job Name:	
User Id:	JVANHC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2012-02-01
Status:		End Time:	15:54:03
Queue:			
User Name:	VANHYNING, CASSIDY		
DTM Description:			
Comments:	pls fax bene letter to 561 988 0833 thank you		

Begin Date:	2012-02-01	Flags:	4000N0
Begin Time:	15:53:24	DTM Job Name:	
User Id:	JVANHC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	POLINQUIRY	End Date:	2012-02-01
Status:	ALPHAMATCH	End Time:	15:53:49
Queue:	CSPROC2		
User Name:	VANHYNING, CASSIDY		
DTM Description:			
Comments:			

Begin Date:	2012-02-01	Flags:	4500N0
Begin Time:	15:53:20	DTM Job Name:	
User Id:	JVANHC	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	FORMS	End Date:	2012-02-01
Status:	PHONE	End Time:	15:53:20

JCK000339

AWD History for Work object key 2012-02-01-15.53.20.071281T01

JLIFE - POLINQUIRY - PROCESSD2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:35:37PM

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Queue: CSPROC

User Name: VANHYNING, CASSIDY

DTM Description:

Comments:

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842
Visit us at www.insurance-servicing.com

February 3, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09577998

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. As requested, a Request for Change of Beneficiary Form is enclosed.

Our records indicate the following beneficiary designation:

Primary Beneficiary/Beneficiaries:	LASALLE NATIONAL TRUST, N.A.
Contingent Beneficiary/Beneficiaries:	SIMON BERNSTEIN TRUST, N.A.

The *policyowner* is to complete the Request for Change of Beneficiary Form by naming their choice of primary and contingent beneficiaries and providing all of the requested information, as well as, their signature(s) on the Signature Page.

For the protection of both parties, if the owner resides in a Community Property State, we request the owner's spouse join in signing and dating the form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form and if there has been a dissolution of marriage through divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

For other requirements, such as if you are naming a Trust as a primary beneficiary, refer to the Instructions - Request for Change of Beneficiary Form which is also enclosed.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Request For Change of Beneficiary Form
Instructions-Change of Beneficiary Form

JCK000341

Heritage Union Life Insurance Company

800-825-0003

REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: 1009208

Insured: SIMON BERNSTEIN

• **Faxes Will Be Accepted**

• **Do Not Send Policy with this Form**

Policy owner: SIMON BERNSTEIN

Complete form by typing or printing using ink. Any alterations to the form must be initialed by the owner. The form must be signed and dated within the past six months. Separate requests must be submitted for multiple policies. If more than two beneficiaries are requested, a separate page or copy of this form may be submitted which contains the policy number, the information regarding the beneficiary, the owner's signature(s) and the date signed. If more than one beneficiary is named, state the exact manner in which they are to share in the proceeds by using percentages. The percentages must equal 100%. Review the attached additional instructions if: the policy owner is a trust or a corporation, you are changing the beneficiary to a trust or corporation, the policy owner name has changed, or if you reside in a community property state.

PRIMARY:

1) _____

Name	Date of Birth	Relationship	SS# or TIN#	%
------	---------------	--------------	-------------	---

Address _____

2) _____

Name	Date of Birth	Relationship	SS# or TIN#	%
------	---------------	--------------	-------------	---

Address _____

CONTINGENT:

1) _____

Name	Date of Birth	Relationship	SS# or TIN#	%
------	---------------	--------------	-------------	---

Address _____

2) _____

Name	Date of Birth	Relationship	SS# or TIN#	%
------	---------------	--------------	-------------	---

Address _____

Policies subject to Viatical / Life Settlement transaction – Is any individual/entity listed on this form as beneficiary, a viatical settlement provider, a life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? Yes No

I (we) as the policyowner(s) hereby consent to the above designations and revoke all previous beneficiary designations. The effective date of this revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

Print Name of Policy Owner	Signature of Policy Owner	Date
Print Name of Policy Co-owner (if applicable)	Signature of Policy Co-Owner (if applicable)	Date
Spousal Signature (See additional instructions attached)	Date	Irrevocable Beneficiary Signature (if applicable)
	Date	Date

Signature of Notary Official, if applicable Notary seal/stamp. If the owner's signature has changed over the years please have the signature notarized.)

Heritage Union Life Insurance Company

800-825-0003

INSTRUCTIONS

REQUEST FOR CHANGE OF BENEFICIARY FORM

- Faxes Will Be Accepted
- Do Not Send Policy with this Form

Additional Instructions for Completing Change of Beneficiary Form

1. **Name Change:** In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
2. **Beneficiary Designations:** Be sure to state full names, and relationships ("Mary Doe, wife of the insured" or "Jane and Jim Doe, children of the insured.") Avoid listing only a relationship as the beneficiary (for instance, "spouse of the insured" or "children of the insured").
3. **If naming a Trust,** please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a copy of Trust. If you do not wish to provide us with a copy of the entire Trust, please provide us with the portions of the Trust document that designate:
 - The name of the Trust
 - The name of the Trustee(s)
 - The date of the Trust
 - Signature(s) of Trustee(s)
 - In the event the trustee has changed since the original designation with our Company, provide us with any letters of resignation and/or letter of acceptance of the new trustees.
4. **If policy is corporately owned,** an officer of the Corporation, **other than the Insured,** must sign on behalf of the Corporation, indicating their corporate title. Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes. Also the Tax ID number for the Corporation must be provided.
5. **Policies subject to Viatical / Life Settlement transaction** – Are you or any individual/entity named as beneficiary a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? If so, please check the appropriate box on the Change of Beneficiary form.
6. **Spousal Signature:** For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date this form and if there has been a dissolution of marriage due to divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

Examples Of Typical Beneficiary Designations

1. **Minor Children** should not be named as beneficiary since proceeds cannot be made payable to minors. If a beneficiary is a minor at the time proceeds are payable, we will require court documentation of the appointment of a Guardian of the Minor's Estate.
2. **Multiple Beneficiaries:** John H. Doe, Father 75%; Mary E. Doe, Mother 15%; and Jane Doe, Sister 10%. Percentages must equal 100%.
3. **Trust Beneficiary:** The exact name of trust Trust trustees names as trustee(s) under written trust agreement dated Tax ID #
4. **Partnership Beneficiary:** Smith, Jones and Brown, a partnership consisting of John A. Smith, William Jones and Henry Brown.
5. **Common Disaster Clause:** Mary E. Doe, Wife, if living on the day after the death of the Insured; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.
6. **Irrevocable Beneficiary:** Mary E. Doe, Wife, Without Reserving the Right to Change the Beneficiary. (If this type of designation is made, the consent of such beneficiary or beneficiaries will be required to exercise a subsequent right or privilege under said policy, including the right to designate a new beneficiary.)
7. **Estate as Beneficiary:** The estate of John H. Doe, Insured.
8. **Funeral Home Beneficiary:** If you reside in a state other than New York or Texas, you may name a funeral home as beneficiary under a life insurance policy or annuity contract except for policies or contracts used to fund pre-need funeral contracts. If naming a funeral home as beneficiary, please include the exact name of the funeral home and the phrase "as their interest may appear." Please be aware that if the funeral home's interest is less than the death proceeds and they are listed as the only beneficiary, they are under no obligation to give any remaining funds to your family or estate. We recommend that you still name a trusted family member or friend as contingent beneficiary.
For life insurance policies or annuity contracts that are used to fund pre-need funeral contracts, different requirements apply and states may prohibit you from naming a funeral home as beneficiary. Please seek legal advice before naming a funeral home as beneficiary under this type of life insurance policy or annuity contract.
9. The relationship of the proposed beneficiary to the person whose life is insured is needed for the purpose of identification. If no relationship exists, please furnish other information that will serve to identify the beneficiary.

AWD History for Work object key 2012-02-09-11.37.41.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

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Begin Date: 2012-03-19 Flags:
Begin Time: 15:10:27 DTM Job Name:
User Id: JSUITCS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-19
Status: End Time: 15:10:27
Queue:
User Name: SUITER, CINDY S
DTM Description:
Comments: Diana Banks, PO assist. called for min. prem. This has been calculated and
this amount is correct. 27,238.00/qrtly is the correct prem. to pay.

Begin Date: 2012-02-13 Flags: 9990N0
Begin Time: 17:11:57 DTM Job Name:
User Id: JSCOTNR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-13
Status: PROCESSED End Time: 17:11:57
Queue: END
User Name: SCOTT, NANCY R
DTM Description:
Comments:

Begin Date: 2012-02-09 Flags:
Begin Time: 15:04:58 DTM Job Name:
User Id: JMEECEM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-09
Status: End Time: 15:04:58
Queue:
User Name: DEGROOT, ERIKA M
DTM Description:
Comments: Esc Call: Received a call from Diana to confirm the amount needed now

Begin Date: 2012-02-09 Flags:
Begin Time: 14:55:11 DTM Job Name:
User Id: JMEECEM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-09

JCK000344

AWD History for Work object key 2012-02-09-11.37.41.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:36:44PM

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Status: End Time: 14:55:11
Queue:
User Name: DEGROOT, ERIKA M
DTM Description:
Comments: **Faxed a copy of the attached letter to Diana as requested. Also provided overnight address per her request.**

Begin Date: 2012-02-09 Flags: 9996Y1
Begin Time: 11:48:50 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-09
Status: PROCESSED End Time: 11:48:54
Queue: CSQC
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-02-09 Flags: 9990N0
Begin Time: 11:48:51 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-09
Status: ALPHAMATCH End Time: 11:48:51
Queue: CSPROC
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-02-09 Flags:
Begin Time: 11:39:18 DTM Job Name:
User Id: JMEECEM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-09
Status: End Time: 11:39:18
Queue:
User Name: DEGROOT, ERIKA M
DTM Description:
Comments: Esc Call: Received a call from Diana. She advised the po would like to change to quarterly billing mode. Please figure the min premium required to change

JCK000345

AWD History for Work object key 2012-02-09-11.37.41.021281T01

JLIFE - MINPREM - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:36:44PM

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mode to quaterly and pay the policy to 3/27/12 and what the new min prem would
be at that time as well. FAX to 561-988-0833

Begin Date: 2012-02-09 Flags: 9990N0
Begin Time: 11:37:43 DTM Job Name:
User Id: JMEECEM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-02-09
Status: ALPHAMATCH End Time: 11:38:16
Queue: CSPROC
User Name: DEGROOT, ERIKA M
DTM Description:
Comments:

Begin Date: 2012-02-09 Flags: 9990N0
Begin Time: 11:37:41 DTM Job Name:
User Id: JMEECEM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2012-02-09
Status: PHONE End Time: 11:37:41
Queue: CSPROC
User Name: DEGROOT, ERIKA M
DTM Description:
Comments:

JCK000346

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

February 10, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09583466

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy. In order to bring this policy to a current status, please remit a premium payment of \$18,296.01 prior to grace period ending date of March 03, 2012. This premium will pay this policy to March 27, 2012.

The current scheduled annual premium amount of \$108,950.00 is no longer adequate to cover your cost of insurance plus any policy expenses and maintain a positive cash value. Effective February 09, 2012 the quarterly premium has been changed to \$27,238.00.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age. We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Return Envelope

JCK000347

AWD History for Work object key 2012-02-09-15.06.17.832281T01

JLIFE - PHONE - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:03PM

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Begin Date: 2012-09-20 Flags:
Begin Time: 15:52:01 DTM Job Name:
User Id: JBAKEC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-20
Status: End Time: 15:52:01
Queue:
User Name: BAKER, CYNTHIA
DTM Description:
Comments: Diana Banks called to request copy of trust adv her of in writing and fax to #803-333-7842...

Begin Date: 2012-02-09 Flags:
Begin Time: 15:06:51 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-02-09
Status: End Time: 15:06:51
Queue:
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments: adv to forward check. cannot wire transfer

Begin Date: 2012-02-09 Flags: 9990N0
Begin Time: 15:06:22 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2012-02-09
Status: PROCESSED End Time: 15:06:55
Queue: END
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

Begin Date: 2012-02-09 Flags: 9990N0
Begin Time: 15:06:17 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2012-02-09

JCK000348

AWD History for Work object key 2012-02-09-15.06.17.832281T01

JLIFE - PHONE - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:03PM

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Status: PHONE End Time: 15:06:17
Queue: CSPROC
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

AWD History for Work object key 2012-03-12-16.25.10.549281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:17PM

Begin Date: 2012-04-26 Flags:
Begin Time: 15:31:05 DTM Job Name:
User Id: JSIMOJJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-04-26
Status: End Time: 15:31:05
Queue:
User Name: SIMONS, JINA J
DTM Description:
Comments: calld for amt due

Begin Date: 2012-03-22 Flags: 6000N2
Begin Time: 05:17:43 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-03-22
Status: QPASS End Time: 05:19:30
Queue: END
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2012-03-21 Flags:
Begin Time: 04:46:03 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-21
Status: End Time: 04:46:03
Queue:
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: sent as per the Actuary comments below , thank you

Begin Date: 2012-03-21 Flags: 6000Y2
Begin Time: 04:40:29 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-03-21
Status: PROCSSD3 End Time: 04:46:06
Queue: CSQC2

JCK000350

AWD History for Work object key 2012-03-12-16.25.10.549281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:17PM

User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2012-03-20 Flags:
Begin Time: 11:23:28 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-20
Status: End Time: 11:23:29
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: po needs to pay 36,800.35 to cover loan amount and still have enough value to carry to next billed to date, 6/27/2012

Begin Date: 2012-03-20 Flags:
Begin Time: 11:21:33 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-20
Status: End Time: 11:21:33
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: ignore previous comment

Begin Date: 2012-03-20 Flags: 6050N0
Begin Time: 11:20:53 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-03-20
Status: CS End Time: 11:21:10
Queue: CSPROC2
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2012-03-20 Flags:

AWD History for Work object key 2012-03-12-16.25.10.549281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:17PM

Begin Time: 11:20:50 DTM Job Name:
User Id: JWERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-20
Status: End Time: 11:20:50
Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: not overloaned as of 3/20/2012

Begin Date: 2012-03-15 Flags:
Begin Time: 08:37:19 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-15
Status: End Time: 08:37:19
Queue:
User Name: CARR, LIEZEL
DTM Description:
Comments: Actuary please advise if this policy is overloaned, if yes, please provide the overloaned amount.

Begin Date: 2012-03-15 Flags: 9990N0
Begin Time: 08:35:25 DTM Job Name:
User Id: ACARRLX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-03-15
Status: ACTUARY End Time: 08:37:27
Queue: ACTUARY
User Name: CARR, LIEZEL
DTM Description:
Comments:

Begin Date: 2012-03-12 Flags:
Begin Time: 16:26:47 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-03-12
Status: End Time: 16:26:47
Queue:

JCK000352

AWD History for Work object key 2012-03-12-16.25.10.549281T01

JLIFE - OVERLOAN - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:38:17PM

User Name: TOLAND, REGINA L

DTM Description:

Comments: There is a loan amount of 13,776.38 that is not on the system - we are unable to add this amount to the loan as there is not sufficient cash surrender value - please calculate the amount that needs to be paid in order to increase the value of the policy enough to add this amount to the loan and send letter to PO requesting the funds

Begin Date: 2012-03-12

Flags: 3000N0

Begin Time: 16:24:19

DTM Job Name:

User Id: JTOLARL

DTM Return Code:

Workstation Id:

DTM Task Name:

Business Area: JLIFE

DTM Next Task:

Type: OVERLOAN

End Date: 2012-03-12

Status: ALPHAMATCH

End Time: 16:25:10

Queue: CSPROC2

User Name: TOLAND, REGINA L

DTM Description:

Comments:

JCK000353

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

March 21, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09614263

Dear Sir or Madam:

Thank you for contacting Heritage Union Life Insurance Company. We appreciate your business and welcome the opportunity to be of service.

Please note that the policyowner needs to pay an amount of \$36,800.00 to cover the loan amount and still have enough cash value to carry the policy to the next billed to date of June 27, 2012.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

JCK000354

AWD History for Work object key 2012-05-02-10.40.36.907281T01

JLIFE - POLRES - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN = SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:39:26PM

OE 0=

Begin Date: 2012-05-10 Flags: 9990N0
Begin Time: 12:30:02 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-10
Status: QPASS2 End Time: 12:30:08
Queue: END
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2012-05-10 Flags: 9990Y2
Begin Time: 12:29:53 DTM Job Name:
User Id: JCAFFLD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-10
Status: QPASS End Time: 12:29:59
Queue: CSQC
User Name: CAFFERY, LORRIE D
DTM Description:
Comments:

Begin Date: 2012-05-10 Flags:
Begin Time: 12:01:07 DTM Job Name:
User Id: JCONOGE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-10
Status: End Time: 12:01:07
Queue:
User Name: CONOVER, GINGER E
DTM Description:
Comments: faxed letter to diana 561-955-0833

Begin Date: 2012-05-10 Flags: 9991Y1
Begin Time: 11:55:45 DTM Job Name:
User Id: JCONOGE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-10
Status: PROCESSD1 End Time: 12:01:12

JCK000355

AWD History for Work object key 2012-05-02-10.40.36.907281T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:39:26PM

OE 0=

Queue: CSQC
User Name: CONOVER, GINGER E
DTM Description:
Comments:

Begin Date: 2012-05-09 Flags: 9990N0
Begin Time: 15:41:48 DTM Job Name:
User Id: JCONOGE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-09
Status: CSPROC End Time: 15:41:48
Queue: JCONOGE
User Name: CONOVER, GINGER E
DTM Description:
Comments:

Begin Date: 2012-05-09 Flags:
Begin Time: 14:29:08 DTM Job Name:
User Id: JKITTE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-09
Status: End Time: 14:29:08
Queue:
User Name: KITSELMAN, ELLEN L
DTM Description:
Comments: adv request is still being worked on

Begin Date: 2012-05-07 Flags:
Begin Time: 08:19:28 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-07
Status: End Time: 08:19:28
Queue:
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: unable to locate the beneficiary changes on files attached, please assist

JCK000356

AWD History for Work object key 2012-05-02-10.40.36.907281T01

JLIFE - POLRES - QPASS2 - END - Updateable

- 1009200 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:39:26PM

OE 0=

Begin Date: 2012-05-07 Flags: 9990N0
Begin Time: 07:48:27 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-07
Status: CSPROC End Time: 08:21:40
Queue: CSPROC
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2012-05-02 Flags: 4000N0
Begin Time: 13:27:51 DTM Job Name:
User Id: DBOWMTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-02
Status: ALPHAMATCH End Time: 13:27:54
Queue: CSPROC2
User Name: BOWMAN, TONI L
DTM Description:
Comments:

Begin Date: 2012-05-02 Flags:
Begin Time: 10:45:25 DTM Job Name:
User Id: JCCONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-02
Status: End Time: 10:45:25
Queue:
User Name: COONS, WILLIAM RAY
DTM Description:
Comments: **ALSO REQUESTING COPIES OF TRUSTS**

Begin Date: 2012-05-02 Flags:
Begin Time: 10:44:56 DTM Job Name:
User Id: JCCONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-02
Status: End Time: 10:44:56

JCK000357

AWD History for Work object key 2012-05-02-10.40.36.907281T01

JLIFE - POLRES - QPASS2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:39:26PM

OE 0=

Queue:

User Name: COONS, WILLIAM RAY

DTM Description:

Comments: CORRECTION: PLS RESEARCH AND FAX LTR TO DIANA AT 561-955-0833 PER UINP SHOWING
NAME OF PO, NAME OF TRUST(S) AND DATE OF TRUSTS

Begin Date: 2012-05-02 Flags: 4000N0
Begin Time: 10:43:39 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE DTM Next Task:
Type: POLRES End Date: 2012-05-02
Status: ALPHAMATCH End Time: 10:43:48
Queue: CSPROC2
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

Begin Date: 2012-05-02 Flags:
Begin Time: 10:41:43 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-02
Status: End Time: 10:41:43
Queue:
User Name: COONS, WILLIAM RAY
DTM Description:
Comments: fax stat ltr 561-988-0833

Begin Date: 2012-05-02 Flags: 3000N0
Begin Time: 10:40:38 DTM Job Name:
User Id: JCOONWR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DLIFE DTM Next Task:
Type: CORRESP End Date: 2012-05-02
Status: ALPHAMATCH End Time: 10:41:46
Queue: CSPROC2
User Name: COONS, WILLIAM RAY
DTM Description:
Comments:

JCK000358

AWD History for Work object key 2012-05-02-10.40.36.907281T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:39:26PM

OE 0=

Begin Date:	2012-05-02	Flags:	4500N0
Begin Time:	10:40:37	DTM Job Name:	
User Id:	JCOONWR	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	DLIFE	DTM Next Task:	
Type:	FORMS	End Date:	2012-05-02
Status:	PHONE	End Time:	10:40:37
Queue:	CSPROC		
User Name:	COONS, WILLIAM RAY		
DTM Description:			
Comments:			

JCK000359

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

May 11, 2012

SIMON BERNSTEIN

C/O DIANA

FAX # 561-955-8033

Insured Name: SIMON C/O DIANA BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the policy. We do not have any copy of the trust documents on file.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Word Form

JCK000360

Heritage Union Life Insurance Company
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842
Visit us at www.insurance-servicing.com

May 10, 2012

SIMON BERNSTEIN
C/O DIANA
FAX # 561-825-0833
688-13

Insured Name: SIMON C/O DIANA BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the policy. We do not have any copy of the trust documents on file.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Word Form

0000510 0002582

E-1) BUSY NO FACSIMILE CONNECTION

REASON FOR ERROR
E-3) HANGUP OR LINE FAIL
E-2) NO ANSWER

OK 11/11
PAGE RESULT

9156198808933
ADDRESS

598 MEMORY TX

TRANSMITTED/STORED MAY 10 2012 3:05PM
FILE MODE OPTION

FAX HEADER:

* * * COMMUNICATION RESULT REPORT (MAY. 10. 2012 3:07PM) * * *

P. 1

JCK000361

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

May 10, 2012

SIMON BERNSTEIN

C/O DIANA #

FAX # 561-~~85~~-0923

C/O - 1

000000000000000000000000

Insured Name: SIMON C/O DIANA BERNSTEIN

Policy Number: 1009208

Correspondence Number: 09652475

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company.

Enclosed are copies of all of the forms and letters concerning the beneficiaries and owner of the policy. We do not have any copy of the trust documents on file.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): · Word Form ·

JCK000362



Capitol Bankers Life

OF APPLICATION TO

CAPITOL BANKERS LIFE INSURANCE COMPANY

Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-8999

(For an Annuity "Proposed Insured" means "Annuitant")

1009208

PERSONS TO BE INSURED (Print First Name, Middle Initial, Last Name) Sex Age Birthdate State of Birth Ht. Build Wt. Social Security Number
PROPOSED INSURED SIMON BERNSTEIN M 12/3/35 ILL.
SPOUSE (if to be insured or Payor)
DEPENDENT CHILDREN IF TO BE INSURED
Residence Address 620 N. SHERIDAN RD. Employer S.B. LEXINGTON, INC.
City GLENCOE State ILL. Zip 60022 Business Address 9933 LAWLER
County Telephone No. Occupation EXECUTIVE
Proposed insured will be owner of policy unless otherwise indicated.
Owner's Name First Arlington National Bank, Trustee Social Security Number
Mailing Address Of S.B. Lexington, Inc. Employee Death Benefit Trust
Relationship to Proposed Insured

- 1. Is this insurance intended to replace or modify any insurance or annuity now carried?
2. Are there any other applications now pending for Life or Health Insurance?
3. Flown in past 3 years other than as a fare paying passenger or is such contemplated?
4. Ever participated in sky diving, skin diving, scuba diving, auto racing, mountain climbing or any avocation of a similar nature?
5. Had drivers license suspended or revoked?
6. Do you now smoke cigarettes?
7. If no, have you ever smoked cigarettes?
8. If yes, when did you stop?

LIFE INSURANCE OR ANNUITY APPLIED FOR:

Plan CVL
Amount \$2,000,000
Level Term for Yr. \$
Reducing Term for Yr. \$
Waiver of Premium G.P.O. Units
ADB Other

If available, automatic premium loan provision?
Yes X No
Premiums Ann. Qtr. List Bill Other
Payable S.A. PAC Allotment

Total insurance in force? (if space is insufficient, enter under Remarks.)

Table with 4 columns: Name of Company, Coverage (Life), Amount of Acc. Death, Year of Issue. Row 1: INTER-OCEAN, 1,000,000, 80

Beneficiaries: (Full names and relationship. If minor, give date of birth.) First Arlington National Bank, Trustee Primary? of S.B. Lexington, Inc. Employee Death Benefit Trust Contingent?

Send Notices to *see below
Proposed Insured at Address Above
or to Owner at Address Above Business Address Above

Remarks/Amendments PLEASE SEND PREMIUM NOTICES TO: * S.B. Lexington, Inc. Employee Death Benefit Plan, c/o National Service Association 9933 Lawler Suite 210 Skokie, Illinois 60077

I represent that the statements and answers given in this application are true and complete to the best of my knowledge and belief. I understand and agree that insurance upon this application will not become effective (A) unless this application is accepted by the Insurance Company during my lifetime and the lifetime of each dependent listed above and (B) unless the first premium is paid in full during my lifetime and the lifetimes of each dependent listed above.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act, Public Law 91-508. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No
Signed at CHICAGO, ILLINOIS City State
Signature of Proposed Insured
Date 3/2/82

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Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 10191
Greenville, South Carolina 29603-9181
864-639-2142 or 800-575-0000 FAX: 864-639-4006

REQUEST LETTER

Use this form to: change address, premium mode, name, beneficiary, or owner; request duplicate policy, surrender, or non-foreclosure option; effect release of interest.

Instructions

- a. A separate request form must be completed for each policy.
- b. Please print or type all information except signatures.
- c. If applicable, the term "insured" also means "insured," and the term "policy" also means "contract."

Required Signatures

- a. Owner must sign ALL requests.
- b. If policy is collateral assigned, assignee must sign if request number 8 is made.
- c. If beneficiary was designated with a right of revocation, beneficiary must sign if request number 8 or 9 is made.
- d. If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- e. If owner is a partnership, each partner must sign if request number 6 or 7 is made.
- f. If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation, board of directors must be attached to this form if request number 6 or 7 is made.
- g. "Witness Signature" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674
Principal and Owner City State Zip Code

1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.
 2. ADDRESS CHANGE (Other than Owner).
 For: Insured Assignee Payor (Billing Address) Other
 New Address: _____
Principal and Owner City State Zip Code
 3. MODE OF PREMIUM PAYMENT CHANGE
 Change Mode to: Annual Semi-Annual Quarterly Pre-Authorized Check (attach complete authorization form and voided check)
 NOTE: One of the premium due dates of the new mode must be a policy anniversary.
 4. BENEFICIARY CHANGE
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.
- | FULL NAME OF BENEFICIARY | RELATIONSHIP | % OF PROCEEDS |
|--------------------------|--------------|---------------|
| PRIMARY _____ | _____ | _____ |
| CONTINGENT _____ | _____ | _____ |
- Note: If beneficiary is being changed to a trust, give date of Trust Agreement: _____
5. NAME CHANGE FOR: Insured Owner
 From _____ to _____
Principal and Owner City State Zip Code
 Reason for change: Marriage Divorce Other: _____
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")

6. OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:
 New Owner: SIMON BERNSTEIN Soc. Sec./Tax I.D. No. _____
 Mailing Address: 1022 Kings Head Chgo IL 60674
Principal and Owner City State Zip Code

If ownership is being transferred to a trust, give date of Trust Agreement: _____

1-800-555-8821



JLY NOV 27 1995

S.D. Lexington, Inc.

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60661 - (312) 993-0014 - FAX (312) 993-0485

00005500 00025800

November 10, 1995

Capitol Bankers Life
Attn: Policyholder Services
735 North Water Street
Post Office Box 2016
Milwaukee, WI 53201

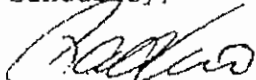
RE: Simon Bernstein
Policy # 1009208

To Whom It May Concern:

Enclosed please find a change of beneficiary form for the above mentioned policy. Please process this form effective immediately.

Also, please send me an endorsed copy of this form so I know that the change has been made.

Sincerely,


Patti Simosky

INSURANCE COUNSELORS WITH (IN-TEG-RITY)

JCK000369

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
435 North Water Street P. O. Box 2018
Milwaukee Wisconsin 53201
414-277-9988

REQUEST LETTER

NOV 27 1995

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured SIMON BERNSTEIN

The Policy is not enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

LASALLE NATIONAL TRUST, N.A. TRUSTEE

Successor: (Substitute payee if no Primary payee living)

SIMON BERNSTEIN IRREVOCABLE INSURANCE TRUST DATED JUNE 21, 1995 TRUST

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent

Date

11-7-95

Personal Signature of Old Owner, if Ownership Change

LASALLE NATIONAL TRUST, N.A.
BY: Linda W. Womack

Agent

Date

Personal Signature of Policyholder (Owner)

PHS1 (1/79)

JCK000370



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

NOV 14 1995

November 14, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$66.46
Total Gross Loan	\$5,205.51

Total Outstanding Loan Balance to 27NOV1995: \$26,503.35

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies



Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

803-322-3142 • 800-825-0003
FAX: 803-292-4005

November 27, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

The executed beneficiary change for the above mentioned policy is as follows:

PRIMARY-LASALLE NATIONAL TRUST, N.A.
TRUSTEE
CONTINGENT-SIMON BERNSTEIN INS.
TRUST DATED 6/21/95.

This letter will serve as an endorsement to your policy.
PLEASE ATTACH THIS LETTER TO YOUR POLICY.

Capitol Bankers Life Insurance Company is happy to be of service to you. If we can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Sincerely,
CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000372

AWD History for Work object key 2012-05-23-13.30.34.850281T01

JLIFE - FORMS - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM

0 0=

Begin Date: 2012-05-23 Flags:
Begin Time: 16:55:03 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 16:55:03
Queue:
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments: Illustration Req form sent to PO

Begin Date: 2012-05-23 Flags: 4500N2
Begin Time: 16:54:35 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-05-23
Status: PROCESSED End Time: 16:55:06
Queue: END
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 16:54:27 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-05-23
Status: ALPHAMATCH End Time: 16:54:33
Queue: CSPROC
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags:
Begin Time: 13:57:14 DTM Job Name:
User Id: JSCOTNR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 13:57:14

JCK000373

AWD History for Work object key 2012-05-23-13.38.34.850281T01

JLIFE - FORMS - PROCESSED - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM

0 0-

Queue:
User Name: SCOTT, NANCY R
DTM Description:
Comments: This company requires a signed request by po on form.

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 13:56:55 DTM Job Name:
User Id: JSCOTNR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-05-23
Status: ALPHAMATCH End Time: 13:56:55
Queue: JAMBRCL
User Name: SCOTT, NANCY R
DTM Description:
Comments:

Begin Date: 2012-05-23 Flags:
Begin Time: 13:38:58 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-05-23
Status: End Time: 13:38:58
Queue:
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments: please run an inforce illustration and have mailed and faxed to PO at
561-988-8984

Begin Date: 2012-05-23 Flags: 4500N0
Begin Time: 13:38:17 DTM Job Name:
User Id: JAMBRCL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLJST End Date: 2012-05-23
Status: ALPHAMATCH End Time: 13:38:34
Queue: CSPROC2
User Name: AMBROSE, CANDYCE L
DTM Description:
Comments:

JCK000374

AWD History for Work object key 2012-05-23-13.38.34.850201T01

JLIFE - FORMS - PROCESSED - END - Updateable

██████████ 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: ██████████ Policy Number: 1009208

Agent Number: ██████████ Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:45:33PM

0 0=

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

May 23, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11543832

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. As requested, an Illustration Form is enclosed. Please complete and sign this form and return to our office.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustrations Request

JCK000376

Heritage Union Life Insurance Company

800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN .

Name and Phone of contact in the event we have questions

Universal Life Policy

- _____ Current death benefit and premiums
- _____ Minimum premiums to endow at maturity
- _____ Minimum premiums to carry to maturity
- _____ Other specific request

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to:

Name: _____
Address: _____

Fax: _____
Phone: _____

Policy Owner Signature

Date

AWD History for Work object key 2012-06-11-10.11.10.045281T01

JLIFE - ILLUST - PROCESSD3 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:46:56PM

0 0=

Begin Date: 2012-06-18 Flags: 9990N2
Begin Time: 04:28:44 DTM Job Name:
User Id: ACHETD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-18
Status: PROCESSD3 End Time: 04:29:11
Queue: END
User Name: CHETTY, DEBORAH
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags: 9990N0
Begin Time: 16:01:14 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-15
Status: CS2 End Time: 16:01:14
Queue: CSPROC2
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags: 9990N0
Begin Time: 14:46:48 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUST End Date: 2012-06-15
Status: PENDED2 End Time: 14:47:10
Queue: PENDING
User Name: WIERSMA, TONY J
DTM Description:
Comments:

Begin Date: 2012-06-15 Flags:
Begin Time: 14:46:45 DTM Job Name:
User Id: JWIERTJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-15
Status: End Time: 14:46:45

JCK000378

AWD History for Work object key 2012-06-11-10.11.10.045281T01

JLIFE - ILLUSTR - PROCESSD3 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:46:56PM

0 0=

Queue:
User Name: WIERSMA, TONY J
DTM Description:
Comments: 2 illustrations completed.
1. inforce
2. min prem mat

Begin Date: 2012-06-12 Flags: 9990N0
Begin Time: 09:05:59 DTM Job Name:
User Id: JBALLDS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: AACTUARY End Time: 09:06:06
Queue: ACTUARY
User Name: BALL, DEBRA S
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags: 9990N0
Begin Time: 08:26:49 DTM Job Name:
User Id: ADEJACK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: CSPROC End Time: 08:26:58
Queue: CSPROC
User Name: DE JAGER, CHERYL
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags: 4500N0
Begin Time: 07:51:53 DTM Job Name:
User Id: IHASHS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ILLUSTR End Date: 2012-06-12
Status: ALPHAMATCH End Time: 07:52:10
Queue: CSPROC2
User Name: HASHMI, SADIYA
DTM Description:
Comments:

JCK000379

AWD History for Work object key 2012-06-11-10.11.10.045201T01

JLIFE - ILLUSTR - PROCESSD3 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:46:56PM

0 0=

Begin Date:	2012-06-11	Flags:	9500N0
Begin Time:	10:11:10	DTM Job Name:	
User Id:	JBAUESK	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	CSGENERIC	End Date:	2012-06-11
Status:	SCANNED	End Time:	10:11:10
Queue:	INDEX		
User Name:	BAUER, SHAWNETTE K		

DTM Description:
Comments:

JCK000380

Heritage Union Life Insurance Company

800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN .

Name and Phone of contact in the event we have questions

Diana Banks 561-988-8984

Universal Life Policy

- Current death benefit and premiums
- Minimum premiums to endow at maturity
- Minimum premiums to carry to maturity
- Other specific request

Please allow 7-14 business days from the date of receipt in our office for processing.
Thank you.

Please return illustration to:

Name: Simon Bernstein
Address: 7000 Lions Head Lane
Boca Raton, FL 33496
Fax: _____
Phone: _____

Policy Owner Signature

6/1/12
Date

Life!
INSURANCE CONCEPTS

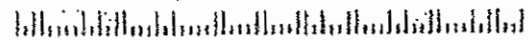
950 Peninsula Corporate Circle, Suite 301D
Boca Raton, Florida 33487

CONCEPTS



Heritage Union Life Ins Co
PO Box 1147
Jacksonville, ~~FL~~ 62651
IL

62651114747



Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

June 18, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 11564819

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. We received your request for an illustration on the above referenced life insurance policy.

- Enclosed is an illustration as requested.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustration

JCK000383

Heritage Union Life Insurance Company
 1275 Sandusky Rd Jacksonville, IL 62650-2030
 Illustration based on current interest rate of 4.50%

NAME: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$27,238.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

<u>END OF YEAR</u>	<u>DATE</u>	<u>AGE</u>	<u>PREMIUMS</u>	<u>ACCOUNT VALUE AT</u> Current rate of 4.50%	<u>CASH VALUE AT</u> Current rate of 4.50%	<u>CURRENT DEATH BENEFIT</u>	<u>LOAN AMOUNT</u>
30	12/27/12	77	142,235.30	73,436.63	11,824.78	1,689,070	61,611.85
31	12/27/13	78	108,952.00	73,810.76	8,810.26	1,689,070	65,000.50
32	12/27/14	79	108,952.00	64,248.27	0.00	0.00	68,575.53

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.
 This is not likely to occur, and actual results may be more or less favorable than those shown.

Heritage Union Life Insurance Company
 1275 Sandusky Rd Jacksonville, IL 62650-2030
 Illustration based on current interest rate of 4.50%

NAME: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE: 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$43,372.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT Current rate of 4.50%	CASH VALUE AT Current rate of 4.50%	CURRENT DEATH BENEFIT	LOAN AMOUNT
30	12/27/12	77	174,503.30	102,477.46	40,865.61	1,689,070	61,611.85
31	12/27/13	78	173,488.00	165,847.30	100,846.80	1,689,070	65,000.50
32	12/27/14	79	173,488.00	227,104.25	158,528.72	1,689,070	68,575.53
33	12/27/15	80	173,488.00	286,167.47	213,820.29	1,689,070	72,347.18
34	12/27/16	81	173,488.00	343,201.32	266,875.04	1,689,070	76,326.28
35	12/27/17	82	173,488.00	398,567.96	318,043.74	1,689,070	80,524.22
36	12/27/18	83	173,488.00	452,043.80	367,090.75	1,689,070	84,953.06
37	12/27/19	84	173,488.00	503,502.23	413,876.75	1,689,070	89,625.47
38	12/27/20	85	173,488.00	552,081.80	457,526.92	1,689,070	94,554.88
39	12/27/21	86	173,488.00	597,102.31	497,346.92	1,689,070	99,755.39
40	12/27/22	87	173,488.00	637,705.64	532,463.70	1,689,070	105,241.94
41	12/27/23	88	173,488.00	672,791.32	561,761.08	1,689,070	111,030.25
42	12/27/24	89	173,488.00	701,141.93	584,005.02	1,689,070	117,136.91
43	12/27/25	90	173,488.00	723,858.74	600,279.30	1,689,070	123,579.44
44	12/27/26	91	173,488.00	742,908.10	612,531.79	1,689,070	130,376.31
45	12/27/27	92	173,488.00	759,584.94	622,037.93	1,689,070	137,547.01
46	12/27/28	93	173,488.00	773,440.57	628,328.48	1,689,070	145,112.09
47	12/27/29	94	173,488.00	779,190.20	626,096.95	1,689,070	153,093.26
48	12/27/30	95	173,488.00	768,250.85	606,737.46	1,689,070	161,513.39
49	12/27/31	96	173,488.00	734,412.65	564,016.04	1,689,070	170,396.62
50	12/27/32	97	173,488.00	676,439.95	496,671.51	1,689,070	179,768.44
51	12/27/33	98	173,488.00	582,761.55	393,105.85	1,689,070	189,655.70
52	12/27/34	99	173,488.00	436,938.93	236,852.16	1,689,070	200,086.76
53	12/27/35	100	173,488.00	213,270.09	2,178.56	1,689,070	211,091.54

This is an illustration, not a contract.

The assumptions on which this illustration is based are subject to change, unless specifically labeled 'Guaranteed'.

This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.
 This is not likely to occur, and actual results may be more or less favorable than those shown.

Heritage Union Life Insurance Company
 1275 Sandusky Rd Jacksonville, IL 62650-2030
 Illustration based on current interest rate of 4.50%

NAME: SIMON BERNSTEIN
 POLICY NUMBER: 1009208
 ISSUE STATUS: 47 Male NonSmoker
 ISSUE DATE: December 27, 1982
 FACE AMOUNT: \$1,689,070.00

TODAY'S DATE 06/15/12
 OPTION: Including Cash Value
 MODAL PREMIUM: \$43,372.00
 Quarterly
 BEGINNING ACCT VALUE: \$58,075.74

END OF YEAR	DATE	AGE	PREMIUMS	ACCOUNT VALUE AT	CASH VALUE AT	CURRENT DEATH BENEFIT	LOAN AMOUNT
				Current rate of 4.50%	Current rate of 4.50%		
30	12/27/12	77	174,503.30	102,477.46	40,865.61	1,689,070	61,611.85
31	12/27/13	78	173,488.00	165,847.30	100,846.80	1,689,070	65,000.50
32	12/27/14	79	173,488.00	227,104.25	158,528.72	1,689,070	68,575.53
33	12/27/15	80	173,488.00	286,167.47	213,820.29	1,689,070	72,347.18
34	12/27/16	81	173,488.00	343,201.32	266,875.04	1,689,070	76,326.28
35	12/27/17	82	173,488.00	398,567.96	318,043.74	1,689,070	80,524.22
36	12/27/18	83	173,488.00	452,043.80	367,090.75	1,689,070	84,953.06
37	12/27/19	84	173,488.00	503,502.23	413,876.75	1,689,070	89,625.47
38	12/27/20	85	173,488.00	552,081.80	457,526.92	1,689,070	94,554.88
39	12/27/21	86	173,488.00	597,102.31	497,346.92	1,689,070	99,755.39
40	12/27/22	87	173,488.00	637,705.64	532,463.70	1,689,070	105,241.94
41	12/27/23	88	173,488.00	672,791.32	561,761.08	1,689,070	111,030.25
42	12/27/24	89	173,488.00	701,141.93	584,005.02	1,689,070	117,136.91
43	12/27/25	90	173,488.00	723,858.74	600,279.30	1,689,070	123,579.44
44	12/27/26	91	173,488.00	742,908.10	612,531.79	1,689,070	130,376.31
45	12/27/27	92	173,488.00	759,584.94	622,037.93	1,689,070	137,547.01
46	12/27/28	93	173,488.00	773,440.57	628,328.48	1,689,070	145,112.09
47	12/27/29	94	173,488.00	779,190.20	626,096.95	1,689,070	153,093.26
48	12/27/30	95	173,488.00	768,250.85	606,737.46	1,689,070	161,513.39
49	12/27/31	96	173,488.00	734,412.66	564,016.04	1,689,070	170,396.62
50	12/27/32	97	173,488.00	676,439.95	496,671.51	1,689,070	179,768.44
51	12/27/33	98	173,488.00	582,761.55	393,105.85	1,689,070	189,655.70
52	12/27/34	99	173,488.00	436,938.93	236,852.16	1,689,070	200,086.76
53	12/27/35	100	173,488.00	213,270.09	2,178.56	1,689,070	211,091.54

This is an illustration, not a contract.
 The assumptions on which this illustration is based are subject to change, unless specifically labeled "Guaranteed".
 This illustration assumes that the currently illustrated nonguaranteed elements will continue unchanged for all years shown.
 This is not likely to occur, and actual results may be more or less favorable than those shown.

AWD History for Work object key 2012-06-12-16.05.20.060281T01

JLIFE - OVERLOAN - PROCESSDL - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:48:52PM

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Begin Date: 2012-06-22 Flags: 6000N2
Begin Time: 10:14:39 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-22
Status: PROCESSDL End Time: 10:14:48
Queue: END
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-22 Flags:
Begin Time: 10:14:31 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-22
Status: End Time: 10:14:31
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: created work to have premium of \$36,800.35 reversed and reapplied as \$23,770.43 loan payment and contacted RT to have JE done to take care of loan that is not existing on policy with remaining 13,029.92

Begin Date: 2012-06-21 Flags: 9990N0
Begin Time: 10:17:58 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-21
Status: CSEROC End Time: 10:17:58
Queue: JWALDTA
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-13 Flags:
Begin Time: 06:54:48 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:

JCK000388

AWD History for Work object key 2012-06-12-16.05.20.060281T01

JLIFE - OVERLOAN - PROCESSD1 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:48:52PM

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Type: End Date: 2012-06-13
Status: End Time: 06:54:48
Queue:
User Name: MOREMI, MAPASEKA
DTM Description:
Comments: Please assist with the request below , thank you

Begin Date: 2012-06-13 Flags: 9990N0
Begin Time: 06:54:27 DTM Job Name:
User Id: AMOREM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: OVERLOAN End Date: 2012-06-13
Status: CSPROC End Time: 06:54:54
Queue: CSPROC
User Name: MOREMI, MAPASEKA
DTM Description:
Comments:

Begin Date: 2012-06-12 Flags:
Begin Time: 16:45:57 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-12
Status: End Time: 16:45:57
Queue:
User Name: TOLAND, REGINA L
DTM Description:

Comments: we got the 36,800.35 that we requested for overloan amount - this was applied to the policy as a reg premium payment - there is still a loan amount of 13,776.38 that is not on the system - even after the 36,800.35 reg premium payment we still do not have enough cash value in the policy to add the 13,776.38 loan - should the 36,800.35 reg premium amount be reversed and applied as a 23,023.97 loan payment with the additional 13,776.38 journaled to the loan account for the loaned amount that is not on the system - or is the policy still truly overloaned?

Begin Date: 2012-06-12 Flags: 3000N0
Begin Time: 16:04:42 DTM Job Name:
User Id: JTOLARL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:

JCK000389

AWD History for Work object key 2012-06-12-16.05.20.060281T01

JLIFE - OVERLOAN - PROCESSD1 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:48:52PM

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Type:	OVERLOAN	End Date:	2012-06-12
Status:	ALPHAMATCH	End Time:	16:05:20
Queue:	CSPROC2		
User Name:	TOLAND, REGINA L		
DTM Description:			
Comments:			

AWD History for Work object key 2012-06-20-12.48.10.087281T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:49:53PM

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Begin Date: 2012-06-20 Flags:
Begin Time: 13:06:24 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-20
Status: End Time: 13:06:24
Queue:
User Name: HUFF, MEGAN
DTM Description:
Comments: FAXED

Begin Date: 2012-06-20 Flags: 4500N2
Begin Time: 12:49:54 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-06-20
Status: PROCESSED End Time: 13:05:48
Queue: END
User Name: HUFF, MEGAN
DTM Description:
Comments:

Begin Date: 2012-06-20 Flags:
Begin Time: 13:03:54 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-20
Status: End Time: 13:03:54
Queue:
User Name: HUFF, MEGAN
DTM Description:
Comments: COB FAX TO # 561/988-0833

Begin Date: 2012-06-20 Flags: 4500N0
Begin Time: 12:48:11 DTM Job Name:
User Id: JHUFFM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-06-20
Status: ALPHAMATCH End Time: 13:04:05

JCK000391

AWD History for Work object key 2012-06-20-12.48.10.087281T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:49:53PM

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Queue: CSPROC
User Name: HUFF, MEGAN
DTM Description:
Comments:

Begin Date:	2012-06-20	Flags:	9990N0
Begin Time:	12:48:10	DTM Job Name:	
User Id:	JHUFFM	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	DLIFE	DTM Next Task:	
Type:	PHONE	End Date:	2012-06-20
Status:	PHONE	End Time:	12:48:10
Queue:	CSPROC		
User Name:	HUFF, MEGAN		
DTM Description:			
Comments:			

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

June 20, 2012

SIMON BERNSTEIN

FAX # 561/988-0833

Insured Name: SIMON BERNSTEIN

Policy Number: 1009208

Correspondence Number: 11568472

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. As requested, a Request for Change of Beneficiary Form is enclosed.

The *policyowner* is to complete the Request for Change of Beneficiary Form by naming their choice of primary and contingent beneficiaries and providing all of the requested information, as well as, their signature(s) on the Signature Page.

For the protection of both parties, if the owner resides in a Community Property State, we request the owner's spouse join in signing and dating the form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date the form and if there has been a dissolution of marriage through divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

For other requirements, such as if you are naming a Trust as a beneficiary, refer to the Instructions - Request for Change of Beneficiary Form which are also enclosed.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Did you know you can download forms from our website? It is fast and convenient. Next time you need a form visit us at www.insurance-servicing.com.

Enclosure(s): Instructions-Beneficiary Change Form
Beneficiary Change Form

JCK000393

Heritage Union Life Insurance Company
INSTRUCTIONS
REQUEST FOR CHANGE OF BENEFICIARY FORM

- **Faxes Will Be Accepted**
- **Do Not Send Policy with this Form**

Additional Instructions for Completing Change of Beneficiary Form

1. **Name Change:** In the case of name change, we require legal proof of the change such as Marriage Certificate, Divorce Decree, Drivers License, Social Security Card, Court Order or Federal ID card.
2. **Beneficiary Designations:** Be sure to state full names, and relationships ("Mary Doe, wife of the insured" or "Jane and Jim Doe, children of the insured.") Avoid listing only a relationship as the beneficiary (for instance, "spouse of the insured" or "children of the insured").
3. **If naming a Trust, please include the full name of the Trust, including the Date of the Trust, the Tax ID Number and a copy of Trust.** If you do not wish to provide us with a copy of the entire Trust, please provide us with the portions of the Trust document that designate:
 - The name of the Trust
 - The name of the Trustee(s)
 - The date of the Trust
 - Signature(s) of Trustee(s)
 - In the event the trustee has changed since the original designation with our Company, provide us with any letters of resignation and/or letter of acceptance of the new trustees.
4. **If policy is corporately owned, an officer of the Corporation, other than the Insured, must sign on behalf of the Corporation, indicating their corporate title.** Please submit legal documentation listing the currently authorized signers for the company. This information should be on company letterhead or be a copy of the corporate minutes. Also the Tax ID number for the Corporation must be provided.
5. **Policies subject to Viatical / Life Settlement transaction – Are you or any individual/entity named as beneficiary a viatical settlement provider, life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?** If so, please check the appropriate box on the Change of Beneficiary form.
6. **Spousal Signature:** For the protection of both parties, if the owner resides in a Community Property State, we request that the owner's spouse join in signing and dating this form. If the owner resides in CA, ID, NV or WA the owner's spouse must sign and date this form and if there has been a dissolution of marriage due to divorce or death, please provide us with a copy of the divorce decree or death certificate. The divorce decree must clearly state to whom the policy was awarded.

Examples Of Typical Beneficiary Designations

1. **Minor Children** should not be named as beneficiary since proceeds cannot be made payable to minors. If a beneficiary is a minor at the time proceeds are payable, we will require court documentation of the appointment of a Guardian of the Minor's Estate.
2. **Multiple Beneficiaries:** John H. Doe, Father 75%; Mary E. Doe, Mother 15%; and Jane Doe, Sister 10%. Percentages must equal 100%.
3. **Trust Beneficiary:** The exact name of trust Trust trustees names as trustee(s) under written trust agreement dated
 Tax ID #
4. **Partnership Beneficiary:** Smith, Jones and Brown, a partnership consisting of John A. Smith, William Jones and Henry Brown.
5. **Common Disaster Clause:** Mary E. Doe, Wife, if living on the day after the death of the Insured; otherwise to John Doe, Son, and Jane Doe, Daughter, equally or the survivor.
6. **Irrevocable Beneficiary:** Mary E. Doe, Wife, Without Reserving the Right to Change the Beneficiary. (If this type of designation is made, the consent of such beneficiary or beneficiaries will be required to exercise a subsequent right or privilege under said policy, including the right to designate a new beneficiary.)
7. **Estate as Beneficiary:** The estate of John H. Doe, Insured.
8. **Funeral Home Beneficiary:** If you reside in a state other than New York or Texas, you may name a funeral home as beneficiary under a life insurance policy or annuity contract except for policies or contracts used to fund pre-need funeral contracts. If naming a funeral home as beneficiary, please include the exact name of the funeral home and the phrase "as their interest may appear." Please be aware that if the funeral home's interest is less than the death proceeds and they are listed as the only beneficiary, they are under no obligation to give any remaining funds to your family or estate. We recommend that you still name a trusted family member or friend as contingent beneficiary.

For life insurance policies or annuity contracts that are used to fund pre-need funeral contracts, different requirements apply and states may prohibit you from naming a funeral home as beneficiary. Please seek legal advice before naming a funeral home as beneficiary under this type of life insurance policy or annuity contract.

9. The relationship of the proposed beneficiary to the person whose life is insured is needed for the purpose of identification. If no relationship exists, please furnish other information that will serve to identify the beneficiary.

Heritage Union Life Insurance Company

REQUEST FOR CHANGE OF BENEFICIARY FORM

Policy Number: 1009208

Insured: SIMON BERNSTEIN

- Faxes Will Be Accepted
- Do Not Send Policy with this Form

Policy owner: SIMON BERNSTEIN

Complete form by typing or printing using ink. Any alterations to the form must be initialed by the owner. The form must be signed and dated within the past six months. Separate requests must be submitted for multiple policies. If more than two beneficiaries are requested, a separate page or copy of this form may be submitted which contains the policy number, the information regarding the beneficiary, the owner's signature(s) and the date signed. If more than one beneficiary is named, state the exact manner in which they are to share in the proceeds by using percentages. The percentages must equal 100%. Review the attached additional instructions if: the policy owner is a trust or a corporation, you are changing the beneficiary to a trust or corporation, the policy owner name has changed, or if you reside in a community property state.

PRIMARY:

1) _____
 Name Date of Birth Relationship SS# or TIN# %

Address _____

2) _____
 Name Date of Birth Relationship SS# or TIN# %

Address _____

CONTINGENT:

1) _____
 Name Date of Birth Relationship SS# or TIN# %

Address _____

2) _____
 Name Date of Birth Relationship SS# or TIN# %

Address _____

Policies subject to Viatical / Life Settlement transaction — Is any individual/entity listed on this form as beneficiary, a viatical settlement provider, a life settlement provider, the receiver or conservator of a viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement? Yes No

I (we) as the policyowner(s) hereby consent to the above designations and revoke all previous beneficiary designations. The effective date of this revocation and change, upon being filed and recorded with the Company, will take effect as of the date the form was signed, unless the policy has been terminated, surrendered, or had a claim filed and/or processed against it before this revocation and change is received by the Company.

 Print Name of Policy Owner Signature of Policy Owner Date

 Print Name of Policy Co-owner (if applicable) Signature of Policy Co-Owner (if applicable) Date

 Spousal Signature (See additional Instructions attached) Date Irrevocable Beneficiary Signature (if applicable) Date

 Signature of Notary Official, if applicable Notary seal/stamp. If the owner's signature has changed over the years please have the signature notarized.)

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: [REDACTED] Policy Number: 1009208
Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:51:00PM

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Begin Date: 2012-07-16 Flags: 9990N0
Begin Time: 10:28:42 DTM Job Name:
User Id: JBURNM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-07-16
Status: QPASS2 End Time: 10:30:25
Queue: END
User Name: BURNETT, MANDY
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:33:44 DTM Job Name:
User Id: JBRANML DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21
Status: End Time: 10:33:44
Queue:
User Name: BRANT, MICHELLE L
DTM Description:
Comments: Reversed the premium payment and reapplied as requested. CS has been notified

Begin Date: 2012-06-21 Flags: 9990Y1
Begin Time: 10:33:17 DTM Job Name:
User Id: JBRANML DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-06-21
Status: PROCESSD1 End Time: 10:33:21
Queue: FSQC
User Name: BRANT, MICHELLE L
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:23:13 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:51:00PM

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Status: End Time: 10:23:13
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: loan payment of \$23,023.97 should be applied as of 05/21/2012 also

Begin Date: 2012-06-21 Flags: 9990N0
Begin Time: 10:20:24 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-06-21
Status: FSPROC End Time: 10:20:38
Queue: FSPROC
User Name: WALDEN, THERESA A
DTM Description:
Comments:

Begin Date: 2012-06-21 Flags:
Begin Time: 10:17:46 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-06-21
Status: End Time: 10:17:46
Queue:
User Name: WALDEN, THERESA A
DTM Description:
Comments: pls reverse premium of \$36,800.35 as of 05/21/2012...apply a loan payment of \$23,023.97...then advise me when this is complete so we may perform further processing with the remainder of the funds

Begin Date: 2012-06-21 Flags: 4000N0
Begin Time: 10:13:12 DTM Job Name:
User Id: JWALDTA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PRMRESRCH End Date: 2012-06-21
Status: CREATED End Time: 10:14:02
Queue: FSPROC
User Name: WALDEN, THERESA A
DTM Description:
Comments:

JCK000397

AWD History for Work object key 2012-06-21-10.14.02.412281T01

JLIFE - PRMRESRCH - QPASS2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:51:00PM

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AWD History for Work object key 2012-07-23-13.58.09.526281T01

JLIFE - MINPREM - QPASS - END - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 -
Social Security Num: ██████████ Policy Number: 1009208
Agent Number: ██████████ Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:52:00PM

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Begin Date: 2012-08-22 Flags:
Begin Time: 13:20:57 DTM Job Name:
User Id: JHENSC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-08-22
Status: End Time: 13:20:57
Queue:
User Name: HENSON, CARRIE
DTM Description:
Comments: advd Diana amt needed to prevent policy from lapsing is 36000.36 on or before
8/28/2012, which was stated in the minprem ltr sent to PO

Begin Date: 2012-07-24 Flags: 9990N2
Begin Time: 15:09:27 DTM Job Name:
User Id: JRATLCM DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-07-24
Status: QPASS End Time: 15:09:32
Queue: END
User Name: RATLIFE, CASSIE M
DTM Description:
Comments:

Begin Date: 2012-07-24 Flags:
Begin Time: 13:14:33 DTM Job Name:
User Id: ISAHIX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-07-24
Status: End Time: 13:14:33
Queue:
User Name: SAH, INDRESH
DTM Description:
Comments: MINPREM calculated, letter sent.
Cyber not updated as curr prem is sufficient to cover policy.

Begin Date: 2012-07-24 Flags: 9990Y1
Begin Time: 13:05:21 DTM Job Name:
User Id: ISAHIX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:

JCK000399

AWD History for Work object key 2012-07-23-13.58.09.526281T01

JLIFE - MINPREM - QPASS - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:52:00PM

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Type: MINPREM End Date: 2012-07-24
Status: PROCESSED End Time: 13:14:15
Queue: CSQC
User Name: SAH, INDRESH
DTM Description:
Comments:

Begin Date: 2012-07-23 Flags:
Begin Time: 13:59:08 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-07-23
Status: End Time: 13:59:08
Queue:
User Name: RUSSWINKEL, BARB S

DTM Description:
Comments: pls quote the minimum amt po can send in at this time to get policy out of
grace period. fax to attn: Diana(auth on file) @ 561-988-0833

Begin Date: 2012-07-23 Flags: 9990N0
Begin Time: 13:58:12 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: MINPREM End Date: 2012-07-23
Status: ALPHAMATCH End Time: 13:59:11
Queue: CSPROC
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments:

Begin Date: 2012-07-23 Flags: 9990N0
Begin Time: 13:58:09 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: PHONE End Date: 2012-07-23
Status: PHONE End Time: 13:58:09
Queue: CSPROC
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments:

JCK000400

AWD History for Work object key 2012-07-23-13.58.09.526281T01

LIFE - MINPREM - QPASS - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:52:00PM

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Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

July 24, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09708430

Dear Simon Bernstein:

Thank you for contacting Heritage Union Life Insurance Company. We have received your request to calculate the minimum premium required for the above referenced policy.

In order to bring this policy to a current status, please remit a premium payment of \$36,000.36 prior to grace period ending date of 08/28/2012. This premium will pay this policy to 9/27/2012.

Our records indicate the current scheduled premium of \$27,238.00 is sufficient to cover the cost of insurance plus any policy expenses to the next policy anniversary date of 12/27/2012.

As you are paying the minimum premium, it may be necessary to increase the premium to cover the cost of insurance each year which increases according to the insured's attained age.

We encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your minimum premium is necessary.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

JCK000402

AWD History for Work object key 2012-09-03-09.30.32.185281T01
JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable
- 1009208 - - BERNSTEIN - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:34PM

Begin Date: 2012-09-05 Flags:
Begin Time: 13:43:19 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 13:43:19
Queue:
User Name: YADAV, RAM K
DTM Description:
Comments: **High dollar policy processed in good order.**

Begin Date: 2012-09-05 Flags:
Begin Time: 13:22:56 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 13:22:56
Queue:
User Name: YADAV, RAM K
DTM Description:
Comments: As per onshore, applied the amount as premium payment. Applied the money with GPE date as unable to apply it with money in date.

Begin Date: 2012-09-05 Flags: 9990N2
Begin Time: 13:10:25 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-05
Status: PROCESSD4 End Time: 13:23:50
Queue: END
User Name: YADAV, RAM K
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags:
Begin Time: 10:46:06 DTM Job Name:
User Id: THUNTER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 10:46:06

AWD History for Work object key 2012-09-03-09.30.32.185281T01
JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable
- 1009208 - - BERNSTEIN - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:34PM

Queue:
User Name: HUNTER, TAMMY
DTM Description:
Comments: Apply it as premium as this was the amount requested in the MINPREM letter.

Begin Date: 2012-09-05 Flags: 9990N0
Begin Time: 10:45:09 DTM Job Name:
User Id: THUNTER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-05
Status: ANSWERED End Time: 10:45:15
Queue: IYADARK
User Name: HUNTER, TAMMY
DTM Description:
Comments:

Begin Date: 2012-09-04 Flags:
Begin Time: 16:03:24 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-04
Status: End Time: 16:03:24
Queue:
User Name: YADAV, RAM K
DTM Description:
Comments: Received amount \$36000.36 thru itelecash under this policy. policy is
suspended and on GPE. As per the procedure, we apply the money towards premium
first if policy is on GPE. check# 291.
Please suggest.

Begin Date: 2012-09-04 Flags: 9990N0
Begin Time: 15:49:00 DTM Job Name:
User Id: IYADARK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-04
Status: QUESTION End Time: 16:03:44
Queue: QUESTION
User Name: YADAV, RAM K
DTM Description:
Comments:

AWD History for Work object key 2012-09-03-09.30.32.185281T01
JLIFE - LCKBOXERR - PROCESSD4 - END - Updateable
- 1009208 - - BERNSTEIN - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 2:53:34PM

Begin Date: 2012-09-04 Flags: 4000N0
Begin Time: 07:02:00 DTM Job Name:
User Id: ICHAUSX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-04
Status: ALPHAMATCH End Time: 07:02:02
Queue: FSPROC2
User Name: CHAUHAN, SUNIT X
DTM Description:
Comments:

Begin Date: 2012-09-03 Flags:
Begin Time: 09:30:32 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-03
Status: End Time: 09:30:32
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: ABC Company=08 - ABC Account Number=2412100
Journal Date=8/31/2012 - Suspense Amount=(\$36,000.36)

Begin Date: 2012-09-03 Flags: 8500N0
Begin Time: 09:30:32 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: LCKBOXERR End Date: 2012-09-03
Status: RIPPED End Time: 09:30:32
Queue: INDEX
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

AWD History for Work object key 2012-09-05-16.00.37.843281T01

JLIFE - FORMS - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:44PM

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Begin Date: 2012-09-05 Flags: 4500N2
Begin Time: 16:01:09 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: PROCESSED End Time: 16:01:57
Queue: END
User Name: ROBERTS, JAMIE L
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags:
Begin Time: 16:01:02 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-05
Status: End Time: 16:01:02
Queue:
User Name: ROBERTS, JAMIE L
DTM Description:
Comments: please fax illst request form.

Begin Date: 2012-09-05 Flags: 4500N0
Begin Time: 16:00:39 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: ALPHAMATCH End Time: 16:01:27
Queue: CSPROC
User Name: ROBERTS, JAMIE L
DTM Description:
Comments:

Begin Date: 2012-09-05 Flags: 4500N0
Begin Time: 16:00:37 DTM Job Name:
User Id: JROBEJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FORMS End Date: 2012-09-05
Status: PHONE End Time: 16:00:37

JCK000406

AWD History for Work object key 2012-09-05-16.00.37.843201T01

JLIFE - FORMS - PROCESSED - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:53:44PM

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Queue: CSPROC

User Name: ROBERTS, JAMIE L.

DTM Description:

Comments:

Heritage Union Life Insurance Company

P. O. Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

September 05, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 11643235

Dear SIMON BERNSTEIN:

Thank you for contacting Heritage Union Life Insurance Company. As requested, an Illustration Form is enclosed. Please complete and sign this form and return to our office.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

Enclosure(s): Illustrations Request

JCK000408

Heritage Union Life Insurance Company

800-825-0003

I am requesting an Illustration/Reprojection for policy number 1009208, insuring the life of SIMON BERNSTEIN .

Name and Phone of contact in the event we have questions

Universal Life Policy

- _____ Current death benefit and premiums
- _____ Minimum premiums to endow at maturity
- _____ Minimum premiums to carry to maturity
- _____ Other specific request

We provide one illustration request, with up to three re-proposal scenarios per policy per year at no charge. Any additional requests require \$25.00 fee prior to running the illustration.

I have enclosed a check or money order payable to Heritage Union Life Insurance Company for:

_____	First request per year	Free
_____	Additional requests	\$25.00 each
_____	TOTAL	\$ _____

Please allow 7-14 business days from the date of receipt in our office for processing. Thank you.

Please return illustration to: Name: _____
 Address: _____
 Fax: _____
 Phone: _____

 Policy Owner Signature

 Date

AWD History for Work object key 2012-09-20-17,16.00.812221T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:54:53PM

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Begin Date: 2012-10-03 Flags: 9990N0
Begin Time: 13:42:06 DTM Job Name:
User Id: JRUSSBS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-10-03
Status: QPASS2 End Time: 13:42:10
Queue: END
User Name: RUSSWINKEL, BARB S
DTM Description:
Comments:

Begin Date: 2012-09-27 Flags: 9990Y2
Begin Time: 05:12:41 DTM Job Name:
User Id: AMULDCX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-09-27
Status: QPASS End Time: 05:12:53
Queue: CSQC
User Name: MULDER, CORA X
DTM Description:
Comments:

Begin Date: 2012-09-26 Flags:
Begin Time: 09:38:29 DTM Job Name:
User Id: ASOLOA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-26
Status: End Time: 09:38:29
Queue:
User Name: SOLOMONS, AVRIL
DTM Description:
Comments: as per notepad - Diana Banks authorized

Begin Date: 2012-09-26 Flags:
Begin Time: 09:26:17 DTM Job Name:
User Id: ASOLOA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-09-26
Status: End Time: 09:26:17

JCK000410

AWD History for Work object key 2012-09-20-17.16.00.812221T01

JLIFE - POLRES - QPASS2 - END - Updateable

1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:54:53PM

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Queue:
User Name: SOLOMONS, AVRIL
DTM Description:
Comments: reviewed 5 files attached, no trust docs
prev polres, see lett dtd 05/11/2012

Begin Date: 2012-09-26 Flags: 9990Y2
Begin Time: 09:10:07 DTM Job Name:
User Id: ASOLOA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-09-26
Status: PROCESSD3 End Time: 09:39:09
Queue: CSQC2
User Name: SOLOMONS, AVRIL
DTM Description:
Comments:

Begin Date: 2012-09-24 Flags: 4000N0
Begin Time: 17:51:09 DTM Job Name:
User Id: IVERMNK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLRES End Date: 2012-09-24
Status: ALPHAMATCH End Time: 17:53:43
Queue: CSPROC2
User Name: VERMA, NAVEEN X
DTM Description:
Comments:

Begin Date: 2012-09-21 Flags: 9990N0
Begin Time: 05:45:24 DTM Job Name:
User Id: IHASHS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: POLCERT End Date: 2012-09-21
Status: ALPHAMATC2 End Time: 05:45:48
Queue: CSPROC
User Name: HASHMI, SADIYA
DTM Description:
Comments:

JCK000411

AWD History for Work object key 2012-09-20-17.16.00.812221T01

JLIFE - POLRES - QPASS2 - END - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 2:54:53PM

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Begin Date: 2012-09-20 Flags: 9900N0
Begin Time: 17:16:00 DTM Job Name:
User Id: FAXSRVR DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: FAX End Date: 2012-09-20
Status: FAXED End Time: 17:16:00
Queue: INDEX
User Name: Fax Server UserId, BATCH
DTM Description:
Comments:

September 20, 2012

Heritage Insurance Company
Fax: 803-333-7842

Policy number: 1009208

To Whom It May Concern:

I previously requested a copy of the Simon Bernstein Irrevocable Insurance Trust dated June 21, 1995 which is the beneficiary of the above referenced policy. I received a response via fax with documents but the requested Trust was not included.

Please fax a copy of the Trust to Robert Spallina at 561.997.7308.

Please feel free to call me with any questions at 561.239.2986.

Thank you,



Diana Banks

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

September 26, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09755734

Dear Policyowner:

Thank you for contacting Heritage Union Life Insurance Company. We appreciate your business and welcome the opportunity to be of service.

This letter is in response to your recent inquiry regarding the above-referenced policy. Please be advised that according to our records, we do not have any trust documents on file.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services



JLIFE - ADDCHGB - RIPPED - END - Updateable
- 1009208 - - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name:

Printed on Tuesday, May 07, 2013 at 3:09:37PM

Begin Date: 2012-12-08 Flags:
Begin Time: 13:00:48 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-08
Status: End Time: 13:00:48
Queue:
User Name: Batch Station & User, BATCH
DTM Description:
Comments: NCOA file address update.
 OLD Address: 7020 LYONS HEAD BOCA RATON, FL 33496
 NEW Address: 880 BERKELEY ST BOCA RATON, FL 33487-2450

Begin Date: 2012-12-08 Flags: 9990N0
Begin Time: 13:00:48 DTM Job Name:
User Id: AWDCYCLE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ADDCHGB End Date: 2012-12-08
Status: RIPPED End Time: 13:00:48
Queue: END
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

**Policy Number
1009208**

File Docs 1



Capitol Bankers Life

STATEMENT OF APPLICATION TO

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9998

(For an Annuity "Proposed Insured" means "Annuitant")

1809208

PERSONS TO BE INSURED (Print First Name, Middle Initial, Last Name) Sex Age Birthdate State of Birth Ht. Build Wt. Social Security Number
PROPOSED INSURED SIMON BERNSTEIN M 12/3/35 MICH
SPOUSE (if to be insured or Payor)
DEPENDENT CHILDREN IF TO BE INSURED
Residence Address 620 N. SHERIDAN Rd. Employer S.B. LEXINGTON, INC.
City GLENCOE State ILL. Zip 60022 Business Address 9933 LAWLER
County Telephone No. Occupation EXECUTIVE
Proposed insured will be owner of policy unless otherwise indicated.
Owner's Name First Arlington National Bank, Trustee Social Security Number
Mailing Address Of S.B. Lexington, Inc. Employee Death Benefit Trust
Relationship to Proposed Insured

- 1. Is this insurance intended to replace or modify any insurance or annuity now carried? Yes No
2. Are there any other applications now pending for Life or Health Insurance? Yes No
3. Flown in past 3 years other than as a fare paying passenger or is such contemplated? Yes No
4. Ever participated in sky diving, skin diving, scuba diving, auto racing, mountain climbing or any avocation of a similar nature? Yes No
5. Had drivers license suspended or revoked? Drivers license number
6. Do you now smoke cigarettes?
7. If no, have you ever smoked cigarettes?
8. If yes, when did you stop?

LIFE INSURANCE OR ANNUITY APPLIED FOR:

Plan CVL
Amount \$2,000,000
Level Term for Yr. \$
Reducing Term for Yr. \$
Waiver of Premium G.P.O. Units
ADB Other

If available, automatic premium loan provision? Yes No
Premiums Ann. Qtr. List Bill Other
Payable S.A. PAC Allotment

Total insurance in force? (If space is insufficient, enter under Remarks.)

Table with 4 columns: Name of Company, Coverage (Life), Amount of Acc. Death, Year of Issue. Row 1: INTER-OCEAN, 1,000,000, 80

Beneficiaries: (Full names and relationship, if minor, give date of birth.) First Arlington National Bank, Trustee Primary? of S.B. Lexington, Inc. Employee Death Benefit Trust Contingent?

Send Notices to *see below
Proposed Insured at Address Above
or to Owner at Address Above Business Address Above

Remarks/Amendments PLEASE SEND PREMIUM NOTICES TO: * S.B. Lexington, Inc. Employee Death Benefit Plan, c/o National Service Association 9933 Lawler Suite 210 Skokie, Illinois 60077

I represent that the statements and answers given in this application are true and complete to the best of my knowledge and belief, I understand and agree that insurance upon this application will not become effective (A) unless this application is accepted by the Insurance Company during my lifetime and the lifetime of each dependent listed above and (B) unless the first premium is paid in full during my lifetime and the lifetime of each dependent listed above.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act. Public Law 91-508. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No
Signed at CHICAGO, ILLINOIS City State
Signature of Proposed Insured
Date 3/2/82

- 9.a. Name and address of personal physician? _____
 (If none, so state)
- b. Date, reason and who last consulted the above? _____
- c. What treatment was given or medication prescribed? _____

To the best of your knowledge and belief has any person proposed to be insured:

Give details in the space below for any question answered YES. Include the NAME and ADDRESS of the attending practitioner.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 10. Ever had any indication or disorder or diagnosis, or treatment of: | | |
| a. The lungs or respiratory system including hayfever or other allergies, asthma, bronchitis, tuberculosis or emphysema? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The heart or circulatory system including high blood pressure, heart attack, heart murmur, or chest pain, irregular heartbeat or varicose veins or phlebitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The digestive system including ulcer, gastritis, intestinal disorders, colitis, gall bladder, hemorrhoids, disorder of the pancreas, liver or spleen? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The nervous system, including epilepsy, convulsions, headaches, paralysis, mental disorders, nervousness, or psychiatric treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The genitourinary system including any kidney disorder, kidney stones, cystitis, prostatitis, or bladder infections? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Diabetes or sugar in the urine, thyroid or other glandular disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The muscular or skeletal system including arthritis, gout, rheumatism, any back or spine disorders or treatment of muscle disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cancer, tumor, cyst, or growth of any kind? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Eyes or ears including impaired sight or hearing? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If Applicable: Any disorder of the generative organs including irregular menstruation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any complications of pregnancy? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any existing pregnancies? | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes," how many months? | | |
| 11. Ever had surgery or has surgery ever been recommended? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Had an electrocardiogram, chest x-ray, or blood study of any kind in the past five years? If yes, give name of physician completing test and results. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Currently taking medication or medical treatment of any type? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever been treated for alcoholism or drug addiction or ever a member of Alcoholics Anonymous? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Been deferred or discharged from military service for physical or mental reasons? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Made claim for or received disability payment for an injury or sickness? | <input type="checkbox"/> | <input type="checkbox"/> |

I REPRESENT THAT the statements and answers in Part I, together with those in Part II, (Medical Examination if needed) in connection with this application, are full, complete and true to the best of my knowledge and belief and it is agreed that all such statements and answers shall form the basis for and be a part of the proposed contract of insurance.

Signed at _____
 City State Date

Agent Proposed Insured

AGENT'S REPORT

Pay commissions to:

_____ % Agent's # _____
 _____ % Agent's # _____
 _____ % Agent's # _____
 _____ % Agent's # _____

Examination arrangements:

Doctor _____
 Will examine Applicant on _____ 19____
 Doctor's phone number is _____

HOME OFFICE USE ONLY

To identify special markets, check box.

- RLR Business Case: Buy-Sell, Sec. 79
 IRA Estate Analysis
 Pension



Capitol Bankers Life

PART I OF APPLICATION TO

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9998

(For an Annuity "Proposed Insured" means "Annuitant")

PERSONS TO BE INSURED (Print First Name, Middle Initial, Last Name) Sex Age Birthdate State of Birth Ht. Build Wt. Social Security Number
PROPOSED INSURED Simon Bernstein M 12/3/35 Mich. 5'7 1/2 180
SPOUSE (if to be insured or Payor)
DEPENDENT CHILDREN IF TO BE INSURED
Residence Address 6220 SHERIDAN DR. Employer S.B. LEXINGTON, INC.
City Glenview, State Ill. Zip Business Address 9933 LAWLER SUITE 210
County Telephone No. Occupation SKOKIE, ILL. CHAIRMAN OF BOARD
Proposed insured will be owner of policy unless otherwise indicated.
Owner's Name First Arlington National Bank Trustee of S.B. Social Security Number
Mailing Address Lexington, Inc. Employee Death Benefit Trust
Relationship to Proposed Insured

- 1. Is this insurance intended to replace or modify any insurance or annuity now carried? Yes No
2. Are there any other applications now pending for Life or Health Insurance? Yes No
3. Flown in past 3 years other than as a fare paying passenger or is such contemplated? Yes No
4. Ever participated in sky diving, skin diving, scuba diving, auto racing, mountain climbing or any avocation of a similar nature? Yes No
5. Had drivers license suspended or revoked? Yes No
6. Do you now smoke cigarettes? Yes No
7. If no, have you ever smoked cigarettes? Yes No
8. If yes, when did you stop?

LIFE INSURANCE OR ANNUITY APPLIED FOR:

Plan CVL
Amount \$2,000,000
Level Term for Yr. \$
Reducing Term for Yr. \$
Waiver of Premium G.P.O. Units
ADB Other

If available, automatic premium loan provision? Yes No
Premiums Ann. Qtr. List Bill Other
Payable S.A. PAC Allotment

Total insurance in force? 0
(If space is insufficient, enter under Remarks.)

Beneficiaries: (Full names and relationship. If minor, give date of birth.) First Arlington National Bank Trustee
Primary? of S.B. Lexington, Inc. Employee Death
Contingent? Benefit Trust

Table with 4 columns: Name of Company, Coverage (Life), Amount of Acc. Death, Year of Issue

Send Notices to: see below
Proposed Insured at Address Above
Or to Owner at Address Above Business Address Above

Remarks/Amendments S.B. Lexington, Inc. Employee Death Benefit Plan
c/o National Service Assoc.
Please send list billing to: 9933 Lawler, Suite 210
Skokie, Ill. 60077

I represent that the statements and answers given in this application are true and complete to the best of my knowledge and belief. I understand and agree that insurance upon this application will not become effective (A) unless this application is accepted by the Insurance Company during my lifetime and the lifetime of each dependent listed above and (B) unless the first premium is paid in full during my lifetime and the lifetime of each dependent listed above.

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act, Public Law 91-508.
I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its insurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No
Signed at Chicago, Ill.
Signature of Proposed Insured
Signature of Applicant

NON-MEDICAL QUESTIONS (CONTINUATION OF PART I) This section must be completed for persons not required to complete Part II (Medical Examination)

9.a. Name and address of personal physician? Dr. Hubert Allen
 (If none, so state) Highland Park, Ill.
 b. Date, reason and who last consulted the above? 1980 Annual Physical
 c. What treatment was given or medication prescribed? 1980 Annual Physical

To the best of your knowledge and belief has any person proposed-to-be-insured: _____

Give details in the space below for any question answered YES. Include the NAME and ADDRESS of the attending practitioner.

10. Ever had any indication or disorder or diagnosis, or treatment of:
- a. The lungs or respiratory system including hayfever or other allergies, asthma, bronchitis, tuberculosis or emphysema? Yes No
 - b. The heart or circulatory system including high blood pressure, heart attack, heart murmur, or chest pain, irregular heartbeat or varicose veins or phlebitis? Yes No
 - c. The digestive system including ulcer, gastritis, intestinal disorders, colitis, gall bladder, hemorrhoids, disorder of the pancreas, liver or spleen? Yes No
 - d. The nervous system, including epilepsy, convulsions, headaches, paralysis, mental disorders, nervousness, or psychiatric treatment? Yes No
 - e. The genitourinary system including any kidney disorder, kidney stones, cystitis, prostatitis, or bladder infections? Yes No
 - f. Diabetes or sugar in the urine, thyroid or other glandular disorder? Yes No
 - g. The muscular or skeletal system including arthritis, gout, rheumatism, any back or spine disorders or treatment of muscle disorder? Yes No
 - h. Cancer, tumor, cyst, or growth of any kind? Yes No
 - i. Eyes or ears including impaired sight or hearing? Yes No
 - j. If Applicable, Any disorder of the generative organs including irregular menstruation? Yes No
 Any complications of pregnancy? Yes No
 Any existing pregnancies? Yes No
 If "yes," how many months? _____
11. Ever had surgery or has surgery ever been recommended? Yes No
12. Had an electrocardiogram, chest x-ray, or blood study of any kind in the past five years? If yes, give name of physician completing test and results. Yes No
13. Currently taking medication or medical treatment of any type? Yes No
14. Ever been treated for alcoholism or drug addiction or ever a member of Alcoholics Anonymous? Yes No
15. Been deferred or discharged from military service for physical or mental reasons? Yes No
16. Made claim for or received disability payment for an injury or sickness? Yes No

Tonsillectomy - 1940
 Allergic Asthma
 Hayfever
 DR. ALLEN
 BRICANYL T1
 LAST TAKEN 9-7-82
 CHOLECYSTECTOMY - 1961
 DR. COHN
 WEISS MEM. HOSPITAL
 CHICAGO, ILL.
 HERNIORRHAPHY - 1967
 SKOKIE VALLEY HOSPITAL
 SKOKIE, ILLINOIS
 ANNUAL PHYSICAL - 1980
 DR. ALLEN
 EKG, X-RAY, ETC.
 Defered Because of
 GALLBLADDER DISEASE

I REPRESENT THAT the statements and answers in Part I, together with those in Part II, (Medical Examination if needed) in connection with this application, are full, complete and true to the best of my knowledge and belief and it is agreed that all such statements and answers shall form the basis for and be a part of the proposed contract of insurance.

Signed at Chicago, Ill. 10/12/80
 City State Date
Richard H. Clark Agent [Signature] Proposed Insured

AGENT'S REPORT

Pay commissions to:

_____ % Agent's # _____
 _____ % Agent's # _____
 _____ % Agent's # _____
 _____ % Agent's # _____

Examination arrangements:

Doctor _____
 Will examine Applicant on _____ 19____
 Doctor's phone number is _____

HOME OFFICE USE ONLY

To identify special markets, check box.

RLR Business Case: Buy-Sell, Sec. 79
 IRA Keyman Estate Analysis
 Pension HR-10

06

PART II OF APPLICATION TO:

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
 Home Office: Minneapolis, Minnesota
 Administrative Office: 735 North Water St. P.O. Box 276
 Milwaukee, Wisconsin 53201 (414) 277-9988

PROPOSED INSURED:

BERNSTEIN SIMON L
 Last Name First Name Middle Initial

Date of Birth 12 2 35
 Mo. Day Year

Male Female

1. a. Name and address of your personal physician? DR. HERBERT ALLEN, HIGHLAND PARK, ILL
 (If none, so state)
 b. Date and reason last consulted? 1980 - ANNUAL PHYSICAL
 c. What treatment was given or medication prescribed? NONE

2. Have you ever been treated for or ever had any known indication of:
- a. Disorder of eyes, ears, nose, or throat? Yes No
 - b. Dizziness, fainting, convulsions, headache, speech defect, paralysis or stroke, mental or nervous disorder? Yes No
 - c. Shortness of breath, persistent hoarseness or cough, blood spitting, bronchitis, pleurisy, asthma, emphysema, tuberculosis, allergies, hayfever, or chronic respiratory disorder? Yes No
 - d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack or other disorder of the heart or blood vessels? Yes No
 - e. Jaundice, intestinal bleeding, ulcer, hernia, appendicitis, colitis, diverticulitis, hemorrhoids, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder? Yes No
 - f. Sugar, albumin, blood or pus in urine, venereal disease, stone or other disorder of kidney, bladder, prostate or reproductive organs? Yes No
 - g. Diabetes, thyroid or other endocrine disorders? Yes No
 - h. Neuritis, sciatica, rheumatism, arthritis, gout, or disorder of the muscles or bones, including the spine, back, or joints? Yes No
 - i. Deformity, lameness or amputation? Yes No
 - j. Disorder of skin, lymph glands, cyst, tumor or cancer? Yes No
 - k. Allergies, anemia or other disorder of the blood? Yes No
3. Excessive use of alcohol, tobacco, or any habit-forming drugs? Yes No
3. Are you now under observation or taking treatment? Yes No
4. Have you had any change in weight in the past year? Yes No
5. Other than above, have you within the past 5 years:
- a. Had any mental or physical disorder not listed above? Yes No
 - b. Had a checkup, consultation, illness, injury, surgery? Yes No
 - c. Been a patient in a hospital, clinic, sanitarium, or other medical facility? Yes No
 - d. Had electrocardiogram, X-ray, blood sugar, basal metabolism, other diagnostic test? Yes No
 - e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed? Yes No
6. Have you ever had military service deferment, rejection or discharge because of a physical or mental condition? Yes No
7. Have you ever requested or received a pension, benefits, or payment because of an injury, sickness or disability? Yes No
8. Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness or suicide? Yes No

DETAILS of "Yes" answers. (IDENTIFY QUESTION NUMBER, CIRCLE APPLICABLE ITEMS: Include diagnoses, dates, duration and names and addresses of all attending physicians and medical facilities.)

2c - TONSILLECTOMY - 1970

2c - ALLERGIC ASTHMA
 HAYFEVER
 DR. ALLEN (CALL 12)

BRICANYL TID
 LAST TAKEN 9-7-82

2c - CHOLECYSTECTOMY - 1961
 DR. COHN
 WEISS HOSP. HOSPITAL
 CHICAGO, ILLINOIS

2c - HERNIOMYOMY - 1967
 SKOKIE VALLEY HOSPITAL
 SKOKIE, ILLINOIS

561d - ANNUAL PHYSICAL - 1980
 DR. ALLEN (CALL 12)

2c, 2k, 2l, 2m, 2n, 2o, 2p, 2q, 2r, 2s, 2t, 2u, 2v, 2w, 2x, 2y, 2z

6 - DEFERRED BECAUSE OF
 GALLBLADDER DISEASE

8 - HEART ATTACK - MOTHER
 FATHER.

	Age if Living?	Cause of Death?	Age at Death?
Father		CORONARY	47
Mother		CORONARY	72
Brothers and Sisters			
No. Living	2		
No. Dead	0		

9. If Applicable: Yes No
- a. Have you ever had any disorder of menstruation, pregnancy, or of the reproductive organs or breasts? Yes No
- b. To the best of your knowledge and belief are you now pregnant? Yes No

I HEREBY DECLARE that, to the best of my knowledge and belief, the statements and answers in Part II of this Application are full, complete, and true. These statements and answers are to be considered as the basis for any insurance written hereon.

Signature of Witness: James H. Hurm, M.D. Signature of PROPOSED INSURED: [Signature]

Signed at: (City & State) CHICAGO, ILLINOIS Date: 9-8-1982

AUTHORIZATION

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capitol Bankers Life Insurance Company or its reinsurers any such information.

A photographic copy of this authorization shall be as valid as the original.

WITNESS: James H. Hurm, M.D. SIGNATURE OF PROPOSED INSURED OR APPLICANT: [Signature]

PART III - PHYSICIAN'S EXAMINATION REPORT

PROPOSED INSURED: BERNSTEIN, SIMON Last Name First Name Middle Initial Date of Birth 12-2-35 Mo. Day Year

10a. Height (In Shoes) <u>5</u> ft. <u>7 1/2</u> in.	Weight (Clothed) <u>150</u> lbs.	Chest (Full Inspiration) <u>40</u> in.	Chest (Forced Expiration) <u>38 1/2</u> in.	Abdomen, at Umbilicus <u>36 1/2</u> in.
---	-------------------------------------	---	--	--

Details of "Yes" answers. (Identify item.)

b. Did you weigh? Yes No Did you measure? Yes No
 c. Is appearance unhealthy or older than stated age? Yes No

11. Blood Pressure (Record ALL readings)

Systolic	4th phase	<u>124</u>		
Diastolic	5th phase	<u>82</u>		
12. Pulse:	At Rest	After Exercise	3 Minutes Later	
Rate	<u>80</u>	<u>120</u>	<u>84</u>	
Irregularities per min.	<u>0</u>	<u>0</u>	<u>0</u>	

13. Heart: Is there any:

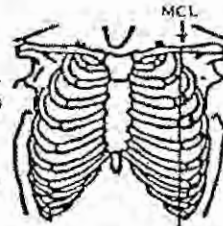
Enlargement Yes No Dyspnea Yes No
 Murmur(s) Yes No Edema Yes No
 (describe below—if more than one, describe separately)

Location

--	--

- Constant
- Inconstant
- Transmitted
- Localized
- Systolic
- Presystolic
- Diastolic
- Soft (Gr. 1-2)
- Mod. (Gr. 3-4)
- Loud (Gr. 5-6)
- After exercise:
- Increased
- Absent
- Unchanged
- Decreased

Indicate:
 Apex by
 Murmur area by
 Point of greatest intensity by
 Transmission by



For comments and your impression?

14. Is there on examination any abnormality of the following:

- (Circle applicable items and give details.)
- | | | |
|---|-------------------------------------|-------------------------------------|
| | Yes | No |
| (a) Eyes, ears, nose, mouth, pharynx? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (if vision or hearing markedly impaired, indicate degree and correction.) | | |
| (b) Skin (incl. scars); lymph nodes; varicose veins or peripheral arteries? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (c) Nervous system (include reflexes, gait, paralysis)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (d) Respiratory system? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (e) Abdomen (include scars)? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (f) Genitourinary system (include prostate)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (g) Endocrine system (include thyroid and breasts)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (h) Musculoskeletal system (include spine, joints, amputations, deformities)? _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

15. (a) Are there any hernias? Yes No (b) Any hemorrhoids? Yes No

16. Are you aware of additional medical history? Yes No

[A confidential report may be sent to the Medical Director]

Urinalysis: Specific Gravity <u>1.016</u>	Albumin <u>NEG.</u>	Sugar <u>NEG.</u>
Is specimen being sent to Home Office? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Send Specimen to Home Office If: life insurance application is \$50,000 or more, age 60 or over, or with history or finding of albumin or sugar, or history or any urinary tract disease or blood pressure 140/90 or over.

Date: 9-8-52 Time: 9 A.M. City: CHICAGO State: ILL.

Signature of Medical Examiner: [Signature] M.D.

CAPITOL BANKERS
LIFE INSURANCE COMPANY

COPY

December 31, 2001

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

Re: Policy Number: 1009208
Insured: Simon Bernstein

Dear Simon Bernstein:

We are required by your state of residence to provide you, the policy/certificate owner, with annual notification of your right to designate an individual as a secondary addressee for receipt of possible lapse notices for this life insurance policy or certificate. You will continue to receive annual notification, even if this right has already been elected and a secondary addressee has been named.

If elected, the secondary addressee will receive these notices, if any, in all years following the policy/certificate owner or insured reaching age 64. If you wish to exercise this right, please complete the enclosed form and return it to us in the enclosed envelope.

While we are obligated to provide the secondary addressee with notification of a pending lapse if you so elect, we are restricted from providing anyone other than the policyowner any further details.

We are proud to be your insurance company and thank you for being our customer.

Capitol Bankers Life Insurance Company

1275 SANDUSKY ROAD JACKSONVILLE, FL 32218-1155 PHONE 1-800-825-0003 FAX 217-245-1922

JCK000423

CAPITOL BANKERS
LIFE INSURANCE COMPANY

COPY

OWNER INFORMATION AND SECONDARY ADDRESSEE
1009208

(Please print or type)

Policy Number

Name of Insured

Name of Owner

Birthdate of Owner

The Owner may designate a Secondary Addressee. After the policy has been in force for at least 1 year, and either the Insured or the Owner is at least age 65, any notification required at the end of the contractual grace period will also be sent to this Secondary Addressee.

SECONDARY ADDRESSEE (Optional)

Name

Street Address

City

State

Zip Code

Signature of Owner(s)

ANNTH

1275 SANDUSKY ROAD JACKSONVILLE, FL 32202-1155 PHONE 1-800-825-0003 FAX 217-245-1922

JCK000424

CAPITOL BANKERS LIFE INSURANCE COMPANY

ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$17,857.30

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2001	Projection For Next Policy Year Ending Dec 27, 2002
CURRENT RATE BASIS INTEREST	6.00%	5.00%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$69,212.00	\$71,429.20
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	38,963.49	41,736.19
TOTAL	202,660.61	244,396.80
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	115,478.25	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$17857.30. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE FL 32251-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK000425

CAPITOL BANKERS
LIFE INSURANCE COMPANY

FAX NUMBER 217-245-1922

DATE: *Aug 1, 2001*

SENDER: *Stephan W. Vetter / Client Services*

RECEIVER: *Scott Huett / STP Enterprise*

Number of Pages *2*

COMMENTS:

Following is the information you requested.

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000426

File

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

July 26, 2001

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It is a pleasure to be of assistance.

We have received your request for information on the above-referenced policy. The death benefit is \$1,689,070.00 and the cash surrender value as of 26 July 2001 is approximately \$53,329.30. The loan amount including the interest is \$115,478.25.

If you should have further questions, please call us at 800/825-0003.

Sincerely,

Stephanie Vetter
Client Services

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000427

62D2,1009208

AS-OF LAST MVP

BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

AGE RTE IS CEASE	FACE/UN	MONTHLY	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
(01)--CVL0A	-0611-04500-3-2-CVL-0A-		NO 22 ZC NO /0 N 0 06/27/01 N
M-47 N 82 12-41	1689,070	3,016.09	PLAN- CVL0A OPTION INCLUDES CV
STATUS - PREMIUM PAYING			DIR-Q 17303.15 REQ MAT **/**/**
			BILLING ON SCHED BILLED TO 09/27/01
			VALUE 164765.06 ISSUE 12/27/82
			RISK 1515405.44 LAST FIN 07/25/01
			SPAMT 1689070.00 LAST BILL 05/29/01
			LOAN 115478.25 LAST ACCT 07/25/01
			SUSP .00 LAST OTHR 11/02/00

Scott Pruett of STP Enterprises wants a letter with the death benefit, loaned amount w/the interest, and the cash value faxed to him at 312-819-0773.

s vetter

CK620 DISPLAY COMPLETE

07/26/01 L183
CICSPJAX19

62D1,1009208

AS-OF LAST MVP

BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

IST-IL	RST-FL	AREA-33496	COV-LAP-SP-BILL	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL	SS NBR	[REDACTED]	NO 18 2	NO 22 ZC NO /0 N 0 06/27/01 N

INSURED SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

PLAN- CVLOA OPTION INCLUDES CV
 DIR-Q 17303.15 REQ MAT **/**/**
 BILLING ON SCHED BILLED TO 09/27/01
 VALUE 164765.06 ISSUE 12/27/82
 RISK 1515405.44 LAST FIN 07/25/01
 SPAMT 1689070.00 LAST BILL 05/29/01
 LOAN 115478.25 LAST ACCT 07/25/01
 SUSP .00 LAST OTHR 11/02/00

OWN(01) SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

PAYOR SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

AGT-0000735032-CAPITOL BANKERS LIF R
 GA-- NONE.
 CK620 DISPLAY COMPLETE

07/26/01 L183
 CICSPJAX19

INTER

OFFICE

MEMO

To: Michelle Brant
From: Janet Warrick
Subject: Apply money as premium payment
Date: 7-26-2001
Company/Region: Capitol Bankers

POLICY NUMBER: 1009208
INSURED: Simon Bernstein
AMOUNT: 34,606.30
MONEY INS SUSPENSE ACCT # 2412600
ERROR REGISTER DATE N/A

Please apply the \$34,606.30 in account 2412600 as 2 quarterly premium payments of \$17,303.15 for the 2nd and 3rd quarter of this year for policy number 1009208.

Thanks
Janet

U102,1009208 ; ACTION PROCESS; .

AS OF 04/04/01

AP0599 - REQUEST REQUIRED HISTORICAL INFORMATION TO BE ACCESSED ULRSTH
 REQUEST DATE = 04/04/01 HISTORY DATE = 05/27/01 ULRSTH
 AP0412 - POLICY LOAN QUOTATION REQUEST ULLN00
 REQUEST TYPE = NET CURRENT CV \$91,223.58 PROCEEDS \$17303.15
 LOAN INTEREST RATE = 6.542% CURRENT LOAN \$79,402.24 ADV INT \$869.66
 REQUEST AMT = \$17303.15 MIN BALANCE \$5,410.36 MAX LOAN \$85813.22
 COST-BASIS \$869,282.77

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$91,223.58	\$18,172.81	

JUL 25 2001

AP0011 - TRANSACTION CONTINUED

07/25/01 L496
CICSPJAX19

U102,1009208 ; ACTION PROCESS;.

AS OF 06/23/01

AP0599 - REQUEST REQUIRED HISTORICAL INFORMATION TO BE ACCESSED

ULRSTH

REQUEST DATE = 06/23/01 HISTORY DATE = 05/27/01

ULRSTH

AP0412 - POLICY LOAN QUOTATION REQUEST

ULLN00

REQUEST TYPE = NET CURRENT CV \$69,798.34 PROCEEDS \$17303.15

LOAN INTEREST RATE = 6.542% CURRENT LOAN \$97,575.05 ADV INT \$600.05

REQUEST AMT = \$17303.15 MIN BALANCE \$5,423.74 MAX LOAN \$64374.60

COST-BASIS \$869,282.77

JUL 25 2001

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$69,798.34	\$17,903.20	

AP0011 - TRANSACTION CONTINUED

07/25/01 L496
CICSPJAX19

** The owner wanted APL done to pay
 Premiums. Requested were rec'd in Billing Department
 & never given to us to process on system.
 I processed a loan for 2 quarterly payments
 as of 4-4-2001 & 6-23-2001. I will
 have treasury apply the money to
 pay premium*

JUL 25 2001

JANET WARRICK
CLIENT SERVICES

U102,1009208 ; ACTION PROCESS;

AS OF 07/25/01

AP0412 - POLICY LOAN QUOTATION REQUEST			ULLN00
REQUEST TYPE = NET	CURRENT CV	\$86,069.03	PROCEEDS \$17303.15
LOAN INTEREST RATE = 6.542%	CURRENT LOAN	\$79,402.24	ADV INT \$494.44
REQUEST AMT = \$17303.15	MIN BALANCE	\$5,430.58	MAX LOAN \$80638.45
	COST-BASIS	\$869,282.77	

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$86,069.03	\$17,797.59	

Reversed
needed to use different
as of date.

AP0011 - TRANSACTION CONTINUED

07/25/01 L496
CICSPJAX19

,1009208 ; . AS-OF 07/25/01;. BERNSTEIN, SIMON M-47 12/03/35

NEW MONEY INTEREST RATE	6.000%	INVESTMENT METHOD	POLICY YEAR PORT
TOTAL CASH VALUE	165,487.51	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT	
LOANED AMOUNT	97,575.05	NO 22 ZC NO /0 N 0 06/27/01 I	
SURRENDER VALUE	70,804.22	PLAN- CVL0A	OPTION INCLUDES CV
COI REFUND	181.02	DIR-Q 17303.15	REQ MAT **/**/**
MAXIMUM LOAN AVAILABLE	62,481.94	BILLING ON SCHED	BILLED TO 09/27/01
LOAN PAYOFF	94,864.31	VALUE 164733.28	ISSUE 12/27/82
NET AMT AT RISK (INS)	1,515,421.02	RISK 1515437.16	LAST FIN 06/27/01
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT 1689070.00	LAST BILL 05/29/01
OTHER INSURANCE	.00	LOAN 79402.24	LAST ACCT 06/27/01
DEATH BENEFIT	1,689,070.00	SUSP .00	LAST OTHR 11/02/00
INTEREST CREDITED	21,728.17	INTEREST EARNED AT GIR	16,392.10
PREMIUMS PAID	869,282.77	WITHDRAWALS	.00
COST BASIS	869,282.77		

AP0599 - REQUEST REQUIRED HISTORICAL INFORMATION TO BE ACCESSED
REQUEST DATE = 07/25/01 HISTORY DATE = 05/27/01

ULRSTH
ULRSTH

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

07/25/01 L496
CICSPJAX19

U102,1009208	;	!		OPTIONAL OVERRIDES	!
XLOAD= ?	;		!	Y - OVERRIDE STANDARD PREMIUM LOAD	!
XLOADAMT= ?	;		!	PREMIUM LOAD OVERRIDE AMOUNT - OR ZERO	!
XCOMM= ?	;		!	Y - OVERRIDE STANDARD COMMISSIONS	!
XCOMMAMT= ?	;		!	COMMISSION OVERRIDE AMOUNT - OR ZERO	!
XCHG= ?	;		!	Y - OVERRIDE STANDARD CHARGE	!
XCHGAMT= ?	;		!	CHARGE OVERRIDE AMOUNT - OR ZERO	!
XPREMTAX= ?	;		!	Y - OVERRIDE PREMIUM TAX CALCUATION	!
XMVA= ?	;		!	Y - OVERRIDE MARKET VALUE ADJUSTMENT CALC	!
SUPPCHK= Y	;		!	Y - OVERRIDE DISBURSEMENT CHECK	!
SCREEN= ?	;				

! 20 ACCEPTED - ENTER MORE DATA, ".", OR QUIT!

CICSPJAX19

,1009208 ; . AS-OF 07/25/01;. BERNSTEIN, SIMON M-47 12/03/35

NEW MONEY INTEREST RATE	6.000%	INVESTMENT METHOD	POLICY YEAR PORT
TOTAL CASH VALUE	165,471.27	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT	
LOANED AMOUNT	79,402.24	NO 22 ZC NO /0 N 0 06/27/01 N	
SURRENDER VALUE	88,455.93	PLAN- CVL0A	OPTION INCLUDES CV
COI REFUND	181.02	DIR-Q 17303.15	REQ MAT **/**/**
MAXIMUM LOAN AVAILABLE	80,638.45	BILLING ON SCHED	BILLED TO 09/27/01
LOAN PAYOFF	77,196.36	VALUE 164733.28	ISSUE 12/27/82
NET AMT AT RISK (INS)	1,515,437.16	RISK 1515437.16	LAST FIN 06/27/01
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT 1689070.00	LAST BILL 05/29/01
OTHER INSURANCE	.00	LOAN 79402.24	LAST ACCT 06/27/01
DEATH BENEFIT	1,689,070.00	SUSP .00	LAST OTHR 11/02/00
INTEREST CREDITED	21,712.01	INTEREST EARNED AT GIR	16,391.94
PREMIUMS PAID	869,282.77	WITHDRAWALS	.00
COST BASIS	869,282.77		

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

07/25/01 L496
CICSPJAX19

62D1,1009208

AS-OF LAST MVP BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

IST-IL	RST-FL	AREA-33496	COV-LAP-SP-BILL	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL	SS NBR	██████████	NO 18 2	NO 22 ZC NO /0 N 0 06/27/01 N
INSURED	SIMON BERNSTEIN			PLAN- CVL0A OPTION INCLUDES CV
	7020 LIONS HEAD			DIR-Q 17303.15 REQ MAT **/**/**
	BOCA RATON FL 33496			BILLING ON SCHED BILLED TO 09/27/01
				VALUE 164733.28 ISSUE 12/27/82
OWN(01)	SIMON BERNSTEIN			RISK 1515437.16 LAST FIN 06/27/01
	7020 LIONS HEAD			SPAMT 1689070.00 LAST BILL 05/29/01
	BOCA RATON FL 33496			LOAN 79402.24 LAST ACCT 06/27/01
				SUSP .00 LAST OTHR 11/02/00
PAYOR	SIMON BERNSTEIN			
	7020 LIONS HEAD			
	BOCA RATON FL 33496			

AGT-0000735032-CAPITOL BANKERS LIF R
 GA-- NONE.
 CK620 DISPLAY COMPLETE

07/25/01 L496
 CICSPJAX19

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208 BERNSTEIN, SIMON 06-27-01 3 MONTH PREMIUM 17,303.15

AMOUNT DUE 17,303.15

07-29-01

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

DEPOSIT
JUL 23 2001
BILLING DEPT.

193130303932303840404006270103017303150121001730315000000004

INDICATE ADDRESS CHANGE ABOVE

CAPITOL BANK
P.O. BOX 4174
SPRINGFIELD, IL

Please Pay
by A/L (for 2/28/94)
and send me
an audit
of my bank
D. Simon Bernstein

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

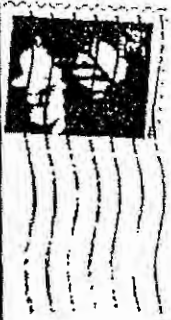
1009208	BERNSTEIN, SIMON	03-27-01	3 MONTH PREMIUM	17,303.15
			AMOUNT DUE	17,303.15
04-28-01				

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

RECEIVED
 APR 28 2001
 BILLING DEPT
 APR 23 '01
 00-010-5

173130303932303840404003270103017303150111801730315000000002

INDICATE ADDRESS CHANGE ABOVE



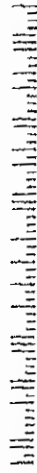
RECEIVED
JUL 28 2001
BILLING DEPT.

RECEIVED

JUL 20 2001

TREASURY DEPT.

62706-4174



From

Name _____
 Address _____

*Station van der Grinten
 11 11 11 11 11 11 11 11
 11 11 11 11 11 11 11 11
 11 11 11 11 11 11 11 11*

To help us serve you better, please:

- enclose the return portion of the premium notice
- make sure the address appears in the window
- write your policy number on your check or money order
- sign and date your check

THANK YOU!
 We appreciate your business.



S.B. Lexington, Inc.

600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL 60661 - (312) 893-8014

561 477 909C

SIMON L. BERNSTEIN
CHAIRMAN

4/4/01

To Whom it May Concern

Please pay my next premium by
APL on Policy # 1009208
this is a Capital Bombers Policy.
Thank you

[Signature]

RECEIVED
APR - 9 2001
BILLING DEPT.

INSURANCE COUNSELORS WITH (IN-TEG-RITY)

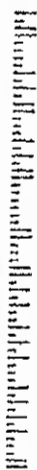


S.D. Lexington, Inc.



Capital Bankers Ins Co.
1275 SANDUSKY RD.
Watsonville, CA 95076

att: Bellini
6292041133



INTER

OFFICE

MEMO

To: Treasury
From: Janet Warrick
Subject: Apply money as premium
Date: 01-05-2001
Company/Region: Capitol Bankers

POLICY NUMBER: 1009208
INSURED: Simon Bernstein
AMOUNT: \$ 17,303.15
MONEY INS SUSPENSE ACCT # 2412600
ERROR REGISTER DATE N/A

Could you please apply the \$17,303.15 in account 2412600 as premium payment to policy 1009208 per the owners request.

Thanks
Janet Warrick

Please call if you have any questions.

Best regards,

JCK000445

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

file

18 June 2001

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It is a pleasure to be of assistance.

We have received your request for information on the above-referenced policy. Our records indicate as of 14 June 2001 the loan balance is approximately \$79,402.24 and the loan payoff is \$76,612.87. The loan payoff is good for ten days.

The cash surrender value as of 14 June 2001 is approximately \$91,588.87.

Thank you for the opportunity to serve you. If we may be of further service, please call us at 800/825-0003.

Sincerely,

Stephanie Vetter
Client Services

Enclosure

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800/825-0003 FAX 217/245-1922

JCK000446

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

FAX NUMBER 217-245-1922

DATE: 6-18-01

SENDER: Stephanie Vetter / Client Services

RECEIVER: Pamela Owens / STP Enterprises

Number of Pages 2

COMMENTS:

Following is the policy information
you requested

Thanks

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000447

62D1,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35
* NOTES

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED] NO 18 2 NO 22 ZC NO /0 N 0 05/27/01 N
PLAN- CVLOA OPTION INCLUDES CV
INSURED SIMON BERNSTEIN DIR-Q 17303.15 REQ MAT **/**/**
7020 LIONS HEAD BILLING ON SCHED BILLED TO 09/27/01
BOCA RATON FL 33496 VALUE 166637.45 ISSUE 12/27/82
RISK 1513536.38 LAST FIN 05/29/01
OWN(01) SIMON BERNSTEIN SPAMT 1689070.00 LAST BILL 05/29/01
7020 LIONS HEAD LOAN 79402.24 LAST ACCT 05/29/01
BOCA RATON FL 33496 SUSP .00 LAST OTHR 11/02/00
PAYOR SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

AGT-0000735032-CAPITOL BANKERS LIF R
GA-- NONE.
CK620 DISPLAY COMPLETE

06/14/01 L682
CICSPJAX19

6/14/01

Please fax loan bal, loan payoff + CSV as
of June 14, 2001 to Jamila Owens at STP
Enterprises (agent's office) at 312-819-0773.

Jamie CAFFERY
SERVICES

JUN 15 2001
5 57 AM

STP ENTERPRISES, INC.
303 EAST WACKER
SUITE 210
CHICAGO, IL 60601
PH 312 819 7474
FAX 312 819 0773

facsimile transmittal

To: STEPHANIE VEITTE Fax: 217 245 1922
From: SCOTT PRUETT Date: 5/24/01
Re: 1009268 SIMON BERNSTEIN Pages: 1
CC:

Urgent For Review Please Comment Please Reply Please Recycle

THANK YOU FOR THE 5/15/01 FAX ON POLICY 1009268 SIMON BERNSTEIN. PLEASE
FAX US THE CURRENT OUTSTANDING LOAN AMOUNT ON THIS POLICY. THANK
YOU.

*already faxed to
Scott Pruett
5/30/01
Stephanie
Vette*

May 25 2001
11:25 AM

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

May 15, 2001

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Re: Policy No. 1009208

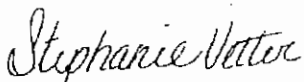
Dear Mr. Simon:

Thank you for contacting Capitol Bankers Life Insurance Company. It is a pleasure to be of assistance.

We have received your request for information on the above referenced policy. The current face amount on your policy is \$1,689,070.00. The loan interest is 6.542%.

If you should have further questions, please call us at 800-825-0003.

Sincerely,



Stephanie Vetter
Client Services

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000450

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

FAX NUMBER 217-245-1922

DATE: 5-15-01

SENDER: Stephanie Vetter

RECEIVER: STP Enterprises / Jamillia Owens

Number of Pages (including this page) 2

COMMENTS:

Policy information on Policy number 1009208

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000451

62D2,1009208

AS-OF LAST MVP

BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

AGE RTE IS CEASE	FACE/UN	MONTHLY	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
(01)--CVL0A	-0611-04500-3-2-CVL-0A-		NO 22 ZC NO /0 N 0 04/27/01 N
M-47 N 82 12-41	1689,070	3,016.09	PLAN- CVL0A OPTION INCLUDES CV
STATUS - PREMIUM PAYING			DIR-Q 17303.15 REQ MAT **/**/**
			BILLING ON SCHED BILLED TO 06/27/01
			VALUE 168529.02 ISSUE 12/27/82
			RISK 1511648.19 LAST FIN 04/27/01
			SPAMT 1689070.00 LAST BILL 02/26/01
			LOAN 79402.24 LAST ACCT 04/27/01
			SUSP .00 LAST OTHR 11/02/00

Fax letter with current death benefit and loan interest to STP Enterprises to Jamilia Owens at 312-819-0773

a mcgee

CK620 DISPLAY COMPLETE

05/08/01 L860
CICSPJAX19

*Capital Bankers
Drawer Work*

AMY MCGEE
CLIENT SERVICES

MAY 10 2001

File

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

May 29, 2001

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It is a pleasure to be of assistance.

We have received your request for information on the above-referenced policy. Our records indicate that the loan payoff as of 28 May 2001 is \$76,385.16. If you choose to payoff the loan, this balance is good for ten days.

If you should have further questions, please call us at 800/825-0003.

Sincerely,

Stephanie Vetter

Stephanie Vetter
Client Services

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000454

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

FAX NUMBER 217-245-1922

DATE: *May 29, 2001*

SENDER: *Stephanie Vetter*

RECEIVER: *Scott Pruett*

Number of Pages *2*

COMMENTS:

Policy Loan Information

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000455

STP ENTERPRISES, INC.
303 EAST WACKER
SUITE 210
CHICAGO, IL. 60601
PH. 312 819 7474
FAX 312 819 0773

facsimile transmittal

To: STEPHANIE VETTER Fax: 217 245 1922

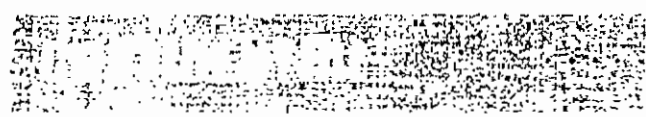
From: SCOTT PRUETT Date: 5/24/01

Re: 1009208 SIMON BERNSTEIN Pages: 1

CC:

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

THANK YOU FOR THE 5/15/01 FAX ON POLICY 1009208 SIMON BERNSTEIN. PLEASE
 FAX US THE CURRENT OUTSTANDING LOAN AMOUNT ON THIS POLICY. THANK
 YOU



S.T.P. ENTERPRISES, INC.
303 E. WACKER DRIVE
SUITE 210
CHICAGO, IL 60601-5210

Email: marketing@stpcorp.com

Phone: 312.819.7474
Fax: 312.819.0773

TO: Stephanie Vetter + Sharon DeLong

FROM: Louise Butler

DATE: 5/25/01

PAGES INCLUDING COVER PAGE: 2

COMMENTS:

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

COPY

December 31, 2000

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

file

Re: Policy Number: 1009208
Insured: Simon Bernstein

Dear Simon Bernstein:

We are required by your state of residence to provide you, the policy/certificate owner, with annual notification of your right to designate an individual as a secondary addressee for receipt of possible lapse notices for this life insurance policy or certificate. You will continue to receive annual notification, even if this right has already been elected and a secondary addressee has been named.

If elected, the secondary addressee will receive these notices, if any, in all years following the policy/certificate owner or insured reaching age 64. If you wish to exercise this right, please complete the enclosed form and return it to us in the enclosed envelope.

While we are obligated to provide the secondary addressee with notification of a pending lapse if you so elect, we are restricted from providing anyone other than the policyowner any further details.

We are proud to be your insurance company and thank you for being our customer.

Capitol Bankers Life Insurance Company

**DEBBIE SEXTON
CLIENT SERVICES**

1-3-2001

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 800-825-0003 FAX 217-245-1922

JCK000458

CAPITOL BANKERS LIFE INSURANCE COMPANY

COPY

OWNER INFORMATION AND SECONDARY ADDRESSEE 1009208

(Please print or type)

Policy Number

Name of Insured

Name of Owner

Birthdate of Owner

The Owner may designate a Secondary Addressee. After the policy has been in force for at least 1 year, and either the Insured or the Owner is at least age 65, any notification required at the end of the contractual grace period will also be sent to this Secondary Addressee.

SECONDARY ADDRESSEE (Optional)

Name

Street Address

City

State

Zip Code

Signature of Owner(s)

ANNTH

1275 SANDUSKY ROAD JACKSONVILLE, IL 62650 800-825-0003 FAX 217-245-1922

JCK000459

U102.1009208 ; ACTION PROCESS;

AS OF 01/03/01

AP0112 - POLICY LOAN QUOTATION REQUEST

UIIN00

REQUEST TYPE = NET	CURRENT CV	\$100,742.42	PROCEEDS	\$17303.15
LOAN INTEREST RATE = 6.547%	CURRENT LOAN	\$60,912.70	ADV INT	\$1,186.39
REQUEST AMT = \$17303.15	MIN BALANCE	\$0.00	MAX LOAN	\$100742.42
	COST-BASIS	\$851,979.67		

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXFD1	\$100,742.42	\$18,489.54	

*Loan to pay Premium
 Do misc act
 & move money to 2416300
 have this applied.*

AP0011 - TRANSACTION CONTINUED

01/03/01 L496
CICSPJAX19

```

6269,1009208 ;
69 142 00000001 00010001 00001000 00000010 00000000 00000000 00000000 1 F1 1 F
**/**/**** **/**/**** 12/27/2000 12/31/2000 12/31/2000 00000000 MVCD
CD 00/00/1900 0 0 1 .00 .00 6706.90 .00 .00 .00 .0000 .00 .000 .00 0 19
0
69 168 00000001 10011001 00001000 00000100 00000000 00000000 00000000 1 GP 1 F
**/**/**** 12/27/2000 12/27/2000 12/31/2000 12/31/2000 00000000 AVLC
LV 00/00/1900 0 0 0 3984.91 .00 3984.91 .00 .00 .00 .0000 .00 6.000 .00
0 19 2 1 3984.91 1374000 2 3984.91 3374000
69 194 00000001 10011001 00001000 00000110 00000000 00000000 00000000 1 GP 1 F
**/**/**** **/**/**** 12/27/2000 12/31/2000 12/31/2000 00000000 MVCD
CA 00/00/1900 0 0 0 2721.99 .00 3984.91 .00 .00 .00 .0000 .00 6.000 .00
0 19 4 1 3984.91 4477230 2 3984.91 4477230 1 6706.90 4477230 2 6706.90
4477230
69 155 00000000 10000000 00000000 10000100 00000000 00000000 00000000 1 F1 0 F
**/**/**** 12/27/2001 01/03/2001 **/**/**** 01/03/2001 00ABEB4D CSJSW
LN 00/00/1900 0 0 18489.54 17303.15 1186.39 .00 .00 .00 .0000 .00
6.542 .00 0 19 1 G 00 1 X A .00 9

```

CK620 DISPLAY COMPLETE

01/03/01 L496
CICSPJAX19

UIDA, 1009208 ; . AS-OF 01/03/01; . BERNSTEIN, SIMON
 FINANCIAL ACTIVITY FROM 01/00

M-47 12/03/35

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
NFT LOAN	01	FIXED1	01/03/01	18,489.54	17,303.15	6.547		00I
ADVANCE INT	01	GRACE	12/27/00	3,984.91		6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/00	0.00	6,706.90			01H
CHRG ADJ	01	GRACE	12/27/00	2,721.99	3,984.91	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/00	2,488.83	2,488.83		A	01H
CHRG DEDUCT	01	FIXED1	10/27/00	2,486.08	2,486.08		A	01H
CHRG DEDUCT	01	FIXED1	09/27/00	2,483.34	2,483.34		A	01H
CHRG DEDUCT	01	FIXED1	08/27/00	2,480.62	2,480.62		A	01H
REG PRM	F	01	FIXED1 08/10/00	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	07/27/00	2,502.36	2,502.36		A	01H
CHRG DEDUCT	01	FIXED1	06/27/00	2,499.52	2,499.52		A	01H
CHRG DEDUCT	01	FIXED1	05/27/00	2,496.70	2,496.70		A	01H
MISC ACCOUNT			05/18/00					A 00H
DB-2412600				17,303.15				
CR-2416300				17,303.15				
REG PRM	F	01	FIXED1 05/08/00	17,303.15	15,053.74	6.000	AC	01H
NFT LOAN	01	FIXED1	05/05/00	18,067.38	17,303.15	6.542	A	01H
ADVANCE INT				764.73				
REG PRM	F	01	FIXED1 05/05/00	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	04/27/00	2,542.76	2,542.76		A	01

AP0011 - TRANSACTION CONTINUED

CICSPJAX19

```

U107,1009208 ; ! QUOTE / PROCESS POLICY LOAN !
ACTION= QUOTE ; ERRCORR= NO ; DEPTDESK= JSW ;
LTYPE= NET ; ! GROSS, NET, MAX, APL OR MXPREF !
WH= ? ; ! Y, N, B-BACKUP, P-PERCENT, F-FLAT !
FEDWHOVR= ? ; ! WH OVERRIDE PERCENT OR AMOUNT !
STWH= ? ; ! N, P-PERCENT, F-FLAT !
STWHOVR= ? ; ! STWH OVERRIDE PERCENT OR AMOUNT !
ASOF= ? ; ! AS-OF DATE !
AMOUNT= 17303.15 ; ! OR ! TOTUNITS= ? ;
LOANINT= ? ; ! OVERRIDE LOAN INTEREST PERCENT !
TSASKIP= ? ; ! Y, OVERRIDE IRS MAX LOAN ALLOWED !
SCREEN= ? ; ! USF - FUNDS !

```

```

AS-OF 01/03/01; BERNSTEIN, SIMON M-47 12/03/35
MAXIMUM POLICY MIN BAL ISSU DATE 12/27/82
WITHDRAWALS 100,742.42 .00 EXCHANGE COUNT 0
LOANS 100,742.42 .00
FUND NUMBER UNIT VALUE/ MTN DISB. MIN
FIXFD1 100242.47 OF UNITS INT RATE BAL T W L DUR
GRACE CLOSED 6.000% N Y Y 0
6.000% N N N 0
TOTAL 100242.42

```

INVESTMENT RETURN RATES AND CURRENT INTEREST RATES MAY ALTER PROJECTED VALUES

,1009708	;	AS-OF 01/03/01;	BERNSTEIN, SIMON	M-47	12/03/35
NEW MONEY INTEREST RATE	6.000%	INVESTMENT METHOD	POLICY YEAR PORT		
TOTAL CASH VALUE	161,155.17	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT			
LOANED AMOUNT	60,917.70	NO 22 ZC NO /0 N 0 12/27/00 N			
SURRENDER VALUE	106,242.77	PLAN- CVLOA	OPTION INCLUDES CV		
COI REFUND	2,086.86	DIR-Q 17303.15	REQ MAT **/**/**		
MAXIMUM LOAN AVAILABL	100,242.47	BILLING ON SCHED	BILLED TO 03/27/01		
LOAN PAYOFF	56,999.21	VALUE 160975.13	ISSUE 12/27/82		
NET AMT AT RISK (INS)	1,519,188.61	RISK 1519188.61	LAST FIN 12/31/00		
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT 1689070.00	LAST BILL 11/27/00		
OTHER INSURANCE	.00	LOAN 60912.70	LAST ACCT 12/31/00		
DEATH BENEFIT	1,689,070.00	SUSP .00	LAST OTHR 11/02/00		
INTEREST CREDITED	16,708.32	INTEREST EARNED AT GIR	12,248.34		
PREMIUMS PAID	851,979.62	WITHDRAWALS	.00		
COST BASIS	851,979.62				

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

01/03/01 L496
CICSPJAX19

62D1,1009208 ; . AS-OF ST MVP BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

IST-IL RST-FL AREA-33496	COV-LAP-SP-BILL	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED]	NO 18 2	NO 22 ZC NO /0 N 0 12/27/00 N
INSURED SIMON BERNSTEIN		PLAN- CVLOA OPTION INCLUDES CV
7020 LIONS HFAD		DIR-Q 17303.15 REQ MAT **/**/**
BOCA RATON FL 33496		BILLING ON SCHED BILLED TO 03/27/01
		VALUE 160975.13 ISSUE 12/27/82
		RISK 1519188.61 LAST FIN 12/31/00
OWN(01) SIMON BERNSTEIN		SPAMT 1689070.00 LAST BILL 11/27/00
7020 LIONS HFAD		LOAN 60912.70 LAST ACCT 12/31/00
BOCA RATON FL 33496		SUSP .00 LAST OTHR 11/02/00
PAYOR SIMON BERNSTEIN		
7020 LIONS HFAD		
BOCA RATON FL 33496		

AGT-0000735032-CAPITOL BANKERS LIF R
 GA-- NONE.
 CK620 DISPLAY COMPLETE

01/03/01 L496
 CICSPJAX19

CAPITOL BANKERS
LIFE INSURANCE COMPANY

MEMORANDUM

Date: January 3, 2001
To: Janet Warrick
From: Amy McGee
Subject: APL
Policy: 1009208

Please take loan in the amount of \$17,303.15 and then apply it to the premium due 12/27/2000

Thanks
Amy

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208	BERNSTEIN, SIMON	12-27-00	3 MONTH PREMIUM	17,303.15
			AMOUNT DUE	17,303.15

01-28-01

JAN 2 '01

SIMON BERNSTEIN
7020 LIONSHEAD
BOCA RATON FL 33496

Paid per AAL

193130303932303840404012270003017303150102801730315000000003

(OVER)

INDICATE ADDRESS CHANGE ABOVE

Pay By APL - 55th 371 32 5211

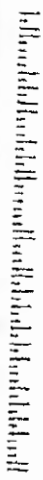
also send me confirmation of
payment.

G. Bernsten

CAPITOL BANKERS LIFE INSURANCE COMPANY
P.O. BOX 4174
SPRINGFIELD, IL 62708-4174



Capitol Breakers Lita Mrs Q
1275 SANDUSKY ROAD
AFTERSVILLE, GA. 30605

62650+1135 

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITUL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1998

INSURED: SIMON BERNSTEIN
 POLICY OWNER: SIMON BERNSTEIN
 7020 LIONS HEAD
 BUCA RATON FL 33496

AGT NUM: 0000735
 AGENT : CAPITUL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602

PHONE : 800-825-0003

PREMIUM PAYMENT MODE: QUARTERLY
 EACH PAYMENT: \$17,303.16

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1998	GUARANTEED FOR YEAR ENDING DEC 27, 1999
CURRENT RATE BASIS INTEREST	7.00%	6.00%
SUM INSURED	\$1,705,773	\$1,689,070
CASH VALUE - START OF YEAR	\$81,582.20	\$100,394.30
ADD: TOTAL PREMIUMS FOR YEAR	\$63,052.56	\$69,212.64
INTEREST CREDIT	\$ 9,318.77	\$ 9,446.73
DEDUCT: MORTALITY CHARGE	\$24,330.22	\$27,554.09
EXPENSE CHARGE	\$12,525.85	\$13,555.58
POLICY LOAN	\$16,703.16	\$ 0.00
NET CASH VALUE - END OF YEAR	\$100,394.30	\$137,944.00
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$65,292.96
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,689,070:		
OPTION A - CURRENT RATE BASIS		\$65,292.96
OPTION B - GUARANTEED RATE BASIS		\$94,287.24

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1999.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000470

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-11004

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,689,070
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 17)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
AGE	60	0	0.00	0	0.					
AGE	65	1689070	65292.96	37963	175907	18	1689070	97533.86	49439	18739
AGE	70	1689070	65292.96	39403	369824	23	1689070	97533.86	46411	427079
AGE	75	1689070	65292.96	39754	569527	28	1689070	97533.86	43120	647799
AGE	80	1689070	65292.96	36296	759356	33	1689070	97533.86	38919	853317

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 16	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	37.14	33.69	51.94	49.48
NET PAYMENT INDEX	37.14	37.67	51.94	53.98

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 6.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
BOX 19191
GREENVILLE, SC 29602
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 06, 1998

PAGE 1 OF 2

JCK000471

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

		CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 17)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
16	63	1705773	59481.56	18812	100394	16	1705773	59481.56	18812	100394
17	64	1689070	65292.96	37550	137944	17	1689070	65292.96	37550	137944
18	65	1689070	65292.96	37963	175907	18	1689070	97533.86	49439	187383
19	66	1689070	65292.96	38359	214266	19	1689070	97533.86	49155	236538
20	67	1689070	65292.96	38516	252782	20	1689070	97533.86	48716	285257
21	68	1689070	65292.96	38707	291489	21	1689070	97533.86	48106	333360
22	69	1689070	65292.96	38933	330422	22	1689070	97533.86	47308	380668
23	70	1689070	65292.96	39403	369824	23	1689070	97533.86	46411	427079
24	71	1689070	65292.96	39941	409766	24	1689070	97533.86	45490	472569
30	77	1689070	65292.96	38819	647721	30	1689070	97533.86	42190	732718
35	82	1689070	65292.96	34996	829859	35	1689070	97533.86	35935	926694
40	87	1689070	65292.96	30170	992860	40	1689070	97533.86	30725	1088842
45	92	1689070	65292.96	29891	1129474	45	1689070	97533.86	31409	1241892
50	97	1689070	65292.96	60184	1351508	50	1689070	97533.86	46544	1432739
53	100	1689084	65292.96	151266	1689084	53	1689210	97533.86	155842	1689210

JCK000472

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L

RUN COMPLETION DATE: OCT 06, 1998 at 22:50 PM. STATUS: USED L

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Years in Force: 17
Premium Mode: QUARTERLY Owners Name: SIMON BERNSTEIN Product: CVL
Address: 7020 LIUNS HEAD City: BOCA RATON FL33496

Ledger Data Stored Under User: JEANNIE.L Ledger Record # 11004.
Ledger Check Data: (MUST match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,689,070 Basic Premium: \$55,292.96
Init. Cash Value: \$100,394.30 Basic Cash Value: \$137,944.00
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$730,857.57 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,689,070 Total Premium: \$55,292.96
Total Cash Value: \$175,907.16 Scheduled Payout: \$ 0.00

Rating Basis Code: 9841, Interest: 6.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 65292.956410; Net-Gross: Ks: 0.8491921902
Second Level breakpt. (Gt): 98044.541042; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 17.7100000
Paid-Up Cash Value per \$1000, End Year (Ax): 419.5636893
Discounted Value, Life Annuity of \$1.00 (ax): 10.25437482

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 137943.9970 Tgt. Net Premium: 55557.0490
Extra Value Amount: 0.00 Added Benefit Amount: -310930.48

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 6, 1998
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	65292.96	4.00	2611.72
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	65292.96		2611.72

JCK000475

DATE: 5-5

TO: Janet W

VAULT

ROUTING FORM

(PLEASE CHECK NEEDED REQUEST)

full

-
-
-
-
-
-
-
-

Please complete file and return to Vault.

Please complete file and return to Pond.

File is updated to you on Filetrax, please place correspondence in file.

Mail received today, file updated to you on Filetrax.

Your Rush.

Your Premium File.

Checks from the Mail Desk

Miscellaneous.

Rec'd back 5-30

FROM: BH

92

CAPITOL BANKERS
LIFE INSURANCE COMPANY

MEMORANDUM

Date: April 14, 2000
To: Billing
From: Amy McGee/Client Services
Subject: Manual Bill

Please send manual billing notice for December 27 1999 premium due in the amount of \$17,303.15 and for March 27 2000 premium due 27 in the amount of \$17,303.15 on policy number 1009208 for Simon Bernstein.

Thanks
Amy

add'l
12-27-99
3-27-00

MAY 30 2000
11:00 AM
COMMERCIAL SERVICE

300 EAST STATE STREET JACKSONVILLE, FL 32202 PHONE 800-825-0003 FAX 217-245-1922

Simon
6-14-2000

JCK000477

CAPITOL BANKERS LIFE INSURANCE COMPANY

18 April 2000

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33498

Policy Number	Name of Insured	Mode	Premium Due Date	Premium Amount
1009208	SIMON BERNSTEIN	QUARTERLY	12-27-99	17,303.15

Show Change of Address Below, if any (Please Print)

Number & Street	
Town	
State	
Zip Code	

PLEASE REMEMBER!

- Do not send cash
- Write the policy number on the check
- Return a copy of this notice with your premium

Thank you for your payment.

APR 30 '00

CAPITOL BANKERS LIFE INSURANCE COMPANY

18 April 2000

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33498

Policy Number	Name of Insured	Mode	Premium Due Date	Premium Amount
1009208	SIMON BERNSTEIN	QUARTERLY	03-27-2000	17,303.15

Show Change of Address Below, if any (Please Print)

Number & Street	
Town	
State	
Zip Code	

PLEASE REMEMBER!

- Do not send cash
- Write the policy number on the check
- Return a copy of this notice with your premium

Thank you for your payment.

PAID
MAY 30 2000

INTER

OFFICE

MEMO

To: DONNA RILEY
From: JANET WARRICK
Subject: APPLY MONEY AS PREMIUM
Date: 5-9-2000
Company/Region: CAPITOL BANKERS

POLICY NUMBER: 1009208
INSURED: SIMON BERNSTEIN
AMOUNT: \$17,303.15
MONEY INS SUSPENSE ACCT # 2412600
ERROR REGISTER DATE N/A

PLEASE APPLY THE \$17,303.15 AS QUARTERLY PREMIUM FOR POLICY NUMBER 1009208 AS THE OWNER HAS REQUESTED. THE OWNER WILL BE SENDING THE NEXT QUARTERLY PAYMENT BY CHECK.

THANKS
JANET WARRICK

Please call if you have any questions.

Best regards,

U102,1009208 ; ACTION PROCESS;

AS OF 05/05/00

AP0412 - POLICY LOAN QUOTATION REQUEST			ULLN00
REQUEST TYPE = NET	CURRENT CV	\$91,171.63	PROCEEDS \$17303.15
LOAN INTEREST RATE = 6.542%	CURRENT LOAN	\$38,860.41	ADV INT \$764.23
REQUEST AMT = \$17303.15	MIN BALANCE	\$0.00	MAX LOAN \$91171.63
	COST-BASIS	\$800,070.17	

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$91,171.63	\$18,067.39	

** Apply as Quarterly
Premium. Due 12-27-99.
He is sending in March Quarterly
premium.*

05/05/00 L496
CICSPJAX19

AP0011 - TRANSACTION CONTINUED

BS

6269,1009208 ;
69 168 00000001 10011000 00001000 00000100 00000000 00000000 00000000 1 F1 1 F
//**** **/**/**** 04/27/2000 04/27/2000 04/27/2000 00000000 MVCD
CD 00/00/1900 0 0 1 2542.74 .00 2542.74 .00 .00 .00 .0000 .00 .000 .00 0
18 2 1 2542.74 4477230 2 2542.74 4477230
69 155 00000000 10000000 00000000 10000100 00000000 00000000 00000000 1 F1 0 F
//**** 12/27/2000 05/05/2000 **/**/**** 05/05/2000 0105B2A8 L496
LN 00/00/1900 0 0 18067.38 17303.15 764.23 .00 .00 .00 .0000 .00 6.542
.00 0 18 1 G 00 1 X A .00 9

CK620 DISPLAY COMPLETE

05/05/00 L496
CICSPJAX19

UIDA,1009208 ; . AS-OF 05/05/00;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
NET LOAN	01	FIXED1	05/05/00	18,067.38	17,303.15	6.542		00I
CHRG DEDUCT	01	FIXED1	04/27/00	2,542.74	2,542.74		A	01H
CHRG DEDUCT	01	FIXED1	03/27/00	2,539.64	2,539.64		A	01H
CHRG DEDUCT	01	FIXED1	02/27/00	2,536.56	2,536.56		A	01H
CHRG DEDUCT	01	FIXED1	01/27/00	2,533.50	2,533.50		A	01H
ADVANCE INT	01	GRACE	12/27/99	2,542.25		6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/99	0.00	5,072.71			01H
CHRG ADJ	01	GRACE	12/27/99	2,530.46	2,542.25	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/99	2,310.17	2,310.17		A	01H
GROSS LOAN	01	FIXED1	10/31/99	36,318.16	35,898.06	7.407	A	01H
ADVANCE INT				420.10				
CHRG DEDUCT	01	FIXED1	10/27/99	2,307.77	2,307.77		A	01H
REG PRM	F	01	FIXED1 10/25/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	09/27/99	2,327.69	2,327.69		A	01H
CHRG DEDUCT	01	FIXED1	08/27/99	2,325.16	2,325.16		A	01H
CHRG DEDUCT	01	FIXED1	07/27/99	2,322.64	2,322.64		A	01H
REG PRM	F	01	FIXED1 06/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	06/27/99	2,320.14	2,320.14		A	01H
CHRG DEDUCT	01	FIXED1	05/27/99	2,339.99	2,339.99		A	01H
CHRG DEDUCT	01	FIXED1	04/27/99	2,337.38	2,337.38		A	01

AP0011 - TRANSACTION CONTINUED

CICSPJAX19

U102,1009208 ; ! QUOTE / PROCESS POLICY LOAN !
 ACTION= QUOTE ; ! ERRRCORR= NO ; DEPTDE = ? ; !
 LTYPE= NET ; ! GROSS, NET, MAX, APL OR MKXPREF !
 WH= ? ; ! Y, N, B-BACKUP, P-PERCENT, F-FLAT !
 FEDWHOVR= ? ; ! WH OVERRIDE PERCENT OR AMOUNT !
 STWH= ? ; ! N, P-PERCENT, F-FLAT !
 STWHOVR= ? ; ! STWH OVERRIDE PERCENT OR AMOUNT !
 ASOF= ? ; ! AS-OF DATE !
 AMOUNT= 17303.15 ; ! OR ! TOTUNITS= ? ; !
 LOANINT= ? ; ! OVERRIDE LOAN INTEREST PERCENT !
 TSASKIP= ? ; ! Y, OVERRIDE IRS MAX LOAN ALLOWED !
 SCREEN= ? ; ! U1SF - FUNDS !

AS-OF 05/05/00;. BERNSTEIN, SIMON

M-47 12/03/35

	MAXIMUM	POLICY MIN BAL		ISSUE DATE 12/27/82
WITHDRAWALS	91,171.63	.00		EXCHANGE COUNT 0
LOANS	91,171.63	.00		
FUND	FUND	NUMBER	UNIT VALUE/	MIN DISB. MIN
FIXED1	BALANCE	OF UNITS	INT RATE	BAL T W L DUR
GRACE	CLOSED		6.000%	N Y Y 0
			6.000%	N N N 0
TOTAL	91171.63			

INVESTMENT RETURN RATES AND CURRENT INTEREST RATES MAY ALTER PROJECTED VALUES

,1009208	AS-05/05/00;	BERNSTEIN, SIMON	M-47 12/03/35
NEW MONEY INTEREST RATE	6.000%	INVESTMENT METHOD	POLICY YEAR PORT
TOTAL CASH VALUE	130,032.04	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT	
LOANED AMOUNT	38,860.41	NO 22 ZC NO /0 N 0 04/27/00 M N	
SURRENDER VALUE	94,680.07	PLAN- CVLOA	OPTION INCLUDES CV
COI REFUND	1,864.68	DIR-Q 17303.15	REQ MAT **/**/**
MAXIMUM LOAN AVAILABLE	91,171.63	BILLING ON SCHED	BILLED TO 06/27/00
LOAN PAYOFF	37,216.65	VALUE 129866.08	ISSUE 12/27/82
NET AMT AT RISK (INS)	1,550,476.91	RISK 1550476.91	LAST FIN 04/27/00
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT 1689070.00	LAST BILL 02/25/00
OTHER INSURANCE	.00	LOAN 38860.41	LAST ACCT 04/27/00
DEATH BENEFIT	1,689,070.00	SUSP .00	LAST OTHR 04/24/00
INTEREST CREDITED	10,086.94	INTEREST EARNED AT GIR	7,605.23
PREMIUMS PAID	800,070.17	WITHDRAWALS	.00
COST BASIS	800,070.17		

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

05/05/00 L496
CICSPJAX19

62D1,1009208 ; . AS

LAST MVP

BERNSTEIN, SIMON

M-47 12/03/35

* NOTES

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED] NO 17 2 NO 22 ZC NO /0 N 0 04/27/00 M N

INSURED SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

PLAN- **CVL0A** OPTION INCLUDES CV
DIR-Q 17303.15 REQ MAT **/**/**
BILLING ON SCHED BILLED TO 06/27/00
VALUE 129866.08 ISSUE 12/27/82
RISK 1550476.91 LAST FIN 04/27/00
SPAMT 1689070.00 LAST BILL 02/25/00
LOAN 38860.41 LAST ACCT 04/27/00
SUSP .00 LAST OTHR 04/24/00

OWN(01) SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

PAYOR SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

AGT-0000735032-CAPITOL BANKERS LIF R
GA-- NONE.
CK620 DISPLAY COMPLETE

05/05/00 L496
CICSPJAX19

2604,1009208 ; ! CHANGE MISCELLANEOUS FIELDS !
 DATE= ? ; DEPTDESK= ? ; SUSP= 0 ;
 NFO= ? ; NFOCOV= ? ; ! NFO OPTION CHANGE & COVERAGE PHASE!
 ASSGN= ? ; ! 0 - NOT ASSIGNED OR 2 - ASSIGNED !
 OTHRSTR= ? ; ! OTHER RESTRICT CODE (0 - 9) !
 REINS= ? ; SPECIAL= 2 ; ! REINSURED CODE (0,1,2) / USER SPECIAL CODE !
 COMM= ? ; COMSPEC= ? ; ! BASIC COMMISSION / COMMISSION SPECIAL CODE !
 HANDLING= ? ; ! HANDLING CODE (0,A,B OR C) !
 RMDPAY= ? ; ! RMD PAYOUT OPTION (J - JOINT, S - SINGLE) !
 RMDCALC= ? ; ! RMD CALCULATION (I - INITIAL, R - RECALC) !
 SOPT= ? ; ! SETTLEMENT OPTION !
 SCREEN= ? ;

62D1 AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL * NOTES

UL	SS NBR	NO	17	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
	INSURED SIMON BERNSTEIN			NO 22 ZC NO /0 N 0 04/27/00 N
	7020 LIONS HEAD			PLAN- CVL0A OPTION INCLUDES CV
	BOCA RATON FL 33496			DIR-Q 17303.15 REQ MAT **/**/**
OWN(01)	SIMON BERNSTEIN			BILLING ON SCHED BILLED TO 06/27/00
	7020 LIONS HEAD			VALUE 129866.08 ISSUE 12/27/82
	BOCA RATON FL 33496			RISK 1550476.91 LAST FIN 04/27/00
				SPAMT 1689070.00 LAST BILL 02/25/00
				LOAN 38860.41 LAST ACCT 04/27/00

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

1009208 BERNSTEIN, SIMON 12-27-99 3 MONTH PREMIUM 17,303.15

12-31-99 AMOUNT DUE 17,303.15

JAN 5 '00
SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496
CUSTOMER SERVICE

*APL This
QUATER Payment
Mr Bernstein*

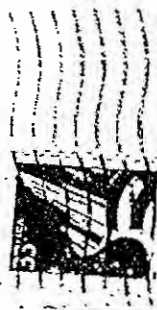
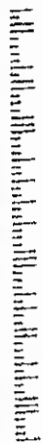
193130303932303840404012279903017303159936501730315000000004

*Found in policy file
after reading Teleph
message of 4-24-00*

ABOVE

CAPITOL BANKERS LIFE INSURANCE COMPANY
P.O. BOX 4174
SPRINGFIELD, IL 62708-4174

62705X4174



From

Name

Address

Shirley L. Thompson
222 P. Thompson Ave.
P.O. Box 1000
Chicago, Illinois 60601

To help us serve you better, please:

- enclose the return portion of the premium notice
- make sure the address appears in the window
- write your policy number on your check or money order
- sign and date your check

THANK YOU!

We appreciate your business.

U102,1009208 ; ACTION STOP ;.

AS OF 12/27/99

APO599 - REQUEST REQUIRED HISTORICAL INFORMATION TO BE ACCESSED

ULRSTH

REQUEST DATE = 12/27/99 HISTORY DATE = 03/27/00

ULRSTH

AP0412 - POLICY LOAN QUOTATION REQUEST

ULLN00

REQUEST TYPE = NET	CURRENT CV	\$103,610.32	PROCEEDS	\$17303.15
LOAN INTEREST RATE = 6.542%	CURRENT LOAN	\$36,318.16	ADV INT	\$0.00
REQUEST AMT = \$17303.15	MIN BALANCE	\$4,116.49	MAX LOAN	\$99493.83
	INT WITHELD	\$4,116.49		
	COST-BASIS	\$800,070.17		

CPH FUND	VALUE	REQUEST AMT	REQUEST
1 FIXED1	\$103,610.32	\$17,303.15	

AP0011 - TRANSACTION CONTINUED

05/05/00 1680
CICSPJAX19

HARRIET MARKILLIE
CLIENT SERVICES
5-5-00

Telephone Message - Memo for File

Caller Name: Simon Bernstein
 Insured Name: (same)
 Owner Name: (same)
 Address - Same as on system
7020 Orons Blvd
Poca Raton, FL
33496
 Telephone Number: _____
 Fax Number: _____

Pull File File
 Policy Number: 1009208
 Policy Number: _____
 Policy Number: _____
 Policy Number: _____
 SS#: 000000000
 Case/Group Number: _____
 Email Address: _____

Pay schedule: Dec./March/June/Sept.

Action Needed			
<input type="checkbox"/> Send Cash Surrender Form	<input type="checkbox"/> Cash Value Letter	<input type="checkbox"/> Illustration	<input type="checkbox"/> Loan Research
<input type="checkbox"/> Send Change of Beneficiary Form	<input type="checkbox"/> Cash Surrender Value Letter	<input type="checkbox"/> Cost of Insurance Letter	<input type="checkbox"/> Increase Benefit
<input type="checkbox"/> Send Change of Ownership Form	<input type="checkbox"/> Paid to Date Letter	<input type="checkbox"/> Option Change	<input type="checkbox"/> Own let Form
<input type="checkbox"/> Decrease Benefit	<input type="checkbox"/> Status Change	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Send Manual Billing Statement	<input type="checkbox"/> Other _____		

Action Completed By: _____ Date: _____

Message Called because he had rec'd 2 prem. notices. One for 12/99 & 3/2000. He didn't understand the one for Dec. because he thought he had requested a APL to pay that prem. Advised I didn't show that but we would need to ^{research} ~~verify~~ the info. & we would send him a letter advising in approx. 14 bus. days.
Stated "he is sending in March 2000 prem. today."

Reps Stamp
 CHRISTI SWEENEY
 CLIENT SERVICES
 4/24/2000

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

MEMORANDUM

Date: May 5, 2000
To: Janet Warrick/ Vicki Timmerman/Financial
From: Harriett Markillie/Client Services X728
Subject: Policy No. 1009208 - Simon Bernstein, Insured/Owner

Janet/Vicki

Please do an Automatic Premium Loan for policy 1009208 for premium amount of \$17,303.15
As of 27 December 1999.

Please return policy to me for a confirmation letter to be sent to PO

Thanks,

Harriett

HARRIET MARKILLIE
CLIENT SERVICES
5-5-00

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000494

Capitol Bankers
Telephone Message - Memo for File

File

Caller Name: Simon Bernstein

Insured Name: S-

Owner Name: S-

Address - Same as on system

7020 Liono Head

Boca Raton FL

33498

Telephone Number:

Fax Number:

Pull File File

Policy Number: 1009208

Policy Number:

Policy Number:

Policy Number:

Policy Number:

SS#:

Case/Group Number:

Email Address:

Action Needed

- Send Cash Surrender Form
- Send Change of Beneficiary Form
- Send Change of Ownership Form
- Decrease Benefit
- Send Manual Billing Statement
- Cash Value Letter
- Cash Surrender Value Letter
- Paid to Date Letter
- Status Change
- Other
- Illustration
- Cost of Insurance Letter
- Option Change
- Reinstatement
- Loan Research
- Increase Benefit
- Own let Form

Action Completed By: _____ Date: _____

Message - Need manual bill for December to March
Prem Notice 27 17303.15 27

Reps Stamp
4/14/00
AMY McGEE
CLIENT SERVICES

CAPITOL BANKERS
LIFE INSURANCE COMPANY

MEMORANDUM

Date: April 14, 2000
To: Billing
From: Amy McGee/Client Services
Subject: Manual Bill

Please send manual billing notice for December 27 1999 premium due in the amount of \$17,303.15 and for March 27 2000 premium due 27 in the amount of \$17,303.15 on policy number 1009208 for Simon Bernstein.

Thanks
Amy

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000496

Capitol Bankers Life Insurance Company
East State Street
Springfield, Illinois 62650
800/825-0003

F

.....
●
.....
facsimile transmittal

To: Marceta @ STP Enterprises Fax: 312/809-0773
From: Harriett Markillie/Client Services Date: 09/22/99
Re: Policy # 1009208 - Simon Bernstein Pages: 4 including cover page

Urgent For Review Please Comment Please Reply Please Recycle

.....
Thank you for your valued business. Please return the signed forms by mail as we can not accept faxed signatures. If we can be of further assistance, you may contact us at 800/825-0003.

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

22 September, 1999

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

Re: Policy No. 1009208 – Simon Bernstein, Insured

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It's a pleasure to be of assistance.

Enclosed is the Change of Beneficiary form as you requested. Please complete this form, being sure to name both primary and contingent beneficiaries, sign in the space provided and return it to you office. If you are naming a trust as beneficiary, please send us a copy of the trust.

Also enclosed is the transfer of ownership form as you requested. Please complete this form, being sure to have the new owner sign and list his or her social security number where designated, have the current owner sign in the space provided, and return it to our office.

When these forms are received, we will send copies of the change of beneficiary and transfer of ownership forms indicating the changes to the new owner to be placed with the policy for future reference.

If you have questions, please call us at 217-245-9531.

Sincerely,

Client Services

Enclosures

Cc: C/O Marceta
STP Enterprises
Fax : 312-819-0773

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000498

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

Call from: MARCETA @ STP Enterprises Policy No. _____
Policy Owner: SIMON BERNSTEIN Policy No. 1009208
Insured: " " Policy No. _____
Address: 7020 LIONS HEAD Policy No. _____
BOCA RATON FL 33496 Policy No. _____
Phone No.: _____ FAX No. (312) 819-0773

Message: PLEASE FAX A TRANSFER OF OWNERSHIP / CHANGE OF
BENEFICIARY FORM TO P/O c/o MARCETA @ STP ENTERPRISES

SANDRA HARMS
CLIENT SERVICES
By: _____
Date: 9/21/99



April 28, 1999

Capitol Bankers Life Insurance Company 800-825-0003
Box 19191 Greenville, SC 29602-9191 FAX: 864-609-4005

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

RE: Policy #1009208 - SIMON BERNSTEIN

Dear SIMON BERNSTEIN:

To date we have not received the premium payment of \$17,303.15 which was due Jun 27, 1999, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to SEP 27, 1999:	
Net Loan	\$17,303.15
Interest	\$679.99
Gross Loan	\$17,983.14
Other Outstanding Loans	\$18,335.02
Total Loan Balance as of 12/27/99	\$36,318.16

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center



April 28, 1999

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Capitol Bankers Life Insurance Company 800-825-0003
Box 19191 FAX 564-609-4005
Greenville, SC 29602-9191

RE: Policy #1009208 - SIMON BERNSTEIN

Dear SIMON BERNSTEIN:

To date we have not received the premium payment of \$17,303.15 which was due Jun 27, 1999, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

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- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

JCK000501

f

CAPITOL BANKERS LIFE INSURANCE
300 EAST STATE STREET
JACKSONVILLE, ILLINOIS 62650

FACSIMILE TRANSMITTAL SHEET

TO:
Scott Pruett, Agent

FROM:
Harriett Markillie/Client Services

COMPANY:

DATE:
11/15/99

FAX NUMBER:
312-819-0773

TOTAL NO. OF PAGES INCLUDING COVER:
3

PHONE NUMBER:
312-819-7474

SENDER'S REFERENCE NUMBER

RE:
Simon Bernstein

YOUR REFERENCE NUMBER:
Policy No. 1009208

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS.

Please return by mail, as we can not accept faxed signatures.

[CLICK HERE AND TYPE RETURN ADDRESS]

JCK000502

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

15 November, 1999

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496
Attn Scott Pruett, Agent
Fax No. 312-819-0773

Re: Policy No.1009208 – Simon Bernstein, Insured

Dear Mr. Bernstein:

Thank you for contacting Capitol Bankers Life Insurance Company. It's a pleasure to be of assistance.

Enclosed is the Change of Beneficiary form as you requested. Please complete this form, being sure to name both primary and contingent beneficiaries, sign in the space provided and return it to our office. *If you are naming a trust as beneficiary, please send us a copy of the trust.*

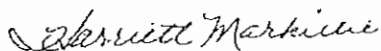
Also enclosed is the transfer of ownership form as you requested. Please complete this form, being sure to have the new owner sign and list his or her social security number where designated, have the current owner sign in the space provided, and return it to our office. *If you are naming a trust as owner, please send a copy of the trust.*

When these forms are received, we will send copies of the change of beneficiary and transfer of ownership forms to be placed with the policy for future reference.

The approximate cash surrender value of the above referenced policy as of 01 November 1999 is \$92,415.25.

If you have questions, please call us at 217-245-9531.

Sincerely,



Harriett Markillie
Client Services
Enclosures

300 EAST STATE STREET JACKSONVILLE, IL 62650 PHONE 800-825-0003 FAX 217-245-1922

JCK000503

CAPITOL BANKERS LIFE INSURANCE COMPANY
300 EAST STATE STREET
JACKSONVILLE, ILLINOIS 62650-2030

POLICYOWNER SERVICE REQUEST FORM

INSURED: Simon Bernstein	POLICY NUMBER: 1009208
--------------------------	------------------------

CHANGE OF BENEFICIARY

I hereby revoke all previous beneficiary designations and change beneficiaries to the following:

Primary Beneficiary (Receives benefits upon death of Insured)

Name	Mailing Address	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Contingent Beneficiary (Receives benefits if Primary Beneficiary is deceased or disqualified)

Name	Mailing Address	Social Security No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is understood and agreed that, unless otherwise directed, proceeds will be paid in equal shares to any primary beneficiaries who survive the insured, but if none survives, proceeds will be paid in equal shares to any contingent beneficiary who survives the insured.

Date _____ X _____
SIGNATURE OF POLICYOWNER

X _____

FOR HOME OFFICE USE ONLY

This change is acknowledged this _____ day of _____ Year _____

1/15/14
15/14/14

CAPITOL BANKERS LIFE INSURANCE COMPANY
300 EAST STATE STREET
JACKSONVILLE, ILLINOIS 62650-2030

POLICYOWNER SERVICE REQUEST FORM

INSURED: Simon Bernstein	POLICY NUMBER: 1009208
--------------------------	------------------------

CHANGE OF OWNER

(Beneficiary designation currently in effect is not changed)

I hereby assign and transfer all rights, benefits, options and privileges available under this policy while the Insured is living, including the right to change the beneficiary thereunder, cash surrender the policy or elect non-forfeiture options (if any) to the following named person, who shall be the Owner (Applicant) of the policy. I declare that no proceeding in bankruptcy or insolvency is pending against me.

Primary Owner's Name	Mailing Address	Social Security No.
_____	_____	_____
_____	_____	_____

Contingent Owner (Becomes Owner upon death or disqualification of Primary Owner)

Contingent Owner's Name	Mailing Address	Social Security No.
_____	_____	_____
_____	_____	_____

Date _____	X _____
	SIGNATURE OF CURRENT POLICYOWNER
	X _____
	SIGNATURE OF NEW OWNER

FOR HOME OFFICE USE ONLY

This change is acknowledged this _____ day of _____ Year _____

Handwritten initials

Telephone Message - Memo for File

Caller Name: Scott Pruett, Agent

Insured Name: SIMON BERNSTEIN

Owner Name: ?

Address - Same as on system

Telephone Number: (312) 819-7474

Fax Number: (312) 819-0773

Pull File File

Policy Number: 1009208

Policy Number:

Policy Number:

Policy Number:

Policy Number:

SS#:

Case/Group Number:

Email Address:

Action Needed

- Send Cash Surrender Form
- Send Change of Beneficiary Form
- Send Change of Ownership Form
- Decrease Benefit
- Send Manual Billing Statement

- Cash Value Letter
- Cash Surrender Value Letter
- Paid to Date Letter
- Status Change
- Other

- Illustration
- Cost of Insurance Letter
- Option Change
- Reinstatement
- Loan Research
- Increase Benefit
- Own let Form

Action Completed By: _____ Date: _____

Message PLEASE FAX ABOVE to Agent. Also, send current CVL.

Will be transferring to a Trust.

address 7020 Lions Head

Boca Raton FL 33496

Reps Stamp

SANDRA HARMS
CLIENT SERVICES

11/12/99

POLI CODE: F CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1

*** BILLING AND CASH VALUE ***

PAID-TO-DT	MODE-PREM	NET-CSV	LOAN-CSV	LAST-TRAN	LAST-MAINT	IYR
27SEP1999	17303.15	92515.25	82719.72	28APR1999	28APR1999	16

*** POLICY LOANS ***

LOAN	BALANCE	INT-R	MAX-R	LOAN-DATE	INT-BILLED	INT-YTD	AVG-BAL	F/V
CASH1	.00	7.407	10.714	12DEC1986	.00	.00	.00	V
CASH2	.00	7.407	10.714		.00	.00	.00	V
APL	36318.16	7.400	10.714	28APR1999	.00	.00	.00	F

*** SUSPENSE ***

MISC-SUSP	PREM-SUSP
.00	.00

DIV-SUSP
.00

*** PREMIUM DEPOSIT FUNDS ***

BALANCE	INTEREST	INT-R	AVG-BAL
.00	.00	5.000	.00

*** DIVIDENDS ***

DV	DIV-DATE	LY	TOT-DECL	DECL-YTD	DIV-DEP	DEP-INT	TOT-PD-UP	CUR-PD-UP
0		03	.00	.00	.00	.00	.00	.00

YRT	*** ANNUITY ***	CV-10-PCT	SUR-YTD
0			

*** MISCELLANEOUS ***

DISBURSEMENT	CLAIMS-YTD	CLAIMS-TOT	SURR-ACC	SURR-LOAN	TERM-PUA
.00	.00	.00	.00	24.35	0 Ready

HARRIET MARKILLIE
CLIENT SERVICES

15 Nov 1999

POLI CODE: V CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)
 CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1

FACTOR-1	BEG-OF-YR	PREM-FACTOR	
(1.05912173 * 100394.30 * (1 - 0.75068493)) +			
PREM-FACTOR	FACTOR-2	END-OF-YR	
(0.75068493 * 0.98147612 * 137944.00) +			
PREM-FACTOR	CV-FACTOR	DEATH-BENEFIT	QX INT-RT
((0.75068493 - 0.75068493) * 1689069.52 * 0.017710000 / (1 + .06000)) +			
PREM-FACTOR	CV-FACTOR	FE-LOAD	DEATH-BENEFIT END-OF-YR
((0.75068493 - 0.75068493) * 0.0000 * (1689069.52 - 137944.00)) =			

CVL-CASH-VAL	OTHER-CV	TOTAL-CV
128143.91 + 35628.66 - = 92515.25		
NET-LOAN + INTEREST = GROSS-LOAN		
82719.72 1602.97 84322.69		

Ready

POLI CODE: C CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1
R# PLAN RS SM PC S AGE POC ELIM FACE-AMOUNT SUM-INSURED NET-REISSUED LI IN A
01 CVL00 A N N M 47 1689070.00 1689069.52 -95266.53 1 F 2

R# ST ISSUE-DAT PREM-CHGE MAT/EXPRY FLAT-EX DR MULT DR AD-M WP-M RTB
01 1 27DEC1982 27DEC2035 .00 0 .00 0 .00 .00 000

R# OS STAT-CHGE APP-RECVD INFORCE LR NR DEP MTH DYS MDRT FYC
01 4 31MAR1986 10JUN1982 0 0 0 0 0 .00

Ready

HARRIET MARKILLIE
CLIENT SERVICES
15 Nov. 1999

POLI CODE: Q CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN

GRP

STATUS 1

*** POLICY DETAILS ***

*** POLICY VALUES ***

PLAN RS #R APP-RECVD INFORCE POLICY-DT
CVL00 A 01 10JUN1982 28JAN1983 27DEC1982
IS RS NF DV L ON BN TL OP QP R2 RI CR RR
IL FL 4 0 E Y O N Y US L
DATES: LAST-TRAN LAST-MAINT STAT-CHGE OS
28APR1999 28APR1999 31MAR1986 4

NET-CASH-VALUE LOAN-VALUE
92515.25 82719.72

*** NOTIFY INFORMATION ***

NR NTFY-DATE DEP NO FR
1 00 00
2 00 00
3 00 00
4 00 00

*** AGENT INFORMATION ***

SERVAG AREA SERV-EFF LAST-SERV PREV-AG
0000735 007

*** BILLING INFORMATION ***

BT MD MODE-FACTOR CONST PAID-TO-DT ANNUAL-PREM MODE-PREM AMT-BILLED
1 03 .2650000 .52 27SEP1999 65292.96 17303.15 17303.15
MISC-PAY LOAN-PAY CHRTBL-DON LOAN-INT APL-INT L-MODE-PREM
.00 .00 .00 .00 17303.15
PS58-COST
8663.14

Ready

HARRIET MARKILLIE
CLIENT SERVICES
15 Nov. 1999

JCK000510

POLI CODE: L CERT # 1009208 R# 01 DATE 01NOV1999 PRINT (S,T,F)
 CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN
 POLICY 1009208 NAME SIMON BERNSTEIN GRP STATUS 1

LOAN1 CURR:	0.00	LOAN2 CURR:	0.00	APL CURR:	35628.66			
EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27MAR1989	A	001	LOAN	3161.28-	3349.80-	007.40	6741.49	27MAR1989
27MAY1989	A	001	LOAN	3161.28-	3307.04-	007.40	10048.53	27MAY1989
27JUN1989	A	001	LOAN	3161.28-	3285.51-	007.40	13334.04	27JUN1989
27AUG1989	A	001	LOAN	3161.28-	3243.57-	007.40	16577.61	27AUG1989
27SEP1989	A	001	LOAN	3161.28-	3222.46-	007.40	19800.07	27SEP1989
28FEB1990	A	001	LOAN	3323.84-	3589.46-	007.40	3589.46	05MAR1990
08MAR1990	A	001	LOAN	3323.84-	3542.89-	007.40	3542.89	08MAR1990
27APR1990	A	001	LOAN	3323.84-	3499.13-	007.40	7042.02	30MAY1990
27MAY1990	A	001	LOAN	3323.84-	3477.09-	007.40	10519.11	02JUL1990
27JUN1990	A	001	LOAN	3323.84-	3454.46-	007.40	13973.57	01AUG1990
27AUG1990	A	001	LOAN	3323.84-	3410.36-	007.40	17383.93	10AUG1990
27NOV1990	A	001	LOAN	3323.84-	3344.91-	007.40	20728.84	02JAN1991
27DEC1990	A	001	W/OFF	20728.84	20728.84	007.40	0.00	02JAN1991
27DEC1990	A	002	LOAN	3494.02-	3773.24-	007.40	3773.24	04FEB1991
27FEB1991	A	001	LOAN	3494.02-	3724.28-	007.40	7497.52	06MAY1991
27MAY1991	A	001	LOAN	3494.02-	3655.12-	007.40	11152.64	01JUL1991

PUT IN NEW DATE TO SEE MORE LOAN INFORMATION

Ready

HARRIET MARKILLIE
 CLIENT SERVICES
 15 NOV 1999

F

**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

69

Call from: Simon Bernstein Policy No. 1009208
Policy Owner: Simon Bernstein Policy No. _____
Insured: § Policy No. _____
Address: 7020 Lorio Head Policy No. _____
Boca Raton FL 33496 Policy No. _____
Phone No.: _____ FAX No. _____

Message: Rec'd Lapsed Notice. Mailed in Prem Payment Sent in press and has cleared the Bank Oct 27, 1999
Check No. 133 drawn on Bank of America. Advise me when check
to make sure it has been applied after conversion and to give Loretta
Check Amount is: \$17,303.15. ✓ Applied AG-OF. 10/25/99

GCST
* OL 2416300 Policy No. Amount is on ABC Lydon
See attached.

12/8/99 Premium applied upon conversion, see attached series.

HARRIET MARKILLIE
By: CLIENT SERVICES

Date: 04 Nov. 1999

,1009208 ; AS-OF 12/09/99;. BERNSTEIN, SIMON
FINANCIAL ACTIVITY FROM 01/94

M-47 12/03/35

TRANSACTION	CPH	FUN	AS-OF	GROSS	NET	CIR/UV	GEN	VPH
CHRG DEDUCT	01	FIXED1	11/27/99	2,332.81	2,332.81		A	01H
CHRG DEDUCT	01	FIXED1	10/27/99	2,330.24	2,330.24		A	01H
REG PRM	F	01	FIXED1 10/25/99	17,303.15	15,053.74			00I
CHRG DEDUCT	01	FIXED1	09/27/99	2,327.69	2,327.69		A	01H
CHRG DEDUCT	01	FIXED1	08/27/99	2,325.16	2,325.16		A	01H
CHRG DEDUCT	01	FIXED1	07/27/99	2,322.64	2,322.64		A	01H
REG PRM	F	01	FIXED1 06/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	06/27/99	2,320.14	2,320.14		A	01H
CHRG DEDUCT	01	FIXED1	05/27/99	2,339.99	2,339.99		A	01H
CHRG DEDUCT	01	FIXED1	04/27/99	2,337.38	2,337.38		A	01H
REG PRM	F	01	FIXED1 03/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	03/27/99	2,334.79	2,334.79		A	01H
CHRG DEDUCT	01	FIXED1	02/27/99	2,354.54	2,354.54		A	01H
CHRG DEDUCT	01	FIXED1	01/27/99	2,351.84	2,351.84		A	01H
REG PRM	F	01	FIXED1 12/27/98	17,303.15	15,053.74	6.000	AC	01H
ISS ROLLOVER	F	01	FIXED1 12/27/98	100,394.30	100,394.30	6.000	AC	01H
CHRG DEDUCT	01	FIXED1	12/27/98	2,349.15	2,349.15		A	01H

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

12/09/99 L680
CICSPJAX19

HARRIET MARKILLIE
CLIENT SERVICES
12/8/99

POLI CODE: N CERT # 1009208 R# 01 DATE 15JUN1992 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1009208 NAME SIMON BERNSTEIN

GRP STATUS 1

INSURED R# L# NAME

AA BIRTH-DTE S S.S.N.

1009208 01 1 SIMON BERNSTEIN

03DEC1935 M

TYPE NAME

HIRED-DTE

OWNER SIMON BERNSTEIN

MAIL SIMON BERNSTEIN

7020 LIONS HEAD

BOCA RATON

FL33496

BENEFICIARY SIMON BERNSTEIN

TYPE: O

PRIMARY-LASALLE NATIONAL TRUST,N.A.

TRUSTEE

CONTINGENT-SIMON BERNSTEIN INS.

TRUST DATED 6/21/95.

Ready

GCSI

CYCLING SUSPENSE INQUIRY

Simon Bernstein

COMPANY SUSPENSE ACCT SUSPENSE CODE
DB 2416300 1009208

CURR

Place w/ file

ID	DATE	DESCRIPTION	ORIG ACCT	AMOUNT	D/C	TX	STATE	POST
CB102505	102599	1009208	2416300	000001730315	C			1099
		***** BALANCE *****		000001730315	C			

(Circled amount)

Amount in ABC Ledger

END OF FORWARD BROWSE

CLEAR = LOGOFF ; PF3 = RETURN TO MENU ; PF7 = BACKWARD ; PF8 = FORWARD

HARRIET MARKILLIE
CLIENT SERVICES

18 Nov. 1999

New List.

17 Nov. 1955

Christie - A New ABC Ledger Check List

- ✓ OK (D) 1009208 - Simon Bernstein \$17,303.15 *cont in IN ABC Leds*
- Not In - (D) 1020718 - Douglas M. Tenaka * 472.73
- Not In - (D) 1050252 - James Allman 41343.50
- OK (A) 1027652 - Elsie Lamm. \$1366.25 - *Am't in IN ABC Ledger*
- None - ^{Nov 16} (D) 1058219 - John W. Matheny * ? (what of any)

Yesterday I requested - 1050337 - Richard Wehe *Nov. 4*
 - *has not been* Check No. 1846 - 835.08
 1863 193.11 - *Not in ABC*
 1864 641.97 *Not in ABC*

I really need the answer to this one
 on Thursday A.M. if possible.
 The others - when you can.

Many Thanks - Christie



Capitol Bankers Life

e. 1100

Capitol Bankers Life
P O Box 1147
Jacksonville, IL. 62551-1147

800-825-0003
FAX 217-245-1922

POLICY NO.		INSURED NAME	
1009208		SIMON BERNSTEIN	
ISSUE DATE	DATE DUE	AMOUNT	
27DEC1982	27SEP1999	17,503.15 <i>10/25/99</i>	

paid 12/9/99

THIS POLICY HAS LAPSED UNLESS CONTINUED IN FORCE BY A NON-FORFEITURE OPTION. WE WILL ACCEPT REINSTATEMENT WITHOUT EVIDENCE OF INSURABILITY IF PAYMENT IS RECEIVED BY 28NOV1999.

Please Check + Let me know

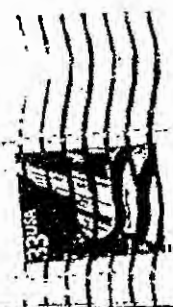
I sent a check on 10/19/99 for 17,503.15 - Check # 133 - Bank of America Bank

PA-89001

— PLEASE RETAIN THIS COPY FOR YOUR RECORDS —

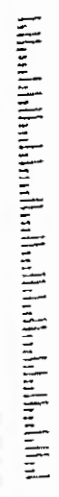
5/93

Address - destination
9-242 - Route 2, Box 1147
Jacksonville, FL 32202



POLICYHOLDER SERVICES
P.O. BOX 1147
JACKSONVILLE IL 62651-1147

62651-1147



**CAPITOL BANKERS
LIFE INSURANCE COMPANY**

file

April 28, 1999

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

Re: Policy No. 1009208

Dear Mr. Bernstein:

Following your request we have applied the Nonforfeiture Option of Automatic Premium Loan to cover the semi-annual premium amount due on the policy to keep it in force. For an explanation of this option, please refer to the "Nonforfeiture Option" in your policy.

A loan was created for an amount of \$34,506.03. The total loan on your policy is \$36,318.16.

This APL was the semi-annual premium only. If you wish to APL the next premium due on 27 September 1999, we will need a written request from you to do so.

If you do not wish this loan to be on your policy and accrue interest, you may send us your premium payments within 10 days to avoid an interest charge.

If you elect to retain the payment of your premium by Automatic Premium Loan, we will bill for loan interest once a year. You are under no obligation to pay the interest at that time. The loan interest will be automatically added to the loan amount which reduces the cash value available to you and the death benefit payable to your beneficiary.

Alternative options may be available. For additional information, please contact our Customer Service Department at 800/825-0003.

Sincerely,

Brenda Piper
Client Services

300 EAST STATE STREET JACKSONVILLE, IL. 62650 PHONE 800-825-0003 FAX 217-245-1922

*4/28/99
BP*

JCK000519

PPAY : TURNAROUND: 00000

M P = REG PYMNT L = LOAN M = APL R = REVERSAL T = ENTRY ONLY

A = AUTO METHODS (2, 0, 8) D = PAID-UP ANNIV PRO SS

ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

YES

1009208 CERT NO.

Ready

BPAY TURNAROUND: 00000

M P REG PYMNT L = LOAN M = APL R = REVERSAL T = ENTRY ONLY

A = AUTO METHODS (2,8,8) D= PAID-UP ANNIV PROSS

ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

NEW PAID-TO-DATE

27JUN1999 1009208

Ready

TRIN : TERMINAL ID TL36 DATE

TIME 110102 SEQ 000 INITIALS KMB

110029	02	PPAY	KMB	77	32002	99US	IL FL	PREM ACCT - CVL MIN	17303.15-
	03	PPAY	KMB	88	0000000	7	.00	1.0000 100.00 .00000	17303.15
	04	PPAY	KMB	88	0000000	8	.00	1.0000 100.00 .00000	.00
	05	PPAY	KMB	88	0000000	8	.00	1.0000 100.00 .00000	.00
	06	PPAY	KMB	77	11700	99US		APL ACCT - PRINCIPL	17303.15
	07	PPAY	KMB	77	11700	99US		APL ACCT - PRINCIPL	1031.87
	08	PPAY	KMB	77	77001	99US		APL ACCT - INTEREST	1031.87-

END OF TRANSACTION

Ready

POLI CODE: L CERT # 1001208 R# 01 DATE 28APR1118 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=CSV A=AGT B=BILL N=N&A F=FIN C=CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

LOAN1 CURR:	0.00	LOAN2 CURR:	0.00	APL CURR:	34506.03			
EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27DEC1118	A	001	W/OFF	16703.16	16703.16	007.40	0.00	28DEC1118
27MAR1111	A	001	LOAN	17303.15-	18335.02-	007.40	18335.02	28APR1111
27JUN1111	A	001	LOAN	17303.15-	17183.14-	007.40	36318.16	28APR1111

Ready

TRIN TERMINAL ID TL38 DATE 110428 TIME SEQ 000 INITIALS BSP

114045	02	PPAY	BSP	77	32002	11US	IL FL	PREM ACCT - CVL MIN	17303.15-
	03	PPAY	BSP	88	0000000	7	.00	1.0000 100.00 .000000	17303.15
	04	PPAY	BSP	88	0000000	8	.00	1.0000 100.00 .000000	.00
	05	PPAY	BSP	88	0000000	8	.00	1.0000 100.00 .000000	.00
	06	PPAY	BSP	77	11700	11US		APL ACCT - PRINCIPL	17303.15
	07	PPAY	BSP	77	11700	11US		APL ACCT - PRINCIPL	671.11
	08	PPAY	BSP	77	77001	11US		APL ACCT - INTEREST	671.11-

END OF TRANSACTION

Ready

PPAY . TURNAROUND: 00000

M P = REG PYMNT L = LOAN M = APL R = REVERSAL . = ENTRY ONLY

A = AUTO METHODS (2, 7, 8) D= PAID-UP ANNIV PROCESS

ISL ONLY: F = PAY PREM FROM FUND G = REVERSE PREM TO FUND

NEW PAID-TO-DATE

27SEP1111 1001208

Ready

POLI CODE: V CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)
 CODE: Q=ALL S=SHORT V=CV A=AGT B=BILL N=N&A F=FIN CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

FACTOR-1	BEG-OF-YR	PREM-FACTOR		
(1.02612817 * 100314.30 * (1 - 0.41863014)) +				
PREM-FACTOR	FACTOR-2	END-OF-YR		
(0.41863014 * 0.15010210 * 137144.00) +				
PREM-FACTOR	CV-FACTOR	DEATH-BENEFIT	QX	INT-RT
((0.41863014 - 0.33424658) * 1681061.52 * 0.017710000 / (1 + .06000)) +				
PREM-FACTOR	CV-FACTOR	FE-LOAD	DEATH-BENEFIT	END-OF-YR
((0.41863014 - 0.33424658) * 0.0000 * (1681061.52 - 137144.00)) =				

CVL-CASH-VAL	OTHER-CV	TOTAL-CV
121614.74 + 17420.18 = 104274.56		
NET-LOAN + INTEREST = GROSS-LOAN		
80756.80 + 4245.88 = 85002.68		

Ready

POLI CODE: L CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)
 CODE: Q=ALL S=SHORT V=C A=AGT B=BILL N=N&A F=FIN CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

LOAN1 CURR:	0.00	LOAN2 CURR:	0.00	APL CURR:	17420.18			
EFF-DATE	LOAN	SEQ	TYPE	NET	GROSS	RATE	BALANCE	SYS-DATE
27MAR1181	A	001	LOAN	3161.28-	3341.80-	007.40	6741.41	27MAR1181
27MAY1181	A	001	LOAN	3161.28-	3307.04-	007.40	10048.53	27MAY1181
27JUN1181	A	001	LOAN	3161.28-	3285.51-	007.40	13334.04	27JUN1181
27AUG1181	A	001	LOAN	3161.28-	3243.57-	007.40	16577.61	27AUG1181
27SEP1181	A	001	LOAN	3161.28-	3222.46-	007.40	11800.07	27SEP1181
28FEB1110	A	001	LOAN	3323.84-	3581.46-	007.40	3581.46	05MAR1110
08MAR1110	A	001	LOAN	3323.84-	3542.81-	007.40	3542.81	08MAR1110
27APR1110	A	001	LOAN	3323.84-	3411.13-	007.40	7042.02	30MAY1110
27MAY1110	A	001	LOAN	3323.84-	3477.01-	007.40	10511.11	02JUL1110
27JUN1110	A	001	LOAN	3323.84-	3454.46-	007.40	13173.57	01AUG1110
27AUG1110	A	001	LOAN	3323.84-	3410.36-	007.40	17383.13	10AUG1110
27NOV1110	A	001	LOAN	3323.84-	3344.11-	007.40	20728.84	02JAN1111
27DEC1110	A	001	W/OFF	20728.84	20728.84	007.40	0.00	02JAN1111
8618.13								

Wait

POLI CODE: Q CERT # 1001208 R# 01 DATE 28APR1111 PRINT (S,T,F)
CODE: Q=ALL S=SHORT V=... A=AGT B=BILL N=N&A F=FIN... =CVRG H=HST P=SPC PRD L=LOAN

POLICY 1001208 NAME SIMON BERNSTEIN GRP STATUS 1

*** POLICY DETAILS ***

*** POLICY VALUES ***

PLAN RS #R APP-RECVD INFORCE POLICY-DT	NET-CASH-VALUE	LOAN-VALUE
CVL00 A 01 10JUN1182 28JAN1183 27DEC1182	104274.56	80756.80
IS RS NF DV L ON BN TL OP QP R2 RI CR RR	*** NOTIFY INFORMATION ***	
IL FL 4 0 E Y O N Y US	# NR NTFY-DATE DEP NO FR	
DATES: LAST-TRAN LAST-MAINT STAT-CHGE OS	1	00 00
28APR1111 28APR1111 31MAR1186 4	2	00 00

*** AGENT INFORMATION ***

SERVAG AREA SERV-EFF LAST-SERV PREV-AG		
0000735 007	3	00 00
	4	00 00

*** BILLING INFORMATION ***

BT MD MODE-FACTOR CONST PAID-TO-DT ANNUAL-PREM	MODE-PREM	AMT-BILLED
1 03 .2650000 .52 27JUN1111 65212.16	17303.15	.00
MISC-PAY LOAN-PAY CHRTBL-DON LOAN-INT	APL-INT	L-MODE-PREM
.00 .00 .00	1031.87	17303.15
PS58-COST		
8618.13		

Ready

TELEPHONE MESSAGE - MEMO FOR FILE

Work drawer

L

ULO

ANN

CALL from: MR. Beerstein

to: _____ Case Number _____

Insured Name _____ Policy Number 1009208

_____ Policy Number _____

Address _____ Policy Number _____

_____ Policy Number _____

SS# _____

Telephone Number (561) 477-9096

Message: Wants pay next 6 months w/Apl. - call back if not an option.

Policy APPL'd on 4/28/99. BSP
See correspondence in file.

By B. Piper

Date 4/19/99

ANNUAL REPORT ON YOUR POLICY

*cc from
4/25*

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
QUARTERLY
\$17,922.22

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1999	Next Policy Year Ending DEC 27, 2000
CURRENT RATE BASIS INTEREST	6.00%	6.00%
SUM INSURED	\$1,689,070.00	\$1,652,751.00
POLICY PREMIUMS:		
BASE POLICY	\$69,212.64	\$71,688.88
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$1,231.54	\$37,963.16
TOTAL	\$101,625.84	\$139,589.00
POLICY LOANS	\$36,318.16	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$17922.22. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$25868.04, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

0000735



Capitol Bankers Life

Capitol Bankers Life
PO Box 1147
Jacksonville, FL 32201-1147
800 025-0003 • FAX: 217-245 1922

JCK000531

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1999

INSURED: SIMON BERNSTEIN
 POLICY OWNER: SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602

PHONE : 800-825-0003

PREMIUM PAYMENT MODE: QUARTERLY
 EACH PAYMENT: \$17,922.22

JCK000532

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1999	GUARANTEED FOR YEAR ENDING DEC 27, 2000
CURRENT RATE BASIS INTEREST	6.00%	6.00%
SUM INSURED	\$1,689,070	\$1,652,751
CASH VALUE - START OF YEAR	\$100,394.30	\$101,625.84
ADD: TOTAL PREMIUMS FOR YEAR	\$69,212.64	\$71,688.88
INTEREST CREDIT	\$ 9,446.73	\$ 9,653.82
DEDUCT: MORTALITY CHARGE	\$27,554.08	\$29,403.45
EXPENSE CHARGE	\$13,555.59	\$13,976.09
POLICY LOAN	\$36,318.16	\$ 0.00
NET CASH VALUE - END OF YEAR	\$101,625.84	\$139,589.00
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$67,629.03
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,652,751:		
OPTION A - CURRENT RATE BASIS		\$67,629.03
OPTION B - GUARANTEED RATE BASIS		\$97,613.25

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 2000.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: OCT 20, 1999

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
	-----	-----	-----
BASIC PREMIUM	67529.03	4.00	2705.16
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
	-----		-----
TOTAL	67529.03		2705.16

JCK000533

CURRENT VALUE LIFE
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

SIMON BERNSTEIN
 MALE, AGE 47, NONSMOKER
 INITIAL DEATH BENEFIT: \$1,652,751
 CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
 EXTRA VALUES INCREASE CASH VALUES
 DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR18)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
AGE	77	1652751	67629.03	38819	611403	30	1652751	101039.74	42513	689091
AGE	60	0	0.00	0	0.					
AGE	65	1652751	67629.03	37963	139589	18	1652751	67629.03	37963	139589
AGE	70	1652751	67629.03	39403	333506	23	1652751	101039.74	46766	381117
AGE	75	1652751	67629.03	39754	533209	28	1652751	101039.74	43449	603524

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR17	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	38.26	35.71	53.91	52.61
NET PAYMENT INDEX	38.26	39.20	53.91	56.45

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 6.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE, SC 29602
 800-825-0063

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
 P. O. BOX 2016
 205 E. WISCONSIN AVE.
 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE FAIR CURRENT VALUE
 YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000534

CURRENT VALUE LIFE
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 18)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
17	64	1689070	65292.96	1232	101626	17	1689070	65292.96	1232	101626
18	65	1652751	67629.03	37963	139589	18	1652751	67629.03	37963	139589
19	66	1652751	67629.03	38359	177948	19	1652751	101039.74	49531	189120
20	67	1652751	67629.03	38516	216464	20	1652751	101039.74	49089	238208
21	68	1652751	67629.03	38707	255171	21	1652751	101039.74	48473	286682
22	69	1652751	67629.03	38933	294104	22	1652751	101039.74	47669	334351
23	70	1652751	67629.03	39403	333506	23	1652751	101039.74	46766	381117
24	71	1652751	67629.03	39941	373447	24	1652751	101039.74	45837	426954
30	77	1652751	67629.03	38819	611403	30	1652751	101039.74	42513	689091
35	82	1652751	67629.03	34996	793540	35	1652751	101039.74	36210	884550
40	87	1652751	67629.03	30170	956541	40	1652751	101039.74	30960	1047938
45	92	1652751	67629.03	29890	1093154	45	1652751	101039.74	31650	1202159
50	97	1652751	67629.03	60182	1315183	50	1652751	101039.74	46911	1394489
53	100	1652752	67629.03	151265	1652752	53	1653076	101039.74	157041	1653076

JCK000535

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L

RUN COMPLETION DATE: OCT 20, 1999 at 21:49 PM. STATUS: USEDL

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 18
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: QUARTERLY Owners Name: SIMON BERNSTEIN
Address: 7020 LIONS HEAD City: BOCA RATON FL33496

Ledger Data Stored Under User: JEANNIE.L Ledger Record # 11004.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,652,751 Basic Premium: \$67,629.03
Init. Cash Value: \$101,625.84 Basic Cash Value: \$139,589.00
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$798,485.60 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,652,751 Total Premium: \$67,629.03
Total Cash Value: \$177,947.80 Scheduled Payout: \$ 0.00

Rating Basis Code: 9841. Interest: 6.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: Kl: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 67629.029830; Net-Gross: Ks: 0.8491921902
Second Level Breakpt. (Gt): 100380.614461; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 19.3700000
Paid-Up Cash Value per \$1000, End Year (Ax): 433.7696284
Discounted Value, Life Annuity of \$1.00 (ax): 10.00340323

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 139588.9967 Tgt. Net Premium: 57712.7936
Extra Value Amount: 0.00 Added Benefit Amount: -347248.64

JCK000597

TRANSMISSION RESULT REPORT (JUN 02 '94 03:33PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
JUN 02	03:32PM	312 993 0485	00'46"	OK	ES	02		018

E)ECM >)REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL #)BATCH
D)DETAIL F)FINE \$)TRANSFER P)POLLING



Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19151
Greenville, South Carolina 29602-9191
803-322-3142 • 800-825-0003 • FAX: 803-292-4005

JUL 20 1998

APPLICATION FOR CHANGE OR REINSTATEMENT OF COVERAGE

Policy Number 1009208

Insured Name Simon L. BERNSTEIN

Owner Name Shirley BERNSTEIN

1. Reinstate Policy

Reinstate policy, effective / /
Complete Health Statement on reverse side.

2. Change Face Amount

Increase* Decrease
From \$ 2 million To \$ 3 million

*Complete Health Statement on reverse side.

3. Change Premium

Increase Decrease

From \$ _____ per _____

To \$ _____ per _____

4. Add Benefits to Policy

Complete Health Statement on reverse side.

Accidental Death Benefit \$ _____

Additional Insurance Rider \$ _____

Living Benefits Rider—*Do not complete Health Statement.*

Premium Credit Rider

Waiver of Monthly Deduction

Waiver of Premium

Other Insured Rider \$ _____

Name _____ D.O.B. / /

Sex: M F Height _____ Weight _____

State of Birth _____ Relationship _____

Primary Beneficiary _____

Relationship to Other Insured _____

Contingent Beneficiary _____

Relationship to Other Insured _____

Spouse Ins. Rider (see below also) \$ _____

Children's Ins. Rider (see below also) \$ _____

Names of Spouse/Children Date of Birth Sex Hgt. Wgt.
to be covered by rider(s)

Names of Spouse/Children to be covered by rider(s)	Date of Birth	Sex	Hgt.	Wgt.

5. Change Death Benefit Option

Change from A to B—*Complete Health Statement.*
 Change from B to A

6. Change Smoker Status

Complete Health Statement on reverse side.

Change rates from Smoker to Nonsmoker

I have not smoked cigarettes in the last twelve months. This declaration will entitle Capitol Bankers Life to amend my policy to a Nonsmoker contract.

Please decrease my premium to Nonsmoker rates.

Please continue current premium and apply excess premium to the policy's cash accumulation values.

Insured Signature _____

Witness Signature _____

7. Reduce Policy Rating

Reduce or eliminate rating on policy.

Complete Health Statement on reverse side.

8. Change Plan*

Complete Health Statement on reverse side.

Change plan from _____ Type of Plan
to _____ Type of Plan

Change coverage From \$ _____
To \$ _____

Change premium From \$ _____
To \$ _____

The Owner and Beneficiary of the new policy will be the same as under the original policy unless indicated below. I surrender to the Company the insurance being changed and request that the new plan be issued in its place effective on the date the original policy is terminated.

*If exercising the policy's conversion privilege, complete the Application for Conversion (form SO-89037) only.

9. Special instructions or requests

STATEMENT OF HEALTH

10. Occupation of each adult to be insured:

NAME	JOB TITLE	DUTIES
<u>Simon BEANSTEIN</u>	<u>P.O.B</u>	<u>Exec. + Sales</u>

	PROPOSED INSURED		FAMILY MEMBERS	
	Yes	No	Yes	No
11. Has any person proposed for coverage been absent from work during the last 90 days for any reason so that he or she did not work at least 30 hours per week at his or her regular occupation? (Omit for children.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Does anyone proposed for coverage participate in aviation (other than as a fare-paying passenger), sky or scuba diving, hang gliding, mountain climbing, or racing of any kind, or intend to travel outside of the U.S. within the next year? (Circle applicable items.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. To the best of your knowledge and belief, has anyone proposed for coverage: (Circle applicable items)				
a. Ever been treated for heart disorder, high blood pressure, cancer, diabetes, alcoholism, chemical dependency, or liver or kidney disease?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ever been treated for respiratory disorders, gastrointestinal disorders, nervous disorders, or elevated cholesterol or triglycerides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ever had or been diagnosed or treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or tested positive for antibodies to Human T-Cell Lymphotropic Virus, type III (HTLV-III)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ever had an application for life or health insurance or for reinstatement declined, postponed, cancelled, withdrawn, or modified in any way?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Within the last five years, had or been advised to have medical or surgical treatment for any ailment, injury, or sickness not named in connection with your prior answers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Within the last three years, been convicted of 2 or more moving violations or of driving under the influence of alcohol or drugs, or had his or her driver's license suspended or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. For questions answered "yes," please give details below.

Question	Name	Reason for Treatment	Dates	Name, address, phone of attending physician(s)
13a	Simon	OPEN HEART	2/87	DR L. CICERO Northwestern Hosp.
13d	"	FAME		

AGREEMENT, AUTHORIZATION, SIGNATURES

I agree that:

- Acceptance of any life insurance policy issued on this application will ratify changes by the Company thereupon. A copy of the amended application attached to the policy will be sufficient notice of these changes. Any changes to the policy will be made only with the written consent of the Owner.
- No agent has any authority to make, modify, alter, or discharge any policy.
- All statements and answers on this application are full, complete, and true to the best knowledge and belief of the signers.
- Any change or reinstatement requested herein will not be effective unless and until this application has been approved by the Home Office.
- Any reinstatement or increase in face amount will not be contestable after two years from the effective date of the reinstatement or increase.

I have received the notices about the Federal Fair Credit Reporting Act and the Medical Information Bureau.

I authorize (a) any physician or other medical practitioner; (b) any hospital, clinic, or other medical or medically related facility; (c) any other organization, institution, or person to disclose to Capitol Bankers Life Insurance Company, its reinsurers, and the Medical Information Bureau any records or knowledge about any person to be insured under this policy. This authorization is valid for two and one-half years from the date this form is signed. An exact copy of this authorization is as valid as the original.

Dated at Wey Boca Raton FL on 7/14/98
City and State Date

Owner's Taxpayer I.D. No. _____

Signature of Agent or Witness _____

Signature of Insured _____

Signature of Owner (if other than Insured) _____

Signature of Spouse/Dependent (if insured) _____



Capitol Bankers Life

Capitol Bankers Life Insurance Company
PO Box 19191
Greenville, South Carolina 29602-9191

800-825-0003
FAX 864-609-4005

July 27, 1998

Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Dear Mr. Bernstein:

Re: Policy #1009208-

We have received the application for Change of Coverage on the above mentioned policy number. Our Underwriting department has reviewed this application and requested the following information:

- Details of heart surgery.
- Name and address of personal physician and attending physician for heart condition.
- Specify if you have been declined for life insurance coverage and date of decline.

Please submit this information in the enclosed envelope for our Underwriting Department by August 17, 1998.

If I can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Jeannie Lynch
Customer Service Representative

Enc.

nm\app.pos

*Alc. Mfg
9-28-98*

JCK000541

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009223 NAME Simon Bernstein

Priority	Department/ Person	Date Forwarded	Date Received	Initials
1	Jeannie Lynch-CBL	7-21-98		JL
	Tracey Vickery-CE	(1) details of ht. surgery (2) name & address of personal physician & attending physician for heart condition (3) has he been declined for life insurance coverage - when?		
	Michelle Bruner-CI			
	Vickie Goff-CBL			
	Kevin Lucas-Actua (Tax Advisor)			
	Theron Brown- Reinsurance			
	Ron Carlson/Jenni Bufford-Actuarial			
2	Lee Foster- Underwriting			
	Betty Buchanan-LI: Accounting			

per Lee Foster

Reason for transferring file:

*Please review file to increase face amount
to 3 million!*

*Thats
file*

Insured Simon Bernstein **NEW BUSINESS WORKSHEET** Pol. No. 1009208

SUBMISSION CHECKLIST	PRIOR INSURANCE				
Yes <input type="checkbox"/> No <input type="checkbox"/>	Pol. No.	Plan/Rider	Amount	Reins.	File Req.
Alpha Hit <input checked="" type="checkbox"/> <input type="checkbox"/>					
Agent Licensed <input type="checkbox"/> <input type="checkbox"/>					
Agent Contracted <input type="checkbox"/> <input type="checkbox"/>					
Cross Reference <input type="checkbox"/> <input type="checkbox"/>					
# _____	PREMIUM				
Replacement <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Add	<input type="checkbox"/> Refund	Date _____	Initials _____
Form Received <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> Add	<input type="checkbox"/> Refund	Date _____	Initials _____
1035 Exchange <input type="checkbox"/> <input type="checkbox"/>	UNDERWRITING ACTION DATA				
Assignment <input type="checkbox"/> <input type="checkbox"/>	MIB Codes _____				
Policy <input type="checkbox"/> <input type="checkbox"/>	Underwriting Type: <input type="checkbox"/> Full <input type="checkbox"/> Simplified Issue <input type="checkbox"/> Guaranteed Issue				
Date <u>7/21/93</u>	Final Action: <u>Increase face amount to \$3 million</u>				
Initials <u>JL</u>	Plan: <u>QVH 0-2</u> Face Amount: <u>1,705,775.00</u>				
REINSURANCE	<input type="checkbox"/> Approved: <input type="checkbox"/> Standard				
RTT: <input checked="" type="checkbox"/> Auto <input type="checkbox"/> Fac	<input type="checkbox"/> Rated --- Table Rating:				
Type: <input type="checkbox"/> Coins <input type="checkbox"/> YRT <input type="checkbox"/> Ob	Flat Extra: _____				
Reinsurer: <u>CO</u>	Reason: _____				
IN FORCE:	Source: _____				
Retained: <u>100% go</u>	<input type="checkbox"/> Declined --- Reason: _____				
Basis: _____	Source: _____				
NEW ISSUE:	<input type="checkbox"/> Postponed --- Time Period: _____				
Retained: _____	Reason: _____				
Basis: _____	Source: _____				
Reinsurance: _____	<input type="checkbox"/> Not Taken				
M.I.B.	<input type="checkbox"/> Withdrawn				
(Attach response)	ISSUE INSTRUCTIONS				
	Amendment: <input type="checkbox"/> No <input type="checkbox"/> Yes:				
	<input type="checkbox"/> Face amount				
	<input type="checkbox"/> Plan of insurance				
	<input type="checkbox"/> Health statement				
	<input type="checkbox"/> Special wording:				
	Endorsement: <input type="checkbox"/> No <input type="checkbox"/> Yes --- Wording: _____				
	Date <u>9.28.93</u> Initials <u>JL</u>				

0030-5 (3-93)
LW-09062

Record Of Telephone Call

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 1919
Greenville, 29622-9191

Date 6-23-98

Name Simon Bernstein

From: Agent/Mgr
 Policy Owner

Address is correct
 Change address to: _____

For: Accounting
 Claims
 New Business
 POS

Telephone No. () _____

DOB _____ / _____ / _____ SS# _____

Policy concerned:

Policy No.	Status	Insured
<u>1009268</u>	<u>Dec Anniversary 1297</u>	<u>Bernstein</u>
<u>fixed loan \$16,041.14</u>	<u>16,103.10</u>	<u>1,105,173.00</u>

Request/Problem: Inc by 1,000,000. - mail illustration, Application & fac card

Send forms for: CSV Policy Loan Beneficiary Change Reinstatement
 LPC PAC Card Insured Name Change _____
 Claimant Statement

Action taken: mailed information 6-23-98

Date of Death _____ Suspend Bill Request Loan History Request Premium History

Person receiving call: _____

Agent # _____ Group # _____ PAC # _____
0093-17 (R5-93)

Capitol Bankers Life
PO Box 19191
Greenville, SC 29692-9191

Fax Cover Sheet

DATE: May 12, 1998

TO: Scott Pruett @ STP PHONE: 312-819-0773
FAX: 312-819-0773

FROM: Tracey Vickery PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC: Simon Bernstein

Number of pages including cover sheet:
Message

Per your request, we have changed the billing address and placed the above mentioned policy on direct billing.

For this type of policy we offer quarterly, semiannual or annual billing. We only offer monthly billing if we draft for the premium.

The quarterly premium is \$15,763.13. The paid to date is March 27, 1998. In order to bring this policy to a current payment status, it is necessary for you to submit the balance due. Your premium is \$15,763.13. However, \$10,410.16 has been held from your last transaction. Please remit a balance of \$5,352.97 to our office prior to May 29, 1998. Upon receipt, your policy will be paid to June 27, 1998.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,


Tracey Vickery

Customer Service Representative

Record Of Telephone Call

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, 29602-9191

Date 5/12/98

Name Scott @ STP

From: Agent/Mgr
 Policy Owner

Address is correct
 Change address to: _____

For: Accounting
 Claims
 New Business
 POS

Telephone No. () 312 919-0773

DOB _____ / _____ / _____ SS# _____

Policy concerned:

Policy No.	Status	Insured
<u>109208</u>	<u>0071</u>	

Request/Problem: fax bill to Scott

Send forms for: CSV Policy Loan Beneficiary Change Reinstatement
 LPC PAC Card Insured Name Change
 Claimant Statement

Action taken: _____

Date of Death _____ Suspend Bill Request Loan History Request Premium History

Person receiving call: _____

Agent # _____ Group # _____ PAC # _____
0093-17(R5-93)

TRANSMISSION RESULT REPORT (MAY 12 '98 02:46PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE- SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
MAY 12	02:45PM	312 819	0700 00'35"	OK	8	01		001

E)ECM >>REDUCTION
D)DETAIL
F)FINE

M)MEMORY C)CONFIDENTIAL *BATCH
S)TRANSFER
P)POLLING

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

INSURED:
POLICY OWNER:

SIMON BURSTEIN
SIMON BURSTEIN
7920 LIONS HEAD
SUNSHINE FL 33496

AGT NUM: 0000735
AGENT : CAPITAL BANKERS LIFE INSURANCE C
BOX 19191
GREENVILLE SC 29602

ILLUSTRATION ONLY

PHONE : 800-825-0003

PREMIUM PAYMENT MODE: QUARTERLY
EACH PAYMENT: \$20,941.50

JCK000549

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1998	GUARANTEED FOR YEAR ENDING DEC 27, 1999
CURRENT RATE BASIS INTEREST	7.00%	7.00%
CASH VALUE	\$11,705,777	\$12,100,616
CASH VALUE - START OF YEAR	\$11,082.28	\$100,394.30
ADD: TOTAL PREMIUMS FOR YEAR	\$63,152.53	\$83,766.00
LESS: INTEREST CREDIT	\$9,313.77	\$11,267.46
LESS: MORTALITY CHARGE	\$24,330.22	\$34,894.70
LESS: EXPENSE CHARGE	\$12,525.35	\$24,621.89
LESS: POLICY LEAF	\$15,703.16	\$ 0.00
NET CASH VALUE - END OF YEAR	\$100,394.30	\$135,911.17
CASH VALUE END OF THIS YEAR IF YOUR RENEWAL OPTION:		\$79,022.53
CASH VALUE END OF THIS YEAR IF YOUR RENEWAL OPTION:		\$110,000.49
CASH VALUE END OF THIS YEAR IF YOUR RENEWAL OPTION:		\$79,022.53
CASH VALUE END OF THIS YEAR IF YOUR RENEWAL OPTION:		\$110,000.49

THE POLICY OWNER SHOULD ASSURE (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN ENCUMBRANCES (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1999.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE PREMIUM REQUIRED FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL Lapse.

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. JZ-12674

STOOD JOHNSTON
MALE, AGE 47, SMOKER
INITIAL DEATH BENEFIT: \$2,100,616
CASH VALUE PROJECTIVE: ADULT LIFE, MINIMUM PREMIUMS

ILLUSTRATION ONLY

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

POL YR	AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 17)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
AGE 50	50	0	0.00	0	0					
AGE 51	51	2100616	79022.93	49031	10519					
AGE 52	52	2100616	79022.93	49276	41213	18	2100616	123334.94	62621	198532
AGE 53	53	2100616	79022.93	49521	36936	23	2100616	123334.94	58786	502139
AGE 54	54	2100616	79022.93	49767	32887	28	2100616	123334.94	54617	781710
AGE 55	55	2100616	79022.93	49227	29287	33	2100616	123334.94	49226	1042025

THE VALUES SHOWN IN THIS PRESENTAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY TO A POLICY CONTINUING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

SCHEDULE COST DEPR SOL PAYMENT DEPR	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 16	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
	36.47	43.39	53.26	51.02
	36.47	36.29	53.20	55.17

AN EXPLANATION OF THE INTERPRET USE OF THESE CHOICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 6.50% INTEREST, 1957 C.S.O. MORTALITY, AND THE EXPENSE CHARGE OF THE SELECT MORTALITY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE FULL PREMIUM PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITAL BANKERS LIFE INSURANCE CO.
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FIND CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JUNE 27, 1993

PAGE 1 OF 2

JCK000550

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

		CURRENT VALUES (IF CURRENT BASIS CONTINUES)				GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 17)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
15	63	1705773	59481.56	18812	100394	15	1705773	59481.56	18812	100394
17	64	2100516	79022.53	35517	135911	17	2100516	79022.53	35517	135911
18	65	2100516	79022.53	44601	180512	18	2100516	123334.94	62621	198532
19	66	2100516	79022.53	45252	225774	19	2100516	123334.94	62261	260793
20	67	2100516	79022.53	45627	271401	20	2100516	123334.94	61706	322499
21	68	2100516	79022.53	46038	317440	21	2100516	123334.94	60932	383431
22	69	2100516	79022.53	46495	363938	22	2100516	123334.94	59921	443353
23	70	2100516	79022.53	47276	411213	23	2100516	123334.94	58786	502139
25	72	2100516	79022.53	48514	507877	25	2100516	123334.94	56556	616313
30	77	2100516	79022.53	47984	750261	30	2100516	123334.94	53440	889271
35	82	2100516	79022.53	43861	977104	35	2100516	123334.94	45517	1134967
40	87	2100516	79022.53	36308	1183125	40	2100516	123334.94	38917	1340348
45	92	2100516	79022.53	38252	1357034	45	2100516	123334.94	39783	1534205
50	97	2100516	79022.53	79351	1646512	50	2100516	123334.94	54951	1775931
53	100	2100516	79022.53	204974	2100620	53	2100741	123334.94	197392	2100741

JCK000551

ILLUSTRATION ONLY

DOCUMENTARY LISTING for LEDGER #12674, stored for user JEANIE.L

RUN COMPLETION DATE: JUN 22, 1998 at 15:14 PM. STATUS: RENEW

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIND: BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$1,000,000.00 Specified Variations.
BASIC BENEFITS by Policy Year (DOLLAR AMOUNTS):
2000000.00 (YRS 1-16); 2411546.16 (THEREAFTER)

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None, TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

ILLUSTRATION ONLY

JCK000552

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: JUN 22, 1998

	GRUSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	62201.53	4.00	2488.06
RISK INCREASE PREMIUM	16821.00	60.00	10092.60
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	79022.53		12580.66

ILLUSTRATION ONLY

JCK000553



Capitol Bankers Life

Capitol Bankers Life Insurance Company
PO Box 19191
Greenville, South Carolina 29602-9191

803-825-0003
FAX: 864-609-4005

CERTIFICATE OF COVERAGE

with

Capitol Bankers Life Insurance Company

A Stock Company (herein called "the Company")
Business Office: Greenville, South Carolina

The Company certifies that it has issued a Current Value Life policy and that it has agreed to pay the benefits provided thereunder subject to the terms, conditions, and limitations therein.

The policy is a contract between the Owner and the Company. It may be changed or terminated only by those parties.

This certificate is merely evidence of coverage provided under the policy.

1009208
Policy Number

Simon Bernstein
Insured

\$1,705,773.00
Sum Insured

Simon Bernstein
Owner

None
Rider Name and Amount

Lasalle National Trust, N.A.
Primary Beneficiary

None
Rider Name and Amount

Simon Bernstein Ins. Trust
Contingent Beneficiary

Signed for the Company on December 12, 1982

Kevin Lengyell
Secretary
Capitol Bankers Life Insurance Company



Capitol Bankers Life

May 20, 1998

Capitol Bankers Life Insurance Company
PO Box 19191
Greenville, South Carolina 29602-9191
800-825-0003
FAX 864-609-4005

Simon Bernstein
7020 Lions Head
Boca Raton, FL 33496

Re: Policy #1009208

Dear Mr. Bernstein:

This letter is in regard to your recent request for values on the above mentioned policy.

The cash value as of today is \$89,896.47.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,

Tracey Vickery
Customer Service Representative

JCK000555

Capitol Bankers Life

Fax Cover Sheet

DATE: May 18, 1998

TO: Simon Bernstein

PHONE:

FAX: 561-487-3924

FROM: Tracey Vickery

PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208

CC:

0071

Number of pages including cover sheet:

Message

Scott Pruett @ STP Enterprises has requested information on the above mentioned policy. Before we can release any information, we will need written authorization from you.

Sincerely,


Tracey Vickery

Customer Service Representative

Record Of Telephone Call

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 15191
Greenville, 29602-9191

Date 4-29-98

Name Scott Bennett

From: Agent/Mgr
 Policy Owner

Address is correct
 Change address to: _____

For: Accounting
 Claims
 New Business
 POS

fax 312-819-0113
Telephone No. () _____

DOB _____ / _____ / _____

SS# _____

Policy concerned:

Policy No.	Status	Insured
<u>1009208</u>		

Request/Problem: 1) fax confirmation of ownership

Send forms for: CSV Policy Loan Beneficiary Change Reinstatement
 LPC PAC Card Insured Name Change _____
 Claimant Statement

Action taken: faxed copy of confirmation to Scott

Date of Death _____ Suspend Bill Request Loan History Request Premium History

Person receiving call: _____

Agent # _____ Group # _____ PAC # _____
0093-17(R5-93)

Capitol Bankers Life
PO Box 19191
Greenville, SC 29692-9191

Fax Cover Sheet

DATE: April 29, 199

TO: Scott Pruett PHONE: 312-819-0773
FAX: 312-819-0773

FROM: Tracey Vickery PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC:

Number of pages including cover sheet:

Message

Attn: Merrill

Capitol Bankers Life

April 3, 1998

Capitol Bankers Life Insurance Company 800-825-0003
Box 19191 FAX 864-609-4205
Greenville, SC 29602-9191

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

RE: SIMON BERNSTEIN
Policy #1009208

Dear SIMON BERNSTEIN

The executed ownership change for the above mentioned policy
is as follows:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON, FL 33496

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

DONNA HADLEY
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

JCK000560

TRANSMISSION RESULT REPORT (APR 30 '98 12:41PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
APR 30	12:40PM	1 312 819	0773 00'49"	OK	S	02		009

E)ECM >)REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL *)BATCH
D)DETAIL \$)TRANSFER
F)FINE P)POLLING


TRANSMISSION RESULT REPORT (APR 29 '68 03:24PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
APR 29	03:23PM	1 312 819 0773	00'48"	OK	S	02		001

E)ECM >>REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL *>BATCH
D)DETAIL F)FINE S)TRANSFER P>POLLING

 Capitol Bankers Life

April 3, 1998

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

800-825-0003
FAX 864-609-4005

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

RE: SIMON BERNSTEIN
Policy #1009208

Dear SIMON BERNSTEIN

The executed ownership change for the above mentioned policy
is as follows:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

DONNA HADLEY
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

JCK000563

STP Enterprises, Inc.
303 East Wacker Drive, Suite 210
Chicago, IL 60601

STP ENTERPRISES

Fax

To: TRACY VICKERY	From: SCOTT PRUETT
Fax: 312-819-0773	Pages: 3
Phone: 312-819-7474	Date: April 3, 1998
Re:	CC:

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:**

Tracy:

Re: Policy #1009208

Please process the following Change of Beneficiary form and mail proof of change to STP Enterprises, Inc. and Simon Bernstein.

Thank you,



Cherie Wayne

For: Scott Pruett

04/03/98 FRI 10:24 FAX 1 312 619 0773

S.T.P.

003

03/30/98 11:23 312 619 0780
MAR 27 '98 01:47PM LIBERTY INSURANCE SERVICES

STP ENTERPRISES

003

P.3

7. DUPLICATE POLICY (\$10.00 fee required) or CERTIFICATE OF INSURANCE (no fee)
I hereby declare that the above policy was lost or destroyed under the following circumstances:

I agree that, upon issuance of a duplicate policy, the original policy will be null and void, and that, if the original is found, it will be promptly returned to the Company. I agree to hold Capital Security Life harmless from any claim or expense under the original policy.

8. POLICY LOAN

- I request a policy loan of \$ _____, or the Maximum Loan Value, if less.
 - Variable Interest Rate
 - Fixed Interest Rate
- I request a policy loan to pay premiums due:
 - Variable Interest Rate
 - Fixed Interest Rate
- I request the addition of the Automatic Premium Loan provision to my policy:
 - Variable Interest Rate
 - Fixed Interest Rate

Note that a Fixed Rate Loan reduces the cash value and face amount at anniversary. This transaction may cause premiums to increase.

A Variable Loan affects the values of the policy only upon death or surrender.
If the loan rate option is not specified, the loan will be processed under the loan rate provisions of the policy.

9. POLICY SURRENDER. I am returning the policy. I request a full surrender.

INCOME TAX WITHHOLDING NOTICE AND ELECTION: In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Elect withholding or no withholding by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment.

Even if you decide not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient.

PLEASE (✓) ONE BLOCK

- I have read the above notice and elect to have no income tax withheld.
- I have read the above notice and elect to have income tax withheld.

Resident State _____
Social Security Number* _____
* If not completed properly we may be required to withhold 10% from any installment of your payment.

10. OTHER. Indicate here any change not listed on this form, EXCEPT Addition of Riders, Reinstatement, Increase in Death Benefit, Change in Plan, or Conversion.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT: I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request which is not checked will become effective. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

Signed at CHICAGO IL
City and State

and 3-31-98

Frank J. Katalin, LaSalle Natl Bk
Signature of Witness (Attach to All Required Signatures Within This Form)

LA SALLE NATIONAL BANK
BY: Linda M. Colburn
Owner's Signature
[Signature]
New Owner's Signature, if Applicable

Additional Required Signatures, if Any
(Attach to any form in this form when Applicable.
Indicate This Notice Inverse to This Notice.)

04/03/88 FRI 10:23 FAX 1 312 819 0773

S.T.P.

002

03/30/88 11:22 312 819 0780
MAR 27 '88 11:46PM LIBERTY INSURANCE SERVICES

SIP ENTERPRISES

002

P.2

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 10191
Greenville, South Carolina 29602-0191
804-609-3142 • 800-573-0003 • FAX: 804-603-4006

REQUEST LETTER

Use this form to: change address, premium mode, name, beneficiary, or owner; request duplicate policy, surrender, or non-forfeiture option; effect release of interest.

Instructions

- a. A separate request form must be completed for each policy.
- b. Please print or type all information except signatures.
- c. If applicable, the term "insured" also means "annuitant," and the term "policy" also means "contract."

Required Signatures

- a. Owner must sign ALL requests.
- b. If policy is contractually assigned, assignor must sign if request number 8 is made.
- c. If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
- d. If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- e. If owner is a partnership, each partner must sign if request number 6 or 7 is made.
- f. If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation's board of directors must be attached to this form if request number 6 or 8 is made.
- g. "Witness Signatures" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674

1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.
2. ADDRESS CHANGE (Other than Owner).
 For: Insured Assignee Payor (Billing Address) Other
 New Address: _____
Street and Room City State Zip Code
3. MODE OF PREMIUM PAYMENT CHANGE
 Change Mode to: Annual Semi-Annual Quarterly Pre-Authorized Check (attach complete authorization form and voided check)
 NOTE: One of the premium due dates of the new mode must be a policy anniversary.
4. BENEFICIARY CHANGE
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignee of record.

FULL NAME OF BENEFICIARY	RELATIONSHIP	% OF PROCEEDS
PRIMARY _____	_____	_____
CONTINGENT _____	_____	_____

 Note: If beneficiary is being changed to a trust, give date of Trust Agreement: _____
5. NAME CHANGE FOR: Insured Owner
 From: _____ to _____
(Print old name) (Print new name)
 Reason for change: Marriage Divorce Other: _____
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")
6. OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:
 New Owner: Simon Bernstein Soc. Sec./Tax I.D. No. _____
 Mailing Address: 7029 Lyons Road Bozeman Mont 59716
Street and Room City State Zip Code
 If ownership is being transferred to a trust, give date of Trust Agreement: _____

1-3 (1-3-88) 89101



Capitol Bankers Life

April 1, 1998

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

800-825-0003
FAX: 864-609-4005

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

RE: SIMON BERNSTEIN
Policy #1009208

Dear SIMON BERNSTEIN

The executed ownership change for the above mentioned policy
is as follows:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON , FL 33496

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

DONNA HADLEY
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

JCK000567

S. T. P. ENTERPRISES, INC.

THREE ILLINOIS CENTER
303 EAST WACKER DRIVE, SUITE 210
CHICAGO, IL 60601-5210
(312) 819-7474
(312) 819-0773 FAX
E-Mail: office@stpcorp.com

March 31, 1998


Tracy Vickery
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Policy #1009208

Please process the following Change of Beneficiary form and mail proof of change to
STP Enterprises, Inc. and Simon Bernstein.

Thank you.

Sincerely,


Scott Pruett

JCK000568

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, South Carolina 29602-9191
864-609-2142 • 800-875-0000 • FAX: 864-609-4006

REQUEST LETTER

Use this form to: change address, premium mode, name, beneficiary, or owner; request duplicate policy, surrender, or non-forfeiture option; effect release of interest.

Instructions

- a. A separate request form must be completed for each policy.
- b. Please print or type all information except signatures.
- c. If applicable, the term "insured" also means "annuitant," and the term "policy" also means "contract."

Required Signatures

- a. Owner must sign ALL requests.
- b. If policy is collaterally assigned, assignee must sign if request number 8 is made.
- c. If beneficiary was designated without right of revocation, beneficiary must sign if request number 8 or 9 is made.
- d. If owner resides in a community property state, the spouse of the owner must sign if request number 4 is made.
- e. If owner is a partnership, each partner must sign if request number 6 or 8 is made.
- f. If owner is a corporation, only an authorized officer other than the insured may sign. A resolution of authorization by the corporation board of directors must be attached to this form if request number 6 or 8 is made.
- g. "Witness Signatures" and "Additional Required Signatures" apply to any and all requests within this form.

Insured Simon Bernstein / S.B. Lexington Policy Number 1009208
 Owner Lasalle National Trust Telephone Number of Owner (312) 904-2486
 Mailing Address of Owner 135 South Lasalle Street Chicago IL 60674
Number and Street City State Zip Code

1. ADDRESS CHANGE (Owner Only). The "Mailing Address of Owner" indicated above is a change of address. Change policy records and send all future correspondence and notices to the new address.
2. ADDRESS CHANGE (Other than Owner).
 For: Insured Assignee Payor (Billing Address) Other
 New Address: _____
Number and Street City State Zip Code

3. MODE OF PREMIUM PAYMENT CHANGE
 Change Mode to: Annual Semi-Annual Quarterly Pre-Authorized Check (attach complete authorization form and voided check)

NOTE: One of the premium due dates of the new mode must be a policy anniversary.

4. BENEFICIARY CHANGE
 I hereby revoke all previous beneficiary designations and settlement options for the above policy. The beneficiary shall be as shown below. The rights of the beneficiary will be subject to the rights of any assignees of record.
- | | FULL NAME OF BENEFICIARY | RELATIONSHIP | % OF PROCEEDS |
|------------|--------------------------|--------------|---------------|
| PRIMARY | _____ | _____ | _____ |
| CONTINGENT | _____ | _____ | _____ |

Note: If beneficiary is being changed to a trust, give date of Trust Agreement: _____

5. NAME CHANGE FOR: Insured Owner
 From _____ to _____
(Print old name) (Print new name)
 Reason for change: Marriage Divorce Other: _____
 (If the person whose name is to be changed is the policyowner, both the old and the new name must be signed at the bottom of this form on the line "Owner's Signature.")

6. OWNERSHIP CHANGE - ABSOLUTE ASSIGNMENT.
 For the value received, I hereby give all benefits, rights, and privileges incident to ownership of the above policy to:
 New Owner: SIMON BERNSTEIN Soc. Sec./Tax I.D. No. _____
 Mailing Address: 7020 Lions Head Boca Raton FL 33496
Number and Street City State Zip Code
 If ownership is being transferred to a trust, give date of Trust Agreement: _____

7. **DUPLICATE POLICY** (\$10.00 fee required) or **CERTIFICATE OF INSURANCE** (no fee)
I hereby declare that the above policy was lost or destroyed under the following circumstances:

I agree that, upon issuance of a duplicate policy, the original policy will be null and void, and that, if the original is found, it will be promptly returned to the Company. I agree to hold Capital Bankers Life harmless from any claim or expense under the original policy.

8. **POLICY LOAN**

- I request a policy loan of \$ _____, or the Maximum Loan Value, if less.
 Variable Interest Rate Fixed Interest Rate
- I request a policy loan to pay premiums due:
 Variable Interest Rate Fixed Interest Rate
- I request the addition of the Automatic Premium Loan provision to my policy:
 Variable Interest Rate Fixed Interest Rate

Note that a Fixed Rate Loan reduces the cash value and face amount at anniversary. This transaction may cause premiums to increase.

A Variable Loan affects the values of the policy only upon death or surrender.

If the loan rate option is not specified, the loan will be processed under the loan rate provisions of the policy.

9. **POLICY SURRENDER.** I am returning the policy; I request a full surrender.

INCOME TAX WITHHOLDING NOTICE AND ELECTION: In 1982, Congress passed the Tax Equity and Fiscal Responsibility Act (TEFRA). This law requires that a tax of 10% be withheld from the taxable portion of certain life insurance payments you receive unless you decide not to have tax withheld. Withholding applies only to the taxable portion of the payment you receive and not to the entire payment. The taxable portion, which is subject to withholding, is, in general, equal to the excess of the amount you receive over the total net amount which is considered to be your cost basis for such amount. In many instances, when a life insurance policy is surrendered for its cash value, there is no such excess.

Select withholding or no withholding by checking the appropriate box below. Please complete this section of this form by signing it and filling in your Social Security Number. If you do not make a choice, we will withhold 10% for Federal income taxes from any taxable portion of your payment.

Even if you decide not to have Federal income tax withheld, you are still liable for payment of Federal income tax on the taxable portion of this payment. You may be subject to tax penalties under the Estimated Tax Payment Rules if your payments of estimated tax and withholding, if any, are not sufficient.

PLEASE (✓) ONE BLOCK

- I have read the above notice and elect to have no income tax withheld.
 I have read the above notice and elect to have income tax withheld.

Resident State _____
 Social Security Number* _____
* If not completed properly we may be required to withhold 20% from any taxable portion of your payment.

10. **OTHER.** Indicate here any change not listed on this form, EXCEPT Addition of Riders, Reinstatement, Increase in Death Benefit, Change in Plan, or Conversion.

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT: I understand that this request is subject to the provisions and conditions of the above policy and that the Company may request additional information or impose additional requirements. I agree that my signature shall apply to each request which has been checked on this form and further agree that no request which is not checked will become effective. I certify that the above policy is not pledged or assigned to any other person or corporation, except where stated in the request, and that no proceedings in bankruptcy are pending.

Signed at Chicago, IL
City and State

Date 3-31-98

Frank J. Ralston, LaSalle Natl Bk

Signature of Witness (Witness to All Requested Signatures Within This Form)

LA-SALLE NATIONAL BANK
BY: Linda H. [Signature]
Owner's Signature

[Signature]
New Owner's Signature, If Applicable

Additional Required Signatures, If Any
 (Apply to Any Item on This Form Where Applicable)
 Indicate This under Items on This Policy

FEB 17 1997

S. T. P. ENTERPRISES, INC.

THREE ILLINOIS CENTER
303 EAST WACKER DRIVE, SUITE 210
CHICAGO, IL 60601-5210
(312) 819-7474
(312) 819-0773 FAX
E-Mail: office@stpcorp.com

Bernstein

February 14, 1997

Tracy Vickery
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

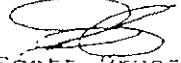
Re: Policy #1009208

Dear Ms. Vickery:

Enclosed is a new check in the amount of \$5,065.22. Please pay off the net loan of \$5,065.22 and waive the interest accrued as the original check was evidently lost in the mail or at your office. Attached is a copy of the check and letter mailed to Capitol Bankers on 1/7/97.

If you have any questions, please give me a call.

Sincerely,



Scott Prueett

Reversed the 11-27-96 APL and applied 5065.22 premium received today as the November premium.

S. T. P. ENTERPRISES, INC.

THREE ILLINOIS CENTER
303 EAST WACKER DRIVE, SUITE 210
CHICAGO, IL 60601-5210
(312) 819-7474
(312) 819-0773 FAX
E-Mail: office@stpcorp.com

5,305.08 / mth

January 8, 1998

Tracy Vickery
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Policy #1009208

KO

Dear Ms. Vickery:

Please find enclosed a check in the amount of \$5,205.07 to pay the MONTHLY premium from 11/27/97 - 12/27/97 for the above-mentioned policy.

Also, Please fax me a statement indicating the new monthly premium for the 12/27/97-12/27/98 year.


If you have any questions or show any discrepancies, please contact me.

Sincerely,



Scott Pruett

EV JAN 13 1998

 **Capitol Bankers Life**
PO Box 19191
~~Capitol Bankers Life~~

Fax Cover Sheet

Capitol Bankers Life Insurance Company
PO Box 19191
Greenville, South Carolina 29602 9191

800-825-0003
FAX: 864-609-4005

DATE: 1-13-98

TO: Scott Pruett PHONE: 312-819-7474
FAX: 312-819-0773

FROM: Tracey Vickery PHONE: 800-825-0003

FAX: 864-609-4005

RE: Policy #1009208 - Simon Bernstein

CC:

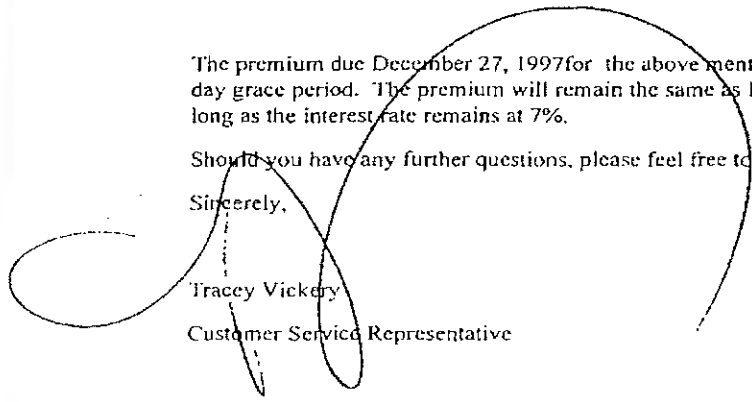
Number of pages including cover sheet:

Message

The premium due December 27, 1997 for the above mentioned policy is \$5,205.08. We guarantee a 31 day grace period. The premium will remain the same as long as there are no changes to the policy and as long as the interest rate remains at 7%.

Should you have any further questions, please feel free to call me at 1-800-825-0003.

Sincerely,


Tracey Vickery
Customer Service Representative

JCK000573

TRANSMISSION RESULT REPORT (JAN 13 '58 03:34PM)

LIBERTY INSURANCE SERVICES

(AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
JAN 13	03:34PM	312 819	0780 00'41"	OK	S	01		011

E)ECM >)REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL *BATCH
D)DETAIL F)FINE #)TRANSFER
P)POLLING

LaSalle National Trust, N.A.

0850039

A 850039

FEB 11 1997

Bank No. 096

Account No. 456941905

Date 01/07/97

AC Name S.B. LEXINGTON/ST (NSA) VERA

Income Cash	Principal Cash
0.00	5,065.22

For: CAPITOL BANKERS LIFE PREMIUM PAYMENT

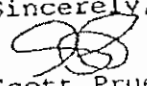
Tracy Vickery
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Policy #1009208

Dear Ms. Vickery:

Please find enclosed a check in the amount of \$5065.22 to pay the MONTHLY premium from 11/27/96 - 12/27/96 for the above mentioned policy.

If you have any questions or show any discrepancies, please contact me.

Sincerely,

Scott Pruett

LaSalle National Trust, N.A.

135 South LaSalle Street
Chicago, Illinois 60603

LaSalle National Bank
Chicago, Illinois
0710

PAYABLE THROUGH
LaSalle Bank of Life
Lisle, Illinois 60532

0850039

A 850039

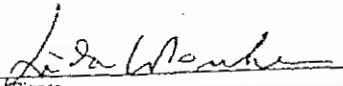
10-202719

Account No. 456941905

Date 01/07/97

Pay *****\$5,065 DOLLARS AND 22 CENTS ***** Amount *****\$5,065.22

To The Order Of CAPITOL BANKERS LIFE


Authorized Signer

⑈850039⑈ ⑆071923022⑆ 90⑈0686⑈?⑈

JCK000575

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 303 WACKER DR. SUITE 210
 CHICAGO IL 60601

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$5,205.07

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

CORRECTED COPY

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1996	GUARANTEED FOR YEAR ENDING DEC 27, 1997
CURRENT RATE BASIS INTEREST	7.00%	7.00%
SUM INSURED	\$1,727,273	\$1,705,773
CASH VALUE - START OF YEAR	\$32,078.37	\$45,861.34
ADD: TOTAL PREMIUMS FOR YEAR	\$60,782.64	\$62,460.84
DEDUCT: INTEREST CREDIT	\$ 5,717.51	\$ 6,792.23
MORTALITY CHARGE	\$19,554.18	\$21,598.08
EXPENSE CHARGE	\$11,662.50	\$11,934.13
POLICY LOAN	\$21,500.50	\$ 0.00
NET CASH VALUE - END OF YEAR	\$45,861.34	\$81,582.20
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$59,481.56
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,705,773:		
OPTION A - CURRENT RATE BASIS		\$59,481.56
OPTION B - GUARANTEED RATE BASIS		\$90,818.41

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE MAR 3, 1997.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000576

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. JZ-11004

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,705,773
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 15)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1705773	59481.56	36038	259000	20	1705773	93987.54	47943	324247
AGE	72	1705773	59481.56	38371	446035	25	1705773	93987.54	43941	552529
AGE	60	0	0.00	32078	32078.					
AGE	65	1705773	59481.56	35276	187113	18	1705773	93987.54	48654	227930
AGE	70	1705773	59481.56	37391	369501	23	1705773	93987.54	45674	463820
AGE	75	1705773	59481.56	38523	561557	28	1705773	93987.54	42435	681035

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 14	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	33.34	29.83	49.02	46.09
NET PAYMENT INDEX	33.34	33.88	49.02	51.16

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
BOX 19191
GREENVILLE, SC 29602
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000577

1009208

CURRENT VALUE LIFE
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. JZ-11004

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 15)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
14	61	1727273	57883.18	13783	45861	14	1727273	57883.18	13783	45861
15	62	1705773	59481.56	35721	81582	15	1705773	59481.56	35721	81582
16	63	1705773	59481.56	35515	117097	16	1705773	93987.54	48879	130461
17	64	1705773	59481.56	34740	151838	17	1705773	93987.54	48815	179276
18	65	1705773	59481.56	35276	187113	18	1705773	93987.54	48654	227930
19	66	1705773	59481.56	35799	222912	19	1705773	93987.54	48374	276304
20	67	1705773	59481.56	36088	259000	20	1705773	93987.54	47943	324247
21	68	1705773	59481.56	36413	295413	21	1705773	93987.54	47342	371589
22	69	1705773	59481.56	36777	332190	22	1705773	93987.54	46557	418146
23	70	1705773	59481.56	37391	369581	23	1705773	93987.54	45674	463820
25	72	1705773	59481.56	38371	446035	25	1705773	93987.54	43941	552529
30	77	1705773	59481.56	37888	637743	30	1705773	93987.54	41520	764606
35	82	1705773	59481.56	34690	817159	35	1705773	93987.54	35365	955502
40	87	1705773	59481.56	30299	980107	40	1705773	93987.54	30237	1115075
45	92	1705773	59481.56	30255	1117658	45	1705773	93987.54	30910	1265694
50	97	1705773	59481.56	62764	1346630	50	1705773	93987.54	45803	1453507
53	100	1705806	59481.56	162122	1705806	53	1705806	93987.54	153366	1705880

UNPROTECTED COPY

DOCUMENTARY LISTING for LEDGER #11004, stored for user JEANNIE.L

RUN COMPLETION DATE: FEB 17, 1997 at 10:40 AM. STATUS: RENEW

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

GENERATED COPY

CURRENT VALUE LIFE
POLICY RENEVAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: FEB 17, 1997

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	59481.56	4.00	2379.26
RISK INCREASE PREMIUM	0.00	80.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	59481.56		2379.26

CORRECTED COPY

**Policy Number
1009208**

File Docs 2



Capitol Bankers Life Insurance Company 800-825-0003
 Box 19191 FAX. 854-609-4035
 Greenville, SC 29602-9191

February 3, 1997

LASALLE NATIONAL TRUST, N.A.
 AS SUCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 303 WACKER DR - SUITE 210
 CHICAGO, IL 60601

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$5,065.22 which was due Nov 27, 1996, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to DEC 27, 1996:	
Net Loan	\$5,065.22
Interest	\$32.11
Gross Loan	\$5,097.33
Other Outstanding Loans	\$21,500.50
Total Loan Balance as of 12/27/96	\$26,597.83

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1996

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE CO.
 BOX 19191
 GREENVILLE SC 29602
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: NON-LIST
 EACH PAYMENT: \$5,205.07

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1996	GUARANTEED FOR YEAR ENDING DEC 27, 1997
CURRENT RATE BASIS INTEREST	7.00%	7.00%
SUM INSURED	\$1,727,273	\$1,705,773
CASH VALUE - START OF YEAR	\$32,078.37	\$45,861.34
ADD: TOTAL PREMIUMS FOR YEAR	\$60,782.64	\$62,460.84
INTEREST CREDIT	\$ 5,717.51	\$ 6,792.23
DEDUCT: MORTALITY CHARGE	\$19,554.18	\$21,598.08
EXPENSE CHARGE	\$11,662.50	\$11,934.13
POLICY LOAN	\$21,500.50	\$ 0.00
NET CASH VALUE - END OF YEAR	\$45,861.34	\$81,582.20
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$59,481.56
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,705,773:		
OPTION A - CURRENT RATE BASIS		\$59,481.56
OPTION B - GUARANTEED RATE BASIS		\$90,818.41

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1997.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000584

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,705,773
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT,
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 15)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1705773	59481.56	36088	259000	20	1705773	93987.54	47943	324247
AGE	72	1705773	59481.56	38371	446035	25	1705773	93987.54	43941	552529
AGE	60	0	0.00	32078	32078	18	1705773	93987.54	48654	227930
AGE	65	1705773	59481.56	35276	187113	23	1705773	93987.54	45674	463820
AGE	70	1705773	59481.56	37391	369581	28	1705773	93987.54	42435	681035
AGE	75	1705773	59481.56	38523	561557					

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 14	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	33.34	29.83	49.02	46.09
NET PAYMENT INDEX	33.34	33.88	49.02	51.16

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
BOX 19191
GREENVILLE, SC 29602
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 15)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
14	61	1727273	57883.18	13783	45861	14	1727273	57883.18	13783	45861
15	62	1705773	59481.56	35721	81582	15	1705773	59481.56	35721	81582
16	63	1705773	59481.56	35515	117097	16	1705773	93987.54	48879	130461
17	64	1705773	59481.56	34740	151838	17	1705773	93987.54	48815	179276
18	65	1705773	59481.56	35276	187113	18	1705773	93987.54	48654	227930
19	66	1705773	59481.56	35799	222912	19	1705773	93987.54	48374	276307
20	67	1705773	59481.56	36088	259000	20	1705773	93987.54	47943	324247
21	68	1705773	59481.56	36413	295413	21	1705773	93987.54	47342	371589
22	69	1705773	59481.56	36777	332190	22	1705773	93987.54	46557	418146
23	70	1705773	59481.56	37391	369581	23	1705773	93987.54	45674	463820
24	71	1705773	59481.56	38083	407665	24	1705773	93987.54	44767	508587
30	77	1705773	59481.56	37888	637743	30	1705773	93987.54	41520	764606
35	82	1705773	59481.56	34690	817159	35	1705773	93987.54	35365	955502
40	87	1705773	59481.56	30299	980107	40	1705773	93987.54	30237	1115075
45	92	1705773	59481.56	30255	1117658	45	1705773	93987.54	30910	1265694
50	97	1705773	59481.56	62764	1346630	50	1705773	93987.54	45803	1453507
53	100	1705806	59481.56	162122	1705806	53	1705880	93987.54	153366	1705880

JCK000586

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: OCT 08, 1996 at 02:53 AM, STATUS: USED

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Years in Force: 15
Premium Mode: MON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A. Product: CVL
Address: AS SUCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,705,773 Basic Premium: \$59,481.56
Init. Cash Value: \$45,861.34 Basic Cash Value: \$81,582.20
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$606,083.05 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,705,773 Total Premium: \$59,481.56
Total Cash Value: \$117,097.46 Scheduled Payout: \$ 0.00

Rating Basis Code: 9541, Interest: 7.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 59481.554835; Net-Gross: Ks: 0.8491921902
Second Level Breakpt. (Gt): 92233.139269; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 13.2700000
Paid-Up Cash Value per \$1000, End Year (Ax): 344.5348414
Discounted Value, Life Annuity of \$1.00 (ax): 10.01848885

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 81562.1983 Tgt. Net Premium: 50526.7029
Extra Value Amount: 0.00 Added Benefit Amount: -294227.32

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 8, 1996
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	59481.56	4.00	2379.26
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	59481.56		2379.26



0021

Capitol Bankers Life Insurance Company 800-825-0003
Box 19191 FAX: 864-609-4005
Greenville, SC 29602-9191

September 24, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$131.85
Total Gross Loan	\$5,197.07

Total Outstanding Loan Balance to 27SEP1996: \$21,500.50

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

JCK000590



1007

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

800-825-0003
FAX: 864-609-4005

September 24, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$131.85
Total Gross Loan	\$5,197.07

Total Outstanding Loan Balance to 27SEP1996: \$21,500.50

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

JCK000591

FAX

Capitol Bankers Life
Greenville, SC 29602-9191

Date 04/30/96
Number of pages including cover sheet 1

To: Scott Pruett

Phone _____
Fax Phone 312-993-0485
CC: _____

From: Christy Jordan

Phone 800-825-0003
Fax Phone 864-609-4005

REMARKS:

Urgent For your review Reply ASAP Please comment

Premium on policy 1009208 is \$5,065.22 monthly. Policy is currently paid to 03/27/96. Premiums totaling \$15,195.66 was processed for December, January, and February as Automatic Premium Loans.

0071

Christy Jordan

S.T.P. ENTERPRISES, INC.
600 WEST JACKSON BLVD.
SUITE 800
CHICAGO, IL 60661
312-993-0485 FAX

DATE: April 30, 1996
To: Kriste
From: Scott Pruett

THIS TRANSMISSION CONSISTS OF 01 PAGES INCLUDING COVER PAGE

RE: Please verify the following case per our conversation and
return via fax today.

Simon Bernstein policy #1009208, current paid to date 3-27-96
annual premium, \$60,782.64. Amount received for policy year
\$15,195.66. Thank you.

SP
Premium on policy 1009208 is 5,065.22
monthly. Policy is currently paid to 3-27-96.
We have received 15,195.66 in premiums for the
months December, January, + February

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. OUR NUMBER IS:

312-993-0051

TRANSMISSION RESULT REPORT (APR 30 '96 02:54PM).....

LIBERTY INSURANCE SERVICES

..... (AUTO)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	TIME	RE-SULTS	MODE	TOTAL PAGES	PERSONAL LABEL	FILE NO.
APR 30	02:54PM	312 993 0485	00'25"	OK	ES	01		014

E)ECM >>REDUCTION S)STANDARD M)MEMORY C)CONFIDENTIAL *)BATCH
 D)DETAIL \$)TRANSFER
 F)FINE P)POLLING



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Dox 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

February 23, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO , IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to February 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$369.18
Total Gross Loan	\$5,434.40

Total Outstanding Loan Balance to 27FEB1996: \$10,904.40

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000595

FEB 23 1996

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

February 21, 1996

Kimberly Powell
Capitol Bankers Life
2000 Wade Hampton Blvd.
Greenville, NC 29615

Re: Simon Bernstein
Policy # 1009208

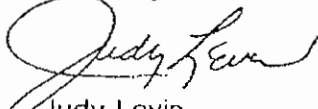
Dear Ms. Powell:

Enclosed is a bill for the 1/27/96 - 2/27/96 monthly premium currently due in the amount of \$5,065.22. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, contact me immediately.

Additionally, we would like confirmation of this transaction. You can fax it to me at 312-993-0051.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

JCK000596



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071

03/01/96

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT. PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	01/96	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: January Policies will lapse if payment not received by 03/01/96.						5,065.22
1009208	SIMON BERNSTEIN	01	02/96	5,065.22		5,065.22
** REMINDER - Total Group Life Premium Past Due For: February If payment has been made, please disregard this notice.						5,065.22
1009208	SIMON BERNSTEIN	01	03/96	5,065.22		5,065.22
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,065.22
** TOTAL AMOUNT DUE **						15,195.66

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191



0071

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 Greenville, SC 29602-9101 FAX: 803-292-4005

January 26, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to January 27, 1996 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,065.22
Interest	\$404.78
Total Gross Loan	\$5,470.00

Total Outstanding Loan Balance to 27JAN1996: \$5,470.00

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000598



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

November 27, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSION TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

The executed beneficiary change for the above mentioned policy is as follows:

PRIMARY-LASALLE NATIONAL TRUST, N.A.
TRUSTEE
CONTINGENT-SIMON BERNSTEIN INS.
TRUST DATED 6/21/95.

This letter will serve as an endorsement to your policy.
PLEASE ATTACH THIS LETTER TO YOUR POLICY.

Capitol Bankers Life Insurance Company is happy to be of service to you. If we can be of any further assistance, please feel free to contact our office at 1-800-825-0003.

Sincerely,
CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000599



JLY NOV 27 1995

S.B. Lexington, Inc.

600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60661 (312) 993-0014 FAX (312) 993-0485

November 10, 1995

Capitol Bankers Life
Attn: Policyholder Services
735 North Water Street
Post Office Box 2016
Milwaukee, WI 53201

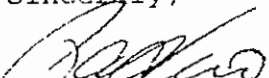
RE: Simon Bernstein
Policy # 1009208

To Whom It May Concern:

Enclosed please find a change of beneficiary form for the above mentioned policy. Please process this form effective immediately.

Also, please send me an endorsed copy of this form so I know that the change has been made.

Sincerely,


Patti Simosky

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000600

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
415 North Water Street P.O. Box 2016
Milwaukee Wisconsin 53207
414-277-9998

REQUEST LETTER

JULY NOV 27 1995

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured SIMON BERNSTEIN

The Policy is not enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

LASALLE NATIONAL TRUST, N.A. TRUSTEE

Successor: (Substitute payee if no Primary payee living)

SIMON BERNSTEIN IRREVOCABLE INSURANCE TRUST DATED JUNE 21, 1995 TRUST

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent

Date

11-7-95

Personal Signature of Old Owner, if Ownership Change

LASALLE NATIONAL TRUST, N.A.
By: Linda Womber

Agent

Date

Personal Signature of Policyholder (Owner)

PHSI (1/79)

JCK000601



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

November 14, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$66.46
Total Gross Loan	\$5,205.51

Total Outstanding Loan Balance to 27NOV1995: \$26,503.35

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000602

NOV 14 1995

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

November 10, 1995

Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Simon Bernstein
Policy # 1009208

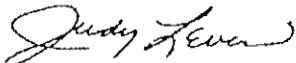
Dear Ms. Powell:

Enclosed is a bill for the 10/27/95 - 11/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Judy Levin

JCK000603



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071	12/01/95
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	10/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: October						5,139.05
Policies will lapse if payment not received by 12/01/95.						
<p><i>11/10</i></p> <p><i>Green</i></p>						
** TOTAL AMOUNT DUE **						5,139.05
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

PA-89000

ORIGINAL - Your Copy

DUPLICATE - Return With Remittance

1/90

JCK000604



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 603-292-4005
Greenville, SC 29602-8191

September 27, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$133.77
Total Gross Loan	\$5,272.82

Total Outstanding Loan Balance to 27SEP1995: \$16,059.34

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000605



National Service Association

600 WEST JACKSON BLVD • SUITE 800 • CHICAGO, IL ~~60606~~ (312) 993-0537

cc'd

SEP 27 1995

September 26, 1995

Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Simon Bernstein
Policy # 1009208


Dear Ms. Powell:

Enclosed is a bill for the 8/27/95 - 9/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision of the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

October 23, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$99.45
Total Gross Loan	\$5,238.50

Total Outstanding Loan Balance to 27OCT1995: \$21,297.84

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000607

JLY OCT 29 1995

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

October 19, 1995

Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Re: Simon Bernstein
Policy # 1009208

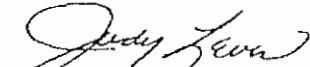
Dear Ms. Powell:

Enclosed is a bill for the 9/27/95 - 10/27/95 monthly premium currently due in the amount of \$5,139.05. Please pay that monthly premium by using the Automatic Loan Provision of the policy. If the cash value is insufficient and additional money is required, please let me know immediately.

Additionally, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

JCK000608



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLYD. SUITE 800
CHICAGO, IL 60606

0000735

0071	11/01/95
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	09/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: September Policies will lapse if payment not received by 11/01/95.						5,139.05
1009208	SIMON BERNSTEIN	01	10/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: October If payment has been made, please disregard this notice.						5,139.05
1009208	SIMON BERNSTEIN	01	11/95	5,139.05		5,139.05
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,139.05
** TOTAL AMOUNT DUE **						15,417.15
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1995

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$5,065.22

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1995	GUARANTEED FOR YEAR ENDING DEC 27, 1996
CURRENT RATE BASIS INTEREST	6.50%	7.00%
SUM INSURED	\$1,743,333	\$1,727,273
CASH VALUE - START OF YEAR	\$11,724.07	\$32,078.37
ADD: TOTAL PREMIUMS FOR YEAR	\$61,668.60	\$60,782.64
INTEREST CREDIT	\$ 4,024.37	\$ 5,717.51
DEDUCT: MORTALITY CHARGE	\$17,481.23	\$19,554.17
EXPENSE CHARGE	\$11,798.10	\$11,662.51
POLICY LOAN	\$16,059.34	\$ 0.00
NET CASH VALUE - END OF YEAR	\$32,078.37	\$67,361.84
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$57,883.18
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,727,273:		
OPTION A - CURRENT RATE BASIS		\$57,883.18
OPTION B - GUARANTEED RATE BASIS		\$88,614.00

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1996.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000610

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSHDKER
INITIAL DEATH BENEFIT: \$1,727,273
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 14)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SJM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1727273	57883.18	36088	280501	20	1727273	91685.13	47567	356971
AGE	72	1727273	57883.18	38371	467536	25	1727273	91685.13	43597	583082
AGE	60	1743333	58726.99	20354	32078	13	1743333	58726.99	20354	32078
AGE	65	1727273	57883.18	35276	208614	18	1727273	91685.13	48272	261031
AGE	70	1727273	57883.18	37391	391082	23	1727273	91685.13	45316	495070
AGE	75	1727273	57883.18	38523	583057	28	1727273	91685.13	42102	710580

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 13	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	32.52	28.54	47.69	44.09
NET PAYMENT INDEX	32.52	32.87	47.69	49.59

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.D. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
BOX 19191
GREENVILLE, SC 29602
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000611

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR14)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
13	60	1743333	58726.99	20354	32078	13	1743333	58726.99	20354	32078
14	61	1727273	57883.18	35283	67362	14	1727273	57883.18	35283	67362
15	62	1727273	57883.18	35721	103083	15	1727273	91685.13	48471	115832
16	63	1727273	57883.18	35515	138598	16	1727273	91685.13	48495	164327
17	64	1727273	57883.18	34740	173338	17	1727273	91685.13	48432	212737
18	65	1727273	57883.18	35276	208614	18	1727273	91685.13	48272	261051
19	66	1727273	57883.18	35799	244413	19	1727273	91685.13	47995	309026
20	67	1727273	57883.18	36088	280501	20	1727273	91685.13	47567	356592
21	68	1727273	57883.18	36413	316914	21	1727273	91685.13	46970	403563
22	69	1727273	57883.18	36777	353690	22	1727273	91685.13	46191	449754
23	70	1727273	57883.18	37391	391082	23	1727273	91685.13	45316	495070
24	71	1727273	57883.18	38083	429165	24	1727273	91685.13	44416	539486
30	77	1727273	57883.18	37888	659243	30	1727273	91685.13	41195	793495
35	82	1727273	57883.18	34690	838660	35	1727273	91685.13	35087	982893
40	87	1727273	57883.18	30299	1001608	40	1727273	91685.13	30000	1141214
45	92	1727273	57883.18	30255	1139159	45	1727273	91685.13	30669	1290655
50	97	1727273	57883.18	62765	1368132	50	1727273	91685.13	45466	1477042
53	100	1727310	57883.18	162122	1727310	53	1727741	91685.13	152178	1727741

JCK000612

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE

RUN COMPLETION DATE: OCT 05, 1995 at 23:06 PM. STATUS: USEDL

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 14
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: MON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.
Address: AS SUCCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,727,273 Basic Premium: \$57,883.18
Init. Cash Value: \$32,078.37 Basic Cash Value: \$67,361.84
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$546,601.49 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,727,273 Total Premium: \$57,883.18
Total Cash Value: \$103,082.70 Scheduled Payout: \$ 0.00

Rating Basis Code: 9541. Interest: 7.00% Current Mortality Table #: 53531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 57803.174856; Net-Gross: Ks: 0.8491921902
Second Level Breakpt. (Gt): 90634.759290; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 11.7600000
Paid-Up Cash Value per \$1000, End Year (Ax): 330.1702809
Discounted Value, Life Annuity of \$1.00 (ax): 10.23882571

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 67361.8361 Tgt. Net Premium: 49120.1286
Extra Value Amount: 0.00 Added Benefit Amount: -272726.82

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 5, 1995
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	57883.18	4.00	2315.33
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	57883.18		2315.33



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19151
Greenville, SC 29602-9191 FAX, 803-292-4005

July 6, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$201.96
Total Gross Loan	\$5,341.01

Total Outstanding Loan Balance to 27JUL1995: \$10,786.52

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000616

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

*cancel
07-6-95*

June 30, 1995

Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Dear Ms. Powell: Re: Policy 1009208 Simon Bernstein

Enclosed is a bill for the currently due premium of \$5,139.05. Please pay the monthly premium due the above numbered policy from 6/27/95 to 7/27/95. If the cash value is insufficient and additional money is required, please let me know immediately. Also, please send confirmation of this transaction.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

cc: Pam Simon

no check



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-826-0005
Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANCY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60605

0000735

0071 06/01/95
GROUP NO. Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: April Policies will lapse if payment not received by 06/01/95.						5,139.05
1009208	SIMON BERNSTEIN	01	05/95	5,139.05		5,139.05
** REMINDER - Total Group Life Premium Past Due For: May If payment has been made, please disregard this notice.						5,139.05
1009208	SIMON BERNSTEIN	01	06/95	5,139.05		5,139.05
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						5,139.05

** TOTAL AMOUNT DUE **

15,417.15

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
P.O. BOX 19191
GREENVILLE, SC 29602-9191



Capitol Bankers Life Insurance Company 603-322-3142 • 800-825-0003
Box 18191 FAX: 603-292-4005
Greenville, SC 29602-9191

April 17, 1995

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to April 27, 1995 by a premium loan.

The status of the loan is as follows:

Net Loan	\$5,139.05
Interest	\$306.46
Total Gross Loan	\$5,445.51

Total Outstanding Loan Balance to 27APR1995: \$5,445.51

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000619

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

April 11, 1995

Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 3/27/95 in the amount of \$5,139.05 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know immediately. Please also send us confirmation of the transaction.

If you have any questions, please let me know.

Sincerely,


Judy Levin

Enclosure(s)

JCK000620



Capitol Bankers Life Insurance Company 803-222-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

December 5, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMDN BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to December 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$29.18
Total Gross Loan	\$4,632.43

Total Outstanding Loan Balance to 27DEC1994: \$52,881.46

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000621

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

AB DEC 05 1994

November 29, 1994

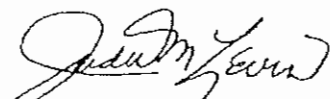
Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 11/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,


Judith Levin

PPDC -
12/5 am

Enclosure(s)

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

October 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,603.25 which was due Oct 27, 1994, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to NOV 27, 1994:	
Net Loan	\$4,603.25
Interest	\$59.53
Gross Loan	\$4,662.78
Other Outstanding Loans	\$43,586.25
Total Loan Balance as of 12/27/94	\$48,249.03

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

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Family of Companies

JCK000623



Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191
803-322-3142 • 800-825-0003
FAX: 803-292-4005

October 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$59.53
Total Gross Loan	\$4,662.78

Total Outstanding Loan Balance to 27NOV1994: \$48,249.03

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000624

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

10/25/94
Process on
10/25/94

October 21, 1994

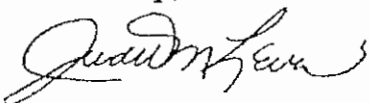
Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 10/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,



Judith Levin

Enclosure(s)



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071	11/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	10/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: October If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	11/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,673.25
** TOTAL AMOUNT DUE **						9,276.50
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						

PA-89000

ORIGINAL - Your Copy

DUPLICATE - Return With Remittance

1/90

JCK000626

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1994

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0000735
 AGENT: CAPITOL BANKERS LIFE INSURANCE C
 BOX 19191
 GREENVILLE SC 29602
 PHONE: 800-825-0003
 PREMIUM PAYMENT MODE: NON-LIST
 EACH PAYMENT: \$5,139.05

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	<u>CURRENT STATUS FOR YEAR ENDING DEC 27, 1994</u>	<u>GUARANTEED FOR YEAR ENDING DEC 27, 1995</u>
CURRENT RATE BASIS INTEREST	7.25%	6.50%
SUM INSURED	\$1,786,919	\$1,743,333
CASH VALUE - START OF YEAR	\$21,502.79	\$11,724.07
ADD: TOTAL PREMIUMS FOR YEAR	\$55,239.00	\$61,668.60
INTEREST CREDIT	\$ 4,804.49	\$ 4,024.37
DEDUCT: MORTALITY CHARGE	\$15,467.38	\$17,481.24
EXPENSE CHARGE	\$10,768.58	\$11,798.09
POLICY LOAN	\$43,586.25	\$ 0.00
NET CASH VALUE - END OF YEAR	\$11,724.07	\$48,137.71
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$58,726.99
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,743,333:		
OPTION A - CURRENT RATE BASIS		\$58,726.99
OPTION B - GUARANTEED RATE BASIS		\$86,310.51

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1995.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000627

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,743,333
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR13)					
POL YR	ATT AGE	SUM INSURBD	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURBD	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1743333	58726.99	37178	305468	20	1743333	89039.08	47202	38319
AGE	72	1743333	58726.99	39109	496929	25	1743333	89039.08	43263	607906
AGE	60	1743333	58726.99	36414	48138	13	1743333	58726.99	36414	48138
AGE	65	1743333	58726.99	36490	231338	18	1743333	89039.08	47902	288323
AGE	70	1743333	58726.99	38281	418923	23	1743333	89039.08	44969	520568
AGE	75	1743333	58726.99	39033	614212	28	1743333	89039.08	41780	734428

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR12	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	30.47	26.94	43.92	40.59
NET PAYMENT INDEX	30.47	31.60	43.92	46.44

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 6.50% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
BOX 19191
GREENVILLE, SC 29602
800-825-3003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....PAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000628

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 13)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
12	59	1786919	52603.58	-9779	11724	12	1786919	52603.58	-9779	11724
13	60	1743333	58726.99	36414	48138	13	1743333	58726.99	36414	48138
14	61	1743333	58726.99	36738	84875	14	1743333	89039.08	47999	96137
15	62	1743333	58726.99	37114	121989	15	1743333	89039.08	48099	144236
16	63	1743333	58726.99	36846	158835	16	1743333	89039.08	48123	19236
17	64	1743333	58726.99	36013	194848	17	1743333	89039.08	48061	240429
18	65	1743333	58726.99	36490	231338	18	1743333	89039.08	47902	288323
19	66	1743333	58726.99	36952	268290	19	1743333	89039.08	47627	335950
20	67	1743333	58726.99	37178	305468	20	1743333	89039.08	47202	383152
21	68	1743333	58726.99	37439	342906	21	1743333	89039.08	46611	429762
22	69	1743333	58726.99	37736	380643	22	1743333	89039.08	45837	475600
23	70	1743333	58726.99	38281	418923	23	1743333	89039.08	44969	520568
24	71	1743333	58726.99	38897	457820	24	1743333	89039.08	44076	564644
30	77	1743333	58726.99	38254	691201	30	1743333	89039.08	40879	816707
35	82	1743333	58726.99	34759	871529	35	1743333	89039.08	34819	1004654
40	87	1743333	58726.99	30164	1034120	40	1743333	89039.08	29770	1161763
45	92	1743333	58726.99	30007	1170894	45	1743333	89039.08	30434	1310059
50	97	1743333	58726.99	61334	1395896	50	1743333	89039.08	45114	1495009
53	100	1743333	58726.99	156275	1743390	53	1743333	89039.08	151010	1743738

JCK000629

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: OCT 05, 1994 at 23:46 PM. STATUS: USED1

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEPRA Endorsement: C, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FIAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 13
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: NON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.
Address: AS SUCCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LORB Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. O.O, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,743,333 Basic Premium: \$58,726.99
Init. Cash Value: \$11,724.07 Basic Cash Value: \$48,137.71
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$488,718.31 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,743,333 Total Premium: \$58,726.99
Total Cash Value: \$84,875.29 Scheduled Payout: \$ 0.00

Rating Basis Code: 9441. Interest: 6.50% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: K2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 policy fee).
FIXED Expense Factors: K1: 0.400, K2: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Pt): 58726.981539; Net-Gross: Ks: 0.8491921902
Second Level Breakpt. (Gt): 90634.759290; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Pt*(K2 - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, during Year (Qx): 10.3000000
Paid-Up Cash Value per \$1000, End Year (Ax): 337.9286766
Discounted Value, Life Annuity of \$1.00 (ax): 10.84778399

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 48137.7041 Tgt. Net Premium: 49870.4941
Extra Value Amount: 0.00 Added Benefit Amount: -256667.48

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 5, 1994
RATING: STANDARD

	GROSS PREMIUM	PCR RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	58726.99	4.00	2349.08
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	58726.99		2349.08



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

September 12, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO , IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$89.08
Total Gross Loan	\$4,692.33

Total Outstanding Loan Balance to 27OCT1994: \$43,586.25

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000633

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

AB SEP 12 1994

September 7, 1994

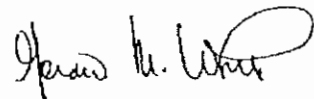
Antha Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. Please pay the premium due 9/27/94 in the amount of \$4,603.25 by loan on the policy. If the cash value is insufficient and additional money is required, please let me know. Please also send us a confirmation of the transaction.

Sincerely,



Gerald M. White

APL - ADOC - 9/12
A.M.

Enclosure(s)



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

August 3, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to August 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$150.76
Total Gross Loan	\$4,754.01

Total Outstanding Loan Balance to 27AUG1994: \$38,893.92

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life
Family of Companies



JCK000635



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

June 28, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$180.90
Total Gross Loan	\$4,784.15

Total Outstanding Loan Balance to 27JUL1994: \$34,139.91

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000636



S.B. Lexington, Inc.

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0014 · FAX (312) 993-0485

June 21, 1994

Anthia Owens
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

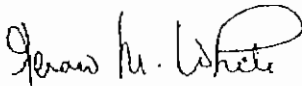
Dear Ms. Owens:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 5/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 6/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,



Gerald M. White

Enclosure(s)

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000637

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 Greenville, SC 29602-9191 FAX: 803-292-4005
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071

07/31/94

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	06/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: June If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	07/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						9,206.50
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
BANK CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						



Capitol Bankers Life

Capitol Bankers Life Service Center
1000 E. Main Street
Greenwich, South Carolina 29602-9191

800 875-0003
FAX 803-292-1305

Capitol Bankers Life Service Center

Please deliver the following 2 (Including transmittal) pages to:

Name(s): Richard Dawidowicz Fax Number _____

From: Jennifer Lawson

Date/Time: 6-2-94

If you do not receive all pages, please call 800-825-0003

Extension: _____

Additional Comments:

Enclosed is the information you requested. Call me if you have any questions.

Jennifer

A member of the North American Life Assurance Company
Family of Companies

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 1319
Greenville, South Carolina 29602-9191
803-322-3142 • 800-825-0003 • FAX: 803-292-4005

Date: June 02, 1994

To: Richard Dawidowicz

Policy No.: 1009208
Insured: Simon Bernstein
Owner:
Assignee:

Speedy Reply to Service Request

In order to provide a quick response to your request for service or information, we are sending you the following:

Information Requested

- Cash value \$ _____ as of _____
- Account value \$ _____ as of _____
- Outstanding loan \$ _____ as of _____
- Loan amt. available \$ _____ as of _____
- Current face amount \$ _____
- Premiums are paid to _____

Requested Documents Enclosed

- Payment history
- Copy of Policy Assignment
- Illustration(s)
- Annual Report
- Certificate of Coverage
- Duplicate policy
- Endorsement
- Disclosure Statement required to add the Living Benefits Rider

- Beneficiary First Arlington National Bank Trustee of S.B. _____
- Owner Lexington, Inc. Employee Death Benefit Trust.
- Policy Riders _____
- Other Owner-Lasalle National Trust, N.A. as sucessor Trustee

Forms Enclosed for Completion

Please complete the enclosed form(s) and return to us to process your request. Note that these forms must be signed by the policyowner and any assignee.

- Application Amendment of application Collateral Assignment
- Request Letter for:
 - Address change Name change Policy loan
 - Premium mode change Ownership change Policy surrender (please allow 3 - 4 weeks)
 - Beneficiary change Duplicate policy (enclose \$10 fee) _____
- Request for Preauthorized Transfer of Funds - *please enclose a voided check also*

Remarks _____

Rep. Jennifer Lawson

Ext. 4152



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4005

April 29, 1996

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: Policy #1009208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$5,065.22 which was due Feb 27, 1996, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to MAR 27, 1996:	
Net Loan	\$5,065.22
Interest	\$333.81
Gross Loan	\$5,399.03
Other Outstanding Loans	\$10,904.40
Total Loan Balance as of 12/27/96	\$16,303.43

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003.

CBL Service Center

A member of the North American Life Assurance Company
Family of Companies

JCK000641

Feb 29 = 62 days

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

January 23, 1996

Kimberly Powell
Capitol Bankers Life
2000 Wade Hampton Blvd.
Greenville, NC 29615

Re: Simon Bernstein
Policy # 1009208

Dear Ms. Powell:

Enclosed is a bill for the 12/27/95 - 1/27/96 monthly premium currently due in the amount of \$5,065.22. Please pay that monthly premium by using the Automatic Loan Provision in the policy. If the cash value is insufficient and additional money is required, contact me immediately.

Additionally, we would like confirmation of this transaction. You can fax it to me at 312-993-0051.

If you have any questions, please do not hesitate to contact me.

Sincerely,


Judy Levin

TV JAN 25 1996



Capitol Bankers Life

1/9 JMY

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071	02/01/96
GROUP NO.	Date Due

Policy No.	Name	Term	Rate	Group Life Premium	Total
1009208	SIMON BERNSTEIN	01	12/95	5,065.22	5,065.22
** REMINDER - Total Group Life Premium Past Due For: December Policies will lapse if payment not received by 02/01/96.					5,065.22
1009208	SIMON BERNSTEIN	01	01/96	5,065.22	5,065.22
** REMINDER - Total Group Life Premium Past Due For: January If payment has been made, please disregard this notice.					5,065.22
1009208	SIMON BERNSTEIN	01	02/96	5,065.22	5,065.22
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *					5,065.22
** TOTAL AMOUNT DUE **					15,195.66

TV JAN 25 1996

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
P.O. BOX 19191
GREENVILLE, SC 29602-9191

S. T. P. ENTERPRISES, INC.

600 WEST JACKSON BLVD., SUITE 800
CHICAGO, IL 60661

(312) 993-0051
(312) 993-0485 FAX

May 23, 1994

Ms. Jeannie Lynch
CAPITAL BANKERS LIFE
P.O. BOX 19191
GREENVILLE, S.C. 29602

Dear Ms. Lynch:

Please accept this letter as my permission to release any and all information regarding my life insurance policies with Capital Banker's Life to Pamela B. Simon or any of her office staff.

Sincerely,


Simon Bernstein

1009208

S.B. LEXINGTON, INC.
600 WEST JACKSON BLVD.
SUITE 800
CHICAGO, IL 60661
312-993-0485 FAX

DATE: 5-25-94
TO: JEANNIE Lynch
FROM: RICHARD DAWIDOWICZ

THIS TRANSMISSION CONSISTS OF 2 PAGES INCLUDING COVER PAGE

RE: AUTHORIZATION FROM CLIENT
FOR RELEASE OF INFORMATION

COMMENTS: PLEASE Accept the enclosed
client authorization
for release of his policy
information to our Agency,
headed by his daughter Pamela Simon

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION. OUR NUMBER IS:
312-993-0014



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

May 16, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to June 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$212.24
Total Gross Loan	\$4,815.49

Total Outstanding Loan Balance to 27JUN1994: \$29,355.76

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANTHEA OWENS
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

?

A member of the North American Life Assurance Company
Family of Companies

JCK000646



National Service Association

600 WEST JACKSON BLVD · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0537

AB MAY 16 1994

May 9, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

5/16 ✓
TAPC - paid 6/94
PPOC.

Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 3/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 4/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

Gerald M. White

Enclosure (s)



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S J LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 800 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

0000735

0071

06/01/94

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: April Policies will lapse if payment not received by 06/01/94.						4,603.25
1009208	SIMON BERNSTEIN	01	05/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: May If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	06/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						13,809.75

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

April 5, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to April 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$274.51
Total Gross Loan	\$4,877.76

Total Outstanding Loan Balance to 27APR1994: \$19,694.25

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANTHEA OWENS
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent 10000735

A member of the North American Life Assurance Company
Family of Companies

JCK000649



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191
GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOC.
ATTN: SANDY KAPSA
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

00C0735

0071 C4/C1/94
GROUP NO. Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCLNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	02/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: February Policies will lapse if payment not received by 04/01/94.						4,603.25
1009203	SIMON BERNSTEIN	01	03/94	4,603.25		4,603.25
** REMINDER - Total Group Life Premium Past Due For: March If payment has been made, please disregard this notice.						4,603.25
1009208	SIMON BERNSTEIN	01	04/94	4,603.25		4,603.25
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,603.25
** TOTAL AMOUNT DUE **						13,809.75
TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 19191 GREENVILLE, SC 29602-9191						



S.D. Lexington, Inc.

600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60661 (312) 993-0014 FAX (312) 993-0485

4/4/94

March 29, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

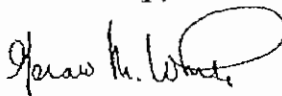
Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 2/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 3/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

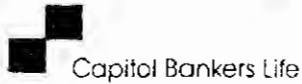

Gerald M. White

✓ comp'd 4/5
✓ PDOC od'd 4/5

Enclosure(s)

INSURANCE COUNSELORS WITH (IN-TEG-RITY)

JCK000651



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

May 12, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to May 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$242.77
Total Gross Loan	\$4,846.02

Total Outstanding Loan Balance to 27MAY1994: \$24,540.27

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have a questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

JEANNIE LYNCH
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

?

A member of the North American Life Assurance Company
Family of Companies

JCK000652



National Service Association

600 WEST JACKSON BLVD · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0537

May 9, 1994

Angela Caldwell
CAPITOL BANKERS LIFE
P.O. Box 19191
Greenville, SC 29602-9191

Dear Ms. Caldwell:

Re: Policy 1009208
Simon Bernstein, Insured

Enclosed is a bill for the currently due premiums. We have recently received notice that the premium due 3/27/94 has been paid by a loan on the policy. We wish to also have the monthly premium due 4/27/94 paid by a loan on the policy.

Please process accordingly. If you have any questions, please let me know.

Sincerely,

Gerald M. White

Enclosure(s)

05/12/94

15:04

312 993 0485

SB LEXINGTON

001

S.T.P. ENTERPRISES, INC.
600 WEST JACKSON BLVD.
SUITE 800
CHICAGO, IL 60661

DATE: 5/12/94
TO: ANPHEA OWENS
FROM: GERALD WHITE

THIS TRANSMISSION CONSISTS OF 2 PAGES INCLUDING COVER PAGE

RE: SIMON BERNSTEIN
POLICY 1009208

COMMENTS: _____

PLEASE CONFIRM RECEIPT OF THIS TRANSMISSION.
OUR TELEPHONE NUMBER IS (312) 993-0051
OUR FAX NUMBER IS (312) 993-0485



Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 FAX: 803-292-4005
Greenville, SC 29602-9191

March 17, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 600
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to March 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.25
Interest	\$303.37
Total Gross Loan	\$4,906.62

Total Outstanding Loan Balance to 27MAR1994: \$14,816.49

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

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Family of Companies

PHONE CALL/MEETING RECORD FOR CAPITOL BANKERS LIFE

DATE: 3/14/94
TIME: _____

CONTACT NAME: George White

COMPANY: _____

PHONE #: (312)-993-0014

SUBJECT: #1009208

Summary of Conversation/Meeting: wants to Appl →
for premium del.

made 21, 94

Comments and Follow Through: _____

DATE: _____

SIGNATURE: _____



Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-9191 FAX: 803-292-4905

February 7, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
500 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to February 27, 1994 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,603.29
Interest	\$335.51
Total Gross Loan	\$4,938.76

Total Outstanding Loan Balance to 27FEB1994: \$9,909.87

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company

ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735



A member of the North American Life Assurance Company
Family of Companies

JCK000657

Capitol Bankers Life

January 25, 1994

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to January 27, 1994 by a premium loan.

The status of the loan is as follows:

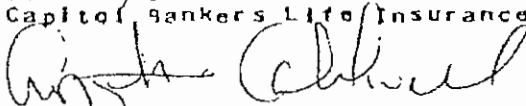
Net Loan	\$4,603.25
Interest	\$367.86
Total Gross Loan	\$4,971.11

Total Outstanding Loan Balance to 27JAN1994: \$4,971.11

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003.

Sincerely,
Capitol Bankers Life Insurance Company


ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0C00735

~~1012338~~

Re: 1009208

James White (Simon Bernstein)

Richard Dawidowicz
S+B Lexington
600 W. Jackson Blvd
Ste 800
Chicago, IL 60661
312-993-0485

2-800-825-0003
-4005

AC JAN 25 1994

A member of the North American Life Assurance Company
Family of Companies

JCK000659

600 WEST JACKSON BLVD. SUITE 800
CHICAGO, IL 60661
(312) 993-0051
(312) 993-0485 FAX

S. T. P. ENTERPRISES, INC.

DATE: January 20, 1994

TO: Angela Caldwell, Capital Bankers Life

FROM: Gerald M. White, FLMI

SUBJECT: APL request for Simon Bernstein # 1009208

Please use this memo to authorize an APL of the December
1993 premium for the above referenced client and policy (copy
of premium invoice attached).

If there are any questions, please do not hesitate to
call me.

Gerald M. White

*AWP
27 Jan 1994*

JCK000660

Capitol Bankers Life

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
 Box 19191 FAX: 803-292-4005
 Greenville, SC 29602-9191

Please print your name and SSN 2-29-94
 in order to receive the benefits of this plan.
 This plan is subject to the terms and conditions
 unless otherwise indicated by a non-
 forfeiture option.

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/O NATIONAL SERVICE ASSOC.
 ATTN: SANDY KAPSA
 600 W. JACKSON BLVD. SUITE 800
 CHICAGO, IL 60606

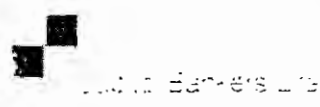
0000735

0071	02/01/94
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/93	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				December	4,603.25
1009208	SIMON BERNSTEIN	01	01/94	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				January	4,603.25
1009208	SIMON BERNSTEIN	01	02/94	4,603.25		4,603.25
	* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *					4,603.25
** TOTAL AMOUNT DUE **						13,809.75

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE
 P.O. BOX 19191
 GREENVILLE, SC 29602-9191



CAPITOL BANKERS LIFE
Box 19191
GREENVILLE, SC 29602-9191

Capitol Bankers Life Service Center

Please deliver the following 1 (Including transmittal) pages to:

Name(s): Richard Dawidowicz Fax Number 312-993-0485

From: Kimberley S. Powell

Date: 1/26/94

Time: 3:45 p.m.

If you do not receive all pages, please call Kimberley Powell

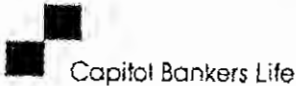
- as soon as possible (803) 268 - ✓
- (803) 292 - 4216
- (803) 322 -

Additional Comments:

As of January the 26th, the paid to date on policy #1009208-Simon Bernstein,
is January 27th, 1994. If the premium is not paid after the grace period,
the Automatic Premium Loan provision will be activated.

Transmitted: _____ Time _____ (am) (pm) By: _____

Capitol Bankers Life Insurance Company
Greenville, South Carolina



Capitol Bankers Life Insurance Company
Box 18191
Greenville, SC 29602-9191

803-322-3142 • 800-825-0003
FAX: 803-292-1005

December 28, 1993

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to December 27, 1993 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,416.53
Interest	328.00
Total Gross Loan	\$4,444.53

Total Outstanding Loan Balance to 27DEC1993: 332,224.51

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003 in the state of Wisconsin, extension 409.

Sincerely,
Capitol Bankers Life Insurance Company

Angela Caldwell
ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies



S.B. Lexington, Inc.

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60661 · (312) 993-0014 · FAX (312) 993-0485

*NEW 2 TO
DEC 27 93*

December 17, 1993

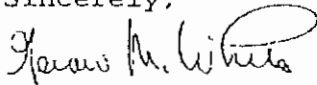
Kimberly Powell
Capitol Bankers Life
Box 19191
Greenville, SC 29602-9191

Dear Ms. Powell: Re: Policy 1009208 Simon Bernstein

The above numbered policy should be paid to 11/27/93 with a cash value of approximately \$18,788.00. We would like to pay the MONTHLY premium of \$4,416.53 due 11/27 by AUTOMATIC PREMIUM LOAN. Please process the premium payment and let me know when it is completed.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Gerald M. White, FLMI

cc: Simon Bernstein

INSURANCE COUNSELORS WITH (IN-TEG-RI-TY)

JCK000664

Capitol Bankers Life

September 27, 1993

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191 Greenville, SC 29602-9191 FAX: 803-292-4005

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: ~~XXXXXXXXXXXX~~ 09208 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,416.53 which was due Aug 27, 1993, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to SEP 27, 1993:	
Net Loan	\$4,416.53
Interest	\$114.96
Gross Loan	\$4,531.49
Other Outstanding Loans	\$23,248.49
Total Loan Balance as of 12/27/93	\$27,779.93

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0003. You may reach me at ext. 4092.

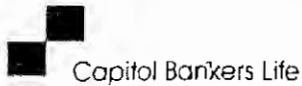
Sincerely,

Terese Holfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone # (800)825-0003
40000735

A member of the North American Life Assurance Company
Family of Companies

JCK000665



Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191
803-322-3142 • 800-825-0003
FAX: 803-292-4005

August 3, 1993

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOC.
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to August 27, 1993 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,416.53
Interest	\$144.65
Total Gross Loan	\$4,561.18

Total Outstanding Loan balance to 27AUG1993: \$23,248.40

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003 in the state of Wisconsin, extension 409.

Sincerely,
Capitol Bankers Life Insurance Company

Angela Caldwell
ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

AC AUG 04 1993

A member of the North American Life Assurance Company
Family of Companies

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1D09208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1993

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOC.
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 PO BOX 2016
 MILWAUKEE WI 53201-2016
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$4,603.25

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1993	GUARANTEED FOR YEAR ENDING DEC 27, 1994
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,814,699	\$1,786,919
CASH VALUE - START OF YEAR	\$16,329.86	\$21,502.79
ADD: TOTAL PREMIUMS FOR YEAR	\$52,998.36	\$55,239.00
INTEREST CREDIT	\$ 4,288.77	\$ 4,804.49
DEDUCT: MORTALITY CHARGE	\$13,928.38	\$15,467.38
EXPENSE CHARGE	\$10,405.84	\$10,768.58
POLICY LOAN	\$27,779.98	\$ 0.00
NFT CASH VALUE - END OF YEAR	\$21,502.79	\$55,310.32
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$52,603.58
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,786,919:		
OPTION A - CURRENT RATE BASIS		\$52,603.58
OPTION B - GUARANTEED RATE BASIS		\$83,051.26

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1994.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000667

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 5, 1993
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	52603.58	4.00	2104.14
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	52603.58		2104.14

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,786,919
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 12)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
20	67	1786919	52603.58	35603	333973	20	1786919	85886.01	46893	435652
AGE	60	1786919	52603.58	34221	89532	13	1786919	85886.01	47523	102854
AGE	65	1786919	52603.58	34733	263084	18	1786919	85886.01	47588	341444
AGE	70	1786919	52603.58	37003	443288	23	1786919	85886.01	44674	572168
AGE	75	1786919	52603.58	38315	633863	28	1786919	85886.01	41506	784626
AGE	80	1786919	52603.58	35705	819148	33	1786919	85886.01	37462	982451

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 11	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	26.94	23.24	41.37	37.63
NET PAYMENT INDEX	27.55	28.22	41.98	44.12

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.25% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
PO BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 05, 1993

PAGE 1 OF 2

JCK0000669

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 12)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
11	58	1814699	50469.60	5173	21503	11	1814699	50469.60	5173	21503
12	59	1786919	52603.58	33808	55310	12	1786919	52603.58	33808	55310
13	60	1786919	52603.58	34221	89532	13	1786919	85886.01	47523	102834
14	61	1786919	52603.58	34632	124163	14	1786919	85886.01	47685	150518
15	62	1786919	52603.58	35097	159261	15	1786919	85886.01	47784	198302
16	63	1786919	52603.58	34920	194180	16	1786919	85886.01	47808	246129
17	64	1786919	52603.58	34170	228351	17	1786919	85886.01	47746	293856
18	65	1786919	52603.58	34733	263084	18	1786919	85886.01	47588	341444
19	66	1786919	52603.58	35285	298369	19	1786919	85886.01	47315	388759
20	67	1786919	52603.58	35603	333973	20	1786919	85886.01	46893	435652
21	68	1786919	52603.58	35959	369931	21	1786919	85886.01	46305	481957
22	69	1786919	52603.58	36354	406285	22	1786919	85886.01	45537	527494
23	70	1786919	52603.58	37003	443288	23	1786919	85886.01	44674	572168
24	71	1786919	52603.58	37731	481018	24	1786919	85886.01	43787	615955
30	77	1786919	52603.58	37750	709739	30	1786919	85886.01	40611	866366
35	82	1786919	52603.58	34694	888900	35	1786919	85886.01	34590	1053081
40	87	1786919	52603.58	30398	1052199	40	1786919	85886.01	29575	1209159
45	92	1786919	52603.58	30409	1190277	45	1786919	85886.01	30233	1356478
50	97	1786919	52603.58	63551	1421478	50	1786919	85886.01	44794	1540166
53	100	1786971	52603.58	165268	1786971	53	1786937	85886.01	150004	1786937

JCK000670

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE

RUN COMPLETION DATE: OCT 05, 1993 at 03:38 AM. STATUS: USEDL

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 12
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: MON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.
Address: AS SUCCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs, Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,786,919 Basic Premium: \$52,603.58
Init. Cash Value: \$21,502.79 Basic Cash Value: \$55,310.32
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$429,991.32 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,786,919 Total Premium: \$52,603.58
Total Cash Value: \$89,531.75 Scheduled Payout: \$ 0.00

Rating Basis Code: 9241. Interest: 7.25% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, K2: 0.880, K3: 0.925, K4: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 52603.574489; Net-Gross: K5: 0.8453876166
Second Level Breakpt. (Gt): 84511.352240; Net-Gross: K6: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(K2 - K5) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 8.9200000
Paid-Up Cash Value per \$1000, End Year (Ax): 291.7102554
Discounted Value, Life Annuity of \$1.00 (ax): 10.47780346

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 55310.3100 Tgt. Net Premium: 44470.4105
Extra Value Amount: 0.00 Added Benefit Amount: -213081.23

Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 19191
Greenville, SC 29602-9191

803-322-3142 • 800-825-0003
FAX: 803-292-4005

June 1, 1993

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to June 27, 1993 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,416.53
Interest	\$203.63
Total Cross Loan	\$4,620.16

Total Outstanding Loan Balance to 27JUN1993: \$14,097.22

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003 in the state of Wisconsin, extension 409.

Sincerely,
Capitol Bankers Life Insurance Company

Angela Caldwell
ANGELA CALDWELL
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Family of Companies

JCK000673



National Service Association
600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60606-0001

(312) 993-0537

C

DATE: May 3, 1993

TO: CAPITOL BANKERS LIFE Attn: Terri Holfert

FROM: Gerald White

AC MAY 10 1993

SUBJECT: S.B. Lexington, Inc./Si Bernstein
Policy 1009208

Dear Terri:

I hope you are enjoying the warmer environment of South Carolina. We wish you good luck and success.

The policy numbered above should be paid to 5/27/93. Please APL/pay by loan the MONTHLY premium due 5/27/93 in the amount of \$4,416.53 and confirm when done. I have enclosed a copy of your bill. You may want to change the address to show to my attention as Sandy Kapsa is no longer with the Company.

Sincerely,

Gerald M. White

New PTO 27 Jun 93
no endorsement needed
proceed

Capitol Bankers Life

**** REMINDER NOTICE ****

If Payment has been made,
please disregard this notice.

Capitol Bankers Life Insurance Company 803-322-3142 • 800-825-0003
Box 19191
Greenville, SC 29602-8191 FAX 803-292-4005

**GROUP LIFE INSURANCE
PLAN**

S B LEXINGTON TRUST
C/O NATIONAL SERVICE ASSOCIATION
ATTN: ~~SANDY KAPSA~~ Gerald White
600 W. JACKSON BLVD. SUITE 800
CHICAGO, IL 60606

0000735

0071

05/01/93

GROUP NO.

Date Due

POLICY NUMBER	NAME	MODE	PYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	04/93	4,416.53		4,416.53
* TOTAL GROUP LIFE PREMIUM PAST DUE *						4,416.53
					April	
1009208	SIMON BERNSTEIN	01	05/93	4,416.53		4,416.53
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						4,416.53
						<i>PAY BY APL OR LOAN</i>
						<i>AW</i>
** TOTAL AMOUNT DUE **						8,833.06

TOTAL NUMBER OF POLICIES IN GROUP# 0071 WITHIN THIS BILLING CYCLE = 1

MAKE CHECKS PAYABLE TO:



Capitol Bankers Life

February 25, 1993

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
500 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

Capitol Bankers Life Insurance Company 414-277-9449 • 800-875-0003
205 East Wisconsin Avenue, P.O. Box 2016 FAX 414-277-7606
Milwaukee, Wisconsin 53201-2016

RE: Policy #1009708 - SIMON PERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,416.53 which was due Feb 27, 1993, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to MAR 27, 1993:	
Net Loan	\$4,416.53
Interest	\$291.06
Gross Loan	\$4,707.59
Other Outstanding Loans	\$4,769.47
Total Loan Balance as of 12/27/92	\$9,477.06

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-7073. You may reach me at extension 303.

Sincerely,

Terese Holfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone # (800) 825-7335

A member of the North American Life Assurance Company
Family of Companies

JCK000676

Record Of Telephone Call



Capitol Bankers Life

Capitol Bankers Life Insurance Company
Box 1919
Greenville, 29602-9191

Date 7-22-93

Name Ronald White

From: Agent/Mgr
 Policy Owner

Address is correct
 Change address to: _____

For: Accounting
 Claims
 New Business
 POS

Telephone No. () _____

DOB _____ / _____ / _____ SS# _____ - _____ - _____

Policy concerned:

Policy No.	Status	Insured
<u>1009208</u>	<u>1</u>	<u>Sara Bernstein</u>
_____	_____	_____
_____	_____	_____

Request/Problem: Process APL on policy above after
June 27th
for Ronald White
no email
new P.O. Aug 27, 93
is needed -

Send forms for: CSV Policy Loan Beneficiary Change Reinstatement
 LPC PAC Card Insured Name Change _____
 Claimant Statement

Action taken: [Signature]

Date of Death _____ Suspend Bill Request Loan History Request Premium History

Person receiving call: _____

Agent # _____ Group # _____ PAC # _____
0093-17(R5-93)

INTEREST CHANGE
PHONE CONVERSATION LOG

CVL

Date 2-18-93 Time _____ Policy Number 11009208
Caller Jerry White Agent Insured Owner
Phone 312-993-0537 Service Representative Jeri

Comments: P wants APL processed to pay
policy to 3-25-93

Follow-Up _____

Processing Completed By _____ Date _____

Capitol Bankers Life

December 31, 1992

Capitol Bankers Life Insurance Company 414 277-9449 • 800 825-0333
235 East Wisconsin Avenue PO Box 2010 FAX 414 277-7653
Milwaukee Wisconsin 53201-2010

LASALLE NATIONAL TRUST, N.A./
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
377 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60661

RE: Policy #1009208 - SIMON BARASTHAY

Dear Sir or Madam:

To date we have not received the premium payment of \$4,416.53 which was due Dec 27, 1992, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to JAN 27, 1993:	
Net Loan	\$4,416.53
Interest	832.94
Gross Loan	\$4,769.47
Other Outstanding Loans	0.00
Total Loan Balance as of 12/27/93	\$4,769.47

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0333. You may reach me at extension 363.

Sincerely,

Terese Holbert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- telephone # (815) 825-0333
#0001735

A member of the North American Life Assurance Company
Family of Companies

JCK000679



(312) 993-0537

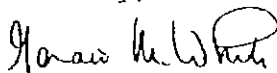
National Service Association
600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL 60606-0001

DATE: December 24, 1992
TO: Capitol Bankers Life
FROM: Gerald White

SUBJECT: Simon Bernstein
Policy 1009208

Enclosed is form signed by an officer of the bank, as owner/assignee.
Please pay the premium due 12/27/92 (monthly) by loan.

Sincerely,


Gerald White

DEC 20 1992

JCK000680

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Madison, Wisconsin 53701-9257
414/272-9998 A00 508 1011

REQUEST LETTER

To: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due 12/27/92

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____

(Print old name)

to _____

(Print new name)

State reason for change _____

If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder"

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiary (Give full name, age, and relationship to Insured)

Primary (Age at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent _____

Date 12-24-92

Personal Signature of Old Owner, if Ownership Change

Barbara D. Malachy, Trust Officer

Agent _____

Date _____

Personal Signature of Policyholder (Owner)

DEC 28 1992

Capitol Bankers Life

December 2, 1992

Capitol Bankers Life Insurance Company 414-777-9449 • 800-825-0000
205 East Wisconsin Avenue, PO Box 2216 FAX 414-277-7825
Wauwatosa, Wisconsin 53221-2016

CASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
601 W. JACKSON BLVD, SUITE 600
CHICAGO, IL 60661

Re: Policy #1009725 - SIMON BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$4,512.33 which was due Nov 27, 1992, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to DEC 27, 1992:	
Net Loan	\$4,512.33
Interest	525.37
Gross Loan	\$4,927.70
Other Outstanding Loans	\$25,250.40
Total Loan Balance as of 12/27/92	\$30,178.10

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0000. You may reach me at extension 303.

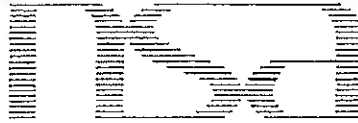
Sincerely,

Carole Wolfert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone 1-800-825-0000
#009725

A member of the North American Life Assurance Company
Family of Companies

JCK000682



National Service Association

600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL ~~60606~~ (312) 993-0537
60606

October 30, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein/1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein's Capitol Bankers Life policy #1009208 to cover the 11/27/92-12/27/92 monthly.

Please send me confirmation when the APL has been processed.

Sincerely,



Sandy Kapsa

Enclosure

NOV 2 1992

JCK000683

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BLDG. DING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee Wisconsin 53201 9257
414/277-9998 800/554-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above policy for the 11/27/92-12/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed.)

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change

Agent _____

Date _____

Personal Signature of Policyholder (Owner)

PLS1 11-79

NOV 2 1992

JCK000684



Capitol Bankers Life

Capitol Bankers Life Insurance Company
100 W. Jackson Blvd., Suite 800
Chicago, Illinois 60661

September 1, 1992

LaSalle National Trust, N.A.
as Successor Trustee
c/o National Service Association
600 W. Jackson Blvd., Suite 800
Chicago, IL 60661

Dear Sir/Madam:

Re: Policy #1009208 - Simon Bernstein

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1992, by a premium loan.

The status of the loan is as follows:

Net Loan for Premium Due 7/92:	\$4,002.33	Net Loan for Premium Due 8/92:	\$4,002.33
Interest:	\$131.08	Interest:	104.18
Total Gross Loan:	\$4,133.41	Total Gross Loan:	4,106.51

Total Outstanding Loan Balance to September 27, 1992: \$25,256.40

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

The September 27, 1992, premium loan will be completed as of the date due. Confirmation will be submitted at that time.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003, extension 375.

Sincerely,

Karen A. Bender
KAREN A. BENDER
Billing Service Department

hp

Member of the North American Life Assurance Company
Family Income Plan

JCK000685

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
225 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-5767
414/277-9998 H007558-011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above mentioned policy for the 7/27/92-
Make the Automatic Premium Loan provision effective, if provided in the policy 9/27/92 monthlies.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change

Agent _____

Date _____

Personal Signature of Policyholder (Owner) *W. Simon Bernstein*
Sir, My Branch is La Salle with Paul A. H.

PL-57 (10/79)

JCK000686



National Service Association

600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL. ~~60606~~ (312) 993-0537

60606

August 21, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

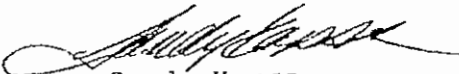
Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to APL his policy for the 7/27/92-9/27/92 monthlies.

Please process this request and send me confirmation when all is completed.

Thanks!


Sandy Kapsa

Enclosure

AUG 24 1992

JCK000687



National Service Association

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60600 (312) 993-0537
60600
60601

June 5, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Change of Trustees
Simon Bernstein #1009208

Dear Terri:

Enclosed are copies of the removal of First of America Trust Company as trustee, and the appointing of the LaSalle National Trust, N.A. as Successor Trustee for Simon Bernstein/S.B. Lexington, Inc. policy at Capitol Bankers Life Insurance Company.

Please change all records to show LaSalle National Trust, N.A. as Trustee for the above policy.

I have also enclosed a letter from LaSalle National Trust, N.A. accepting the above cases.

If you need any additional information, please let me know.

Sincerely yours,


Sandy Kapsa

Enclosure(s)

JUN 09 1992

JCK000688



National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60661 - (312) 993-0537

April 16, 1992

Sheldon Simon
S&S Bag & Burlap Company
1024 West Kinzie
Chicago, IL 60622

Dear Mr. Simon:

Please sign below to formally remove First of America Trust Company as Trustee and to approve LaSalle National Bank as Successor Trustee.

Please fax immediately to: Sandy Kapsa
National Service Association
600 W. Jackson Boulevard, Suite 800
Chicago, IL 60661

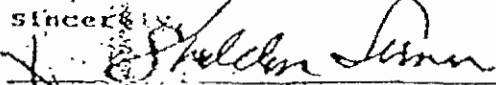
Ms. Marisa Noeller
First of America Trust Company
120 W. State St., P.O. Box 1628
Rockford, IL 6110-0128

Re: S&S Bag & Burlap Company

Dear Ms. Noeller:

This serves as notification to remove First of America Trust Company as our Trustee. The LaSalle National Bank is the Successor Trustee. Please release our complete file and assets to:

LaSalle National Trust, N.A.
135 S. LaSalle Street
4th Floor
Chicago, IL 60603
Attention: Mr. William Kursar

Sincerely,

Title:
S&S Bag & Burlap Company



Capitol Bankers Life

Capitol Bankers Life Insurance Company 414-277-9449 • 800-825-5303
255 East Wisconsin Avenue, P.O. Box 2016 FAX: 414-277-7626
Milwaukee, Wisconsin 53201-2016

June 17, 1992

Simon Bernstein
620 Sheridan Road
Glencoe, IL 60022

Dear Mr. Bernstein:

Re: Policy #1009208

The enclosed ownership change for the policy referenced above is as follows:

Lasalle National Trust, N.A. as Successor Trustee
c/o National Service Association
600 West Jackson Boulevard, Suite 800
Chicago, IL 60661

Capitol Bankers Life Insurance Company is happy to be of service to you. If I can be of any further assistance, please feel free to contact me at extension 564.

Sincerely,

Kathy H. Cambridge
Kathy H. Cambridge
Policy Services Department

tlf
Enc.

A member of the North American Life Assurance Company
Family of Companies

JCK000690



Capitol Bankers Life

May 28, 1992

Capitol Bankers Life Insurance Company 414-277-9449 • 800-575-0033
205 East Wisconsin Avenue PO Box 2016 FAX 414-277-7636
Milwaukee Wisconsin 53201-2016

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO , IL 60606

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to June 27, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,002.33
Interest	\$184.53
Total Gross Loan	\$4,186.86

Total Outstanding Loan Balance to 27JUN1992: \$17,016.48

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 375.

Sincerely,
Capitol Bankers Life Insurance Company

KAREN A. BENDER
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

Member of the Family of Companies

JCK000691



(312) 993-0537

National Service Association
600 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60605 *60661*

DATE: May 21, 1992
TO: Terri Holfert
FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to APL his policy for the 6/27/92-7/27/92 monthly.

see request
Please process this request and notify me when the request has been completed. *5-92 6-92*

Sincerely yours,

Sandy Kapsa

Enclosure

JCK000692

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less _____

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL policy #1009208 for the 5/27/92-6/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy, monthly.

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____

Date _____

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change

Simon Bernstein

Personal Signature of Policyholder (Owner)

MAY 26 1992

SE VICE PRESIDENT
L.A. SALVENDY
TRUS

Capitol Bankers Life

Capitol Bankers Life Insurance Company 414 277-9449 • 800-825-0003
205 East Wisconsin Avenue, PO Box 2016 FAX 414 277 7606
Milwaukee Wisconsin 53231-2016

April 13, 1992

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/C NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to May 27, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,002.33
Interest	\$211.08
Total Gross Loan	\$4,213.41

Total Outstanding Loan Balance to 27MAY1992: \$12,829.62

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 375.

Sincerely,
Capitol Bankers Life Insurance Company

KAREN A. BECKER
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735.

A member of the North American Life Assurance Company
Family of Companies

JCK000694

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P. O. Box 2016
Milwaukee, Wisconsin 53201-9257
414/277-0998 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above policy for the 4/27/92-5/27/92
Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____

Date _____

Agent _____

4-1-92
Date

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee
By: Marcia Mace
Personal Signature of Policyholder (Owner)
Vice President and Trust Officer

APR 13 1992



National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL ~~60604~~ (312) 993-0537

60601

April 7, 1992

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 to pay his policy for the 4/27/92-5/27/92 monthly.

Please process this request and send me confirmation when the request has been completed.

Sincerely yours,

Sandy Kapsa

Enclosure

APR 13 1992



Capitol Bankers Life Insurance Company, 414 277 6649 • 800-825-0303
 205 East Wisconsin Avenue, PO Box 2010, FAX: 414 277-7806
 Milwaukee, Wisconsin 53201-2010

January 29, 1992

UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 60606

RE: SIMON BERNSTEIN
 Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to February 27, 1992 by a premium loan.

The status of the loan is as follows:

Net Loan	\$4,302.33
Interest	\$291.71
Total Gross Loan	\$4,294.04

Total Outstanding Loan Balance to 27FEB1992: \$8,616.21

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 375.

Sincerely,
 Capitol Bankers Life Insurance Company

KAREN A. BENDER
 Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE agent #0000735

A member of the North American Life Assurance Company
 Family of Companies

JCK000697

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
208 East Wisconsin Avenue, P.O. Box 2016
Madison, Wisconsin 53761-8157
414/277-9998 800/558-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL the above mentioned policy for the 12/27/91-
Make the Automatic Premium Loan provision effective, if provided in the policy 2/27/92 monthlies for Simon Bernstein.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent Chas M. Peltz Date 1-27-92
Agent Date

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee

Debra A. Mueller
Personal Signature of Policyholder (Owner)
Vice President and Trust Officer

PH511129

JCK000698

First of America Trust Company
120 West State Street
PO Box 1628
Rockford, Illinois 61110-0128
Telephone 815 987 2124



January 27, 1992

Capitol Bankers Life Insurance Company
205 E. Wisconsin Avenue
Milwaukee, WI 53201

Attention Terri Holfert:

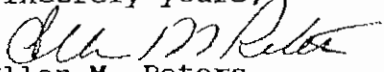
Re: Simon Bernstein/S.B. Lexington
Employee Death Benefit Trust

Dear Ms. Holfert:

Pursuant to instructions from Sandy Kapsa of National Service Association, please find enclosed a Request Letter to APL Policy No. 1009208 for Simon Bernstein for the 12/27/91 - 2/27/92 monthlies.

If you have any questions, please contact Sandy Kapsa directly.

Sincerely yours,


Ellen M. Peters

cc Sandy Kapsa
National Service Association

Enclosure

JCK000699

FEDERAL EXPRESS

QUESTIONS? CALL 800-355 TOLL FREE

AIRBILL
PACKAGING
TRACKING

7355892596

1cc

7355892596

RECIPIENT'S COPY

Date: 1-27-92

From (Your Name) Please Print: Ellen M. Peters
Company: COMMITTEE ON AFRICA TRUST C
Street Address: 121 WEST STREET
City: MILWAUKEE State: WI ZIP Required: 53201

Your Phone Number (Very Important): (815) 987-2096
Department/Floor No: 2

To (Recipient's Name) Please Print: Terri Holfert
Company: Capitol Bankers Life Ins. Co.
Street Address: 205 E. Wisconsin Avenue
City: MILWAUKEE State: WI ZIP Required: 53201

YOUR INTERNAL BILLING REFERENCE INFORMATION (First 24 characters will appear on invoice)

IF HOLD FOR PICK-UP, Print FEDEX Address Here
Street Address: _____
City: _____ State: _____ ZIP Required: _____

PAYMENT 1 Bill Service 2 Bill Recipient's FedEx Acct No 3 Bill 3rd Party FedEx Acct No 4 Bill Credit Card
5 CASH

SERVICES (Check only one box)		DELIVERY AND SPECIAL HANDLING		PACKAGES	WEIGHT in Pounds	VOLUME in Cubic Feet	DATE	Emp. No.	Federal Express Use	
Priority Overnight Service (Delivery by next business morning)	Standard Overnight Service (Delivery by next business afternoon)	1. <input type="checkbox"/> HOLD FOR PICK UP (See form #)	2. <input type="checkbox"/> DELIVER WEEKDAY						<input type="checkbox"/> Cash Payment	Base Charges
11 <input type="checkbox"/> YOUR PACKAGES	51 <input type="checkbox"/>	3. <input type="checkbox"/> DELIVER SATURDAY (See charges)	4. <input type="checkbox"/> DANGEROUS GOODS (See regulations for restrictions)	Total	Total	Total			<input type="checkbox"/> Return Signature	Declared Value Charge
12 <input checked="" type="checkbox"/> FEDEX LETTER	56 <input type="checkbox"/> FEDEX LETTER	5. <input type="checkbox"/> CONSTANT SURVEILLANCE SVC (CSS) (These charges require Signature)	6. <input type="checkbox"/> DRY ICE (See regulations)						<input type="checkbox"/> Third Party	Other 1
13 <input type="checkbox"/> FEDEX BOX	53 <input type="checkbox"/> FEDEX BOX	7. <input type="checkbox"/> OTHER SPECIAL SERVICE	8. <input type="checkbox"/>						<input type="checkbox"/> Ship To Bar	Other 2
14 <input type="checkbox"/> FEDEX TUBE	54 <input type="checkbox"/> FEDEX TUBE	9. <input type="checkbox"/> SATURDAY PICK-UP (See charges)	10. <input type="checkbox"/>						<input type="checkbox"/> Ship To Home	Total Charges
Economy Service (Formerly Standard Air, Delivery by second business day)	Heavyweight Service (Not for use with any package over 150 lbs.)	11. <input type="checkbox"/>	12. <input type="checkbox"/> HOLIDAY DELIVERY (See charges)						Received By: X	REVISION DATE 1189
30 <input type="checkbox"/> ECONOMY SERVICE	70 <input type="checkbox"/> HEAVYWEIGHT								Date/Time Received: _____	PART #11901 EXEM 300
80 <input type="checkbox"/> DEFERRED HEAVYWEIGHT									Released By: _____	FORMAT #014
									Signature: _____	014
									Date/Time: _____	© 1989 F.E.C. PRINTED IN U.S.A.

MULTIPLE PACKAGE SERVICE

**IF YOU ARE
MAKING AN MPS
SHIPMENT, APPLY
THE SELF ADHESIVE
MPS COPY HERE**

TERMS OF CONDITIONS

DEFINITIONS

Carrier: Any person or organization that is licensed by the Federal Aviation Administration to transport property by air.

AGREEMENT TO TERMS

By affixing this Multiple Package Service (MPS) copy to your shipping label, you agree to the terms and conditions of this service. These terms and conditions are subject to change without notice.

RESPONSIBILITY FOR PACKAGING AND COMPLETING AIRBILL
The shipper is responsible for properly packaging and completing the airbill. The carrier is not responsible for damage to or loss of property if the shipper fails to properly package or complete the airbill.

AIR TRANSPORTATION IS INCLUDED

Carriage by air is included in the rate for this service. The shipper is responsible for any additional charges.

LIMITATIONS ON OUR LIABILITY AND LIABILITIES NOT ASSUMED

The carrier's liability is limited to the actual value of the property at the time of shipment. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

DECLARED VALUE LIMITS

The maximum declared value for this service is \$100,000. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

CONDITIONS
A Multiple Package Service (MPS) copy must be affixed to each shipping label. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

FILING A CLAIM

A claim must be filed with the carrier within 90 days of the date of shipment. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

RIGHT TO INSPECT

The carrier reserves the right to inspect your property at any time.

NO C.O.D. SERVICES

This service does not include Cash on Delivery (C.O.D.) services.

RESPONSIBILITY FOR PAYMENT

The shipper is responsible for payment of the shipping charges. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

QUALIFIED ACCEPTANCE

The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

MONEY-BACK GUARANTEE

In the event of a claim, the carrier will refund the shipping charges. The carrier is not responsible for any loss or damage to property if the shipper fails to properly package or complete the airbill.

PAK 11507
E-11-85

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1C092C8
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1991

INSURED: SIMON BERNSTEIN
 POLICY OWNER: UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60636

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 PO BOX 2016
 MILWAUKEE WI 53201-2016
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: NON-LIST
 EACH PAYMENT: \$4,002.33

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1991 -----	GUARANTEED FOR YEAR ENDING DEC 27, 1992 -----
CURRENT RATE BASIS INTEREST	9.00%	8.00%
SUM INSURED	\$1,868,965	\$1,839,955
CASH VALUE - START OF YEAR	\$15,068.39	\$11,895.06
ADD: TOTAL PREMIUMS FOR YEAR	\$41,928.24	\$48,027.96
INTEREST CREDIT	\$ 4,366.62	\$ 4,039.26
DEDUCT: MORTALITY CHARGE	\$11,823.37	\$12,764.75
EXPENSE CHARGE	\$ 8,635.38	\$ 9,611.27
POLICY LOAN	\$29,009.44	\$ 0.00
NET CASH VALUE - END OF YEAR	\$11,895.06	\$41,586.26
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$45,735.87
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,839,955:		
OPTION A - CURRENT RATE BASIS		\$45,735.87
OPTION B - GUARANTEED RATE BASIS		\$77,383.77

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1992.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000702

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1069208
RATING: STANDARD
PROCESS DATE: DEC 10, 1991

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	45735.87	4.00	1829.43
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHANGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	45735.87		1829.43

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,839,955
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1839955	45735.87	29691	41586	10	1839955	45735.87	29691	41586
15	62	1839955	45735.87	33310	202648	15	1839955	80094.48	47066	275225
20	67	1839955	45735.87	34188	369521	20	1839955	80094.48	46188	509006
AGE	60	1839955	45735.87	32288	136569	13	1839955	80094.48	46809	181192
AGE	65	1839955	45735.87	33161	301543	18	1839955	80094.48	46873	416215
AGE	70	1839955	45735.87	35848	475101	23	1839955	80094.48	44002	643469
AGE	75	1839955	45735.87	37674	661434	28	1839955	80094.48	40882	852733

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 9	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	21.22	18.13	35.69	32.06
NET PAYMENT INDEX	22.73	23.48	37.20	39.43

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 8.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE C
PO BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 10, 1991

PAGE 1 OF 2

JCK000704

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
9	56	1868965	39926.63	-3173	11895	9	1868965	39926.63	-3173	11895
10	57	1839955	45735.87	29691	41586	10	1839955	45735.87	29691	41586
11	58	1839955	45735.87	30889	72475	11	1839955	80094.48	46241	87827
12	59	1839955	45735.87	31806	104281	12	1839955	80094.48	46556	134388
13	60	1839955	45735.87	32288	136569	13	1839955	80094.48	46809	181197
14	61	1839955	45735.87	32769	169338	14	1839955	80094.48	46968	228159
15	62	1839955	45735.87	33310	202648	15	1839955	80094.48	47066	275225
16	63	1839955	45735.87	33207	235855	16	1839955	80094.48	47089	322314
17	64	1839955	45735.87	32526	268381	17	1839955	80094.48	47028	369342
18	65	1839955	45735.87	33161	301543	18	1839955	80094.48	46873	416215
19	66	1839955	45735.87	33791	335333	19	1839955	80094.48	46603	462818
20	67	1839955	45735.87	34188	369521	20	1839955	80094.48	46188	509006
21	68	1839955	45735.87	34625	404147	21	1839955	80094.48	45609	554615
22	69	1839955	45735.87	35106	439253	22	1839955	80094.48	44852	599467
23	70	1839955	45735.87	35848	475101	23	1839955	80094.48	44002	643469
25	72	1839955	45735.87	37113	548882	25	1839955	80094.48	42333	728930
30	77	1839955	45735.87	37308	736329	30	1839955	80094.48	40000	933244
35	82	1839955	45735.87	34664	914546	35	1839955	80094.48	34070	1117152
40	87	1839955	45735.87	30655	1078692	40	1839955	80094.48	29130	1270884
45	92	1839955	45735.87	30824	1218143	45	1839955	80094.48	29779	1415991
50	97	1839955	45735.87	65837	1455712	50	1839955	80094.48	44138	1596952
53	100	1840038	45735.87	174716	1840038	53	1840243	80094.48	147760	1840243

JCK000705

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: DEC 10, 1991 at 21:32 PM. STATUS: USED1

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 10
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 000G735 Product: CVL
Premium Mode: MON-LIST Owners Name: UNITED BANK OF ILLINOIS
Address: AS TRUSTEE City: CHICAGO IL606060

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,839,955 Basic Premium: \$45,735.87
Init. Cash Value: \$11,895.06 Basic Cash Value: \$41,586.26
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$326,918.14 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,839,955 Total Premium: \$45,735.87
Total Cash Value: \$72,475.45 Scheduled Payout: \$ 0.00

Rating Basis Code: 9141. Interest: 8.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Pt): 45735.864429; Net-Gross: Ks: 0.8399686048
Second Level Breakpt. (Gt): 77643.642180; Net-Gross: Kj: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 7.0900000
Paid-Up Cash Value per \$1000, End Year (Ax): 237.5206530
Discounted Value, Life Annuity of \$1.00 (ax): 10.29347118

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 41586.2548 Tgt. Net Premium: 38416.6902
Extra Value Amount: 0.00 Added Benefit Amount: -160044.85

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

Corrected Copy

INSURED: SIMON BERNSTEIN
 POLICY OWNER: UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 900
 CHICAGO IL 60606

AGT NUM: 0000735
 AGENT : CAPITAL BANKERS LIFE INSURANCE CO
 PO BOX 2016
 MILWAUKEE WI 53201-2016
 PHONE : 800-825-0003

PREMIUM PAYMENT MODE: NON-LIST
 EACH PAYMENT: \$4,002.33

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1991 -----	GUARANTEED FOR YEAR ENDING DEC 27, 1992 -----
CURRENT RATE BASIS INTEREST	9.00%	8.00%
SUM INSURED	\$1,868,965	\$1,839,955
CASH VALUE - START OF YEAR	\$15,058.39	\$11,895.06
ADD: TOTAL PREMIUMS FOR YEAR	\$41,928.24	\$48,027.96
DEDUCT: INTEREST CREDIT	\$ 4,366.62	\$ 4,039.26
MORTALITY CHARGE	\$11,823.37	\$12,764.75
EXPENSE CHARGE	\$ 8,535.38	\$ 7,611.27
POLICY LOAN	\$29,009.44	\$ 0.00
NET CASH VALUE - END OF YEAR	\$11,895.06	\$41,586.26
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$45,735.87
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,839,955:		
OPTION A - CURRENT RATE BASIS		\$45,735.87
OPTION B - GUARANTEED RATE BASIS		\$77,383.77

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1992.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000708

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,839,955
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1839955	45735.87	29691	41586	10	1839955	45735.87	29691	41586
15	62	1839955	45735.87	33310	202648	15	1839955	80094.48	47066	27522
20	67	1839955	45735.87	34188	359521	20	1839955	80094.48	46188	50900
AGE	60	1839955	45735.87	32288	136569	13	1839955	80094.48	46809	181192
AGE	65	1839955	45735.87	33151	301543	18	1839955	80094.48	46873	416215
AGE	70	1839955	45735.87	35848	475101	23	1839955	80094.48	44002	543469
AGE	75	1839955	45735.87	37674	561434	28	1839955	80094.48	40882	852733

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 9	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	21.22	18.13	35.69	32.06
NET PAYMENT INDEX	22.73	23.48	37.20	39.43

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 8.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
PO BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000709

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
9	56	1868955	39926.63	-3173	11895	9	1868955	39926.63	-3173	11895
10	57	1839955	45735.87	29691	41586	10	1839955	45735.87	29691	41586
11	58	1839955	45735.87	30889	72475	11	1839955	80094.48	46241	87827
12	59	1839955	45735.87	31806	104281	12	1839955	80094.48	46556	134383
13	60	1839955	45735.87	32233	136569	13	1839955	80094.48	46809	181192
14	61	1839955	45735.87	32769	169338	14	1839955	80094.48	46968	228152
15	62	1839955	45735.87	33310	202548	15	1839955	80094.48	47066	275229
16	63	1839955	45735.87	33207	235855	16	1839955	80094.48	47089	322314
17	64	1839955	45735.87	32526	268381	17	1839955	80094.48	47028	369342
18	65	1839955	45735.87	33161	301543	18	1839955	80094.48	46873	416215
19	66	1839955	45735.87	33791	335333	19	1839955	80094.48	46603	462818
20	67	1839955	45735.87	34183	369521	20	1839955	80094.48	45188	509006
21	68	1839955	45735.87	34625	404147	21	1839955	80094.48	45609	554615
22	69	1839955	45735.87	35105	439253	22	1839955	80094.48	44852	599467
23	70	1839955	45735.87	35848	475101	23	1839955	80094.48	44002	643469
25	72	1839955	45735.87	37103	548882	25	1839955	80094.48	42333	728930
30	77	1839955	45735.87	37308	736329	30	1839955	80094.48	40000	933244
35	82	1839955	45735.87	34654	914546	35	1839955	80094.48	34070	1117152
40	87	1839955	45735.87	30655	1078592	40	1839955	80094.48	29130	1270884
45	92	1839955	45735.87	30824	1218143	45	1839955	80094.48	29779	1415991
50	97	1839955	45735.87	65837	1455712	50	1839955	80094.48	44138	1596952
53	100	1840038	45735.87	174715	1840038	53	1840243	80094.48	147760	1840243

JCK000710

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE

RJV COMPLETION DATE: DEC 11, 1991 at 13:59 PM. STATUS: JSEDL

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
 POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
 AGE 47 SEX M
 POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
 RATING: STANDARD
 PROCESS DATE: DEC 11, 1991

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	45735.87	4.00	1829.43
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	45735.87		1829.43

INFORCE Information for Policy #1009208 Years in Force: 10
 Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
 Premium Mode: MON-LIST Owners Name: UNITED BANK OF ILLINOIS V5726
 Address: 45 TRUSTEE City: CHICAGO IL606050

Ledger Data Stored Under User: LORE Ledger Record # 03154.
 Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
 Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Rtg. D.O, Defra: 0
 Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
 ADB Rider: Not Selected.
 Spouse Rider: Not Selected.
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:

Basic Benefit:	\$1,839,955	Basic Premium:	\$45,735.87
Init. Cash Value:	\$11,895.05	Basic Cash Value:	\$41,586.26
Pour-In Premium:	\$ 0.00	Pour-In Cash Value:	\$ 0.00
Total of Premiums:	\$326,918.14	(Through Current Year)	

Values Computed as Projected Values at End of Next Year:

Total Sum Insured:	\$1,839,955	Total Premium:	\$45,735.87
Total Cash Value:	\$72,475.45	Scheduled Payout:	\$ 0.00

Rating Basis Code: 9141. Interest: 8.00% Current Mortality Table #: S3531
 Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
 Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
 FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
 VARIABLE Expense Factors, as of the END of this year:
 Minimum Basic Premium (Ft): 45735.864429; Net-Gross: Ks: 0.8399686048
 Second Level Breakpt. (Gt): 77643.642180; Net-Gross: Kg: 0.8474242130
 Maximum Expense Allowance: 1853.350395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:

Mortality Cost per \$1000, First Year	{Qx}:	1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr.	{Ax}:	89.4624635
Discounted Value, Life Annuity of \$1.00	{ax}:	9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:

Mortality Cost per \$1000, During Year	{Qx}:	7.0900000
Paid-Up Cash Value per \$1000, End Year	{Ax}:	237.5206530
Discounted Value, Life Annuity of \$1.00	{ax}:	10.29347118

Values Computed for Current Year to Define Target Objective:

Target Cash Value:	41586.2548	Tgt. Net Premium:	38416.5902
Extra Value Amount:	0.00	Added Benefit Amount:	-160044.85



Capitol Bankers Life Insurance Company 414-277-6449 • 800-475-5301
 255 East Wisconsin Avenue, PO Box 2016 FAX 414-277-7658
 Milwaukee, Wisconsin 53201-2016

December 16, 1991

UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 601 E. JACKSON BLVD, SUITE 800
 CHICAGO, IL 60606

RE: SIMON BERNSTEIN
 Policy #10C9208

Dear Sir/Adam:

I am writing this letter in response to your request. The above mentioned policy has been paid to December 27, 1991 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,494.02
Interest	\$22.15
Total Gross Loan	\$3,516.17

Total Outstanding Loan Balance to 27DEC1991: \$29,609.44

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 343.

Sincerely,
 Capitol Bankers Life Insurance Company

Diane M. Heres
 Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735



A member of the North American Life Assurance Company
 Family of Companies

LOAN WORKSHEET
FOR VARIABLE OR FIXED RATE CVL & ALL OTHER PLAN TYPE LOANS

Policy # 1009208
Plan Type CVL
Next Anniversary Date 12-27-91
Designate Loan as APL, Cash or Deferred _____
Variable or Fixed Rate Loan _____
Applicable Loan Rate 7.4
Gross Loan \$ 3616.17
Net Loan \$ 3494.02
Date Loan Granted 12-10-91
Person Processing Loan KAB

Checklist:

Verify that policy paid current ✓

Review file for proper signatures and assignment of policy ✓

Loan request verified and placed in file ✓

Verify that Gross Loan < Available Loan Amount - POLI "V" Screen ✓

Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓

If an APL, change POLM "NF" code back to zero ✓

Approved check request and copy of check placed in file ✓



Capitol Bankers Life

L. JOHNSON, JR.
Senior Vice President
Counsel and Secretary

Capitol Bankers Life Insurance Company
205 East Wacker Drive, 20th Floor
Milwaukee, Wisconsin 53201-2276
Tel: 414-224-4000 • Fax: 414-224-4000

December 29, 1992

Mr. Donald C. Pasulka
Ross & Hardies
150 N. Michigan Avenue, Suite 2500
Chicago, IL 60601

Dear Don:

Re: National Service Association and S. B. Lexington, Inc. v. Capitol Bankers Life
Insurance Company,
Case #91 C 7040

Our company has had an opportunity to review the proposed offer of settlement, conveyed under cover of December 1, 1992, offering to settle the above captioned action if our company would be prepared to maintain, in full force, Policy # 1009394 insuring the life of Sheldon Simon and Policy # 1009208 insuring the life in Mr. Simon Bernstein.

I am informed that the policyowner has been paying the premium for Policy # 1009208, insuring the life of Mr. Simon Bernstein, through premium loans against the policy's cash value. The policy has insufficient cash value to permit continuation of loaning of the premium for the next policy year, 1992 to 1993, and therefore, an annual premium will need to be paid so that the policy does not lapse. I have enclosed an Annual Report for this policy which reflects a premium required of \$50,779.00, providing a sum insured of \$1,810,671.00 at the new interest rate of 7.25%. The mortality costs for the policy is \$12,764.75. With respect to Policy # 1009394 insuring the life of Mr. Sheldon Simon, the policy will remain in full force through 1996 if no additional premiums are paid and if they continue their current practice of borrowing the cash value to pay the premiums when due.

A member of the North American Life Assurance Company,
Capitol Bankers Life Insurance Company

JCK000716

Mr. Donald C. Pasulka
Page Two
December 29, 1992

Our company cannot agree to the settlement offer requiring our company to waive all future premiums as our company within two years, would pay in excess of the alleged damages suffered by the plaintiffs in the above captioned action.

I look forward to your thoughts, and if I can be of any further service, please let me know.

Sincerely,



L. John Ratzel, Jr.

c: D. Stevens
B. Burk

1009208	-	
loan	\$ 29,284.10	
1992	- 50779.00	54836.93
93	- 54,255.36	58591.10
94	56852.36	61395.63
95	59,481.15	64234.50

John - on policy # 1009208 - there is not sufficient funds to do even 1 annual prem. loan for policy year 1992 - 1993. They need to do a mini dep. for 1992.

for policy # 1009394 -
the policy will hold through 1996
not sufficient values for 1997.

Jeri

~~805-292-4009~~

1009394-

outstanding loan as of 3-26-93 - 14104.43

Year	1993 -	prem.	18836.51	gross/earn	20341.80
	94		20349.11		22029.27
	95		22091.34		23856.73
	96		23,874.62		25782.52
	97		24780.06		26760.32
	98		25662.11		27712.84
	99		26507.38		

ANNUAL REPORT ON YOUR POLICY

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
MON-LIST
\$5,437.81

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1996	Next Policy Year Ending DEC 27, 1997
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,697,387.00	\$1,662,755.00
POLICY PREMIUMS:		
BASE POLICY	\$62,460.48	\$65,253.72
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$0.00	\$35,097.34
TOTAL	\$0.00	\$35,097.34
POLICY LOANS	\$64,234.50	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$5437.81. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$8164.54, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capitol Bankers Life

Capitol Bankers Life Insurance Company
205 East Wisconsin Avenue, PO Box 2016
Milwaukee, Wisconsin 53201-2016
414-277-9649 • 800-525-0003 • FAX: 414-277-7606

0000735

JCK000720

ANNUAL REPORT ON YOUR POLICY

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
MON-LIST
\$5,437.81

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON PLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1996	Next Policy Year Ending DEC 27, 1997
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,697,387.00	\$1,662,755.00
POLICY PREMIUMS:		
BASE POLICY	\$62,460.48	\$65,253.72
RIDERS	\$0.00	\$0.00
CASH VALUES:		
INCREASE	\$0.00	\$35,097.34
TOTAL	\$0.00	\$35,097.34
POLICY LOANS	\$64,234.50	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$5437.81. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$8164.54, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capitol Bankers Life

Capitol Bankers Life Insurance Company
205 East Wisconsin Avenue, PO Box 2016
Milwaukee, Wisconsin 53201-2016
414 277-7649 • 800-825-0003 • FAX: 414-277-7606

0000735

JCK000721

ANNUAL REPORT ON YOUR POLICY

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
MON-LIST
\$5,205.04

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1995	Next Policy Year Ending DEC 27, 1996
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,731,608.00	\$1,697,387.00
POLICY PREMIUMS:		
BASE POLICY	\$59,700.24	\$62,460.48
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$0.00	\$34,631.57
TOTAL	\$0.00	\$34,631.57
POLICY LOANS	\$61,395.63	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$5205.04. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$7892.67, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capitol Bankers Life

Capitol Bankers Life Insurance Company
235 East Wisconsin Avenue, PO Box 2316
Milwaukee, Wisconsin 53201-2016
414-777-9449 • 800-825-5003 • FAX 414-777-7806

G000735

JCK000722

ANNUAL REPORT ON YOUR POLICY

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
MON-LIST
\$4,975.02

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1994	Next Policy Year Ending DEC 27, 1995
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,765,416.00	\$1,731,608.00
POLICY PREMIUMS:		
BASE POLICY	\$56,973.36	\$59,700.24
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$0.00	\$34,221.43
TOTAL	\$0.00	\$34,221.43
POLICY LOANS	\$58,591.10	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$4975.02. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$7625.72, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capitol Bankers Life

Capitol Bankers Life Insurance Company
205 East Wisconsin Avenue, PO Box 2316
Milwaukee, Wisconsin 53201-2316
414-277-9229 • 800-525-0003 • FAX 414-277-7626

0000735

JCK000723

ANNUAL REPORT ON YOUR POLICY

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
MON-LIST
\$4,747.78

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1993	Next Policy Year Ending DEC 27, 1994
CURRENT RATE BASIS INTEREST	7.25%	7.25%
SUM INSURED	\$1,810,671.00	\$1,765,416.00
POLICY PREMIUMS:		
BASE POLICY	\$53,323.20	\$56,973.36
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$12,302.16-	\$33,807.52
TOTAL	\$0.00	\$33,807.52
POLICY LOANS	\$54,836.93	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$4,747.78. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$7,357.92, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capitol Bankers Life

Capitol Bankers Life Insurance Company
235 East Wisconsin Avenue, PO Box 2016
Milwaukee, Wisconsin 53201-2016
414-277-9449 • 800-825-0003 • FAX 414-277-7506

0000735

JCK000724

ANNUAL REPORT ON YOUR POLICY

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	ANNUAL
	Each Payment:	\$50,779.00

LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending DEC 27, 1992	Next Policy Year Ending DEC 27, 1993
CURRENT RATE BASIS INTEREST	8.00%	7.25%
SUM INSURED	\$1,839,955.00	\$1,810,671.00
POLICY PREMIUMS:		
BASE POLICY	\$45,735.87	\$50,779.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	\$407.10	\$32,952.91
TOTAL	\$12,302.16	\$45,255.07
POLICY LOANS	\$29,284.10	\$0.00

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$50,779.00. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B) of \$80,407.42, and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.



Capital Bankers Life

Capital Bankers Life Insurance Company
205 East Wisconsin Avenue PO Box 2016
Milwaukee Wisconsin 53201-2016
414 277-9449 • 800-825-0003 • FAX 414-277-7506

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JCK000725

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ANNUAL REPORT ON YOUR POLICY

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A	NN	NNN	NN	NN	RR	R	P	T	1	C	0	0	0	0	9	9	2	2	0	0	0	8	8
A	NN	NN	NN	NN	RR	R	P	T	111	C	000	000	999	2222	000	888							

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 Capitol Bankers Life

Capitol Bankers Life Insurance Company
205 East Wisconsin Avenue PO Box 2016
Milwaukee, Wisconsin 53201-2016
414-277-9449 • 800-825-0003 • FAX 414-277-7606

**Policy Number
1009208**

File Docs 3

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1992

INSURED: SIMON BERNSTEIN
 POLICY OWNER: LASALLE NATIONAL TRUST, N.A.
 AS SUCCESSOR TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60661

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 PO BOX 2016
 MILWAUKEE WI 53201-2016

PHONE : 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$4,416.53

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1992	GUARANTEED FOR YEAR ENDING DEC 27, 1993
CURRENT RATE BASIS INTEREST	8.00%	7.25%
SUM INSURED	\$1,839,955	\$1,814,699
CASH VALUE - START OF YEAR	\$11,895.06	\$16,329.86
ADD: TOTAL PREMIUMS FOR YEAR	\$48,027.96	\$52,998.36
INTEREST CREDIT	\$ 4,039.26	\$ 4,288.77
DEDUCT: MORTALITY CHARGE	\$12,764.75	\$13,928.38
EXPENSE CHARGE	\$ 9,611.27	\$10,405.84
POLICY LOAN	\$25,256.40	\$ 0.00
NET CASH VALUE - END OF YEAR	\$16,329.86	\$49,282.77
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$50,469.60
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,814,699:		
OPTION A - CURRENT RATE BASIS		\$50,469.60
OPTION B - GUARANTEED RATE BASIS		\$80,218.32

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1993.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000728

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: SEP 8, 1992

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	50469.60	4.00	2018.78
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	50469.60		2018.78

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,014,699
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 11)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
15	62	1814699	50469.60	35097	187041	15	1814699	82968.84	47423	238101
20	67	1814699	50469.60	35603	361753	20	1814699	82968.84	46538	473656
AGE	60	1814699	50469.60	34221	117312	13	1814699	82968.84	47164	143355
AGE	65	1814699	50469.60	34733	290864	18	1814699	82968.84	47228	380161
AGE	70	1814699	50469.60	37003	471068	23	1814699	82968.84	44336	609139
AGE	75	1814699	50469.60	38315	661642	28	1814699	82968.84	41192	819989
AGE	80	1814699	50469.60	35705	846928	33	1814699	82968.84	37178	1016318

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 10	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	24.42	21.30	38.30	34.95
NET PAYMENT INDEX	25.95	26.61	39.83	41.90

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.25% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
PO BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

JCK000730

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 11)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1839955	45735.87	4435	16330	10	1839955	45735.87	4435	16330
11	58	1814699	50469.60	32953	49283	11	1814699	50469.60	32953	49283
12	59	1814699	50469.60	33808	83090	12	1814699	82968.84	46909	96191
13	60	1814699	50469.60	34221	117312	13	1814699	82968.84	47164	143355
14	61	1814699	50469.60	34632	151943	14	1814699	82968.84	47324	190679
15	62	1814699	50469.60	35097	187041	15	1814699	82968.84	47423	238101
16	63	1814699	50469.60	34920	221960	16	1814699	82968.84	47446	285548
17	64	1814699	50469.60	34170	256131	17	1814699	82968.84	47385	332932
18	65	1814699	50469.60	34733	290864	18	1814699	82968.84	47228	380161
19	66	1814699	50469.60	35285	326149	19	1814699	82968.84	46957	427118
20	67	1814699	50469.60	35603	361753	20	1814699	82968.84	46538	473656
21	68	1814699	50469.60	35959	397711	21	1814699	82968.84	45955	519610
22	69	1814699	50469.60	36354	434065	22	1814699	82968.84	45192	564803
23	70	1814699	50469.60	37003	471068	23	1814699	82968.84	44336	609139
24	71	1814699	50469.60	37731	508798	24	1814699	82968.84	43456	652594
30	77	1814699	50469.60	37750	737519	30	1814699	82968.84	40304	901111
35	82	1814699	50469.60	34694	916680	35	1814699	82968.84	34329	1086414
40	87	1814699	50469.60	30398	1079978	40	1814699	82968.84	29351	1241311
45	92	1814699	50469.60	30409	1218054	45	1814699	82968.84	30005	1387520
50	97	1814699	50469.60	63548	1449248	50	1814699	82968.84	44476	1569861
53	100	1814730	50469.60	165267	1814730	53	1815046	82968.84	148883	1815046

JCK000731

Policy Information for Policy #1009208 Years in Force: 11
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: MON-LIST Owners Name: LASALLE NATIONAL TRUST, N.A.
Address: AS SUCCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: LGRE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,814,699 Basic Premium: \$50,469.60
Init. Cash Value: \$16,329.86 Basic Cash Value: \$49,282.77
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$377,387.74 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,814,699 Total Premium: \$50,469.60
Total Cash Value: \$83,090.29 Scheduled Payout: \$ 0.00

Rating Basis Code: 9241. Interest: 7.25% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12,1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: KI: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 50469.596992; Net-Gross: Ks: 0.8439241208
Second Level Breakpt. (Gt): 82377.374743; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 7.8800000
Paid-Up Cash Value per \$1000, End Year (Ax): 277.8817715
Discounted Value, Life Annuity of \$1.00 (ax): 10.68236966

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 49282.7641 Tgt. Net Premium: 42592.5103
Extra Value Amount: 0.00 Added Benefit Amount: -185301.25

JCK000733

POLICY OWNER:

SIMON BERNSTEIN
LASALLE NATIONAL TRUST, N.A.
AS SUCCESSOR TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO IL 60661

AGT NUM: 0000735
AGENT : CAPITOL BANKERS LIFE INSURANCE CO
PO BOX 2016
MILWAUKEE WI 53201-2016
PHONE : 800-825-0003

PREMIUM PAYMENT MODE: ANNUAL
FACH PAYMENT: \$50,779.00

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1992	GUARANTEED FOR YEAR ENDING DEC 27, 1993
CURRENT RATE BASIS INTEREST	R.00%	7.25%
SUM INSURED	\$1,839,955	\$1,810,671
CASH VALUE - START OF YEAR	\$11,895.06	\$12,302.16
ADD: TOTAL PREMIUMS FOR YEAR	\$45,735.87	\$50,779.00
INTEREST CREDIT	\$ 4,039.26	\$ 4,015.42
DEDUCT: MORTALITY CHARGE	\$12,764.75	\$13,927.30
EXPENSE CHARGE	\$ 7,319.18	\$ 7,914.21
POLICY LOAN	\$29,784.10	\$ 0.00
NET CASH VALUE - END OF YEAR	\$12,302.16	\$45,255.07
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$50,779.00
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,810,671:		
OPTION A - CURRENT RATE BASIS		\$50,779.00
OPTION B - GUARANTEED RATE BASIS		\$80,407.42

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1993.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000734

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CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. -00291

SIMON BERNSTFIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,810,671
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 11)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
15	62	1810671	50779.00	35097	182013	15	1810671	83156.35	47423	234074
20	67	1810671	50779.00	35603	357725	20	1810671	83156.35	46538	469628
AGE	60	1810671	50779.00	34221	113284	13	1810671	83156.35	47164	1393
AGE	65	1810671	50779.00	34733	286836	18	1810671	83156.35	47228	376133
AGE	70	1810671	50779.00	37003	467040	23	1810671	83156.35	44336	605111
AGE	75	1810671	50779.00	38315	657615	28	1810671	83156.35	41192	815962
AGE	80	1810671	50779.00	35705	842900	33	1810671	83156.35	37179	1012290

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 10	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	24.37	21.40	38.23	35.02
NET PAYMENT INDEX	25.91	26.66	39.76	41.93

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 7.25% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
P.O. BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 21, 1992

PAGE 1 OF 2

JCK000735

CURRENT VALUE LIFE
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. -00291

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 11)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1839955	45735.87	407	12302	10	1839955	45735.87	407	12302
11	58	1810671	50779.00	32953	45255	11	1810671	50779.00	32953	45255
12	59	1810671	50779.00	33808	79063	12	1810671	83156.35	46909	92164
13	60	1810671	50779.00	34221	112284	13	1810671	83156.35	47164	139327
14	61	1810671	50779.00	34632	147916	14	1810671	83156.35	47324	186651
15	62	1810671	50779.00	35097	183013	15	1810671	83156.35	47423	234074
16	63	1810671	50779.00	34922	217933	16	1810671	83156.35	47446	28152
17	64	1810671	50779.00	34170	252103	17	1810671	83156.35	47385	328905
18	65	1810671	50779.00	34733	286836	18	1810671	83156.35	47228	376133
19	66	1810671	50779.00	35285	322122	19	1810671	83156.35	46957	423090
20	67	1810671	50779.00	35603	357725	20	1810671	83156.35	46538	469628
21	68	1810671	50779.00	35959	392684	21	1810671	83156.35	45955	515583
22	69	1810671	50779.00	36354	430038	22	1810671	83156.35	45192	560775
23	70	1810671	50779.00	37003	467040	23	1810671	83156.35	44336	605111
25	72	1810671	50779.00	38054	542825	25	1810671	83156.35	42654	691220
30	77	1810671	50779.00	37751	733492	30	1810671	83156.35	40304	897083
35	82	1810671	50779.00	34694	912653	35	1810671	83156.35	34329	1082387
40	87	1810671	50779.00	30398	1075952	40	1810671	83156.35	29352	1237286
45	92	1810671	50779.00	30410	1214031	45	1810671	83156.35	30008	1383501
50	97	1810671	50779.00	63553	1445239	50	1810671	83156.35	44508	1565909
53	100	1810741	50779.00	165269	1810741	53	1811526	83156.35	148905	1811526

JCK00736

DOCUMENTARY LISTING for LEDGER #00291, stored for user CVLT1

RUN COMPLETION DATE: DEC 21, 1992 at 12:55 PM. STATUS: RENEW

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE DEFECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: DEC 21, 1992
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	50779.00	4.00	2031.16
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	50779.00		2031.16

INFORCE Information for Policy #1009208 Years in Force: 11
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: ANNUAL Owners Name: LASALLE NATIONAL TRUST, N.A.
Address: AS SUCCESSOR TRUSTEE City: CHICAGO IL60661

Ledger Data Stored Under User: CVLT1 Ledger Record # 00291.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. O.O, Defra: O
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADR Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,810,671 Basic Premium: \$50,779.00
Init. Cash Value: \$12,302.16 Basic Cash Value: \$45,255.07
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$377,697.14 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,810,671 Total Premium: \$50,779.00
Total Cash Value: \$79,062.60 Scheduled Payout: \$ 0.00

Rating Basis Code: 9241. Interest: 7.25% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 50778.993315; Net-Gross: Ks: 0.8441439310
Second Level Breakpt. (Gt): 82686.771066; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Cx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Cx): 7.8800000
Paid-Up Cash Value per \$1000, End Year (Ax): 277.8817715
Discounted Value, Life Annuity of \$1.00 (ax): 10.68236966

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 45255.0642 Tot. Net Premium: 42864.7790
Extra Value Amount: 0.00 Added Benefit Amount: -189328.95



DEC 3 1991

National Service Association

600 WEST JACKSON BLVD. • SUITE 800 • CHICAGO, IL 60661 • (312) 993-0537

November 26, 1991

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 for the 11/27/91-12/27/91 monthly.

Please send me confirmation when the request has been completed.

Very truly yours,

Sandy Kapsa

Enclosure

JCK000740

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2014
Milwaukee, Wisconsin 53201-9157
414/277-9998 800/556-1031

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL this policy for the 11/27/91-12/27/91

Make the Automatic Premium Loan provision effective, if provided in the policy monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent [Signature] Date 11-21-91
Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee
By: [Signature]
Personal Signature of Policyholder (Owner)
Carolyn M. Allison
Vice President and Trust Officer

PLS: 1079

JCK000741

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1991

INSURED: SIMON BERNSTEIN
 POLICY OWNER: UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO IL 60606

AGT NUM: 0000735
 AGENT: CAPITOL BANKERS LIFE INSURANCE C
 PO BOX 2016
 MILWAUKEE WI 53201-2016
 PHONE: 800-825-0003

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$3,924.13

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables or Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1991	GUARANTEED FOR YEAR ENDING DEC 27, 1992
CURRENT RATE BASIS INTEREST	9.00%	8.00%
SUM INSURED	\$1,868,965	\$1,850,572
CASH VALUE - START OF YEAR	\$15,068.39	\$22,512.07
ADD: TOTAL PREMIUMS FOR YEAR	\$41,928.24	\$47,089.56
INTEREST CREDIT	\$ 4,366.62	\$ 4,828.50
DEDUCT: MORTALITY CHARGE	\$11,823.37	\$12,767.55
EXPENSE CHARGE	\$ 8,635.38	\$ 9,459.31
POLICY LOAN	\$18,392.43	\$ 0.00
NET CASH VALUE - END OF YEAR	\$22,512.07	\$52,203.27
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$44,842.18
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,850,572:		
OPTION A - CURRENT RATE BASIS		\$44,842.18
OPTION B - GUARANTEED RATE BASIS		\$76,876.29

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1992.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000742

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: SEP 14, 1991

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	44842.18	4.00	1793.69
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	44842.18		1793.69

JCK000743

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,850,572
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1850572	44842.18	29691	52203	10	1850572	44842.18	29691	52203
15	62	1850572	44842.18	33310	213265	15	1850572	79600.22	47066	285842
20	67	1850572	44842.18	34188	380138	20	1850572	79600.22	46188	519623
AGE	60	1850572	44842.18	32288	147186	13	1850572	79600.22	46809	191809
AGE	65	1850572	44842.18	33161	312160	18	1850572	79600.22	46873	426832
AGE	70	1850572	44842.18	35848	485718	23	1850572	79600.22	44002	654086
AGE	75	1850572	44842.18	37674	672051	28	1850572	79600.22	40882	863350

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 9	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	20.93	17.84	35.49	31.88
NET PAYMENT INDEX	22.82	23.31	37.38	39.36

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 8.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
PO BOX 2016
MILWAUKEE, WI 53201-2016
800-825-0003

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

SEPTEMBER 14, 1991

PAGE 1 OF 2

JCK000744

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 10)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
9	56	1868965	39926.63	7444	22512	9	1868965	39926.63	7444	22512
10	57	1850572	44842.18	29691	52203	10	1850572	44842.18	29691	52203
11	58	1850572	44842.18	30889	83092	11	1850572	79600.22	46241	98444
12	59	1850572	44842.18	31806	114898	12	1850572	79600.22	46556	145000
13	60	1850572	44842.18	32288	147186	13	1850572	79600.22	46809	191809
14	61	1850572	44842.18	32769	179955	14	1850572	79600.22	46968	238778
15	62	1850572	44842.18	33310	213265	15	1850572	79600.22	47066	285842
16	63	1850572	44842.18	33207	246472	16	1850572	79600.22	47089	332931
17	64	1850572	44842.18	32526	278998	17	1850572	79600.22	47028	379959
18	65	1850572	44842.18	33161	312160	18	1850572	79600.22	46873	426832
19	66	1850572	44842.18	33791	345950	19	1850572	79600.22	46604	473435
20	67	1850572	44842.18	34188	380138	20	1850572	79600.22	46188	519623
21	68	1850572	44842.18	34625	414764	21	1850572	79600.22	45609	565232
22	69	1850572	44842.18	35106	449870	22	1850572	79600.22	44852	610084
23	70	1850572	44842.18	35848	485718	23	1850572	79600.22	44002	654086
25	72	1850572	44842.18	37103	559499	25	1850572	79600.22	42333	739547
30	77	1850572	44842.18	37308	746946	30	1850572	79600.22	40000	943861
35	82	1850572	44842.18	34664	925163	35	1850572	79600.22	34070	1127769
40	87	1850572	44842.18	30655	1089308	40	1850572	79600.22	29130	1281501
45	92	1850572	44842.18	30823	1228757	45	1850572	79600.22	29780	1426610
50	97	1850572	44842.18	65833	1466314	50	1850572	79600.22	44145	1607587
53	100	1850621	44842.18	174713	1850621	53	1850976	79600.22	147765	1850976

JCK000745

DOCUMENTARY LISTING for LEDGER #03154, stored for user LDRE

RUN COMPLETION DATE: SEP 14, 1991 at 11:13 AM. STATUS: USED1

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEFRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

INFORCE Information for Policy #1009208 Years in Force: 10
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: MON-LIST Owners Name: UNITED BANK OF ILLINOIS V5726
Address: AS TRUSTEE City: CHICAGO IL606060

Ledger Data Stored Under User: LQRE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,850,572 Basic Premium: \$44,842.18
Init. Cash Value: \$22,512.07 Basic Cash Value: \$52,203.27
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$326,024.45 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,850,572 Total Premium: \$44,842.18
Total Cash Value: \$83,092.46 Scheduled Payout: \$ 0.00

Rating Basis Code: 9141. Interest: 8.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: Kl: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 44842.176719; Net-Gross: Ks: 0.8391707941
Second Level Breakpt. (Gt): 76749.954470; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft=(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 7.0900000
Paid-Up Cash Value per \$1000, End Year (Ax): 237.5206530
Discounted Value, Life Annuity of \$1.00 (ax): 10.29347118

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 52203.2648 Tgt. Net Premium: 37630.2450
Extra Value Amount: 0.00 Added Benefit Amount: -149427.84

Capitol Bankers Life

Capitol Bankers Life Insurance Company 414-277-8449 • 800-525-0003
205 East Wisconsin Avenue, P.O. Box 2076 FAX 414-277-7625
Milwaukee, Wisconsin 53201-2076

October 24, 1991

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
647 N. JACKSON DRIVE, SUITE 600
CHICAGO, IL 60676

Re: SIMON BERNSTEIN
Policy 71609276

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to November 27, 1991 by a premium loan.

The status of the loan is as follows:

Net Loan	53,459.20
Interest	345.26
Total Gross Loan	53,804.46

Total Outstanding Loan balance to 27NOV1991: \$25,493.27

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1012 in the state of Wisconsin, extension 303.

Sincerely,
Capitol Bankers Life Insurance Company

Tom H. Jones
Tom H. Jones
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #035 735

A member of the North American Life Assurance Company
Family of Companies

JCK000748

LOAN WORKSHEET
FOR VARIABLE OR FIXED RATE CVL & ALL OTHER PLAN TYPE LOANS

Policy # 1009208
Plan Type CVL
Next Anniversary Date 12-27-91
Designate Loan as APL, Cash or Deferred APL
Variable or Fixed Rate Loan F
Applicable Loan Rate 7.4%
Gross Loan \$ 3539.20
Net Loan \$ 3494.02
Date Loan Granted 10-24-91
Person Processing Loan DB

Checklist:

Verify that policy paid current

Review file for proper signatures and assignment of policy

Loan request verified and placed in file

Verify that Gross Loan < Available Loan Amount - POLI "V" Screen

Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen

If an APL, change POLM "NF" code back to zero

Approved check request and copy of check placed in file



National Service Association

600 WEST JACKSON BLVD. • SUITE 800 • CHICAGO, IL 60661 • (312) 993-0537

October 16, 1991

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein/1009208

Dear Terri:

Enclosed please find an APL form for Simon Bernstein, policy #1009208 for the 10/27/91-11/27/91 monthly.

Please let me know if you need anything else.

Sincerely yours,



Sandy Kapsa

Enclosure.

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 2018
Milwaukee, Wisconsin 53201
414-277-9000

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(Is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL Simon Bernstein's policy #1009208 for the
Make the Automatic Premium Loan provision effective, if provided in the policy. 10/27/91-11/27/91 monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent

Date

X

10-11-91

X

Agent

Date

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee

By: Thomas A. Muehl

Personal Signature of Policyholder (Owner)
Vice President and Trust Officer



Capitol Bankers Life Insurance Company
205 East Wisconsin Avenue, PO Box 2016
Milwaukee Wisconsin 53201-2016
414 271-9449 • 800 475-0003
FAX 414 271-7606

September 17, 1991

WITKO BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 500
CHICAGO, IL 60610

RE: SLOAN POLICY #
POLICY # 1000000000

Dear Sir/ Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 17, 1991 by a personal loan.

The status of the loan is as follows:

Out Loan	23,434.2
Interest	67.24
Total Gross Loan	23,501.44

Total Outstanding loan balance to 17OCT1991: 23,501.44

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium will increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-500-1111 or (414) 271-9449 in the state of Wisconsin, extension 303.

Sincerely,
Capitol Bankers Life Insurance Company

(Signature)
Name: _____
Period Policy and Service Representative

Capitol Bankers Life Insurance Company

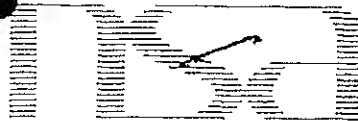
A member of the North American Life Assurance Company
Family of Companies

LOAN WORKSHEET
FOR VARIABLE OR FIXED RATE CVL & ALL OTHER PLAN TYPE LOANS

Policy # 1009208
Plan Type CVL
Next Anniversary Date 12-27-91
Designate Loan as APL, Cash or Deferred APL
Variable or Fixed Rate Loan F
Applicable Loan Rate 7.40%
Gross Loan \$ 3561.64
Net Loan \$ 3494.02
Date Loan Granted 9-13-91
Person Processing Loan JB

Checklist:

Verify that policy paid current ✓
Review file for proper signatures and assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file. ✓



SEP 13 1991

National Service Association

600 WEST JACKSON BVD. • SUITE 800 • CHICAGO, IL 60661 • (312) 993-0537

September 10, 1991

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein for the 9/27/91-10/27/91 monthly.

Please send me confirmation when completed.

Sincerely,

Sandy Kapsa

Enclosure

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9918 800/558-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please process a policy loan to pay the above policy for
Make the Automatic Premium Loan provision effective, if provided in the policy the ~~10/27/91-10/27/91~~ 9/27/91-10/27/91
~~XXXXXX~~ monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____

Date _____

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change
First of America Trust Company, Trustee

X By: Maria A. Nuele
Personal Signature of Policyholder (Owner)



September 3, 1991

Capitol Bankers Life Insurance Company 414 777-9449 • 800-875-0003
255 East Wisconsin Avenue, PO Box 2016 FAX 414 277-1906
Milwaukee, Wisconsin 53201-2016

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD., SUITE 200
CHICAGO, IL 60606

Re: Policy #1000000000 - SIFON GARRET II

Dear Sir or Madam:

We regret we have not received the premium payment of \$3,494.22 which was due July 27, 1991, for the insurance policy named above. Since the premium is overdue, the automatic premium loan provision which you elected has gone into effect.

Under the automatic premium loan provision, overdue premiums are paid by a loan taken from the cash surrender value of the policy. The loan which has been taken to pay your premium consists of the following:

Automatic Premium Loan to pay policy to July 27, 1991:	
Net Loan	\$3,494.22
Interest	114.44
Gross Loan	\$3,608.66
Other Outstanding Loans	10,780.97
Total Loan Balance as of 12/27/91	14,389.63

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The cash surrender value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Letting your insurance needs in important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 414-777-9449. You may reach us at extension 333.

Sincerely,

James J. Platt, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone: 414-777-9449
414-777-9449

A member of the North American Life Assurance Company
Family of Companies



Capitol Bankers Life Insurance Company 414 277-6449 • 800 525-8003
 263 East Wisconsin Avenue, P.O. Box 2016 FAX 414-277-7606
 Milwaukee, Wisconsin 53201-2016

July 10, 1991

DEIFIED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 300 E. JACKSON BLVD, SUITE 300
 CHICAGO, IL 60606

Re: SIMON BREASTLE
 Policy #1209270

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1991 by a premium loan.

The status of the loan is as follows:

Net Loan	83,424.12
Interest	5157.31
Total Gross Loan	88,581.43

Total Outstanding Loan Balance to 27JUL1991: 814,763.97

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1111 or 1-800-242-1202 in the state of Wisconsin, extension 143.

Sincerely,
 Capitol Bankers Life Insurance Company

Diane M. Geres
 Diane M. Geres
 Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE (agent #064073)

A member of the North American Life Assurance Company
 family of Companies

LOAN WORKSHEET
FOR VARIABLE OR FIXED RATE CVL & ALL OTHER PLAN TYPE LOANS

Policy # 1009208
Plan Type CVL
Next Anniversary Date 12-27-91
Designate Loan as APL, Cash or Deferred APL
Variable or Fixed Rate Loan F
Applicable Loan Rate 7.40%
Gross Loan \$ 3631.33
Net Loan \$ 3494.02
Date Loan Granted 7-10-91
Person Processing Loan DB

Checklist:

Verify that policy paid current

Review file for proper signatures and assignment of policy

Loan request verified and placed in file

Verify that Gross Loan < Available Loan
Amount - POLI "V" Screen

Verify Gross Loan, Interest Rate and
Loan Type - POLI "F" Screen

If an APL, change POLM "NF" code back
to zero

Approved check request and copy of check
placed in file

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 2018
Milwaukee, Wisconsin 53201
414-277-0995

REQUEST LETTER

JUL 09 1991

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL the above policies for the 6/27/91-
Make the Automatic Premium Loan provision effective, if provided in the policy. 7/27/91 monthly.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

[Signature] 7-2-91
Agent Date
[Signature]
Agent Date

First of America Trust Company, Trustee

By: [Signature]
Personal Signature of Old Owner / Ownership Change
Vice President and Trust Officer

[Signature]
Personal Signature of Policyholder



National Service Association

600 WEST JACKSON BLVD. • SUITE 800 • CHICAGO, IL 60661 • (312) 993-0537

July 8, 1991

Terri Holfert
Capitol Bankers Life
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein #1009208

JUL 0 9 1991

Dear Terri:

Enclosed please find an APL form to APL Simon Bernstein's policy #1009208 for the 6/27/91-7/27/91 monthly.

Very truly yours,

Sandy Kapsa

Enclosure



Capitol Bankers Life

July 1, 1991

Capitol Bankers Life Insurance Company 414-277-6246 • 800-825-0033
205 East Wisconsin Avenue, P.O. Box 2016 MAY 414-277-7504
Milwaukee, Wisconsin 53201-2016

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 300
CHICAGO, IL 60606

Re: Policy 1100971 - SLOM BERNSTEIN

Dear Sir or Madam:

To date we have not received the premium payment of \$3,494.02 which was due May 27, 1991, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to July 27, 1991:	
Net Loan	\$3,494.02
Interest	\$161.20
GROSS Loan	\$3,655.22
Other Outstanding Loans	\$7,457.52
Total Loan balance as of 12/27/91	\$11,112.74

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Letting your insurance needs be important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-825-0033. You may reach me at extension 383.

Sincerely,

Terese Holbert, Policyowner Services

cc: Agent: CAPITOL BANKERS LIFE INSURANCE COMPANY -- Telephone 414-277-6246
414-277-7504

A member of the North American Life Assurance Company
Family of Companies

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY
 RENEWAL DATE: DEC 27, 1990

INSURED: SIMON BERNSTEIN
 POLICY OWNER: UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 606060000

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757
 PHONE : 414-277-9998

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$3,494.02

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1990	GUARANTEED FOR YEAR ENDING DEC 27, 1991
CURRENT RATE BASIS INTEREST	9.00%	9.00%
SUM INSURED	\$1,889,693	\$1,868,965
CASH VALUE - START OF YEAR	\$11,261.02	\$15,068.39
ADD: TOTAL PREMIUMS FOR YEAR	\$39,885.96	\$41,928.24
DEDUCT: INTEREST CREDIT	\$ 3,867.18	\$ 4,366.62
MORTALITY CHARGE	\$10,912.28	\$11,823.38
EXPENSE CHARGE	\$ 8,304.65	\$ 8,635.37
POLICY LOAN	\$20,728.84	\$ 0.00
NET CASH VALUE - END OF YEAR	\$15,068.39	\$40,904.50
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$39,926.63
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,868,965:		
OPTION A - CURRENT RATE BASIS		\$39,926.63
OPTION B - GUARANTEED RATE BASIS		\$74,296.84

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1991.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000763

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,868,965
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 9)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1868965	39926.63	27203	68107	10	1868965	77181.26	45449	86354
15	62	1868965	39926.63	31163	217681	15	1868965	77181.26	46653	317945
20	67	1868965	39926.63	32445	375003	20	1868965	77181.26	45783	549678
AGE	60	1868965	39926.63	29985	155976	13	1868965	77181.26	46399	224736
AGE	65	1868965	39926.63	31245	310599	18	1868965	77181.26	46462	457700
AGE	70	1868965	39926.63	34403	475933	23	1868965	77181.26	43617	682963
AGE	75	1868965	39926.63	36843	656861	28	1868965	77181.26	40523	890393

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 8	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	17.57	15.14	32.37	29.68
NET PAYMENT INDEX	20.01	20.48	35.46	37.51

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
205 E. WISCONSIN AVE.
MILWAUKEE, WI 53202-9757
414-277-9998

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 31, 1990

PAGE 1 OF 2

JCK000764

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 9)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
8	55	1889693	37981.68	3807	15068	8	1889693	37981.68	3807	15068
9	56	1868965	39926.63	25836	40905	9	1868965	39926.63	25836	40905
10	57	1868965	39926.63	27203	68107	10	1868965	77181.26	45449	86354
11	58	1868965	39926.63	28452	96559	11	1868965	77181.26	45836	132190
12	59	1868965	39926.63	29432	125992	12	1868965	77181.26	46148	178338
13	60	1868965	39926.63	29985	155976	13	1868965	77181.26	46399	224736
14	61	1868965	39926.63	30542	186518	14	1868965	77181.26	46556	271292
15	62	1868965	39926.63	31163	217681	15	1868965	77181.26	46653	317945
16	63	1868965	39926.63	31141	248822	16	1868965	77181.26	46677	364622
17	64	1868965	39926.63	30531	279353	17	1868965	77181.26	46616	411238
18	65	1868965	39926.63	31245	310599	18	1868965	77181.26	46462	457700
19	66	1868965	39926.63	31960	342558	19	1868965	77181.26	46195	503895
20	67	1868965	39926.63	32445	375003	20	1868965	77181.26	45783	549678
21	68	1868965	39926.63	32974	407977	21	1868965	77181.26	45209	594887
22	69	1868965	39926.63	33553	441530	22	1868965	77181.26	44459	639346
23	70	1868965	39926.63	34403	475933	23	1868965	77181.26	43617	682963
25	72	1868965	39926.63	35897	547182	25	1868965	77181.26	41962	767675
30	77	1868965	39926.63	36723	730465	30	1868965	77181.26	39650	970198
35	82	1868965	39926.63	34599	907347	35	1868965	77181.26	33772	1152495
40	87	1868965	39926.63	30962	1072457	40	1868965	77181.26	28875	1304880
45	92	1868965	39926.63	31322	1213527	45	1868965	77181.26	29519	1448716
50	97	1868965	39926.63	68839	1459290	50	1868965	77181.26	43754	1628097
53	100	1869141	39926.63	187626	1869141	53	1869292	77181.26	146467	1869292

JCK000765

DOCUMENTARY LISTING FOR LEDGER #03154, STORED FOR USER LORE

RUN COMPLETION DATE: DEC 31, 1990 AT 19:34 PM. STATUS: USED

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: STANDARD CVL LIFE, # OF LIVES: 1, STATE CODE: IL
DEFRA ENDORSEMENT: 0, PRICING BASIS: STANDARD.

PRIMARY PERSON INSURED: SIMON BERNSTEIN
AGE: 47 SEX: M SMOKER: N TABLE RATING: 0.0
MAXIMUM POLICY ATTAINED AGE: 100 (53 POLICY YEARS).

FLAT EXTRA CHARGES: NONE SPECIFIED.

BASIC BENEFIT AMOUNT: \$2,000,000.00 LEVEL IN ALL YEARS.

BASIC PREMIUM AMOUNT: TO BE COMPUTED. LEVEL IN ALL YEARS.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: NONE. TARGET RATE BASIS: CURRENT BASIS.
EXTRA VALUE: INCREASE CASH VALUES. INTERMED. INTEREST: NONE

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: DEC 31, 1990
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	39926.63	4.00	1597.07
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	39926.63		1597.07

INFORCE INFORMATION FOR POLICY #1009208 YEARS IN FORCE: 9
POLICY DATE: 12/27/82 ISSUE DATE: 12/27/82 AGENT: 0000735 PRODUCT: CYL
PREMIUM MODE: MON-LIST OWNERS NAME: UNITED BANK OF ILLINOIS
ADDRESS: AS TRUSTEE CITY: CHICAGO IL606060

LEDGER DATA STORED UNDER USER: LDRE LEDGER RECORD # 03154.
LEDGER CHECK DATA: (MUST MATCH DATA FOUND ON THIS LEDGER RECORD) Y5726
PRIMARY INSURED: AGE 47, SEX M, SMOKER N, STATE IL, SUBS. RATG. 0.0, DEFRA: 0
FLAT EXTRA: NONE SPECIFIED. NAME: SIMON BERNSTEIN

W.P. RIDER: NOT SELECTED.
ADB RIDER: NOT SELECTED.
SPOUSE RIDER: NOT SELECTED.
CHILDREN'S RIDER: NOT SELECTED.

VALUES COMPUTED FOR CURRENT YEAR AND SAVED FOR NEXT RENEWAL:
BASIC BENEFIT: \$1,868,965 BASIC PREMIUM: \$39,926.63
INIT. CASH VALUE: \$15,068.39 BASIC CASH VALUE: \$40,904.50
POUR-IN PREMIUM: \$ 0.00 POUR-IN CASH VALUE: \$ 0.00
TOTAL OF PREMIUMS: \$281,182.27 (THROUGH CURRENT YEAR)

VALUES COMPUTED AS PROJECTED VALUES AT END OF NEXT YEAR:
TOTAL SUM INSURED: \$1,868,965 TOTAL PREMIUM: \$39,926.63
TOTAL CASH VALUE: \$68,107.05 SCHEDULED PAYOUT: \$ 0.00

RATING BASIS CODE: 8641, INTEREST: 9.00% CURRENT MORTALITY TABLE #: S3531
GUARANTEED MORTALITY: U1001 INTEREST: 4.50% EXTRA MORTALITY TABLE #: X2001
BASIC PREMIUM: 12.1000 PER \$1000 (PLUS 35.00 POLICY FEE).
FIXED EXPENSE FACTORS: KL: 0.400, KR: 0.880, KK: 0.925, KI: 0.600
VARIABLE EXPENSE FACTORS, AS OF THE END OF THIS YEAR:
MINIMUM BASIC PREMIUM (FT): 39926.622341; NET-GROSS: KS: 0.8338511789
SECOND LEVEL BREAKPT. (GT): 71834.400092; NET-GROSS: KG: 0.8474242130
MAXIMUM EXPENSE ALLOWANCE: 1853.360395 (LIMITS FT*(KR - KS) AMT.)

ACTUARIAL VALUES FROM ORIGINAL BASIS, USED TO DETERMINE EXPENSE ADJUSTMENTS:
MORTALITY COST PER \$1000, FIRST YEAR (QX): 1.3968000
PAID-UP CASH VALUE PER \$1000, END 1ST YR. (AX): 89.4624635
DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 9.18815150

ACTUARIAL VALUES FROM CURRENT BASIS, APPROPRIATE FOR THE CURRENT YEAR:
MORTALITY COST PER \$1000, DURING YEAR (QX): 6.4600000
PAID-UP CASH VALUE PER \$1000, END YEAR (AX): 195.4591630
DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 9.74388347

VALUES COMPUTED FOR CURRENT YEAR TO DEFINE TARGET OBJECTIVE:
TARGET CASH VALUE: 40904.4955 TGT. NET PREMIUM: 33292.8611
EXTRA VALUE AMOUNT: 0.00 ADDED BENEFIT AMOUNT: -131035.41



February 21, 1991

Capitol Bankers Life Insurance Company 414 277 9400 • 302-821-1111
205 East Wisconsin Avenue, PO Box 2076 FAX 414 277 7600
Milwaukee, Wisconsin 53201-9076

United Bank of Illinois, Trustee
c/o National Service Association
600 W. Jackson Blvd., Suite 800
Chicago, Illinois 60606

Dear Sir/Madam:

Re: Policy #1009208 - Simon Bernstein

To date, we have not received the premium payment of \$3,494.02 which was due November 27, 1990, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has gone into effect. I have also enclosed the corrected Annual Report reflecting your current values.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premiums consists of the following:

Automatic Premium Loan to pay policy to December 27, 1990:	
Net Loan	\$3,494.02
Interest	\$279.22
Gross Loan	\$3,773.24
Other Outstanding Loans	\$0.00
Total Loan Balance as of 12/27/90	\$3,773.24

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

A member of the North American Life Assurance Company
Family of Companies

Page 2
February 21, 1991

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office. You may reach me at extension 383.

Sincerely,

A handwritten signature in cursive script that reads "Diane Beres".

Diane Beres
Policyowner Service Department

tlf

POLICYOWNER SERVICE NOTES

Policy Number 1009208 Person Calling ~~Bob Reed~~
Date 2-15-91 Phone Number ~~702-976-1009~~ 1009208

- did 2 months instead of 1
- January loan backed out

DB



National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60606 (312) 993-0537

FEB 13 1991

February 8, 1991

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 12/27/90-1/27/91 monthly.

Please let me know when the APL has been completed.

Sincerley,

Sandy Kapsa

enclosure

JCK000772

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 3018
Milwaukee, Wisconsin 53201
414-277-8006

FEB 13 1991

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
(Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL Simon Bernstein's policy for the
Make the Automatic Premium Loan provision effective, if provided in the policy. 12/27/90-1/27/91 monthly period.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent

Date

2-4-91

Agent

Date

Personal Signature of Old Owner, if Ownership Change

X Maria A. Mues

Personal Signature of Policyholder (Owner)

First of America Trust Company

PHS1 (1/79)

JCK000773

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1990

INSURED: SIMON BERNSTEIN
 POLICY OWNER: UNITED BANK OF ILLINOIS
 AS TRUSTEE
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 606060000

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757
 PHONE : 414-277-9998

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$3,466.56

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1990	GUARANTEED FOR YEAR ENDING DEC 27, 1991
CURRENT RATE BASIS INTEREST	9.00%	9.00%
SUM INSURED	\$1,889,693	\$1,872,310
CASH VALUE - START OF YEAR	\$11,261.02	\$18,413.30
ADD: TOTAL PREMIUMS FOR YEAR	\$39,885.96	\$41,598.72
DEDUCT: INTEREST CREDIT	\$ 3,867.18	\$ 4,643.70
MORTALITY CHARGE	\$10,912.28	\$11,824.27
EXPENSE CHARGE	\$ 8,304.65	\$ 8,582.04
POLICY LOAN	\$17,383.93	\$ 0.00
NET CASH VALUE - END OF YEAR	\$18,413.30	\$44,249.41
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$39,612.78
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,872,310:		
OPTION A - CURRENT RATE BASIS		\$39,612.78
OPTION B - GUARANTEED RATE BASIS		\$74,128.34

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1991.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000774

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. OP-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,872,310
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 9)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1872310	39612.78	27203	71452	10	1872310	77025.54	45449	8969
15	62	1872310	39612.78	31163	221026	15	1872310	77025.54	46653	3212
20	67	1872310	39612.78	32445	378348	20	1872310	77025.54	45783	553023
AGE	60	1872310	39612.78	29985	159321	13	1872310	77025.54	46399	228081
AGE	65	1872310	39612.78	31245	313944	18	1872310	77025.54	46462	461045
AGE	70	1872310	39612.78	34403	479278	23	1872310	77025.54	43617	686308
AGE	75	1872310	39612.78	36843	660206	28	1872310	77025.54	40523	893738

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 8	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	17.47	15.04	32.31	29.62
NET PAYMENT INDEX	20.02	20.42	35.51	37.49

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
205 E. WISCONSIN AVE.
MILWAUKEE, WI 53202-9757
414-277-9998

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

SEPTEMBER 27, 1990

PAGE 1 OF 2

JCK000775

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 9)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
8	55	1889693	37981.68	7152	18413	8	1889693	37981.68	7152	18413
9	56	1872310	39612.78	25836	44249	9	1872310	39612.78	25836	44249
10	57	1872310	39612.78	27203	71452	10	1872310	77025.54	45449	89699
11	58	1872310	39612.78	28452	99904	11	1872310	77025.54	45836	135535
12	59	1872310	39612.78	29432	129337	12	1872310	77025.54	46148	181681
13	60	1872310	39612.78	29985	159321	13	1872310	77025.54	46399	228080
14	61	1872310	39612.78	30542	189863	14	1872310	77025.54	46556	274637
15	62	1872310	39612.78	31163	221026	15	1872310	77025.54	46653	321290
16	63	1872310	39612.78	31141	252167	16	1872310	77025.54	46677	367967
17	64	1872310	39612.78	30531	282698	17	1872310	77025.54	46616	414582
18	65	1872310	39612.78	31245	313944	18	1872310	77025.54	46462	461045
19	66	1872310	39612.78	31960	345903	19	1872310	77025.54	46195	507240
20	67	1872310	39612.78	32445	378348	20	1872310	77025.54	45783	553023
21	68	1872310	39612.78	32974	411322	21	1872310	77025.54	45209	598232
22	69	1872310	39612.78	33553	444875	22	1872310	77025.54	44459	642691
23	70	1872310	39612.78	34403	479278	23	1872310	77025.54	43617	686308
25	72	1872310	39612.78	35897	550527	25	1872310	77025.54	41962	771020
30	77	1872310	39612.78	36723	733810	30	1872310	77025.54	39650	973543
35	82	1872310	39612.78	34599	910691	35	1872310	77025.54	33772	1155840
40	87	1872310	39612.78	30962	1075800	40	1872310	77025.54	28875	1308224
45	92	1872310	39612.78	31321	1216865	45	1872310	77025.54	29518	1452057
50	97	1872310	39612.78	68830	1462603	50	1872310	77025.54	43739	1631408
53	100	1872413	39612.78	187620	1872413	53	1872408	77025.54	146457	1872408

JCK000776

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: SEP 27, 1990
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	39612.78	4.00	1584.51
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	39612.78		1584.51

Capitol Bankers Life

August 10, 1990

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
606 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to September 27, 1990 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$86.52
Total Gross Loan	\$3,410.36

Total Outstanding Loan Balance to 27SEP1990: \$17,383.93

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 383.

Sincerely,
Capitol Bankers Life Insurance Company

Terese M. Holfert
Terese M Holfert
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

Member of the First American Life Assurance Company,
First American Group

JCK000780

AUG 08 1990



National Service Association

600 WEST JACKSON BLVD. SUITE 800 • CHICAGO, IL 60606 (312) 993-0537

August 2, 1990

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to pay Mr. Simon Bernstein's policy #1009208 for the 7/27/90 - 8/27/90 monthly.

Please process this change and send me a letter stating that this period has been paid.

Thanks!

Sandy Kapsa

Enclosure

8-10-90

Talked to Sandy + she says they APL every other month. Therefore, I will APL to pay from 8-27-90 to 9-27-90 - TX.

JCK000781

AUG 08 1990

Capitol Bankers Life
CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P. O. Box 2016
Milwaukee, Wisconsin 53201-9257
414/277-9998 800/558-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured: Simon L. Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy) *Yes, please APL Simon Bernstein's policy for the \$ 73740 - \$17190 monthly (policy # 1009208).*
Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of. Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change. _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent

Date

Personal Signature of Old Owner, if Ownership Change

Agent

Date

Personal Signature of Policyholder (Owner)

Patonda Shreve, Trust Administrator
First of America Trust Co.

PHS1 (1-79)

JCK000782

Capitol Bankers Life

July 3, 1979

1000 North Dearborn Street, Chicago, Illinois 60610
Telephone: (312) 329-1100

1. JIMMY S. W. OR MILLER
15170512
C/O NATIONAL SERVICE ASSOCIATION
3000 JACKSON BLVD, SUITE 600
CHICAGO, IL 60608

Re: Policy # 9003 - SI 31 6125211

Dear Sir or Madam:

To date we have not received the premium payment of \$3,323.04 which was due June 27, 1979, for the insurance policy named above. Since the premium is overdue, the Automatic Premium Loan provision which you elected has come into effect.

Under the Automatic Premium Loan provision, overdue premiums are paid by a loan taken from the Cash Surrender Value of the policy. The loan which has been taken to pay your premium consists of the following:

Automatic Premium Loan to pay policy to JUL 27, 1979:	
Net Loan	\$3,323.04
Interest	213.67
Gross Loan	\$3,536.71
Other Outstanding Loans	\$1,089.11
Total Loan Balance as of 12/27/79	\$4,625.82

If the loan is not repaid by the next anniversary date, the cash value and face amounts of the policy will be reduced by the amount of the loan. The premium may increase in order to enable the cash value to become equal to the policy's face amount at the policy target age.

We will continue to take loans to pay premiums under this provision until one of the following events occurs:

- You resume regular premium payments.
- The Cash Surrender Value is no longer sufficient to pay premiums.
- We receive a written request from you to discontinue this provision.

Meeting your insurance needs is important to us. For assistance with your coverage, please feel free to contact your Capitol Bankers Life agent or our office at 1-800-329-1100. You may reach us at extension 300.

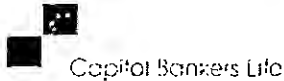
Sincerely,

Verese Wolfert, Policyowner Services

cc: Agents: CAPITOL BANKERS LIFE INSURANCE COMPANY - Telephone: (312) 329-1100
1979

Member of the North American Life Assurance Company
Group of Companies

JCK000783



Capitol Bankers Life

July 11, 1990

United Bank of Illinois
as Trustee
c/o National Service Association
600 W. Jackson Blvd., Suite 800
Chicago, IL 60606

Re: Simon Bernstein
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above-mentioned policy has been paid to June 27, 1990, by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$153.25
Total Gross Loan	\$3,477.09

Total Outstanding Loan Balance to December 27, 1990: \$10,519.11

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-825-0003, extension 383.

Sincerely,

A handwritten signature in cursive script that reads "Terese M. Holfert".

Terese M. Holfert
Senior Policyowner Service Representative

cc: Capitol Bankers Life Insurance Company - Agent #0000735

JCK000784



JUN 25 1990

National Service Association

600 WEST JACKSON BLVD • SUITE 800 • CHICAGO, IL 60606 (312) 993-0537

June 20, 1990

Terri Holfert
Capitol Bankers Life
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein
Policy #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon
Bernstein's policy #1009208 for the 5/27/90 - 6/27/90
monthly.

Please let me know when the APL has been processed.

Sincerely,


Sandy Kapsa

SK:ls
Enclosure

JCK000785

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998 600/558 1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Please APL policy #1009208 for the 5/27/90 - 6/27/90
Make the Automatic Premium Loan provision effective, if provided in the policy monthly. Please notify me when the loan has been processed

PAID-UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to insured)
Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed.)

Agent _____ Date _____
Agent X 06/15/90
Date

Personal Signature of Old Ownr. if Ownership Change
First of America Trust Company
X BY: Marcia J. Muel
Personal Signature of Policyholder (Owner) Asst. VP & TO

Capitol Bankers Life

May 30, 1990

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERNSTEIN
Policy #1009208

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to May 27, 1990 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,323.84
Interest	\$175.29
Total Gross Loan	\$3,499.13

Total Outstanding Loan Balance to 27MAY1990: \$7,042.02

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin, extension 383.

Sincerely,
Capitol Bankers Life Insurance Company

Terese M. Holfert
Terese M Holfert
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

A member of the North American Life Assurance Company
Group of Companies

JCK000787

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy - 1009208
Next Anniversary Date 12-27-90
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3499.13
Net Loan \$ 3323.84
Date Loan Granted 4-27-90
Person Processing Loan Teri H

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero NA
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

Loan Repaid:
Attach copy of check received _____

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____



5-22-90

National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60606 (312) 993-0537

May 18, 1990

Terri Holfert
Capitol Bankers Life
205 E. Wisconsin Ave.
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 4/27/90 - 5/27/90 monthly.

Please notify me when the APL has been processed.

Sincerely yours,

Sandy Kapsa

Enclosure

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-0257
414/277-9998 800/559-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

1009208

Please comply with the request I have checked below in connection with Policy Number _____

Name of Insured Simon L. Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

to

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, Please APL Simon Bernstein's policy #1009208 for the 4/27/90 - 5/27/90 monthly. Please send me verification Make the Automatic Premium Loan provision effective, if provided in the policy, when the APL has been processed.

Thanks!

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____

(Print old name)

to

(Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____

Date

x 5/12/90

Agent _____

Date

Personal Signature of Old Owner, if Ownership Change
BY: Marvin J. Muel First of America Trust Co fka United Bank of Illinois, N.A.

Personal Signature of Policyholder (Owner)

Asst. VP & TO

PHS11-79

JCK000790

06

Capitol Bankers Life

CAPITOL BANKERS LIFE
CAPITOL BANKERS LIFE
303 East Washington Street
Chicago, Illinois 60606
412 777-2518
800 556 1011

January 15, 1990

TO: National Service Association
600 W. Jackson Blvd.
Suite 800
Chicago, IL 60606

RE: Simon Bernstein # 1009208

Please be informed that we are returning the enclosed check due to the following:

- Not payable to Capitol Bankers Life
- Conflicting amounts
- Sent to wrong company
- Must be endorsed to Capitol Bankers Life
- Not signed by payor
- Dated too far in advance (We can only hold checks for 2 working days)
- Other _____

Sincerely,

Diane Beres
Diane Beres
Premium Accounting



First of America Bank-Michigan, N.A.
108 East Michigan Ave
Kalamazoo, Michigan 49007

Trust Check
JAN 11 1990 No. 550546

74-42
724

ACCOUNT

27945-10-4

190

JANUARY 4, 1990
*****3,161.38

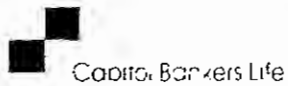
THREE THOUSAND ONE HUNDRED SIXTY ONE***** AND 38/100**

CAPITOL BANKERS LIFE INSURANCE

TO
E
ORDER
OF

⑈550546⑈ ⑆072400421⑆ 029 01006 4⑈

JCK000792



CHICAGO, ILL. 60601
TELEPHONE 312-553-1111
FACSIMILE 312-553-1111

March 9, 1997

STATE DEPT OF ILLINOIS
S. TRUSPER
C/O NATIONAL SERVICE ASSOCIATION
600 S. JACKSON BLVD, SUITE 515
CHICAGO, IL 60606

Re: STANLEY J. TRUSPER
Policy #11923

Dear Sir/Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to March 27, 1997 by a premium loan.

The status of the loan is as follows:

Out Loan	53,323.84
Interest	329.15
Total Gross Loan	53,652.99

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium will increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-553-1111 or 1-312-553-1111 in the state of Wisconsin, extension 303.

Sincerely,
Capitol Bankers Life Insurance Company

[Signature]
Berore J. Wolfert
Senior Policyowner Service Representative

cc: CAPITOL BANKERS LIFE INSURANCE COMPANY Agent # 735

Member of the American Life Assurance Company
Group of Companies

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-90
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3542.89
Net Loan \$ 3323.84
Date Loan Granted 2-27-90
Person Processing Loan TH

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

When Repaid:

Attach copy of check received _____

When Deducted from Face & Cash Values:

Clear loan and interest amounts from POLP _____

POLICYOWNER SERVICE NOTES

Policy Number 1009208 Person Calling _____
Date 1-26-90 Phone Number _____

Cheryl received payment for 12-27-89
however not enough - told her to bill
for remaining due - TH

2-16-90 Sandy from NSA called & she is sending in
the 162.46 by 2-27-90. I told her
the policy will lapse after that. TH

2-27-90 - Called NSA & left message for
Sandy indicating no payment has
been sent. Additional prem. needed
for Dec. 5 prem. TH

2-27-90 - Sandy said she will be sending
in the check today - TH
I told Sandy there was not sufficient
funds for the just monthly prem. due
Dec. 27, 1989 but we could APL you
1-27-90 to 3-27-90. I called & clarified
this with Sandy & told her she is to do
the follow-up on premiums due that
this was a one time exception. TH

-8-90 - Per Sandy Kappa - APL policy for
2-27-90 to 3-27-90 TH



JAN 26 1990

(312) 993-0537



National Service Association
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606

DATE: January 23, 1990
TO: Terri Holfert
FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to APL Simon Bernstein's policy #1009208 for the 1/27/90 - 3/27/90 period (2 monthlies).

Please send me a confirmation letter when the APL has gone through.

Sincerely,

Sandy Kapsa

Enclosure

JCK000797

JAN 5 1966

JAN 26 1990

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
200 East Wisconsin Avenue, P.O. Box 2000
Milwaukee, Wisconsin 53201-2000
414/271-4000 FAX 414/271-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon L. Bernstein

The Policy (X of 25 only) enclosed as instructed below

CHANGE MAIL ADDRESS TO (Do not send Policy)
[New Mail Address]

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL policy #1009208 for the 1/27/90 - 3/27/90
Make the Automatic Premium Loan provision effective, if provided in the policy period. (2 monthlies)

PAID-UP INSURANCE (Send Policy)
I request that the Paid Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

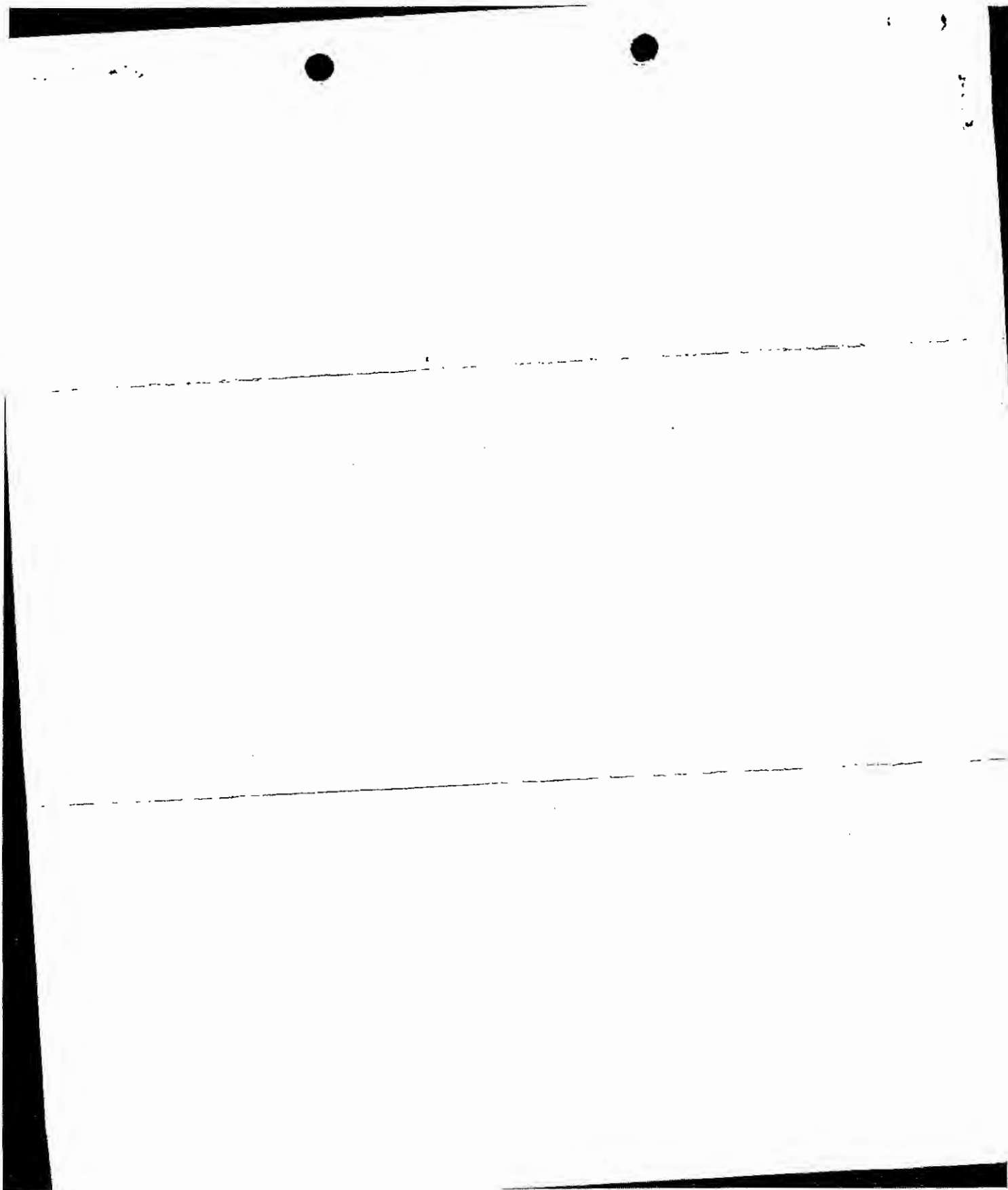
CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to Insured)
Primary (Payee at death of Insured)
Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent _____ Date _____
Agent _____ Date _____
FIRST OF AMERICA TRUST COMPANY
BY: [Signature]
Personal Signature of Old Owner, if Ownership Change
Asst. V.P. & Trust Officer
Personal Signature of Policyholder (Owner)



JCK000800

02/27/90 15:58 3129930485

S. D. LEXINGTON CAPITOL BANKER



National Service Association

600 WEST JACKSON BLVD - SUITE 2000 - CHICAGO, IL 60606 (312) 993-0837

62001

Post-It brand fax transmittal memo 7671.

To	Terri Holfert	From	SHILL
Co	CAPITOL BANKERS	Co.	NSA
Dept	ADMINISTRATION	Phone #	312 993-0837
Fax #	312 277-7606	Fax #	312 993-0837

February 27, 1990

Terri Holfert
Capitol Bankers Life Ins. Co.
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, policy #1009208

Dear Terri:

Per my telephone conversations with yourself and Cheryl at Capitol Bankers Life today, I am Federal Expressing a check in the amount of \$3,486.30 for the past due owed on the 12/27/89 - 1/27/90 monthly in the amount of \$162.46, and for the 1/27/90 - 2/27/90 monthly in the amount of \$3,323.84.

As you know, all of our checks must be turned around at the Bank, which will delay the check by two days. As I previously said, I am federal expressing the check out of our office today to the bank and have requested the bank to federal express the check back immediately.

I have enclosed a copy of the check which I sent to you for the 12/27/89 - 1/27/90 monthly in the amount of \$3,161.38. Considering that when I sent this check in, the billing statement which I received from Capitol Bankers Life showed the amount due for the December monthly as \$3,161.38 (copy of billing statement enclosed). The check will be in your office March 6th and I will expect no lapse at least through this period. Also, I called Capitol Bankers Life in January, 1990 to see if there was sufficient funds in the policy to APL Mr. Bernstein's policy for two monthly premiums. At that time, I was told there was sufficient funds in the policy for the APL, and I proceeded to request the APL. Now, I am told that there are no funds available to process the APL for the two monthlies.

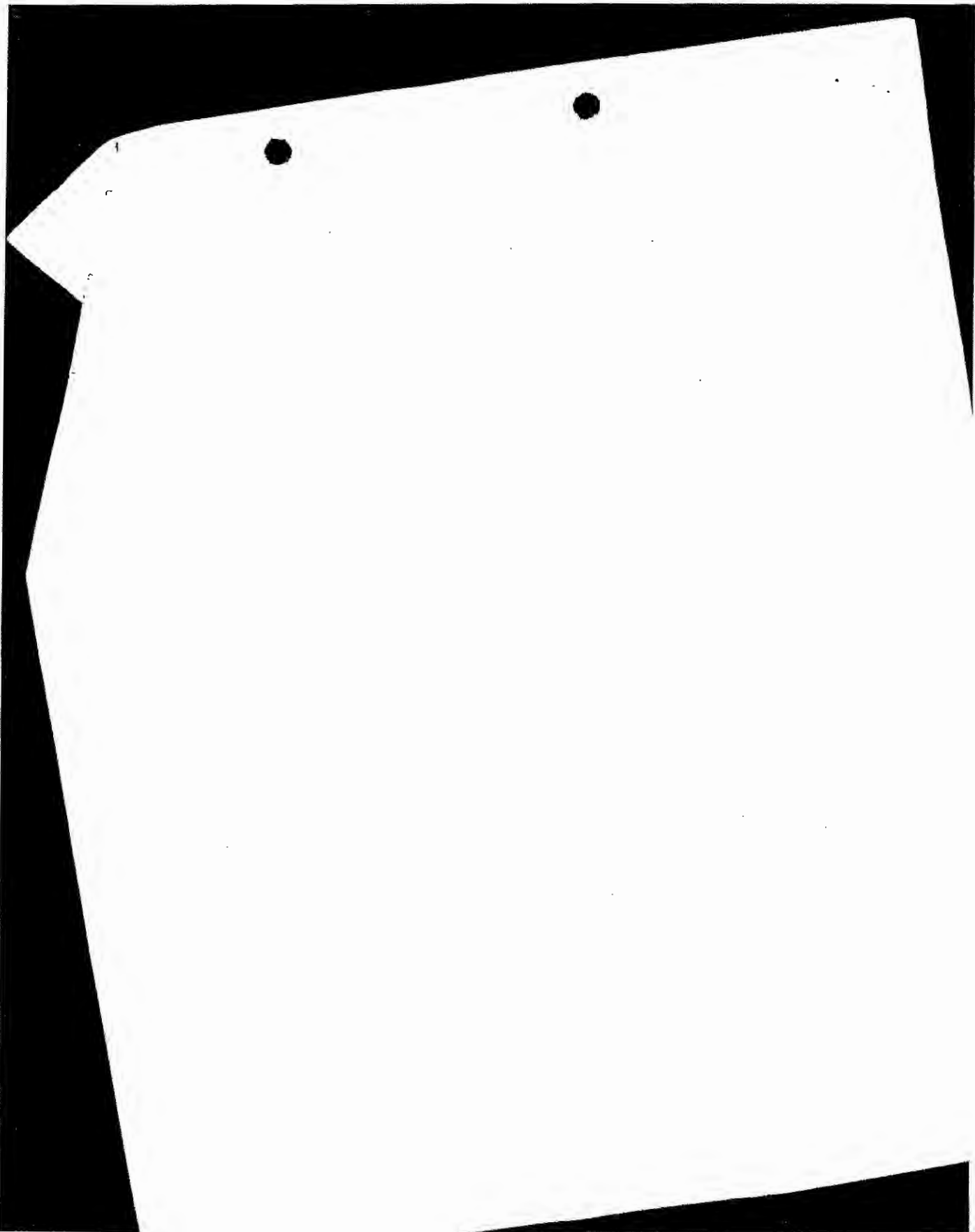
I appreciate your patience in this matter and believe that there will be no problem to hold this policy open until Tuesday, March 6th, when you will be receiving by Federal Express a check to pay this policy to 2/27/90.

Sincerely yours,

Handwritten signature
dy Kapsa

osure

JCK000801



JCK000802

02/27/90 16:00 33129930485

S. B. LEXINGTON

CAPITOL BANKERS



First of America Bank Building, Inc.
108 East Michigan Ave.
Kalamazoo, Michigan 49001

Trust Check

②1004
155

No. 551

ACCOUNT

27945-10-4

199

JANUARY 4, 1990

*****161.00

THREE HUNDRED ONE HUNDRED SIXTY ONE ***** AND 00/100

CAPITOL BANKERS LIFE INSURANCE

PAY TO
THE
ORDER
OF

⑈550546⑈ ⑆072400421⑆ 079 01006 4⑈

1990-10-4 11:00 AM S. B. LEXINGTON

AMOUNT \$ 161.00

ADD TO CAPITAL BANKERS LIFE INSURANCE
12189 12189 12189 12189

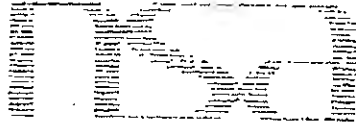
02/27/90

16:00

3129930485

S. B. LEXINGTON

CAPITOL BANKERS



National Service Association

630 WEST JACKSON BLDG - SUITE 800 - CHICAGO, IL 60606 (312) 992-0537

0003

Date: January 10, 1990

To: Terri Holfert

From: Sandy Kapsa

Re: Simon Bernstein, #1009208
Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,161.38 This amount pays the
~~12/27/89 - 12/27/90~~ monthly
premium.

Thanks,


Sandy Kapsa

JCK000804

02/27/90 15:59 3312983485

S. B. LEXINGTON CAPITOL BANKERS

Capitol Bankers Life Insurance Company

P.O. Box 2016 / Milwaukee, Wisconsin 53201-9757
Telephone 414 277-9988
WATS 800 558 1011
WATS 800 242-1002 (WISCONSIN)

Due to our delay in billing, you
have 30 days from the date indicated
in red to mail your payment. **JAN 09 1990**

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
C/C NATIONAL SERVICE ASSOC
600 N. JACKSON BLVD.
CHICAGO, IL 60606

0006735

0071 01/27/90
GROUP NO. Date Due

POLICY NUMBER	NAME	MODE	PRM PERIOD	GROUP LIFE PREMIUM	PRM VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/89	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				December	3,161.28
1009208	SIMON BERNSTEIN	01	01/90	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM PAST DUE *				January	3,161.28
1009208	SIMON BERNSTEIN	01	02/90	3,161.28		3,161.28
	* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *					3,161.28
** TOTAL AMOUNT DUE **						9,483.84
TOTAL NUMBER OF POLICIES IN GROUP 0071 WITHIN THIS BILLING CYCLE = 1						
PLEASE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 2016 MILWAUKEE						

MAR 05 1990



National Service Association

600 WEST JACKSON BLVD. • SUITE 800 • CHICAGO, IL 60606 (312) 993-0537

February 27, 1990

Terri Holfert
Capitol Bankers Life Ins. Co.
205 E. Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-9757

Re: Simon Bernstein, policy #1009208

Dear Terri:

Per my telephone conversations with yourself and Cheryl at Capitol Bankers Life today, I am Federal Expressing a check in the amount of \$3,486.30 for the past due owed on the 12/27/89 - 1/27/90 monthly in the amount of \$162.46, and for the 1/27/90 - 2/27/90 monthly in the amount of \$3,323.84.

As you know, all of our checks must be turned around at the Bank, which will delay the check by two days. As I previously said, I am federal expressing the check out of our office today to the bank and have requested the bank to federal express the check back immediately.

I have enclosed a copy of the check which I sent to you for the 12/27/89 - 1/27/90 monthly in the amount of \$3,161.38. Considering that when I sent this check in, the billing statement which I received from Capitol Bankers Life showed the amount due for the December monthly as \$3,161.38 (copy of billing statement enclosed). The check will be in your office March 6th and I will expect no lapse at least through this period. Also, I called Capitol Bankers Life in January, 1990 to see if there was sufficient funds in the policy to APL Mr. Bernstein's policy for two monthly premiums. At that time, I was told there was sufficient funds in the policy for the APL, and I proceeded to request the APL. Now, I am told that there are no funds available to process the APL for the two monthlies.

I appreciate your patience in this matter and believe that there will be no problem to hold this policy open until Tuesday, March 6th, when you will be receiving by Federal Express a check to pay this policy to 2/27/90.

Sincerely yours,

Sandy Kapsa

Enclosure

JCK000806

Capitol Bankers Life Insurance Company

MAR 05 1990



P.O. Box 2016 / Milwaukee, Wisconsin 53201-9757
 Telephone 414 277-9998
 WATS 800 558-1011
 WATS 800 242-1002 (WISCONSIN)

Due to our delay in billing, you have 30 days from the date indicated in red to mail your payment. **JAN 09 1990**

GROUP LIFE INSURANCE PLAN

S B LEXINGTON TRUST
 C/C NATIONAL SERVICE ASSOC
 600 W. JACKSON BLVD.
 CHICAGO, IL 60606

0000735

0071	01/27/90
GROUP NO.	Date Due

POLICY NUMBER	NAME	MODE	BYMT PERIOD	GROUP LIFE PREMIUM	EXTRA VALUE ACCOUNT	TOTAL AMOUNT DUE
1009208	SIMON BERNSTEIN	01	12/89	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM PAST DUE *						December 3,161.28
1009208	SIMON BERNSTEIN	01	01/90	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM PAST DUE *						January 3,161.28
1009208	SIMON BERNSTEIN	01	02/90	3,161.28		3,161.28
* TOTAL GROUP LIFE PREMIUM CURRENT MONTH *						3,161.28
** TOTAL AMOUNT DUE **						9,483.84
TOTAL NUMBER OF POLICIES IN GROUP # 0071 WITHIN THIS BILLING CYCLE = 1						
MAKE CHECKS PAYABLE TO: CAPITOL BANKERS LIFE P.O. BOX 2016 MILWAUKEE, WISCONSIN 53201 YOUR COPY						

FORM DP5890 (10-89)

MAR 05 1990



National Service Association

600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL 60606 (312) 993-0537

Date: January 10, 1990

To: Terri Holfert

From: Sandy Kapsa

Re: Simon Bernstein, #1009208
Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,161.38 This amount pays the
12/27/89 - 1/27/90 monthly
premium.

Thanks,


Sandy Kapsa

JCK000808



First of America Bank Michigan NA
108 East Michigan Ave
Kalamazoo, Michigan 49007

Trust Check ^{12 42}
⁷²⁴ MAR 05 1990
No. 550546

ACCOUNT

27945-10-4

JANUARY 4, 1990

190 *****3,161.30

THREE THOUSAND ONE HUNDRED SIXTY ONE ***** AND 20/100**

CAROLYN BANKERS LIFE INSURANCE

PAY TO
THE
ORDER
OF

⑈550546⑈ ⑆022400421⑆ 029 01006 4⑈

27945-10-4 190 10 01006 01006 788

JANUARY 4, 1990 1990 01006 01006

PAY TO CAROLYN BANKERS LIFE INSURANCE FOR
2 107700 142000 01006 01006

06

Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414 277-9998 • 800 825-0003 • FAX 414 277-7006

November 7, 1989

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON FERNSTEIN
Policy #1009208

Dear Sir/Madam:

The executed ownership change for the above mentioned policy
is as follows:

UNITED BANK OF ILLINOIS
AS TRUSTEE
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

Capitol Bankers Life Insurance Company is happy to be of service
to you. If we can be of any further assistance, please feel free
to contact our office at 1-800-558-1011 or 1-800-242-1002 in
the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Carrie A. Lombardi
Carrie A. Lombardi
Policyowner Service Department

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

Attach This Endorsement to Your Policy

The policy to which this endorsement is attached is hereby changed to read and apply as follows, and ceases to apply as heretofore written:

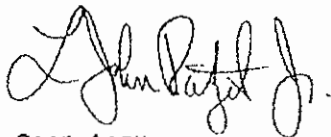
*** HOME OFFICE ENDORSEMENT ***

Ownership Designation- United Bank of Illinois as Trustee

Except as otherwise provided herein, this endorsement is subject to all terms, provisions and limitations of the policy to which it is attached.

This endorsement is attached to and forms a part of Policy Number 1009208 dated December 27, 1982 and issued to Simon Bernstein

Dated this 7th day of November, 19 89.



Secretary
Capitol Bankers Life Insurance Company



OCT 02 1989

National Service Association

600 WEST JACKSON BLVD - SUITE 800 - CHICAGO, IL 60606 (312) 993-0537

September 28, 1989

Terri Holfert
Capitol Bankers Life
205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, WI 53201-2016

10-16-89
From Terri H.

Re: Simon Bernstein, #1009208

Dear Terri:

I received your confirmation letter for Simon Bernstein's policy, #1009208, paying his premium until 10/27/89.

We have not been using First Arlington Bank as Trustee for at least a year. United Bank of Illinois has been the new Trustee and was replaced by First Arlington Bank.

Please change your files. If you need any documentation showing this change, please let me know.

Sincerely,


Sandy Kapsa

JCK000812

ROUTING SCHEDULE FOR POLICY LOANS POLICY# 1009208

NAME Simon Bernstein

<u>Priority</u>	<u>Person</u>	<u>Date Received</u>	<u>Date Forwarded</u>	<u>Initials</u>
1	Teri Darlene Accounting		10/20/89	JMP
	Eileen AR's			
	Wendy Billing			
2	Carolyn A. Reinsurance	CO	10/23/89	CA
3	Teri Darlene Accounting		10/21/89	JMP

Fixed loan

VLR GROSS LOAN _____

INTEREST _____

TYPE OF LETTER _____

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208
 FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1989

INSURED: SIMON BEPNSTEIN
 POLICY OWNER: FIRST ARLINGTON BANK TRUSTEE OF
 C/O NATIONAL SERVICE ASSOCIATION
 500 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 60606-0000

AGT NUM: J000735
 AGENT: CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757

PHONE: 414-277-9998

PREMIUM PAYMENT MODE: NON-LIST
 EACH PAYMENT: \$3,323.83

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1989	GUARANTEED FOR YEAR ENDING DEC 27, 1990
CURRENT RATE BASIS INTEREST	9.00%	9.00%
SUM INSURED	\$1,909,494	\$1,889,693
CASH VALUE - START OF YEAR	\$ 7,580.24	\$11,261.02
ADD: TOTAL PREMIUMS FOR YEAR	\$37,935.36	\$39,885.96
DEDUCT: INTEREST CREDIT	\$ 3,386.27	\$ 3,867.18
MORTALITY CHARGE	\$ 9,851.86	\$10,912.28
EXPENSE CHARGE	\$ 7,988.92	\$ 8,304.65
POLICY LOAN	\$19,800.07	\$ 0.00
NET CASH VALUE - END OF YEAR	\$11,261.02	\$35,797.23
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$37,981.68
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,889,693:		
OPTION A - CURRENT RATE BASIS		\$37,981.68
OPTION B - GUARANTEED RATE BASIS		\$71,684.88

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1990.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000814

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 10-03154

SIHOW BERNSTEIN
 MALE, AGE 47, NONSMOKER
 INITIAL DEATH BENEFIT: \$1,889,693
 CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
 EXTRA VALUES INCREASE CASH VALUES
 DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 8)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1C	57	1889693	37981.68	27203	88836	10	1889693	74441.31	44985	125313
15	62	1889693	37981.68	31163	238410	15	1889693	74441.31	46176	354536
20	67	1889693	37981.68	32445	395732	20	1889693	74441.31	45315	583199
AGE	60	1889693	37981.68	29985	176705	13	1889693	74441.31	45924	262280
AGE	65	1889693	37981.68	31245	331328	18	1889693	74441.31	45987	492861
AGE	70	1889693	37981.68	34403	496662	23	1889693	74441.31	43171	715820
AGE	75	1889693	37981.68	36843	677592	28	1889693	74441.31	40109	921129

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 7	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	15.67	13.69	29.34	27.52
NET PAYMENT INDEX	18.82	19.27	33.78	35.75

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757
 414-277-9998

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
 P. O. BOX 2016
 205 E. WISCONSIN AVE.
 MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
 YEAR BY YEAR, ALWAYS LOOKING FORWARD

SEPTEMBER 29, 1989

PAGE 1 OF 2

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 8)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
7	54	1909494	36123.87	3681	11261	7	1909494	36123.87	3681	11261
8	55	1889693	37981.68	24536	35797	8	1889693	37981.68	24536	35797
9	56	1889693	37981.68	25836	61633	9	1889693	74441.31	44531	80328
10	57	1889693	37981.68	27203	88836	10	1889693	74441.31	44985	125313
11	58	1889693	37981.68	28452	117288	11	1889693	74441.31	45367	170680
12	59	1889693	37981.68	29432	146720	12	1889693	74441.31	45676	216356
13	60	1889693	37981.68	29985	176705	13	1889693	74441.31	45924	262000
14	61	1889693	37981.68	30542	207247	14	1889693	74441.31	46080	308300
15	62	1889693	37981.68	31163	238410	15	1889693	74441.31	46176	354536
16	63	1889693	37981.68	31141	269551	16	1889693	74441.31	46199	400735
17	64	1889693	37981.68	30531	300082	17	1889693	74441.31	46139	446874
18	65	1889693	37981.68	31245	331328	18	1889693	74441.31	45987	492861
19	66	1889693	37981.68	31960	363287	19	1889693	74441.31	45723	538584
20	67	1889693	37981.68	32445	395732	20	1889693	74441.31	45315	583899
21	68	1889693	37981.68	32974	428706	21	1889693	74441.31	44747	628646
22	69	1889693	37981.68	33553	462259	22	1889693	74441.31	44004	672650
23	70	1889693	37981.68	34403	496662	23	1889693	74441.31	43171	715820
24	71	1889693	37981.68	35897	531911	24	1889693	74441.31	41533	759667
25	72	1889693	37981.68	36723	567941	25	1889693	74441.31	39244	8000119
26	73	1889693	37981.68		604775	26	1889693	74441.31		
35	82	1889693	37981.68	34599	928075	35	1889693	74441.31	33426	1180551
40	87	1889693	37981.68	30962	1095186	40	1889693	74441.31	28580	1331379
45	92	1889693	37981.68	31322	1234255	45	1889693	74441.31	29219	1473750
50	97	1889693	37981.68	68839	1480016	50	1889693	74441.31	43333	1651353
53	100	1889864	37981.68	187625	1889864	53	1890446	74441.31	144987	1890446

JCK00816

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: SEP 29, 1989 at 06:34 AM. STATUS: USED1

AGENT NUMBER: 0000735 AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C
PRODUCT: Standard CVL life, # of Lives: 1, State Code: IL
DEBRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

PLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: to be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: SEP 29, 1989

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	37981.68	4.00	1519.27
RISK INCREASE PREMIUM	0.00	60.00	0.00
FIAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	37981.68		1519.27

INFORCE Information for Policy #1009208 Years in Force: 8
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
Premium Mode: NON-LIST Owners Name: FIRST ARLINGTON BANK TRUSTEE OF
Address: C/O NATIONAL SERVICE ASSOCIATION City: CHICAGO IL606060

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. O.C, Defra: O
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:

Basic Benefit:	\$1,889,693	Basic Premium:	\$37,981.68
Init. Cash Value:	\$11,261.02	Basic Cash Value:	\$35,797.23
Pour-In Premium:	\$ 0.00	Pour-In Cash Value:	\$ 0.00
Total of Premiums:	\$241,255.64	(Through Current Year)	

Values Compute (as Projected Values at End of Next Year:

Total Sum Insured:	\$1,889,693	Total Premium:	\$37,981.68
Total Cash Value:	\$61,633.34	Scheduled Payout:	\$ 0.00

Rating Basis Code: 8641. Interest: 9.00% Current Mortality Table #: S3531
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.40, K2: 0.80, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Pt): 37981.673304; Net-Gross: Ks: 0.8314880101
Second Level Breakpt. (Gt): 69889.451055; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Pt*(Kk - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:

Mortality Cost per \$1000, First Year (Cx):	1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax):	89.4624635
Discounted Value, Life Annuity of \$1.00 (ax):	9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:

Mortality Cost per \$1000, During Year (Cx):	5.8800000
Paid-Up Cash Value per \$1000, End Year (Ax):	184.7885292
Discounted Value, Life Annuity of \$1.00 (ax):	9.88159448

Values Computed for Current Year to Define Target Objective:

Target Cash Value:	35797.2256	Tgt. Net Premium:	31581.3060
Extra Value Amount:	0.00	Added Benefit Amount:	-110306.57

DEPARTMENT ROUTING SCHEDULE

POLICY # 100920 NAME _____

Priority	Department/ Person	Date Received	Date Forwarded	Initials
1	POS - Terri, Janice Eileen, Carrie, Darlene, Carolyn S.		9-19-89	TH
2	COMMISSIONS: Debbie Scott - UVL		9-19-89	JS
	Accounting: Janice/POS			
	Logging: Janice/POS Premium Changes Face Increases			
	PREMIUM ACCOUNTING PAC - Kathy M. Direct Bill - Diane Group Bill - Wendy Gerard - Nonforfeitures			
	ACTUARY			
	Conservation			
3	Other: Teri		9-20-89	TH
4	Other: Gerard		9/20/89	

Conserved _____ Reduced Paid-Up _____ APL Before Surrender _____
 Conversion _____ Face Change _____ Request for Cash Value _____



Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998 • 800/825-0003 • FAX 414/277-7606

September 20, 1989

First Arlington Bank Trustee of
c/o National Service association
600 W. Jackson Blvd, Suite 800
Chicago, IL 60606

RE: Simon Bernstein - Policy #1009208

Dear Sir or Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to October 27, 1989, by a premium loan.

The status of the loan is as follows:

Net Loan	\$6,322.56
Interest	\$143.47
Total Gross Loan	\$6,466.03

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,
CAPITOL BANKERS LIFE INSURANCE COMPANY

Terese M. Holfert
Senior Policyowner Service Representative

TMH/jh-9

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3243.57
Net Loan \$ 3161.28
Date Loan Granted 8-27-89
Person Processing Loan Teri #

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach copy of check received _____
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy - 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3222.46
Net Loan \$ 3161.28
Date Loan Granted 9-27-89
Person Processing Loan T.H.

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach copy of check received _____
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____



National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO, IL 60600

SEP 01 1989

(312) 993-0537

DATE: August 29, 1989

TO: Terri Holfert

FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

Dear Terri:

Enclosed please find a request letter to API Simon Bernstein's policy, #1009208 for the 8/27/89 - 10/27/89 period.

Please notify me at the completion of this request.

Thank you.

Sincerely,

Sandy Kapsa

Enclosure

JCK000824

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE INSURANCE
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-0218
414/277-9200 FAX 414/58-1611

SEP 01 1989

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy (is or is not) enclosed as instructed below

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
(Both signatures required below) (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL Simon Bernstein's policy #1009208 for the
Make the Automatic Premium Loan provision effective, if provided in the policy 8/27/89 - 10/27/89 period (2 monthlies)

PAID UP INSURANCE (Send Policy) Please notify me at the completion of the
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available request.

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiary (Give full name, age, and relationship to Insured)
Primary (Payee at death of Insured)
Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent ✓ Date 8/23/89 X Insurance Dept
Personal Signature of Old Owner, if Ownership Change

Agent _____ Date _____
Personal Signature of Policyholder (Owner)

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME _____

Priority	Department/ Person	Date Received	Date Forwarded	Initials
1	POS - Teri, Janice Eileen, Carrie, Darlene, Carolyn S.		7-10-89	TH
2	COMMISSIONS: Debble Scott - UVL		7-11-89	ASJ
	Accounting: Janice/POS			
	Logging: Janice/POS Premium Changes Face Increases			
3 1/2	PREMIUM ACCOUNTING PAC - Kathy M. Direct Bill Diane Group Bill - Wendy Gerard - Nonforfeitures		7-18-89	DB
	ACTUARY			
	Conservation			
3	Other: Teri		8-11-89	TH
4	Other: Gerard		8/20/89	GAM

Diane

Bill required

25.

Conserved _____ Reduced Paid-Up _____ APL Before Surrender _____

Conversion _____ Face Change _____ Request for Cash Value _____

Capitol Bankers Life

206 East Wisconsin Avenue P.O. Box 2016 Milwaukee, Wisconsin 53201-2016
414-277-9938 • 800-825-0003 FAX 414-277-7806

INSURED NAME				
SIAON HFRANSTEIN				
MONTHS COVERED	PREMIUM	EXTRA VALUE ACCT	AMOUNT DUE	DATE DUE
1	3,161.28		3,161.28	27JUL1989
POLICY NUMBER	PLAN CODE	LOAN INTEREST	FACE AMOUNT	
1099283	TVL		1,759,494.00	

S.B. FRANKLIN TRUST
C/O NATIONAL SERVICE ASSOCIATION
600 W. JACKSON BLVD, SUITE 200
CHICAGO, IL 60605

If you have an address change, please check here and make any necessary corrections on this remittance.

— PLEASE RETURN THIS PORTION WITH YOUR PAYMENT —

Capitol Bankers Life

206 East Wisconsin Avenue P.O. Box 2016 Milwaukee, Wisconsin 53201-2016
414-277-9938 • 800-825-0003 FAX 414-277-7806

POLICY NO	INSURED NAME		
1099283	SIAON HFRANSTEIN		
ISSUE DATE	DATE DUE	AMOUNT DUE	
27DEC1982	27JUL1989	3,161.28	

AUG 16 1989

— PLEASE RETAIN THIS COPY FOR YOUR RECORDS —

PA 09/01

7 89



Capitol Bankers Life

205 East Wisconsin Avenue
P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998 • 800/825-0005 • FAX-414/277-7606

August 9, 1989

First Arlington Bank Trustee of
c/o National Service Association
600 W. Jackson Blvd, Suite 800
Chicago, IL 60606

RE: Simon Bernstein - Policy #1009208

Dear Sir or Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to July 27, 1989, by a premium loan.

The status of the loan is as follows:

Net Loan	\$6,322.56
Interest	\$269.99
Total Gross Loan	\$6,592.55

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,
CAPITOL BANKERS LIFE INSURANCE COMPANY

Terese M. Holfert

Terese M. Holfert
Senior Policyowner Service Representative

TMH/jh-9

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3285.51
Net Loan \$ 3161.28
Date Loan Granted 6-27-89
Person Processing Loan TH

183

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

Loan Repaid:
Attach copy of check received _____

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3307.04
Net Loan \$ 3161.28
Date Loan Granted 5-27-89
Person Processing Loan TH

214

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach copy of check received _____
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____



National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO IL 60606

(312) 993-0537

DATE: July 17, 1989

TO: Terri Holfert

FROM: Sandy Kapsa

SUBJECT: Simon Bernstein, #1009208

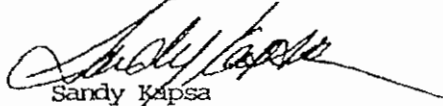
Dear Terri:

Enclosed please find a request letter for Simon Bernstein, policy #1009208.

Please APL his policy for 5/27/89 - 7/27/89 period.

Please let me know when the request has been processed.

Sincerely,



Sandy Kapsa

Enclosure

JCK000831

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE INSURANCE
205 East Wisconsin Avenue, Dept. 1000, 2018
Washington, Wisconsin 53091-9757
414/277-9998 800/538-1011

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Teri, please APL Simon Bernstein's policy, #1009208, for
Make the Automatic Premium Loan provision effective, if provided in the policy the 5/27/89 - 7/27/89 period (2 monthlies

PAID UP INSURANCE (Send Policy)

Please notify me at the completion of this request.

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____

(Print old name)

to _____

(Print new name)

State reason for change _____

If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder"

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

United Bank of Illinois, N.A.

Agent _____

07/13/89
Date

BY: Heavenly Sign

Asst. V.P. & Trust
Personal Signature of Old Owner, if Ownership Change Officer

Agent _____

Date

Personal Signature of Policyholder (Owner)

JCK000832

POLICYOWNER SERVICE NOTES

Policy Number 1009208 Person Calling In Sandy NSA

Date July 10, 1989

Phone Number 312-993-0537

called in for CV. I told her the policy
is paid to 5027-89 & we had a request
to pay the policy to 5-27-89. She is
sending in another request. T.H.



National Service Association
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606

(312) 993-0537

DATE: June 19, 1989

TO: Teri Holfert

FROM: Sandy Kapsa

6-22-89

SUBJECT: Simon Bernstein, #1009208

Dear Teri:

Enclosed please find a request letter to APL Simon Bernstein's policy, #1009208 for the 4/27/89 - 5/27/89 monthly.

Please notify me at the completion of this request.

Sincerely,


Sandy Kapsa

Enclosure

JCK000834

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-0717
414/277-9900 800/548-1011

REQUEST LETTER

6-22-89

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL Simon Bernstein, policy #1009208 for the
Make the Automatic Premium Loan provision effective, if provided in the policy 4/27/89 - 5/27/89 monthly. Please notify
me at the completion of this request.

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (If none at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____ Date 6/16/89 By: Marissma United Bank of Illinois, N.A. Asst. VP & Trust Officer
Personal Signature of Old Owner, If Ownership Change
Agent _____ Date _____ Personal Signature of Policyholder (Owner)

JCK000835

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208

NAME _____

PRIORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
1	POS - Karen, Paula, Linda Diane, <u>Terry</u> , Kris		5-2-89	Teri
2	Commissions: Debbie Scott S. - UVL		5-3-89	ASL
	Accounting Log			
	Premium Accounting: PAC - Gerard Direct Bill - Nina Group Bill - Marie D			
	Reinsurance			
3	Other Teri - APL		6-9-89	TH
4	Other Gerard - Billing		6/9/89	JAM
	Micro			

Comments:

Wendy,
please back bill
JAM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue, P. O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998
800/558-1011
FAX 414/277-7606

June 8, 1989

First Arlington Bank Trustee of
c/o National Service Association
600 W. Jackson Blvd. Suite 800
Chicago, IL 60606

RE: Simon Bernstein - Policy #1009208

Dear Sir or Madam:

I am writing this letter in response to your request. The above mentioned policy has been paid to April 27, 1989, by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,161.28
Interest	\$188.52
Total Gross Loan	\$3,349.80

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

Capitol Bankers Life Insurance Company enjoys serving you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,
CAPITOL BANKERS LIFE INSURANCE COMPANY

Terese M. Holfert

Terese M. Holfert
Senior Policyowner Service Representative

TMH/Jh-9

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3349.80
Net Loan \$ 3161.28
Date Loan Granted 4-27-89
Person Processing Loan Teri

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____

Loan Repaid:
Attach copy of check received _____

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP _____

POLICYOWNER SERVICE NOTES

POL. NO.

DATE	NOTES
	<p>Jeri - The money in suspense was sent by the group for payment. The total was not enough to cover the premium so I billed for balance \$155.03. Sandy Kappa called and said she would sent the difference. Money (300625) was put in suspense April 10.</p> <p>Wendy</p> <p>5-19-89. Per Sandy - (VSA) - sent money 2 days ago TH</p>



MAY 22 1989

National Service Association

600 WEST JACKSON BLVD. - SUITE 800 - CHICAGO, IL 60606 (312) 993-0537

DATE: April 28, 1989
TO: Teri Qualmann
FROM: Sandy Kapsa
RE: Simon Bernstein/1009208

Dear Teri:

Enclosed please find a request letter for Simon Bernstein, policy #1009208. Please APL his policy for the period 3/27/89 - 4/27/89.

Please notify me at the completion of this request.

Sincerely,


Sandy Kapsa

Enclosure

JCK000840

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-0216
414/277-9000 800/538-1011

MAY 02 1989

REQUEST LETTER

TO Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL Si Bernstein's policy #1009208 for the
Make the Automatic Premium Loan provision effective, if provided in the policy period 3/27/89 - 4/27/89 monthly. Please
notify me at the completion of this request

PAID UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder"

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to Insured)
Primary (Payee at death of Insured) _____
Successor (Substitute payee if no Primary payee living) _____

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent X 04/24/89 Date X By: Charlene Lipp
ASST. V.P. & TRUST OFFICER
Agent _____ Date _____ Personal Signature of Policyholder (Owner) _____

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME _____

PRORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
1	POS - Karen, Paula, Linda Diane, <u>Terry</u> , Kris		4-3-89	Teri
2	Commissions: Debbie Scott S. - UWL		4-3-89	S.S.
	Accounting Log			
	Premium Accounting: PAC - Gerard Direct Bill - Nina Group Bill - Marie D			
	Reinsurance			
3	Other Teri - APL		4-3-89	TH
4	Other Gerard - Billing			
	Micro			

Comments:



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9998
800/558-1011
FAX 414/277-7808

April 3, 1989

FIRST ARLINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATION
600 N. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

Re: SLOTT BERNSTEIN
Policy #1009206

Dear Sir/Madame:

In response to your request, the above mentioned policy has
been paid to 27Feb1989 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,161.28
Interest	\$239.41
Total Gross Loan	\$3,391.69

If the loan is not repaid by the next anniversary date, the cash
value and face amounts will be reduced by the amount of the
loan. The premium may increase so that the cash value will equal
the policy face amount at the policy target a.e.

We enjoy being of service to you. If you have any questions, feel
free to contact our office at 1-800-558-1011 or 1-800-242-1002
in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Teri Hoepf
Policyservice Department

Enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000735

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-89
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3391.69
Net Loan \$ 3161.28
Date Loan Granted 1-27-89
Person Processing Loan Teri H.

334

Checklist:

- Verify that policy paid current ✓
- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach copy of check received _____
Loan Deducted from Face & Cash Values:
Clear loan and Interest amounts from POLP _____



National Service Association
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606

(312) 993-0537

DATE: February 24, 1989

MAR 03 1989

TO: Teri Qualmann

FROM: Sandy Kapsa

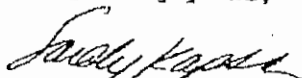
SUBJECT: Simon Bernstein/#1009208

Dear Teri:

Please APL Si Bernstein, policy #1009208 as instructed on the enclosed form.

Please notify me at the completion of this request.

Very truly yours,


Sandy Kapsa

Enclosure

JCK000845

ROUTING SCHEDULE FOR POLICY LOANS

POLICY # 1009208

NAME Simon Bernstein

<u>Priority</u>	<u>Person</u>	<u>Date Received</u>	<u>Date Forwarded</u>	<u>Initials</u>
1	Janice Accounting		12-29-88	AS
2	Eileen AR's	12/29/88	12/29/88	EMK
	Wendy Billing			
3	Carolyn A. Reinsurance	CO	1/13/89	CA
4	Janice Accounting	1-13-89	1-13-89	AS

VLR GROSS LOAN NA

INTEREST _____

TYPE OF LETTER _____

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1988

INSURED: SIMON BERNSTEIN
 POLICY OWNER: FIRST ARLINGTON BANK TRUSTEE OF
 C/O NATIONAL SERVICE ASSOCIATION
 600 W. JACKSON BLVD, SUITE 800
 CHICAGO, IL 606060000

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757

PHONE : 414-277-9998

SUM INSURED OF \$1,928,364
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$3,161.28

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1988	GUARANTEED FOR YEAR ENDING DEC 27, 1989
CURRENT RATE BASIS INTEREST	9.00%	9.00%
SUM INSURED	\$1,928,364	\$1,909,494
CASH VALUE - START OF YEAR	\$ 3,660.35	\$ 7,580.24
ADD: TOTAL PREMIUMS FOR YEAR	\$36,076.20	\$37,935.36
INTEREST CREDIT	\$ 2,890.83	\$ 3,386.27
DEDUCT: MORTALITY CHARGE	\$ 8,488.98	\$ 9,851.86
EXPENSE CHARGE	\$ 7,687.85	\$ 7,988.92
POLICY LOAN	\$18,870.31	\$ 0.00
NET CASH VALUE - END OF YEAR	\$ 7,580.24	\$31,061.09
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$36,123.87
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,909,494:		
OPTION A - CURRENT RATE BASIS		\$36,123.87
OPTION B - GUARANTEED RATE BASIS		\$69,130.68

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1989.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

JCK000849

1009208

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. JG-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSHOKER
INITIAL DEATH BENEFIT: \$1,909,494
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 7)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
10	57	1909494	36123.87	27203	108636	10	1909494	71763.07	44523	16321
15	62	1909494	36123.87	31163	258210	15	1909494	71763.07	45702	390088
20	67	1909494	36123.87	32445	415532	20	1909494	71763.07	44850	617098
AGE	60	1909494	36123.87	29985	196505	13	1909494	71763.07	45453	298779
AGE	65	1909494	36123.87	31245	351128	18	1909494	71763.07	45515	526994
AGE	70	1909494	36123.87	34403	516462	23	1909494	71763.07	42728	747666
AGE	75	1909494	36123.87	36843	697390	28	1909494	71763.07	39698	950868

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 6	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	13.90	12.34	26.46	25.47
NET PAYMENT INDEX	17.71	18.14	32.18	34.08

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO
205 E. WISCONSIN AVE.
MILWAUKEE, WI 53202-9757
414-277-9998

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 23, 1988

PAGE 1 OF 2

JCK000860

1009208

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. JG-03154

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 7)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
6	53	1928364	34353.31	3920	7580	6	1928364	34353.31	3920	7580
7	54	1909494	36123.87	23481	31061	7	1909494	36123.87	23481	31061
8	55	1909494	36123.87	24536	55597	8	1909494	71763.07	43559	74620
9	56	1909494	36123.87	25836	81433	9	1909494	71763.07	44074	11869
10	57	1909494	36123.87	27203	108636	10	1909494	71763.07	44523	16321
11	58	1909494	36123.87	28452	137088	11	1909494	71763.07	44902	208119
12	59	1909494	36123.87	29432	166521	12	1909494	71763.07	45207	253326
13	60	1909494	36123.87	29985	196505	13	1909494	71763.07	45453	298779
14	61	1909494	36123.87	30542	227047	14	1909494	71763.07	45607	344386
15	62	1909494	36123.87	31163	258210	15	1909494	71763.07	45702	390088
16	63	1909494	36123.87	31141	289351	16	1909494	71763.07	45725	435813
17	64	1909494	36123.87	30531	319882	17	1909494	71763.07	45666	481479
18	65	1909494	36123.87	31245	351128	18	1909494	71763.07	45515	526994
19	66	1909494	36123.87	31960	383087	19	1909494	71763.07	45254	572248
20	67	1909494	36123.87	32445	415532	20	1909494	71763.07	44850	617098
21	68	1909494	36123.87	32974	448506	21	1909494	71763.07	44288	661385
22	69	1909494	36123.87	33553	482059	22	1909494	71763.07	43553	704938
23	70	1909494	36123.87	34403	516462	23	1909494	71763.07	42728	747666
25	72	1909494	36123.87	35897	587711	25	1909494	71763.07	41107	830652
26	77	1909494	36123.87	36723	770994	30	1909494	71763.07	38842	1029047
35	82	1909494	36123.87	34599	947874	35	1909494	71763.07	33084	1207629
40	87	1909494	36123.87	30961	1112983	40	1909494	71763.07	28287	135690
45	92	1909494	36123.87	31319	1254044	45	1909494	71763.07	28921	149782
50	97	1909494	36123.87	68823	1499762	50	1909494	71763.07	42914	1673658
53	100	1909543	36123.87	187615	1909543	53	1910638	71763.07	143517	1910638

JCK000851

DOCUMENTARY LISTING FOR LEDGER #03154, STORED FOR USER LORE

RUN COMPLETION DATE: DEC 23, 1988 AT 16:05 PM. STATUS: USED L

AGENT NUMBER: 0000735

PRODUCT: STANDARD CVL LIFE,

DEFRA ENDORSEMENT: 0,

AGENT NAME: CAPITOL BANKERS LIFE INSURANCE C

OF LIVES: 1, STATE CODE: IL

PRICING BASIS: STANDARD.

PRIMARY PERSON INSURED:

SIMON BERNSTEIN

AGE: 47

SEX: M

SMOKER: N

TABLE RATING: 0.0

MAXIMUM POLICY ATTAINED AGE: 100 (53 POLICY YEARS).

FLAT EXTRA CHARGES: NONE SPECIFIED.

BASIC BENEFIT AMOUNT: \$2,000,000.00

LEVEL IN ALL YEARS.

BASIC PREMIUM AMOUNT: TO BE COMPUTED.

LEVEL IN ALL YEARS.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: NONE.

TARGET RATE BASIS: CURRENT BASIS.

EXTRA VALUE: INCREASE CASH VALUES.

INTERMED. INTEREST: NONE

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: DEC 23, 1988
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	36123.87	4.00	1444.95
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	36123.87		1444.95

JCK000853

INFORCE INFORMATION FOR POLICY #1009208 YEARS IN FORCE: 7
 POLICY DATE: 12/27/82 ISSUE DATE: 12/27/82 AGENT: 0000735 PRODUCT: CVL
 PREMIUM MODE: MON-LIST OWNERS NAME: FIRST ARLINGTON BANK TRUSTEE OF
 ADDRESS: C/O NATIONAL SERVICE ASSOCIATION CITY: CHICAGO IL606060

LEDGER DATA STORED UNDER USER: LORE LEDGER RECORD # 03154.
 LEDGER CHECK DATA: (MUST MATCH DATA FOUND ON THIS LEDGER RECORD) V5726
 PRIMARY INSURED: AGE 47, SEX M, SMOKER N, STATE IL, SUBS. RATG. 0.0, DEFRA: 0
 FLAT EXTRA: NONE SPECIFIED. NAME: SIMON BERNSTEIN

W.P. RIDER: NOT SELECTED.
 ADD RIDER: NOT SELECTED.
 SPOUSE RIDER: NOT SELECTED.
 CHILDREN'S RIDER: NOT SELECTED.

VALUES COMPUTED FOR CURRENT YEAR AND SAVED FOR NEXT RENEWAL:
 BASIC BENEFIT: \$1,909,494 BASIC PREMIUM: \$36,123.87
 INIT. CASH VALUE: \$7,580.24 BASIC CASH VALUE: \$31,061.09
 POUR-IN PREMIUM: \$ 0.00 POUR-IN CASH VALUE: \$ 0.00
 TOTAL OF PREMIUMS: \$203,273.96 (THROUGH CURRENT YEAR)

VALUES COMPUTED AS PROJECTED VALUES AT END OF NEXT YEAR:
 TOTAL SUM INSURED: \$1,909,494 TOTAL PREMIUM: \$36,123.87
 TOTAL CASH VALUE: \$55,597.30 SCHEDULED PAYOUT: \$ 0.00

RATING BASIS CODE: 8641. INTEREST: 9.00% CURRENT MORTALITY TABLE #: S3531
 GUARANTEED MORTALITY: U1001 INTEREST: 4.50% EXTRA MORTALITY TABLE #: X2001
 BASIC PREMIUM: 12.1000 PER \$1000 (PLUS 35.00 POLICY FEE).
 FIXED EXPENSE FACTORS: KL: 0.400, KR: 0.880, KK: 0.925, KI: 0.600
 VARIABLE EXPENSE FACTORS, AS OF THE END OF THIS YEAR:
 MINIMUM BASIC PREMIUM (FT): 36123.868267; NET-GROSS: KS: 0.8289930996
 SECOND LEVEL BREAKPT. (GT): 68031.646018; NET-GROSS: KG: 0.8474242130
 MAXIMUM EXPENSE ALLOWANCE: 1853.360395 (LIMITS FT*(KR - KS) AMT.)

ACTUARIAL VALUES FROM ORIGINAL BASIS, USED TO DETERMINE EXPENSE ADJUSTMENTS:
 MORTALITY COST PER \$1000, FIRST YEAR (QX): 1.3968000
 PAID-UP CASH VALUE PER \$1000, END 1ST YR. (AX): 89.4624635
 DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 9.18815150

ACTUARIAL VALUES FROM CURRENT BASIS, APPROPRIATE FOR THE CURRENT YEAR:
 MORTALITY COST PER \$1000, DURING YEAR (QX): 5.2400000
 PAID-UP CASH VALUE PER \$1000, END YEAR (AX): 173.2899896
 DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 10.01237679

VALUES COMPUTED FOR CURRENT YEAR TO DEFINE TARGET OBJECTIVE:
 TARGET CASH VALUE: 31061.0927 TGT. NET PREMIUM: 29946.4375
 EXTRA VALUE AMOUNT: 0.00 ADDED BENEFIT AMOUNT: -90506.50

JCK000854

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1987

INSURED: SIMON BERNSTEIN
 POLICY OWNER: FIRST ARLINGTON BANK TRUSTEE OF
 C/C NATIONAL SERVICE ASSOCIATES
 9933 LAWLER SUITE 210
 SKOKIE, IL 60077

AGT NUM: 0000735
 AGENT : CAPITOL BANKERS LIFE INSURANCE C
 205 E. WISCONSIN AVE.
 MILWAUKEE, WI 53202-9757

PHONE : 414-277-9998

SUM INSURED OF \$1,947,106
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: SEMIANNUAL
 EACH PAYMENT: \$17,592.18

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables and Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1987	GUARANTEED FOR YEAR ENDING DEC 27, 1988
CURRENT RATE BASIS INTEREST	10.00%	9.00%
SUM INSURED	\$1,947,106	\$1,928,364
CASH VALUE - START OF YEAR	\$ 2,501.54	\$ 3,660.35
ADD: TOTAL PREMIUMS FOR YEAR	\$30,799.04	\$35,384.36
INTEREST CREDIT	\$ 2,701.33	\$ 2,890.83
DEDUCT: MORTALITY CHARGE	\$ 7,261.22	\$ 8,488.98
EXPENSE CHARGE	\$ 6,338.18	\$ 6,996.01
POLICY LOAN	\$18,742.16	\$ 0.00
NET CASH VALUE - END OF YEAR	\$ 3,660.35	\$26,450.55
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$34,353.31
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,928,364:		
OPTION A - CURRENT RATE BASIS		\$34,353.31
OPTION B - GUARANTEED RATE BASIS		\$66,439.23

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1988.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. 57-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,928,364
CASH VALUE OBJECTIVE: WHOLE LIFE, FINISH PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 6)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
5	52	1947106	29901.54	1159	3660	5	1947106	29901.54	1159	3660
10	57	1928364	34353.31	27203	127506	10	1928364	68935.40	44071	1998
15	62	1928364	34353.31	31163	277080	15	1928364	68935.40	45238	424396
20	67	1928364	34353.31	32445	434402	20	1928364	68935.40	44394	649099
AGE	60	1928364	34353.31	29985	215376	13	1928364	68935.40	44991	334014
AGE	65	1928364	34353.31	31245	369998	18	1928364	68935.40	45053	559911
AGE	70	1928364	34353.31	34403	535333	23	1928364	68935.40	42293	778340
AGE	75	1928364	34353.31	36843	716261	28	1928364	68935.40	39294	979478

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 5	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	12.04	10.94	23.43	23.30
NET PAYMENT INDEX	16.47	16.94	30.37	32.26

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 9.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

IF THE MINIMUM REQUIRED PREMIUM FOR THE RATE BASIS IN EFFECT ON ANY RENEWAL DATE IS NOT PAID, THE POLICY WILL LAPSE.

PRESENTED BY: CAPITOL BANKERS LIFE INSURANCE CO.
205 E. WISCONSIN AVE.
MILWAUKEE, WI 53202-9757
414-277-9998

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P.O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 10, 1987

PAGE 1 OF 2

JCK000856

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 57-03154

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 6)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
5	52	1947106	29901.54	1159	3660	5	1947106	29901.54	1159	3560
6	53	1928364	34353.31	22790	26451	6	1928364	34353.31	22790	26451
7	54	1928364	34353.31	23481	49931	7	1928364	68935.40	42566	69316
8	55	1928364	34353.31	24536	74468	8	1928364	68935.40	43117	112133
9	56	1928364	34353.31	25836	100304	9	1928364	68935.40	43626	155750
10	57	1928364	34353.31	27203	127506	10	1928364	68935.40	44071	199550
11	58	1928364	34353.31	28452	155959	11	1928364	68935.40	44446	244275
12	59	1928364	34353.31	29432	185391	12	1928364	68935.40	44748	289323
13	60	1928364	34353.31	29985	215376	13	1928364	68935.40	44991	334014
14	61	1928364	34353.31	30542	245917	14	1928364	68935.40	45144	379158
15	62	1928364	34353.31	31163	277080	15	1928364	68935.40	45238	424396
16	63	1928364	34353.31	31141	308221	16	1928364	68935.40	45261	469656
17	64	1928364	34353.31	30531	338753	17	1928364	68935.40	45202	514356
18	65	1928364	34353.31	31245	369998	18	1928364	68935.40	45053	559311
19	66	1928364	34353.31	31960	401958	19	1928364	68935.40	44794	604704
20	67	1928364	34353.31	32445	434402	20	1928364	68935.40	44394	649099
21	68	1928364	34353.31	32974	467377	21	1928364	68935.40	43838	692936
22	69	1928364	34353.31	33553	500929	22	1928364	68935.40	43110	736347
23	70	1928364	34353.31	34403	535333	23	1928364	68935.40	42293	778340
25	72	1928364	34353.31	35897	606581	25	1928364	68935.40	40689	860483
30	77	1928364	34353.31	36723	789865	30	1928364	68935.40	38447	1056362
35	82	1928364	34353.31	34599	966746	35	1928364	68935.40	32747	1233629
40	87	1928364	34353.31	30962	1131858	40	1928364	68935.40	27999	1381300
45	92	1928364	34353.31	31323	1272931	45	1928364	68935.40	28625	1520900
50	97	1928364	34353.31	68847	1518715	50	1928364	68935.40	42445	1694847
53	100	1928599	34353.31	187630	1928599	53	1928974	68935.40	142036	1928974

JCK000857

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: OCT 10, 1987
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	34 353.31	4.00	1374.13
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	34 353.31		1374.13

INFORCE Information for Policy #1009208 Years in Force: 6
 Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0000735 Product: CVL
 Premium Mode: SEMIANNUAL Owners Name: FIRST ARLINGTON BANK TRUSTEE OF
 Address: C/O NATIONAL SERVICE ASSOCIATES City: SKOKIE IL60077

Ledger Data Stored Under User: LORE Ledger Record # 03154.
 Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5726
 Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratj. O.O, Defra: 0
 Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
 ADB Rider: Not Selected.
 Spouse Rider: Not Selected.
 Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:

Basic Benefit:	\$1,928,364	Basic Premium:	\$34,353.31
Init. Cash Value:	\$3,660.35	Basic Cash Value:	\$26,450.55
Pour-In Premium:	\$ 0.00	Pour-In Cash Value:	\$ 0.00
Total of Premiums:	\$167,150.09	(Through Current Year)	

Values Computed as Projected Values at End of Next Year:

Total Sum Insured:	\$1,928,364	Total Premium:	\$34,353.31
Total Cash Value:	\$49,931.41	Scheduled Payout:	\$ 0.00

Rating Basis Code: 8641. Interest: 9.00% Current Mortality Table #: S3531
 Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
 Basic Premium: 12-1000 per \$1000 (plus 35.00 Policy Fee).
 FIXED Expense Factors: Kl: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
 VARIABLE Expense Factors, as of the END of this year:
 Minimum Basic Premium (Ft): 34353.302516; Net-Gross: Ks: 0.8263642091
 Second Level Breakpt. (Gt): 66261.080267; Net-Gross: Kg: 0.8474242130
 Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:

Mortality Cost per \$1000, First Year	(Qx):	1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr.	(Ax):	89.4624635
Discounted Value, Life Annuity of \$1.00	(ax):	9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:

Mortality Cost per \$1000, During Year	(Qx):	4.4600000
Paid-Up Cash Value per \$1000, End Year	(Ax):	162.9559175
Discounted Value, Life Annuity of \$1.00	(ax):	10.13753389

Values Computed for Current Year to Define Target Objective:

Target Cash Value:	26450.5385	Tgt. Net Premium:	28388.3397
Extra Value Amount:	0.00	Added Benefit Amount:	-71636.19

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

RENEWAL DATE: DEC 27, 1986

INSURED: SIMON BERNSTEIN
 POLICY OWNER: FIRST ARLINGTON BANK TRUSTEE OF
 C/O NATIONAL SERVICE ASSOCIATES
 9933 LAWLER SUITE 210
 SKOKIE, IL 60077

AGENT: S.B. LEXINGTON, INC.
 9933 LAWLER AVENUE
 SKOKIE, IL 60077

PHONE: 312-677-4400

SUM INSURED OF \$1,963,671
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: MON-LIST
 EACH PAYMENT: \$2,616.82

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1986	GUARANTEED FOR YEAR ENDING DEC 27, 1987
CURRENT RATE BASIS INTEREST	10.00%	10.00%
SUM INSURED	\$1,963,671	\$1,947,106
CASH VALUE - START OF YEAR	\$ 0.00	\$ 2,501.54
ADD: TOTAL PREMIUMS FOR YEAR	\$29,604.84	\$31,401.84
INTEREST CREDIT	\$ 2,299.15	\$ 2,701.33
DEDUCT: MORTALITY CHARGE	\$ 6,187.50	\$ 7,261.22
EXPENSE CHARGE	\$ 6,649.89	\$ 6,940.98
POLICY LOAN	\$16,565.06	\$ 0.00
NET CASH VALUE - END OF YEAR	\$ 2,501.54	\$22,402.51
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$29,901.54
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,947,106:		
OPTION A - CURRENT RATE BASIS		\$29,901.54
OPTION B - GUARANTEED RATE BASIS		\$63,794.87

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1987.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

JCK000861

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION.
NO. 18-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,947,106
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 5)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
4	51	1963671	28190.03	2502	2502	4	1963671	28190.03	2502	2502
5	52	1947106	29901.54	19901	22403	5	1947106	29901.54	19901	22403
10	57	1947106	29901.54	25118	135656	10	1947106	66403.62	43636	2356
15	62	1947106	29901.54	29345	275543	15	1947106	66403.62	44791	457986
20	67	1947106	29901.54	30947	424697	20	1947106	66403.62	43956	680471
AGE	60	1947106	29901.54	28042	217539	13	1947106	66403.62	44547	368497
AGE	65	1947106	29901.54	29605	363360	18	1947106	66403.62	44608	592163
AGE	70	1947106	29901.54	33160	521626	23	1947106	66403.62	41876	808436

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 4	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	9.65	8.87	20.74	21.39
NET PAYMENT INDEX	14.31	14.68	28.85	30.70

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 10.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S.B. LEXINGTON, INC.
9933 LAWLER AVENUE
SKOKIE, IL 60077
312-677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 12, 1986

PAGE 1 OF 2

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION.
 NO. 18-03154

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 5)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
4	51	1963671	28190.03	2502	2502	4	1963671	28190.03	2502	2502
5	52	1947106	29901.54	19901	22403	5	1947106	29901.54	19901	22403
6	53	1947106	29901.54	20655	43058	6	1947106	66403.62	41568	63970
7	54	1947106	29901.54	21347	64405	7	1947106	66403.62	42146	106116
8	55	1947106	29901.54	22409	86814	8	1947106	66403.62	42691	148807
9	56	1947106	29901.54	23724	110538	9	1947106	66403.62	43195	192000
10	57	1947106	29901.54	25118	135656	10	1947106	66403.62	43636	235600
11	58	1947106	29901.54	26406	162062	11	1947106	66403.62	44007	279644
12	59	1947106	29901.54	27435	189497	12	1947106	66403.62	44306	323950
13	60	1947106	29901.54	28042	217539	13	1947106	66403.62	44547	368497
14	61	1947106	29901.54	28658	246198	14	1947106	66403.62	44698	413195
15	62	1947106	29901.54	29345	275543	15	1947106	66403.62	44791	457986
16	63	1947106	29901.54	29385	304928	16	1947106	66403.62	44814	502800
17	64	1947106	29901.54	28827	333755	17	1947106	66403.62	44755	547556
18	65	1947106	29901.54	29605	363360	18	1947106	66403.62	44608	592163
19	66	1947106	29901.54	30390	393750	19	1947106	66403.62	44352	636515
20	67	1947106	29901.54	30947	424697	20	1947106	66403.62	43956	680471
21	68	1947106	29901.54	31554	456250	21	1947106	66403.62	43405	723876
22	69	1947106	29901.54	32215	488466	22	1947106	66403.62	42685	766561
23	70	1947106	29901.54	33160	521626	23	1947106	66403.62	41876	808436
25	72	1947106	29901.54	34868	590709	25	1947106	66403.62	40287	889768
30	77	1947106	29901.54	36258	770535	30	1947106	66403.62	38068	1084209
35	82	1947106	29901.54	34615	946553	35	1947106	66403.62	32424	1259230
40	87	1947106	29901.54	31329	1112970	40	1947106	66403.62	27723	1405500
45	92	1947106	29901.54	31860	1255870	45	1947106	66403.62	28342	1543600
50	97	1947106	29901.54	72001	1510260	50	1947106	66403.62	42029	1715903
53	100	1947408	29901.54	201498	1947408	53	1947764	66403.62	140636	1947764

JCK000863

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: DEC 12, 1986 at 14:54 PM. STATUS: USED1

AGENT NUMBER: 0074000 AGENT NAME: S.B. LEXINGTON, INC.
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEPRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.
EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
PROCESS DATE: DEC 12, 1986
RATING: STANDARD

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	29901.54	8.00	2392.12
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	29901.54		2392.12

INFORCE Information for Policy #1009208 Years in Force: 5
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0074000 Product: CVL
Premium Mode: NON-LIST Owners Name: FIRST ARLINGTON BANK TRUSTEE OF
Address: C/O NATIONAL SERVICE ASSOCIATES City: SKOKIE IL60077

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V5010
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. O.O, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,947,106 Basic Premium: \$29,901.54
Init. Cash Value: \$2,501.54 Basic Cash Value: \$22,402.51
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$132,796.78 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,947,106 Total Premium: \$29,901.54
Total Cash Value: \$43,057.65 Scheduled Payout: \$ 0.00

Rating Basis Code: 8521. Interest: 10.00% Current Mortality Table #: S3501
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: X2001
Basic Premium: 12,1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: Kl: 0.400, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Pt): 29901.534019; Net-Gross: Ks: 0.8180468482
Second Level Breakpt. (Gt): 61809.311770; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Pt+(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 3.7700000
Paid-Up Cash Value per \$1000, End Year (Ax): 131.5202388
Discounted Value, Life Annuity of \$1.00 (ax): 9.55327737

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 22402.5032 Tgt. Net Premium: 24460.8557
Extra Value Amount: 0.00 Added Benefit Amount: -52894.03

CONTROLLED COPY

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

DECEMBER 30, 1985

RENEWAL DATE: DEC 27, 1985

INSURED: SIMON BERNSTEIN
POLICY OWNER: FIRST ARLINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
SKOKIE, IL 60077

AGENT: S.B. LEXINGTON, INC.
9933 LAWLER AVENUE
SKOKIE IL 60077-000

PHONE: (312) 677-4400

SUM INSURED OF \$1,982,235
RENEWAL OPTION IN EFFECT IS OPTION A:
MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: NON-LIST
EACH PAYMENT: \$2,467.07

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables and Interest Rate used in our Current Rate Basis. These rates are Guaranteed for the Current Policy Year. This change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1985	GUARANTEED FOR YEAR ENDING DEC 27, 1986
CURRENT RATE BASIS INTEREST	11.00%	10.00%
SUM INSURED	\$1,982,235	\$1,963,671
CASH VALUE - START OF YEAR	\$ 0.00	\$ 0.00
ADD: TOTAL PREMIUMS FOR YEAR	\$27,552.24	\$29,604.84
INTEREST CREDIT	\$ 2,338.58	\$ 2,299.15
DEDUCT: MORTALITY CHARGE	\$ 5,007.99	\$ 6,187.50
EXPENSE CHARGE	\$ 6,318.61	\$ 6,649.89
POLICY LOAN	\$18,564.32	\$ 0.00
NET CASH VALUE - END OF YEAR	\$ 0.00	\$19,066.60
ANNUAL PREMIUM FOR THIS YEAR FOR YOUR RENEWAL OPTION:		\$28,190.03
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,963,671:		
OPTION A - CURRENT RATE BASIS		\$28,190.03
OPTION B - GUARANTEED RATE BASIS		\$61,346.26

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1986.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

JCK000867

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. 58-03154

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,963,671
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
DEPRA COMPLIANCE W/O ENDOSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 4)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
3	50	1982235	26235.21	0	0	3	1982235	26235.21	0	0
5	52	1963671	28190.03	19901	38968	5	1963671	63840.97	40509	59575
10	57	1963671	28190.03	25118	152221	10	1963671	63840.97	43168	270527
15	62	1963671	28190.03	29345	292108	15	1963671	63840.97	44312	490495
20	67	1963671	28190.03	30947	441262	20	1963671	63840.97	43485	710598
AGE	60	1963671	28190.03	28042	234104	13	1963671	63840.97	44070	401964
AGE	65	1963671	28190.03	29605	379925	18	1963671	63840.97	44130	623236
AGE	70	1963671	28190.03	33160	538191	23	1963671	63840.97	41428	837193

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 3	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	8.00	7.62	18.05	19.47
NET PAYMENT INDEX	13.20	13.60	27.27	29.11

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF A POLICY YEAR. THE CURRENT RATES REFLECT 10.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S.B. LEXINGTON, INC.
9933 LAWLER AVENUE
SKOKIE IL 60077-000
(312) 677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....PAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 30, 1985

PAGE 1 OF 2

JCK000868

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 58-03154

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINGUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 4)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
3	50	1982235	26235.21	0	0	3	1982235	26235.21	0	0
4	51	1963671	28190.03	19067	19067	4	1963671	28190.03	19067	19067
5	52	1963671	28190.03	19901	38968	5	1963671	63840.97	40509	59575
6	53	1963671	28190.03	20655	59623	6	1963671	63840.97	41123	100698
7	54	1963671	28190.03	21347	80970	7	1963671	63840.97	41694	142392
8	55	1963671	28190.03	22409	103379	8	1963671	63840.97	42234	184106
9	56	1963671	28190.03	23724	127103	9	1963671	63840.97	42733	227109
10	57	1963671	28190.03	25118	152221	10	1963671	63840.97	43168	270527
11	58	1963671	28190.03	26406	178627	11	1963671	63840.97	43536	314063
12	59	1963671	28190.03	27435	206062	12	1963671	63840.97	43831	357894
13	60	1963671	28190.03	28042	234104	13	1963671	63840.97	44070	401964
14	61	1963671	28190.03	28658	262763	14	1963671	63840.97	44219	446184
15	62	1963671	28190.03	29345	292108	15	1963671	63840.97	44312	490495
16	63	1963671	28190.03	29385	321493	16	1963671	63840.97	44334	534829
17	64	1963671	28190.03	28827	350320	17	1963671	63840.97	44276	579105
18	65	1963671	28190.03	29605	379925	18	1963671	63840.97	44130	623236
19	66	1963671	28190.03	30390	410315	19	1963671	63840.97	43877	667112
20	67	1963671	28190.03	30947	441262	20	1963671	63840.97	43485	710598
21	68	1963671	28190.03	31554	472815	21	1963671	63840.97	42940	753538
22	69	1963671	28190.03	32215	505030	22	1963671	63840.97	42228	795766
23	70	1963671	28190.03	33160	538191	23	1963671	63840.97	41428	837193
24	71	1963671	28190.03	34215	572406	24	1963671	63840.97	40605	877798
30	77	1963671	28190.03	36258	787099	30	1963671	63840.97	37660	1110013
35	82	1963671	28190.03	34614	963117	35	1963671	63840.97	32077	1283104
40	87	1963671	28190.03	31329	1129532	40	1963671	63840.97	27426	1427806
45	92	1963671	28190.03	31857	1272424	45	1963671	63840.97	28039	1564520
50	97	1963671	28190.03	71985	1526769	50	1963671	63840.97	41582	1734949
53	100	1963844	28190.03	201486	1963844	53	1964365	63840.97	139132	1964365

JCK000869

DOCUMENTARY LISTING for LEDGER #03154, stored for user LORE

RUN COMPLETION DATE: DEC 30, 1985 at 15:48 PM. STATUS: RENEW

AGENT NUMBER: 0074000 AGENT NAME: S.B. LEXINGTON, INC.
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEBRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.

EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

JCK000870

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M SMOKER N
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: DEC 30, 1985

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	28190.03	8.00	2255.20
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	28190.03		2255.20

JCK000871

INFORCE Information for Policy #1009208 Years in Force: 4
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0074000 Product: CVL
Premium Mode: NON-LIST Owners Name: FIRST ARLINGTON BANK TRUSTEE OF
Address: C/O NATIONAL SERVICE ASSOCIATION City: SKOKIE IL60077

Ledger Data Stored Under User: LORE Ledger Record # 03154.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V#525
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider: Not Selected.
Children's Rider: Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,963,671 Basic Premium: \$28,190.03
Init. Cash Value: \$ 0.00 ✓ Basic Cash Value: \$19,066.60
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$102,895.24 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,963,671 Total Premium: \$28,190.03
Total Cash Value: \$38,967.56 Scheduled Payout: \$ 0.00

Rating Basis Code: 8521. Interest: 10.00% Current Mortality Table #: S3501
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: K4211
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: K1: 0.505, K2: 0.880, K3: 0.925, K4: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Pt): 28190.026930; Net-Gross: Ks: 0.8142930055
Second Level Breakpt. (Gt): 60097.804681; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Pt*(K2 - K3) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 3.1800000
Paid-Up Cash Value per \$1000, End Year (Ax): 122.5403704
Discounted Value, Life Annuity of \$1.00 (ax): 9.65205593

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 19066.5938 Tgt. Net Premium: 22954.9418
Extra Value Amount: 0.00 Added Benefit Amount: -36328.97

JCK000872

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

OCTOBER 24, 1985

RENEWAL DATE: DEC 27, 1985

INSURED: SIMON BERNSTEIN
 POLICY OWNER: 1ST ARLINGTON BK, TRST OF S.B.
 9933 LAWLER SUITE 210
 SKOKIE, IL 60077

AGENT: S.B. LEXINGTON, INC.
 9933 LAWLER AVENUE
 SKOKIE IL 60077- 000

PHONE: (312) 677-4400

SUM INSURED OF \$1,982,235
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: QUARTERLY
 EACH PAYMENT: \$6,962.67

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

We have updated the Mortality Tables and Interest Rate used in our Current Rate Basis. These rates are guaranteed for the Current Policy Year. This Change may affect your premium, your cash value, or both. The actual result depends on the plan you have selected. The results of this change are illustrated below. ASSUMING THAT THE CURRENT YEAR'S BASIS WERE TO CONTINUE, THE PERIODIC PREMIUM IN THE COMING YEAR WOULD BE \$6,952.86, AND THE CASH VALUE AT THE END OF NEXT YEAR WOULD BE \$37,770.65.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1985	GUARANTEED FOR YEAR ENDING DEC 27, 1986
CURRENT RATE BASIS INTEREST	11.00%	10.00%
SUM INSURED	\$1,982,235	\$1,982,235
CASH VALUE - START OF YEAR	\$ 0.00	\$18,564.32
ADD: TOTAL PREMIUMS FOR YEAR	\$27,811.44	\$27,850.68
DEDUCT: INTEREST CREDIT	\$ 2,338.68	\$ 3,989.50
MORTALITY CHARGE	\$ 5,007.99	\$ 6,190.18
EXPENSE CHARGE	\$ 6,577.81	\$ 6,583.40
POLICY LOAN	\$ 0.00	\$ 0.00
NET CASH VALUE - END OF YEAR	\$18,564.32	\$37,630.92
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,982,235:		
OPTION A - CURRENT RATE BASIS		\$26,272.23
OPTION B - GUARANTEED RATE BASIS		\$60,404.94

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1986.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTION OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

JCK000873

*MAX LOAN
 of \$18,564.32 Not Repaid
 DP 5/1/87*

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 10-89867

SIMON BERNSTEIN
 MALE, AGE 47, NONSMOKER
 INITIAL DEATH BENEFIT: \$1,982,235
 CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
 EXTRA VALUES INCREASE CASH VALUES
 DEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 4)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
3	50	1982235	26235.21	18564	18564	3	1982235	26235.21	18564	18564
5	52	1982235	26272.23	19901	57532	5	1982235	62976.73	40509	78532
10	57	1982235	26272.23	25118	170785	10	1982235	62976.73	43168	289092
15	62	1982235	26272.23	29345	310672	15	1982235	62976.73	44312	509060
20	67	1982235	26272.23	30947	459826	20	1982235	62976.73	43485	729162
AGE 60		1982235	26272.23	28042	252669	13	1982235	62976.73	44070	420528
AGE 65		1982235	26272.23	29605	398490	18	1982235	62976.73	44130	641800
AGE 70		1982235	26272.23	33160	556755	23	1982235	62976.73	41428	855757

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 3	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	7.48	7.07	17.85	19.28
NET PAYMENT INDEX	13.25	13.25	27.62	29.08

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF A POLICY YEAR. THE CURRENT RATES REFLECT 10.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S.B. LEXINGTON, INC.
 9933 LAWLER AVENUE
 SKOKIE IL 60077-000
 (312) 677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
 P. O. BOX 2016
 205 E. WISCONSIN AVE.
 MILWAUKEE, WISCONSIN 53201

X
AS
 5/1/87

CURRENT VALUE LIFE.....PAIR CURRENT VALUE
 YEAR BY YEAR, ALWAYS LOOKING FORWARD

OCTOBER 24, 1985

PAGE 1 OF 2

JCK000874

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 10-89867

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 4)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
3	50	1982235	26235.21	18564	18564	3	1982235	26235.21	18564	18564
4	51	1982235	26272.23	19067	37631	4	1982235	26272.23	19067	37631
5	52	1982235	26272.23	19901	57532	5	1982235	62976.73	40509	78140
6	53	1982235	26272.23	20655	78187	6	1982235	62976.73	41123	119262
7	54	1982235	26272.23	21347	99534	7	1982235	62976.73	41694	160957
8	55	1982235	26272.23	22409	121943	8	1982235	62976.73	42234	203121
9	56	1982235	26272.23	23724	145667	9	1982235	62976.73	42733	245923
10	57	1982235	26272.23	25118	170785	10	1982235	62976.73	43168	289092
11	58	1982235	26272.23	26406	197191	11	1982235	62976.73	43536	332627
12	59	1982235	26272.23	27435	224627	12	1982235	62976.73	43831	376459
13	60	1982235	26272.23	28042	252669	13	1982235	62976.73	44070	420528
14	61	1982235	26272.23	28658	281327	14	1982235	62976.73	44219	464748
15	62	1982235	26272.23	29345	310672	15	1982235	62976.73	44312	509060
16	63	1982235	26272.23	29385	340057	16	1982235	62976.73	44334	553394
17	64	1982235	26272.23	28827	368884	17	1982235	62976.73	44276	597670
18	65	1982235	26272.23	29605	398490	18	1982235	62976.73	44130	641800
19	66	1982235	26272.23	30390	428879	19	1982235	62976.73	43877	685677
20	67	1982235	26272.23	30947	459826	20	1982235	62976.73	43485	729162
21	68	1982235	26272.23	31554	491380	21	1982235	62976.73	42940	772102
22	69	1982235	26272.23	32215	523595	22	1982235	62976.73	42228	814330
23	70	1982235	26272.23	33160	556755	23	1982235	62976.73	41428	855757
25	72	1982235	26272.23	34868	625838	25	1982235	62976.73	39856	936218
30	77	1982235	26272.23	36258	805664	30	1982235	62976.73	37660	1128577
35	82	1982235	26272.23	34615	981682	35	1982235	62976.73	32077	1301700
40	87	1982235	26272.23	31329	1148098	40	1982235	62976.73	27426	1446462
45	92	1982235	26272.23	31859	1290996	45	1982235	62976.73	28038	1583081
50	97	1982235	26272.23	71997	1545374	50	1982235	62976.73	41567	1753480
53	100	1982501	26272.23	201495	1982501	53	1982699	62976.73	139122	1982699

JCK000875

DOCUMENTARY LISTING for LEDGER #89867, stored for user DEE

RUN COMPLETION DATE: OCT 24, 1985 at 01:42 AM. STATUS: USED1

AGENT NUMBER: 0074000 AGENT NAME: S.B. LEXINGTON, INC.
PRODUCT: Standard CVL Life, # of Lives: 1, State Code: IL
DEPRA Endorsement: 0, Pricing Basis: Standard.

PRIMARY Person Insured: SIMON BERNSTEIN
Age: 47 Sex: M Smoker: N Table Rating: 0.0
Maximum Policy Attained Age: 100 (53 policy years).

FLAT EXTRA CHARGES: None Specified.

BASIC BENEFIT AMOUNT: \$2,000,000.00 Level in All Years.

BASIC PREMIUM AMOUNT: To be Computed. Level in All Years.

PLAN OPTIONS SELECTED:

CASH VALUE OBJECTIVE: None. TARGET RATE BASIS: Current Basis.

EXTRA VALUE: Increase Cash Values. INTERMED. INTEREST: None

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M SMOKER N
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: OCT 24, 1985

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	26272.23	8.00	2101.78
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	26272.23		2101.78

INFORCE Information for Policy #1009208 Years in Force: 4
Policy Date: 12/27/82 Issue Date: 12/27/82 Agent: 0074000 Product: CVL
Premium Mode: QUARTERLY Owners Name: 1ST ARLINGTON BK, TRST OF S.B.
Address: 9933 LAWLER SUITE 210 City: SKOKIE, IL 60077

Ledger Data Stored Under User: DEE Ledger Record # 89867.
Ledger Check Data: (MUST Match Data Found on this Ledger Record) V4405
Primary Insured: Age 47, Sex M, Smoker N, State IL, Subs. Ratg. 0.0, Defra: 0
Flat Extra: None Specified. Name: SIMON BERNSTEIN

W.P. Rider: Not Selected.
ADB Rider: Not Selected.
Spouse Rider : Not Selected.
Children's Rider : Not Selected.

Values Computed for Current Year and Saved for Next Renewal:
Basic Benefit: \$1,982,235 Basic Premium: \$26,272.23
Init. Cash Value: \$18,564.32 Basic Cash Value: \$37,630.92
Pour-In Premium: \$ 0.00 Pour-In Cash Value: \$ 0.00
Total of Premiums: \$100,977.44 (Through Current Year)

Values Computed as Projected Values at End of Next Year:
Total Sum Insured: \$1,982,235 Total Premium: \$26,272.23
Total Cash Value: \$57,531.89 Scheduled Payout: \$ 0.00

Rating Basis Code: 8521. Interest: 10.00% Current Mortality Table #: S3501
Guaranteed Mortality: U1001 Interest: 4.50% Extra Mortality Table #: Y2001
Basic Premium: 12.1000 per \$1000 (plus 35.00 Policy Fee).
FIXED Expense Factors: Kl: 0.505, Kr: 0.880, Kk: 0.925, Ki: 0.600
VARIABLE Expense Factors, as of the END of this year:
Minimum Basic Premium (Ft): 26272.225277; Net-Gross: Ks: 0.8094965719
Second Level Breakpt. (Gt): 58180.003028; Net-Gross: Kg: 0.8474242130
Maximum Expense Allowance: 1853.360395 (Limits Ft*(Kr - Ks) Amt.)

Actuarial Values from Original Basis, used to determine expense adjustments:
Mortality Cost per \$1000, First Year (Qx): 1.3968000
Paid-Up Cash Value per \$1000, End 1st Yr. (Ax): 89.4624635
Discounted Value, Life Annuity of \$1.00 (ax): 9.18815150

Actuarial Values from Current Basis, appropriate for the Current Year:
Mortality Cost per \$1000, During Year (Qx): 3.1800000
Paid-Up Cash Value per \$1000, End Year (Ax): 122.5403704
Discounted Value, Life Annuity of \$1.00 (ax): 9.65205593

Values Computed for Current Year to Define Target Objective:
Target Cash Value: 37630.9138 Tgt. Net Premium: 21267.2763
Extra Value Amount: 0.00 Added Benefit Amount: -17764.65

JCK000878

X fully loaned
Not Repaid?
DP 5/1/87

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY # 1009208

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

FEBRUARY 11, 1985

RENEWAL DATE: DEC 27, 1984

INSURED: SIMON BERNSTEIN
 POLICY OWNER: 1ST ARLINGTON BK, TRST OF S.B.
 9933 LAWLER SUITE 210
 SKOKIE, IL 60077

AGENT: S.B. LEXINGTON, INC.
 9933 LAWLER AVENUE
 SKOKIE IL 60077- 000

PHONE: (312) 677-4400

SUM INSURED OF \$2,000,000
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: QUARTERLY
 EACH PAYMENT: \$6,952.86

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

(THERE IS NO CHANGE IN THE CURRENT RATE BASIS IN THE NEXT YEAR.)

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1984	GUARANTEED FOR YEAR ENDING DEC 27, 1985
CURRENT RATE BASIS INTEREST	11.00%	11.00%
SUM INSURED	\$2,000,000	\$1,982,235
CASH VALUE - START OF YEAR	\$ 0.00	\$ 0.00
ADD: TOTAL PREMIUMS FOR YEAR	\$25,591.20	\$27,811.44
INTEREST CREDIT	\$2,144.42	\$2,338.68
DEDUCT: MORTALITY CHARGE	\$3,855.54	\$5,007.98
EXPENSE CHARGE	\$6,215.43	\$6,577.82
POLICY LOAN	\$17,754.55	\$0.00
NET CASH VALUE - END OF YEAR	\$ 0.00	\$18,564.32
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$1,982,235:		
OPTION A - CURRENT RATE BASIS		\$26,235.21
OPTION B - GUARANTEED RATE BASIS		\$58,811.47

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1985.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTIONS OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

JCK000879

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. 77-89857

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$1,982,235
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
TEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 3)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
2	49	2000000	24235.00	0	0	2	2000000	24235.00	0	
5	52	1982235	26235.21	20097	57867	5	1982235	61231.47	40084	9811
10	57	1982235	26235.21	25358	172414	10	1982235	61231.47	42716	30685
15	62	1982235	26235.21	29614	313394	15	1982235	61231.47	43847	324511
20	67	1982235	26235.21	31152	464087	20	1982235	61231.47	43029	742305
AGE	60	1982235	26235.21	28261	254861	13	1982235	61231.47	43608	436909
AGE	65	1982235	26235.21	29993	402329	18	1982235	61231.47	43667	655859
AGE	70	1982235	26235.21	33449	561764	23	1982235	61231.47	40993	857573

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 2	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	6.30	6.28	15.45	17.62
NET PAYMENT INDEX	12.13	12.52	25.82	27.60

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 11.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S.B. LEXINGTON, INC.
9933 LAWLER AVENUE
SKOKIE IL 60077-000
(312) 677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
P. O. BOX 2016
205 E. WISCONSIN AVE.
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

FEBRUARY 11, 1985

PAGE 1 OF 2

JCK000880

C U R R E N T V A L U E L I F E
 STATEMENT OF POLICY COST AND BENEFIT INFORMATION
 AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
 NO. 77-89867

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)						GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 3)				
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
2	49	2000000	24235.00	0	0	2	2000000	24235.00	0	0
3	50	1982235	26235.21	18564	18564	3	1982235	26235.21	18564	18564
4	51	1982235	26235.21	19206	37771	4	1982235	61231.47	39463	58027
5	52	1982235	26235.21	20097	57867	5	1982235	61231.47	40084	98111
6	53	1982235	26235.21	20910	78777	6	1982235	61231.47	40691	138802
7	54	1982235	26235.21	21626	100403	7	1982235	61231.47	41257	18002
8	55	1982235	26235.21	22667	123070	8	1982235	61231.47	41791	22185
9	56	1982235	26235.21	23986	147056	9	1982235	61231.47	42285	264135
10	57	1982235	26235.21	25358	172414	10	1982235	61231.47	42716	306850
11	58	1982235	26235.21	26541	198955	11	1982235	61231.47	43079	349929
12	59	1982235	26235.21	27645	226600	12	1982235	61231.47	43372	393301
13	60	1982235	26235.21	28261	254861	13	1982235	61231.47	43538	436909
14	61	1982235	26235.21	28918	283779	14	1982235	61231.47	43756	480654
15	62	1982235	26235.21	29614	313394	15	1982235	61231.47	43847	524511
16	63	1982235	26235.21	29610	343003	16	1982235	61231.47	43969	568380
17	64	1982235	26235.21	29333	372336	17	1982235	61231.47	43812	612192
18	65	1982235	26235.21	29993	402329	18	1982235	61231.47	43567	655859
19	66	1982235	26235.21	30505	432935	19	1982235	61231.47	43416	699276
20	67	1982235	26235.21	31152	464387	20	1982235	61231.47	43029	742305
21	68	1982235	26235.21	31774	495861	21	1982235	61231.47	42490	784795
22	69	1982235	26235.21	32454	528315	22	1982235	61231.47	41785	826580
23	70	1982235	26235.21	33449	561764	23	1982235	61231.47	40993	867573
25	72	1982235	26235.21	35282	631621	25	1982235	61231.47	39438	947190
30	77	1982235	26235.21	36741	813607	30	1982235	61231.47	37265	1137531
35	82	1982235	26235.21	34851	991462	35	1982235	61231.47	31740	1308852
40	87	1982235	26235.21	31047	1158057	40	1982235	61231.47	27138	1452082
45	92	1982235	26235.21	29375	1292605	45	1982235	61231.47	27745	1587271
50	97	1982235	26235.21	67852	1528903	50	1982235	61231.47	41146	1755914
55	100	1983785	26235.21	217825	1983785	55	1982929	61231.47	137573	1982929

JCK00881

DOCUMENTARY LISTING FOR LEDGER #89867, STORED FOR USER DEE

RUN COMPLETION DATE: FEB 11, 1985 AT 3:02 PM. STATUS: RENEW

AGENT NUMBER: 0074000 AGENT NAME: S.B. LEXINGTON, INC.
PRODUCT: STANDARD CVL LIFE, # OF LIVES: 1, STATE CODE: IL
TEFRA ENDORSEMENT: 0, PRICING BASIS: STANDARD.

PRIMARY PERSON INSURED: SIMON BERNSTEIN
AGE: 47 SEX: M SMOKER: N TABLE RATING: D.0
MAXIMUM POLICY ATTAINED AGE: 100 (53 POLICY YEARS).

FLAT EXTRA CHARGES: NONE SPECIFIED.

BASIC BENEFIT AMOUNT: \$2,000,000.00 LEVEL IN ALL YEARS.

BASIC PREMIUM AMOUNT: TO BE COMPUTED. LEVEL IN ALL YEARS.

PLAN OPTIONS SELECTED:
CASH VALUE OBJECTIVE: NONE. TARGET RATE BASIS: CURRENT BASIS.
EXTRA VALUE: INCREASE CASH VALUES. INTERMED. INTEREST: NONE

JCK000882

CURRENT VALUE LIFE
POLICY RENEWAL COMMISSION REPORT

INSURED: SIMON BERNSTEIN
AGE 47 SEX M SMOKER N
POLICY DATE: DEC 27, 1982

POLICY NUMBER: 1009208
RATING: STANDARD
PROCESS DATE: FEB 11, 1985

	GROSS PREMIUM	PCT RATE	GEN. AGENT COMMISSION
BASIC PREMIUM	26235.21	8.00	2098.82
RISK INCREASE PREMIUM	0.00	60.00	0.00
FLAT EXTRA CHARGE	0.00	0.00	0.00
EXCESS & POUR-IN	0.00	4.00	0.00
TOTAL	25235.21		2098.82

INFORCE INFORMATION FOR POLICY #1009208 YEARS IN FORCE: 3
POLICY DATE: 12/27/82 ISSUE DATE: 12/27/82 AGENT: 0074000 PRODUCT: CVL
PREMIUM MODE: QUARTERLY OWNERS NAME: 1ST ARLINGTON BK, TRST OF S.B.
ADDRESS: 9933 LAWLER SUITE 210 CITY: SKOKIE, IL 50077

LEDGER DATA STORED UNDER USER: DEE LEDGER RECORD # 89867.
LEDGER CHECK DATA: (MUST MATCH DATA FOUND ON THIS LEDGER RECORD) V3716
PRIMARY INSURED: AGE 47, SEX M, SMOKER N, STATE IL, SUBS. RATG. 0.0, TEFRA: 0
FLAT EXTRA: NONE SPECIFIED. NAME: SIMON BERNSTEIN

W.P. RIDER: NOT SELECTED.
ADB RIDER: NOT SELECTED.

VALUES COMPUTED FOR CURRENT YEAR AND SAVED FOR NEXT RENEWAL:
BASIC BENEFIT: \$1,982,235 BASIC PREMIUM: \$26,235.21
INIT. CASH VALUE: \$ 0.00 BASIC CASH VALUE: \$18,564.32
POUR-IN PREMIUM: \$ 0.50 POUR-IN CASH VALUE: \$ 0.00
TOTAL OF PREMIUMS: \$74,705.21 (THROUGH CURRENT YEAR)

VALUES COMPUTED AS PROJECTED VALUES AT END OF NEXT YEAR:
TOTAL SUM INSURED: \$1,982,235 TOTAL PREMIUM: \$26,235.21
TOTAL CASH VALUE: \$37,770.65 SCHEDULED PAYOUT: \$ 0.00

RATING BASIS CODE: 8302. INTEREST: 11.00% CURRENT MORTALITY TABLE #: S3201
GUARANTEED MORTALITY: U1001 INTEREST: 4.50% EXTRA MORTALITY TABLE #: X2001
BASIC PREMIUM: 12.1000 PER \$1000 (PLUS 35.00 POLICY FEE).
FIXED EXPENSE FACTORS: KL: 0.505, KR: 0.880, KK: 0.925, KI: 0.600
VARIABLE EXPENSE FACTORS, AS OF THE END OF THIS YEAR:
MINIMUM BASIC PREMIUM (FT): 26235.200782; NET-GROSS: KS: 0.8093559668
SECOND LEVEL BREAKPT. (GT): 58142.978533; NET-GROSS: KG: 0.8474242130
MAXIMUM EXPENSE ALLOWANCE: 1853.360395 (LIMITS FT+(KR - KS) AMT.)

ACTUARIAL VALUES FROM ORIGINAL BASIS, USED TO DETERMINE EXPENSE ADJUSTMENTS:
MORTALITY COST PER \$1000, FIRST YEAR (QX): 1.3968000
PAID-UP CASH VALUE PER \$1000, END 1ST YR. (AX): 89.4624635
DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 9.18815150

ACTUARIAL VALUES FROM CURRENT BASIS, APPROPRIATE FOR THE CURRENT YEAR:
MORTALITY COST PER \$1000, DURING YEAR (QX): 2.5488000
PAID-UP CASH VALUE PER \$1000, END YEAR (AX): 106.0007311
DISCOUNTED VALUE, LIFE ANNUITY OF \$1.00 (AX): 9.02126535

VALUES COMPUTED FOR CURRENT YEAR TO DEFINE TARGET OBJECTIVE:
TARGET CASH VALUE: 18564.3093 TGT. NET PREMIUM: 21233.6163
EXTRA VALUE AMOUNT: 0.60 ADDED BENEFIT AMOUNT: -17764.65

**Policy Number
1009208**

File Docs 4

Policy Number	<u>1 0 0 9 2 0 8</u>
Surrender Date	<u>0 3 / 2 7 / 8 5</u>
Insured's Name	<u>Simon B. Samstein</u>
Paid to Date	<u>0 3 / 2 7 / 8 5</u>
Table Rating	<u>0 0 0</u>
Policy Date	<u>1 2 / 2 7 / 8 2</u>
Policy Interest Rate	<u>1 1</u>
Cash Value Previous Year	<u>0 0 . 0 0</u>
Basic Cash Value	<u>1 8 5 6 4 . 3 2</u>
Supplemental Cash Value	<u>0 0 . 0 0</u>
Sum Insured	<u>1 9 8 2 2 3 5</u>
Flat Extra Premium	<u>0 0 0</u>
Table Series	<u>8 3 0 2</u>
Sex	(M OR F) <u>M</u>
Smoker / Non-Smoker	(S OR N) <u>N</u>
Issue Age	<u>4 7</u>
Policy Years	<u>3</u>
Owner's Name	<u>1st Burlington Bk + Trust</u>
Agent's Name	<u>A. B. Lexington</u>

CIV as of	3-27-85	\$ 4,227.67
	6-27-85	8,785.55
	9-27-85	13,582.89
	12-27-85	\$ 18,564.32



Capitol Bankers Life

Capitol Bankers Life Insurance Company
1000 North Dearborn Street
Chicago, Illinois 60610
312-329-1000

September 21, 1984

S. B. Lexington, Inc.
Susan Haworth
9933 Lawler Avenue, Suite 210
Skokie, IL 60077

RE: Policies 1009208 and 1009209

Dear Susan:

The above policies are now paid for another quarter by minimum deposit. The breakdown of the loans is as follows:

<u>Policy</u>	<u>1009208</u>	<u>1009209</u>
Gross Loan	\$4,771.41	\$5,335.14
Net Loan	\$4,680.82	\$5,232.75
Interest	90.59	102.39
Premium	6,422.80	7,270.80
Amount Due	1,741.98	2,038.05
Amount Received	1,741.98	2,038.05

If there is anything else, let me know.

Best Regards,


Dee Johnson
Policyowner Service

DJ/jr



UNITED BANK of Illinois
 UNITED CENTER
 State and Wyman
 Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
 DIVISION

NO. 27576

70-2200
 719

ACCT. NO. 65-2262-00

DATE 9/13/84

PAY

PAY EXACTLY 1,741 AND 98 CTS

AMOUNT \$*****1,741.98

CAPITOL BANKERS LIFE

TO THE
 ORDER
 OF

L 1009908

Concetta M. Sellick
 AUTHORIZED SIGNATURE

⑈027576⑈ ⑆071922007⑆ ⑆999⑈503⑈6⑈

JCK000888

TO

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

DATE

MESSAGE:

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT - PART 1 WILL BE RETURNED WITH REPLY

JCK000889

UNITED BANK of Illinois
 UNITED CENTER
 State and Wyman
 Rockford, IL 61101

TRUST AND INVESTMENT SERVICES
 DIVISION

NO. 26424
 70-2200
 719

ACCT. NO: 65-7267-90

DATE 7/03/84

2156 AND 51 CTS

PAY

AMOUNT *****2,156.51

CAPITOL BANKERS LIFE

TO THE
 ORDER
 OF

Cary M. Allison
 AUTHORIZED SIGNATURE

⑈026424⑈ ⑈071922007⑈ ⑈999⑈503⑈6⑈

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME S. S. BERNSTEIN, INC

RF

NO. 26424

A/C NO. 65-7267-90

DATE 7/03/84

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$2,156.51

Expense
 1009208 2000.20
 1010152 156.31

PAYMENT TO CAPITOL BANKERS LIFE
 FOR QUARTERLY PREMIUM S. BERNSTEIN
 AND S. KAGANA

1009208
 GL 4596.40
 NL 4422.60
 INT 173.80
 Amount Due 2000.20
 " Rec. 2000.20
 Premium 6422.80

1010152
 GL 179.09
 NL 167.51
 INT 11.58
 Amt Due 156.31
 Amt Rec 156.31
 Prem 323.83



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
730 South Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
Tel: 211-9935
800-556-1011

March 22, 1984

Susan Haworth
S.B. Lexington, Inc.
9933 Lawler Avenue Suite 210
Skokie, IL 60077

RE: Policies #1009208 & 1010152 *file*

Dear Susan:

This is to confirm that the above policies are now paid until June 1984.

If there is anything else that I can do please contact me.

Sincerely,

Dee Johnson
Policyowner Service

 S. B. LEXINGTON, INC.

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 677-4400

DATE: 3-15-84

065 3.9

TO: Bee Johnson
FROM: Susan

SUBJECT: S. B. Lexington

Here is the quarterly premium
\$2,468.00 due on the group.



Sudan.

Premiums from on etc

below:

1009208

4052.96	Gross from
1 3753.04	Premium
299.92	Interest
2029.76	owed for premium

1009209

41542.10	Gross from
4224.50	Premium
337.60	Interest
3046.30	owed

5716.06 Total owed on
both policies



Capitol Bankers Life

THE CAPITOL BANKERS LIFE INSURANCE COMPANY
1000 W. WASHINGTON ST.
CHICAGO, ILL. 60601
312.541.1000

December 19, 1983

Susan Haworth
S. B. Lexington
9933 Lawler Avenue Suite 210
Skokie, IL 60077

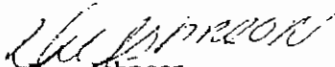
RE: Policies #1009208 & 1009209

Dear Susan:

The minimum deposits on the above policies have been processed.

If there is anything else that I can do for you, please contact me. Have a nice Holiday!

Sincerely,


Dee Johnson
Policyowner Service

ANNUAL REPORT ON CURRENT VALUE LIFE POLICY #1009370

FROM CAPITOL BANKERS LIFE INSURANCE COMPANY

NOVEMBER 15, 1983

RENEWAL DATE: DEC 27, 1983

INSUROR: SIMON JEANSTEIN
 POLICY OWNER: FIRST ARLINGTON BANK, TRUSTEE
 OF S.P. LEXINGTON, INC.,
 EMPLOYEE DEATH BENEFIT TRUST

AGENT: S.P. LEXINGTON, INC
 9973 LAWLER AVENUE
 SKOKIE IL 60077

PHONE: (708) 554-1011

SUM INSURED OF \$2,000,000
 RENEWAL OPTION IN EFFECT IS OPTION A:
 MINIMUM LEVEL PREMIUM ON CURRENT RATE BASIS

PREMIUM PAYMENT MODE: ANNUAL
 EACH PAYMENT: \$24,255.00

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

ASSUMING THAT THE CURRENT YEAR'S BASIS WERE TO CONTINUE, THE PERIODIC PREMIUM IN THE COMING YEAR WOULD BE \$24,255.00, AND THE CASH VALUE AT THE END OF NEXT YEAR WOULD BE \$17,784.55.

	CURRENT STATUS FOR YEAR ENDING DEC 27, 1983	GUARANTEED FOR YEAR ENDING DEC 27, 1984
CURRENT RATE BASIS INTEREST	11.60%	11.00%
SUM INSURED	\$2,000,000	\$2,000,000
CASH VALUE - START OF YEAR	\$ 0.00	\$ 0.00
ADD: TOTAL PREMIUMS FOR YEAR	24,255.00	24,255.00
DEDUCT: INTEREST CREDIT	367.32	2,144.57
MORTALITY CHARGE	2,753.81	3,355.54
EXPENSE CHARGE	21,742.51	4,799.34
POLICY LOAN	0.00	0.00
NET CASH VALUE - END OF YEAR	\$ 0.00	\$17,784.55
LEVEL ANNUAL WHOLE LIFE PREMIUMS FOR SUM INSURED OF \$2,000,000:		
OPTION A - CURRENT RATE BASIS		\$24,255.00
OPTION B - GUARANTEED RATE BASIS		\$55,545.96

THE FIGURES SHOWN ABOVE ASSUME (A) THAT ALL PREMIUMS ARE PAID WHEN DUE, (B) THAT THERE ARE NO POLICY LOAN TRANSACTIONS (EXCEPT AS SHOWN), AND (C) THAT THE RENEWAL OPTION IS NOT CHANGED.

YOU MAY CHANGE THE RENEWAL OPTION FOR NEXT YEAR IF YOU NOTIFY US BEFORE JAN 27, 1984.

CONTACT YOUR AGENT AT THE ADDRESS SHOWN ABOVE IF YOU HAVE ANY QUESTIONS OR WOULD LIKE AN ILLUSTRATION OF FUTURE BENEFITS AND COSTS UNDER ANY RENEWAL OPTION.

JOK000895

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. 93-89857

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$2,000,000
CASH VALUE OBJECTIVE: WHOLE LIFE, SPECIFIED PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES
TEFRA COMPLIANCE W/O ENDORSEMENT

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 2)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
2	49	2000000	24235.00	17765	17765	2	2000000	24235.00	17765	17765
5	52	2000000	24235.00	20100	75542	5	2000000	58900.59	39679	134917
10	57	2000000	24235.00	25365	190216	10	2000000	58900.59	42284	341547
15	62	2000000	24235.00	29629	331249	15	2000000	58900.59	43404	557001
20	67	2000000	24235.00	31182	482053	20	2000000	58900.59	42594	772601
AGE	50	2000000	24235.00	28272	272691	13	2000000	58900.59	43157	470291
AGE	55	2000000	24235.00	30015	420241	18	2000000	58900.59	43226	587029
AGE	70	2000000	24235.00	33498	579856	23	2000000	58900.59	40579	895602

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 2	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	5.74	5.69	14.12	16.54
NET PAYMENT INDEX	12.12	12.12	25.57	26.94

AN EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 11.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.J. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S B LEXINGTON, INC
9933 LAWLER AVENUE
SKOKIE IL 60077
312-677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
735 NORTH WATER STREET
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

NO. 85-89857

TABLE OF END OF YEAR VALUES

POL YR	ATT AGE	CURRENT VALUES (IF CURRENT BASIS CONTINUES)				POL YR	GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 2)			
		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE		SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1	48	20000000	24235.00	0	0	1	20000000	24235.00	0	0
2	49	20000000	24235.00	17765	17765	2	20000000	24235.00	17765	17765
3	50	20000000	24235.00	18567	36332	3	20000000	58900.59	38410	56175
4	51	20000000	24235.00	19210	55542	4	20000000	58900.59	39054	95239
5	52	20000000	24235.00	20100	75542	5	20000000	58900.59	39579	134917
6	53	20000000	24235.00	20914	96556	6	20000000	58900.59	40280	175197
7	54	20000000	24235.00	21631	118187	7	20000000	58900.59	40840	216000
8	55	20000000	24235.00	22572	140959	8	20000000	58900.59	41358	257400
9	56	20000000	24235.00	23992	164851	9	20000000	58900.59	41857	299263
10	57	20000000	24235.00	25365	190216	10	20000000	58900.59	42284	341547
11	58	20000000	24235.00	26549	216765	11	20000000	58900.59	42644	384191
12	59	20000000	24235.00	27654	244419	12	20000000	58900.59	42933	427124
13	60	20000000	24235.00	28272	272691	13	20000000	58900.59	43157	470291
14	61	20000000	24235.00	28930	301621	14	20000000	58900.59	43313	513604
15	62	20000000	24235.00	29628	331249	15	20000000	58900.59	43404	557008
16	63	20000000	24235.00	29626	360874	16	20000000	58900.59	43426	590434
17	64	20000000	24235.00	29352	390226	17	20000000	58900.59	43359	623803
18	65	20000000	24235.00	30015	420241	18	20000000	58900.59	43226	657029
19	66	20000000	24235.00	30630	450871	19	20000000	58900.59	42978	690006
20	67	20000000	24235.00	31182	482053	20	20000000	58900.59	42594	722601
21	68	20000000	24235.00	31809	513862	21	20000000	58900.59	42050	754651
22	69	20000000	24235.00	32495	546358	22	20000000	58900.59	41353	786024
23	70	20000000	24235.00	33498	579856	23	20000000	58900.59	40579	816502
24	71	20000000	24235.00	35352	614984	24	20000000	58900.59	39039	845415
25	72	20000000	24235.00	36932	649841	25	20000000	58900.59	36888	872632
35	82	21000000	24235.00	35485	1012393	35	20000000	58900.59	31419	1333400
40	87	21000000	24235.00	33839	1187217	40	20000000	58900.59	26854	1475202
45	92	21000000	24235.00	46286	1367996	45	20000000	58900.59	27461	1609016
50	97	2522572	24235.00	18994	1926354	50	20000000	58900.59	40637	1775864
55	102	2645176	24235.00	283461	2645176	55	20000000	58900.59	136252	2000000

JCK000897

DOCUMENTARY LISTING FOR "CVL-POLICY>INFORCE/Y8312/1009208":

DEE ,89867,11,15,83,12,27,82,12,27,82,1,0,0, 0,60.00,2,M,N,0000,1001,1L, 1,
 UURE ,0074000, 0.00, 0, 0.00, 0, 0.00, 9, 35.00
 SIMON BERNSTEIN ,0074000, 0.00, 0, 0.00, 0, 0.00, 9, 35.00
 FIRST ARLINGTON BANK, TRUSTEE ,SIMON BERNSTEIN
 OF S.B. LEXINGTON, INC., ,EMPLOYEE DEATH BENEFIT TRUST
 2, 47,8302,3201, 11.00, 1.9439954, 97.5489670, 9.10655133, 0.00, 0.00
 24232.348035, 56140.125786, 0.8036134004, 1953.350395, 0.8474242130
 11.00, 4.50, 1.3968000, 89.5551471, 9.18711533,50.50,38.00,92.50, 12.1000
 20000.00, 24235.00, 17764.66, 0.00, 0.00
 20000.00, 24235.00, 36331.91, 0.00, 0.00
 17752.5565, 19473.4395, 48470.00, 0.00, 0.00
 0374000
 SIMON BERNSTEIN
 47,M,N,IL
 0,0,2000000,0,0,0
 DECEMBER 27, 1982

LOI:

CVL RENEWAL WORKSHEET

1. Agent Number- _____

2. Insured's Name- _____

3. Actuarial Information-

	SEX	EMPOWER	STATE	TABLE	---FLAT EXTRA---	
Age	(M OR F)	(Y OR U)	(XX)	CODE	PER 1000	YEARS

_____ C/B

4. Target Objective-

	CODE EITHER OR BOTH		
CASH VALUE	BASIC	BASIC	RATE
OBJECT	AMOUNT	PREMIUM	BASIS

_____ C/B

5. Cash Value Objective

6. Queries- _____

7. Policy Number- 1009308

8. Policy and Issue Date- 12-27-80

9. Owner's Name- FIRST ARLINGTON NATIONAL BANK

Owner's Address- TRUSTEE OF S.B. LEXINGTON, INC
EMPLOYEE DEATH BENEFIT TRUST

10. Payment Mode- ~~12.00~~ 1.0

11. Renewal Option Message 1

Policy # 1009 208
 PTD. 12-27-83

Minimum Debit (Annual)

END OF YEAR (NEXT)	Loan Amount	Annual Premium	Amount DUE
CASH VALUE 17789	16472.61	21235 ⁰⁰	<u>7762.39</u>

QUARTERLY 6422.80

DAYS	Annual	Gross SV	EXIST. LOAN	AVAIL LOAN	New Loan	NET DUE
15 365	12/21/83	4000.00	0	3753.04	3753.04	2654.16
30 275	3/21/84	5721.19	4050.96	1328.23	4122.39	2300.11
45 183	6/21/84	13017.59	5921.19	452.40	<u>4122.60</u>	2000.00
60 73	9/21/84	17789 ⁰⁰	13017.59	471.41	16506.2	<u>1741.98</u>
						8712.3

Average. 2178.00

Total Gross Loan @ End of Year would be \$17,789.48 but Gross CV = 17,724.65 according to A.R.
 R/S/K

UNDERWRITING NOTES

POL. NO.

DATE	NOTES	DATE	NOTES
	<u>KEEP ON</u> <u>TOP OF</u> <u>FILE.</u>		
	DO NOT REINSTATE WITHOUT UND APPROVAL		
	= 1/28/86 MW		

DATE	NOTES	DATE	NOTES

POL. NO.

UNDERWRITING NOTES



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee, Wisconsin 53201-9157
414/277-9998
R001558-1011

December 12, 1988

FIRST ARLINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
600 N. JACKSON BLVD, SUITE 800
CHICAGO, IL 60600

RE: SIMON BERLSTEIN
Policy #1009203

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27.00V1988 by a premium loan.

The status of the loan is as follows:

Net Loan	23,006.35
Interest	738.38
Total Gross Loan	33,044.23

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-262-1002 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

[Signature]
Policyowner Service Department

Enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000736

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3045.23
Net Loan \$ 3006.35
Date Loan Granted 10-27-88
Person Processing Loan Teru

61

Checklist:

- Verify that policy paid current _____
- Review file for assignment of policy _____
- Loan request verified and placed in file _____
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen _____
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen _____
- If an APL, change POLM "NF" code back to zero _____
- Approved check request and copy of check placed in file _____

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP /



National Service Association
600 WEST JACKSON BLVD. SUITE 800-CHICAGO, IL 60606

(312) 993 0537
1-800-558-8322 2

DATE: November 15, 1988

TO: Teri Qualmann

FROM: Sandy Kapsa

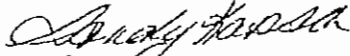
SUBJECT: S.B. Lexington/Simon Bernstein Policy #1009208

Dear Teri:

Please APL Simon Bernstein's policy in the amount of \$3,006.35 for the 10/27/88 - 11/27/88 period.

Please notify me at the completion of this request.

Very truly yours,


Sandy Kapsa

Enclosure

JCK000905

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9257
414/277-9998 FAX 414/541-1011

REQUEST LETTER

NOV 31 1988

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy enclosed as instructed below
(IS OR IS NOT)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____

Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy Terri, please APL Si's policy #1009208 in the amount of \$3,006.35 for the 10/27/88 - 11/27/88

PAID UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____

(Print old name)

to _____

(Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiary: (Give full name, age, and relationship to Insured)

Primary (if age at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

United Bank of Illinois, N.A.

Agent

Date

BY: Charianne Lep, TRUST OFFICER
Personal Signature of Old Owner, if Ownership Change

Agent

Date

Personal Signature of Policyholder (Owner)

JCK000906

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME S. Burstein

PRIORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
1	POS - Karen, Paula, Linda Diane, <u>Terry</u> , Kris		11-23-88	Teri
2	Commissions: Debbie Scott S. - UVL		11-28-88	JSL
	Accounting Log			
	Premium Accounting: PAC - Gerard Direct Bill - Nina Group Bill - Marie D			
	Reinsurance			
3	Other Teri - APL			
	Other			
	Micro			

Comments:

Posted 11-7-88



UNITED BANK of Illinois
UNITED CENTER
State and Wyman
Rockford IL 61101

TRUST AND INVESTMENT SERVICES
DIVISION

NO. 60052282

90 0004
711

ACCT. NO. 6602262000

DATE 10/26/88

PAY Three Thousand Six DOLLARS AND Thirty-----
Five CENTS-----

AMOUNT \$3,006.35

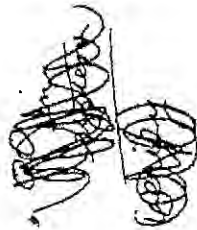
CAPITOL BANKERS LIFE INSURANCE

TO THE
ORDER
OF

Marianne Gys
AUTHORIZED SIGNATURE

1009208

⑈60052282⑈ ⑆071100049⑆ ⑆007⑈6902⑈



JCK000908

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME S. B. LEXINGTON, I

60052282
NO. 60052282

A/C NO. 6602262000

DATE 10/26/88

DISP 0
OFF 601

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$3,006.35

INSURANCE PREMIUM PAID TO
CAPTIAL BANKERS LIFE INSURANCE

FOR 9/27/88 - 10/27/88 MONTHLY
PREMIUM FOR SIMON BERNSTEIN.



National Service Association

600 WEST JACKSON BLVD. · SUITE 800 · CHICAGO, IL 60606 (312) 993-0537

Date: October 28, 1988

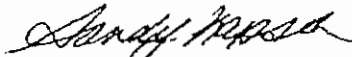
To: Sue Kunz

From: Sandy Kapsa

Re: S.B. Lexington/Simon Bernstein, policy #1009208
Employee Death Benefit Plan and Trust

Attached please find a check in the amount of
\$ 3,006.35. This amount pays the
9/27/88 - 10/27/88 monthly
premium.

Thanks,


Sandy Kapsa

JCK000910



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-2016
414/277-9996
800-558-1011
FAX 414/277-7606

August 17, 1988

First Arlington Bank Trustee of
C/O National Service Associates
600 W. Jackson Blvd., Suite 800
Chicago, IL 60606

Re: Simon Bernstein - Policy #1050923

Dear Sir/Madame:

The executed owner address correction for the above mentioned policies is as follows:

First Arlington Bank Trustee of
C/O National Service Associates
600 W. Jackson Blvd., Suite 800
Chicago, IL 60606

Capitol Bankers Life Insurance Company is happy to be of service to you. If we can be of any further assistance, please feel free to contact me at 1-800-558-1011, my extension is #378.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Monica Schellenberg
Policyowner Service Department

cc: Mark C. Harris

Agent #0259209



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414-277-9996
800/558-1011

August 12, 1988

FIRST ARLINGTON BANK TRUSTEE OF
C/II NATIONAL SERVICE ASSOCIATES
9933 LAHLER SUITE 20
SKOKIE, IL 60077

RE: SIMON BERNSTEIN
Policy #10-423

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27JUL1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,116.35
Interest	\$113.14
Total Gross Loan	\$3,229.49

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

T. J. Helfert
Policyowner Service Department

Enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent # 735

JUL 27 1988

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 First Wisconsin Avenue, P.O. Box 2058
Milwaukee, Wisconsin 53201-9257
414/277-9934 800/578-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon L. Bernstein

The Policy is not enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL for Simon Bernstein in the amount of \$3,006.35 for the 6/1/88-7/1/88 period. Please notify me of at the completion of this request.

PAID UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiary (Give full name, age, and relationship to Insured) _____
Primary (Type at death of Insured) _____
Successor (Substitute payee if no Primary payee living) _____

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____ Date 7/20/88
Agent _____ Date _____
Personal Signature of Old Owner, if Ownership Change
Theresa Paul of Williams, P.A.
Personal Signature of Policyholder (Owner)
Theresa Paul of Williams, Trust Officer

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy * 1009208
Next Anniversary Date Dec 27, 1988
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3124.49
Net Loan \$ 3006.35
Date Loan Granted 6-27-88
Person Processing Loan TEA

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12 23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2316
Milwaukee, Wisconsin 53201-9757
414/277-9939
800-558-1011

June 16, 1988

First Arlington Bank, Trustee
c/o National Service Associates
600 West Jackson Boulevard
Suite 800
Chicago, IL 60606

RE: Policy #1009208

Dear Madam or Sir:

In response to your request, the above mentioned policy has been paid to May 27, 1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,006.35
Interest	\$ 158.55
Total Gross Loan	\$3,164.90

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, my extension is #383.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Teri Holfert
Loan Specialist
Policyowner Service Department

TH/cw-1



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9157
414/277-9998
800/558 1011

October 11, 1988

FIRST ABINGTON BANK TRUSTEE OF
C/O NATIONAL SERVICE ASSOCIATES
600 N. JACKSON BLVD, SUITE 800
CHICAGO, IL 60606

RE: SIMON BERNSTEIN
Policy 41009208

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 27SEP1988 by a premium loan.

The status of the loan is as follows:

Net Loan	13,006.35
Interest	73.26
Total Gross Loan	13,084.61

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-242-1002 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Tim Heffert
Policyowner Service Department

enclosure

cc: CAPITOL BANKERS LIFE INSURANCE Agent #0000733

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3084.61
Net Loan \$ 3006.35 122
Date Loan Granted 8-27-88
Person Processing Loan Teri

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓



National Service Association
600 WEST JACKSON BLVD SUITE 800-CHICAGO, IL 60606

(312) 993-05377
1-800-568-8322 2

SEP 26 1988

DATE: September 21, 1988
TO: Terri
FROM: Sandy Kapsa

SUBJECT: Simon L. Bernstein - Policy # 1009208

Dear Terri:

Enclosed is a request letter for Simon Bernstein's
policy in the amount of \$3,006.35.

Please notify me at the completion of this request.

Sincerely,


Sandy Kapsa

Enclosure

JCK000918

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/277-9994 800-558-1011

8 1000

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon L. Bernstein

The Policy enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ of the maximum loan value, if less.

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Terri, please APL for Simon Bernstein in the amount of \$3,006.35 for the 8/1/88 9/1/88 period. Please notify me at the completion of this request.
Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

from _____ (Print old name) to _____ (Print new name)

State reason for change

If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder"

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to insured)

Primary (Payee at death of insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____ Date 09/20/88 X: Carolyn M. Allen United Bank of Illinois, N.A.
Personal Signature of Old Owner, if Ownership Change
Vice President and Trust Officer
Agent _____ Date _____ Personal Signature of Policyholder (Owner)

JCK000919

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 100 9208
Next Anniversary Date Dec. 27, 1988
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3164.90
Net Loan \$ 3006.35
Date Loan Granted 4-27-88
Person Processing Loan Teri

244

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-23-88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

4451.08



National Service Association,
600 WEST JACKSON BLVD-SUITE 800-CHICAGO, IL 60606

MAY 26 1988

(312) 993-0537
1-800-558-8322

DATE: 5/23/88
TO: Teri Qualmann/Capitol Bankers
FROM: Jill Bernstein

SUBJECT: Simon L. Bernstein #1009208

Dear Teri:

Enclosed please find a Request Letter to APL for Simon Bernstein. The period is 4/27/88-5/27/88 monthly premium in the amount of \$3,006.35. Please send me some type of verification notice that this has been completed.

If you have any questions, please call me.

Thank you,

Jill Bernstein
Enclosure

JCK000921

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE, INC. 0993
705 East Wisconsin Avenue, P.O. Box 2018
Madison, Wisconsin 53701-9757
414/277-9998 800/554-1011

MAY 26 1988

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) Teri, Please APL for 4/27/88-5/27/88 in the
Make the Automatic Premium Loan provision effective, if provided in the policy amount of \$3,006.35. This is O.K.

PAID-UP INSURANCE (Send Policy) according to our conversation 5/16/88.
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____ Date _____

Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change
UNITED BANK OF ILLINOIS, N.A.

BY: Marianne [Signature]

Personal Signature of Policyholder (Owner) TRUST OFFICER

JCK000922



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2019
Milwaukee, Wisconsin 53221-5757
414/227-9900
800-558-1011

March 28, 1988

First Arlington Bank, Trustee
c/o National Service Associates
600 West Jackson Boulevard
Suite 800
Chicago, IL 60606

RE: Policy #1009208

Dear Madam or Sir:

In response to your request, the above mentioned policy has been paid to March 27, 1988 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,006.35
Interest	\$ 198.13
Total Gross Loan	\$3,204.48

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, my extension is #383.

Sincerely,

CAPITOL BANKERS LIFE INSURANCE COMPANY

Teri Holfert

Teri Holfert
Loan Specialist
Policyowner Service Department

TH/cw-1

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date 12-27-88
Designate Loan as APL or Deferred APL
Applicable Loan Rate 74 %
Gross Loan \$ 3204.48
Net Loan \$ 3006.35
Date Loan Granted 2-27-88
Person Processing Loan Teri

302

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12 23 88
Person Processing Removal JKG
Loan Repaid:
Attach copy of check received NA
Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

MAR 16 1988

(312) 993-05377
1-800-558-8322



National Service Association
600 WEST JACKSON BLVD. SUITE 820-CHICAGO, IL 60606

DATE: 3/8/88
TO: Teri Qualmann/CBL
FROM: Jill Bernstein

SUBJECT: S.B. Lexington, Inc.

Teri:

Enclosed please find a Request Letter for Simon Bernstein.
(1009208) Please send me some type of letter or receipt
showing that Mr. Bernstein is paid to 3/27/88.

If you have any questions, please call me.

Thank you,

Jill Bernstein
Jill Bernstein

JCK000925

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
295 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-0216
414/277-9978 FAX 414/554-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon L. Bernstein

The Policy is not enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less
 I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy) 2/27/88-3/27/88 monthly/Premium \$3,006.35
Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of Insured Owner
From _____ to _____
(Print old name) (Print new name)

State reason for change _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent _____ Date _____

Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change
United Bank of Illinois, N.A.
BY: [Signature]
Personal Signature of Policyholder (Owner) Trust Officer



Capitol Bankers Life

Capitol Bankers Life Insurance Company
100 West Jackson Blvd., Suite 800
Chicago, Illinois 60606
312-467-1011

January 11, 1988

Simon Bernstein
600 West Jackson Blvd.
Suite 800
Chicago, IL 60606

RE: Policy #1009208
Simon Bernstein

Dear Mr. Bernstein:

In response to our telephone conversation on January 7, 1988, there is no loan amount available on the above mentioned policy, due to the fact that the premiums due, to the next anniversary are greater than the end of the year's cash value. Once premiums are credited to the policy, which will build up the cash value, there will be loan amount available.

We are happy to be of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,

Teri Holfert
Loan Specialist
Policyowner Service Department

POLI CODE: V CERT # 1-092-8 PR # 01 DATE 24MAR1988 PRINT (S, L, F)
CODE: Q=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINA C=CVRG H=HIST P=SPEC PROD

POLICY 1L092LB NAME SIMON BERNSTEIN GRP 0071 STATUS 1

1 FACTOR-1 BEG-OF-YR PREM-FACTOR
(1.1605742 * 3667.35 * (1 - 0.16986301)) +
2 PREM-FACTOR FACTOR-2 END-OF-YR
(0.16986301 * 0.9280532 * 26457.55) +
3 PREM-FACTOR CV-FACTOR DEATH-BENEFIT OX INT-RT
((0.16986301 - 0.16986301) * 1928363.81 * 0.04460000 / (1 + 0.090000)) +
4 PREM-FACTOR CV-FACTOR FE-LOAD DEATH-BENEFIT END-OF-YR
((0.16986301 - 0.16986301) * 0.0000 * (1928363.81 - 26457.55)) =
5
6 CVL-CASH-VAL OTHER-CV TOTAL-CV
7 7256.88 + 3145.87 = 4211.01
8 NET-LOAN + INTEREST = GROSS-LOAN
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JCK000928

POLICYOWNER SERVICE NOTES

POL. NO.

1009208

DATE

NOTES

11/7/88

Jill Bernstein called & wanted to know what the mini dep amt. would be for to pay the policy to its anniversary.

2 months 16012.70

1 quarter 9104.15

1 semi 17,692.17

32,809.02

End of year C.V. 26450.55

loan outstanding 3246.60

23,203.95

x .926 interest

21486.85 amt. available

32,809.02 total prem. to anniv.

11,322.17 amt. needed

Jeri



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998
800/558-1011

January 5, 1983

FIRST AFFILIATION BANK TRUSTEES OF
C/O NATIONAL SERVICE ASSOCIATES
9933 LESLIE SUITE 200
SKOKIE, IL 60077

RE: SINGH MISHRA
Policy #1005210

Dear Sir/Madam:

In response to your request, the above mentioned policy has been paid to 2731-1985 by a premium loan.

The status of the loan is as follows:

Net Loan	\$3,246.96
Interest	\$247.25
Total GROSS Loan	\$3,494.21

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011 or 1-800-282-1077 in the state of Wisconsin.

Sincerely,
Capitol Bankers Life Insurance Company

Policyowner Service Department

Enclosure

cc: J. S. L. KINGSTON, INC.

Agent #007400

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
105 EAST WISCONSIN AVENUE, 14th Floor
MILWAUKEE, WISCONSIN 53102-3247
TEL: 271-4598 FAX: 271-1611

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with my Policy Number 1009208

Name of Insured Simon Bernstein

The policy _____ enclosed as instructed below.
(is or is not)

CHANGE ADDRESS OF INSURED OWNER PAYOR TO: _____ (Do not send policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request a policy loan to pay current premium due.

CHANGE OWNERSHIP FROM _____ to _____
Both signatures required below. (Print old owner name) (Print new owner name)
(Do not send policy) ADDRESS _____

EXTENDED TERM INSURANCE (Do not send policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available. Any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send policy) Please APL for the period 12/87-1/88.
Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor (Substitute Payee if no Primary Payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed)

Agent _____ Date _____

Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change
UNITED BANK OF ILLINOIS, N.A.

X By: Marianne Eps
Personal Signature of Policyholder (Owner)
Marianne Eps, Trust Officer

FIXED RATE CVL POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date Dec. 27, 1988
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 3246.60
Net Loan \$ 3006.35
Date Loan Granted 12-27-87
Person Processing Loan Tesi

Checklist:

Verify that policy paid current ✓
Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file NA

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-23-88
Person Processing Removal JKG

Loan Repaid:
Attach copy of check received NA

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

POLI CODE: V CERT # 1009208 ~~REF V1 UALE Y1000000 X~~
CODE: Q=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINA C=CVRG H=HIST P=SPEC PROD

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

1	FACTOR-1	BEG-OF-YR	PREM-FACTOR		
	(1.00000000 * 3660.35 * (1 - 0.00000000)) +				
2	PREM-FACTOR	FACTOR-2	END-OF-YR		
	(0.00000000 * 0.91333945 * 26450.55) +				
3	PREM-FACTOR	CV-FACTOR	DEATH-BENEFIT	QX INT-RT	
	((0.00000000 - 0.00000000) * 1928363.81 * 0.004460000 / (1 + .09000)) +				
4	PREM-FACTOR	CV-FACTOR	FE-LOAD	DEATH-BENEFIT	END-OF-YR
	((0.00000000 - 0.00000000) * 0.0000 * (1928363.81 - 26450.55)) =				
9	CYL-CASH-VAL	OTHER-CV	TOTAL-CV		
	3660.35 + 0.00 = 3660.35				
7	NET-LOAN	INTEREST	GROSS-LOAN		
	.00 + .00 = .00				

JCK000933

OFFICE OF THE COMPTROLLER OF THE CURRENCY

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009578 NAME J. Bernstein

PRIORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
1	POS - Karen, <u>Paula</u> , Linda Diane, <u>Terry</u> , Kris		12-14-87	Teri
2	Commissions: Debbie Scott S. - UVL	12-14	12-14	KJS
	Accounting Log			
	Premium Accounting: PAC - Gerard Direct Bill - Nina Group Bill - Marie D			
	Reinsurance			
3	Other Teri - APL			
	Other			
	Micro			

Comments:

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street P.O. Box 2018
Milwaukee, Wisconsin 53201
414-277-9000

REQUEST LETTER

SBL
Stat-1.

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number

1009208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM First Arlington National Bank
1 North Dunton, Arlington Heights to United Bank of Illinois, NA
(Print old owner name) IL 60006 (Print new owner name)
ADDRESS 120 West State St., Rockford, IL 61105

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

RECEIVED AND FILED

FOR CAPITOL BANKERS

LIFE INSURANCE CO.

BY: Walter L. Koenig

DATE: 8-11-83

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

(Same as owner)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____ Date 7-5-83

Simon E. Pletzer
Personal Signature of Old Owner, if Ownership Change

Agent _____ Date 7-6-83

Carole Melberg
Personal Signature of Policyholder (Owner)

PHS 101 '79

FIXED POLICY LOAN WORKSHEET

Policy # 1009208
Next Anniversary Date Dec. 27, 1987
Designate Loan as APL or Deferred APL
Applicable Loan Rate 7.4 %
Gross Loan \$ 16004.109
Net Loan \$ 15399.51
Date Loan Granted 10-27-87
Person Processing Loan Jeri

183

Checklist:

Review file for assignment of policy ✓
Loan request verified and placed in file ✓
Verify that Gross Loan < Available Loan Amount - include copy of POLI "V" Screen ✓
Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
If an APL, change POLM "NF" code back to zero ✓
Approved check request and copy of check placed in file N/A

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-5-87
Person Processing Removal Jeri

Loan Repaid:
Attach copy of check received NA

Loan Deducted from Face & Cash Values:
Clear loan and interest amounts from POLP ✓

FIXED POLICY LOAN WORKSHEET

Policy * 1009208
 Next Anniversary Date 12-27-87
 Designate Loan as APL or Deferred apl
 Applicable Loan Rate 74 %
 Gross Loan \$ 2737.47
 Net Loan \$ 2616.82
 Date Loan Granted 5-27-87
 Person Processing Loan TQ

Checklist:

- Review file for assignment of policy ✓
- Loan request verified and placed in file ✓
- Verify that Gross Loan < Available Loan Amount - Include copy of POLI "V" Screen ✓
- Verify Gross Loan, Interest Rate and Loan Type - POLI "F" Screen ✓
- If an APL, change POLM "NF" code back to zero ✓
- Approved check request and copy of check placed in file N/A

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed 12-5-87
 Person Processing Removal Teri

Loan Repaid:
 Attach copy of check received NA

Loan Deducted from Face & Cash Values:
 Clear loan and interest amounts from POLP ✓



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
300 EAST WASHINGTON STREET, CHICAGO, ILL. 60601
REPLACEMENT OF POLICY NO. 1009208
014 25 1987
591 100 1077

August 13, 1987

National Service Association
600 West Jackson Blvd.
Suite 800
Chicago, IL 60606

RE: Policy #1009208 - Simon L. Bernstein

Dear Ms. Bernstein:

In reponse to your request, the above mentioned policy has been paid to December 27, 1987, by premium loan. The following is the breakdown of the loan:

Net Loan	\$15,399.51
Interest	605.18
Gross Loan	\$16,004.69

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We are happy to be of service to you. If you have any questions, feel free to contact our office at 1-800-825-0003, extension 383.

Sincerely,

Teri Qualmann
Loan Specialist, Policyowner Service

TQ/sf

POLI: CODE: V CERT # 1709208 R# 01 DATE 12AUG1987 PRINT (5777) ---
CODE: Q=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINA C=CVRG H=HIST P=SPEC PROD

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTOR-1 BFG-OF-YR PREM-FACTOR
+ 1.95184036 * 2531.54 * (1 - 0.49863014) * +
PREM-FACTOR FACTOR-2 END-OF-YR
(0.49863014 * 0.95261351 * 22402.51) +
PREM-FACTOR CV-FACTOR DEATH-BENEFIT QX INT-RT
(0.49863014 - 0.49863014) * 1947105.97 * 0.003770000 - / (1 + 0.10000) +
PREM-FACTOR CV-FACTOR FE-LOAD DEATH-BENEFIT END-OF-YR
(0.49863014 - 0.49863014) * 0.0000 * (1947105.97 - 22402.51) =

CVL-CASH-VAL OTHER-CV TOTAL-CV
11960.45 + 2633.96 = 9326.49
NET-LOAN + INTEREST = GROSS-LOAN
4104.21 151.32 4265.53

JCK000939

0.5 MICROFILMS AND

DEPARTMENT ROUTING SCHEDULE

POLICY # 1009208 NAME S. Bernstein

PRIORITY	DEPARTMENT/ PERSON	DATE RECEIVED	DATE FORWARDED	INITIALS
	UNDERWRITING:			
1	POLICYOWNER SERVICE: <i>Jeri</i>		8-4-87	<i>Jeri</i>
2	COMMISSIONS: <i>Deb</i>		8/11	<i>On</i>
	POLICYOWNER SERVICE ACCOUNTING:			
	PREMIUM ACCOUNTING: PAC- GERARD DIRECT BILL-SHEILA LIST BILL-MARIE DEMARS			
	REINSURANCE:			
	SYSTEMS SUPPORT:			
3	OTHER: <i>Jeri - APL for semi</i>			
	SIGN-OFF LAST PERSON TO HAVE FILE BEFORE RETURNING TO FILE ROOM			

REMARKS:



National Service Association
600 WEST JACKSON BLVD SUITE 800 CHICAGO, IL 60606

(312) 993-0537
1-800-558-8322

DATE: 7/7/87
TO: Capitol Bankers/Teri Qualmann
FROM: Jill Bernstein

JUL 13 1987

SUBJECT: Simon L. Bernstein

Teri:

Enclosed please find a Request Letter for Simon L. Bernstein.

If you have any questions, please call.

Thank you,

Jill Bernstein

Jill Bernstein

P.S. Teri, National Service Association has changed location and the new address is the one above.

JCK000941

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9976 800-558-1011

JUL 13 1987

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon L. Bernstein

The Policy is not enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ APL or the maximum loan value, if less

I request policy loan to pay current premium due Pay to the anniversary date Dec. 27, 1987.

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available, and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed.)

Agent _____

Date _____

7-3-87

Agent _____

Date _____

Personal Signature of Old Owner, if Ownership Change
UNITED BANK OF ILLINOIS, N.A. BY:

Marianne Eps
Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

TO: S.B. Lexington

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue P O Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

Simon Bernstein Policy #1009208

DATE

July 23, 1987

MESSAGE:

Dear Ms. Bernstein:

In response to our telephone conversation today, the above mentioned policy has not lapsed. We have received the request to pay the policy to December 27, 1987 by a premium loan. If you have any further questions, feel free to contact our office.

Teri Qualmann
Teri Qualmann

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT - PART 1 WILL BE RETURNED WITH REPLY

MESSAGE CONFIRMATION NO. 2

1. REMOTE PHONE NUMBER:
2. REMOTE TERMINAL ID:
3. RESOLUTION: STD
4. DOCUMENTS SENT: 1
5. COPIES RECEIVED: 1

TO
S. B. Lexington

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
205 East Wisconsin Avenue P. O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT
Simon Bernstein Policy #1009208

DATE
July 23, 1987

MESSAGE:

Dear Ms. Bernstein:

In response to our telephone conversation today, the above mentioned policy has not lapsed. We have received the request to pay the policy to December 27, 1987 by a premium loan. If you have any further questions, feel free to contact our office.

Teri Qualmann
Teri Qualmann

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT. PART 1 WILL BE RETURNED WITH REPLY

JCK000945



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wacker Drive, P.O. Box 211-6
Morton, Illinois 61550-9257
414/277-9940
800-558-1011

June 29, 1987

National Service Associates
9933 Lawler Suite 210
Skokie, IL 60077

Re: Policy #1009208
Simon Bernstein

Dear Mr. Bernstein:

In response to your request, the above mentioned policy has been paid to June 27, 1987 by premium loan. The following is the breakdown of the loan:

Net Loan:	\$2,616.82
Interest:	\$ 120.65
Gross Loan:	\$2,737.47

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan. The premium may increase so that the cash value will equal the policy face amount at the policy target age.

We enjoy being of service to you. If you have any questions, feel free to contact our office at 1-800-558-1011, extension #383.

Sincerely,

Teri Qualmann
Policyowner Service Department

POLI CODE: V CERT # 1009208 R# 01 DATE 22 JUN 1987 PRINT 45.1.1.1
CODE: Q=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINA C=CVRG H=HIST P=SPEC PROD

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTOR-1 BEG-OF-YR PREM-FACTOR
(1.04299657 * 2501.54 * (1 - 0.41369863)) +
PREM-FACTOR FACTOR-2 END-OF-YR
(0.41369863 * 0.94460407 * 22402.51) +
PREM-FACTOR CV-FACTOR DEATH-BENEFIT QX INT-RT
((0.41369863 - 0.41369863) * -1947105.97 * 0.00377000 / (1 + 10.000)) +
PREM-FACTOR CV-FACTOR FE-LOAD DEATH-BENEFIT END-OF-YR
((0.41369863 - 0.41369863) * 0.0000 * (1947105.97 - 22402.51)) =

CVL-CASH-VAL OTHER-CV TOTAL-CV
10284.20 + 0.00 = 10284.20
NET-LOAN INTEREST GROSS-LOAN
3904.71 180.06 4084.77

JCK000947

POLICYOWNER SERVICE NOTES

POL. NO.

1009208

DATE

NOTES

6-24-87 Jill Bernstein called & wants to know the mini dip amt ~~needed~~ needed to pay to the anniversary. TG

End of year CV 22402.51

outstanding loan 2737.47

$19,665.04 \times .926 = 18209.83$

1 semi is 15399.51.

there's enough CV at the end of the year to do a semi + pay to the anniversary TG.

①

Jan.
MAY 1986

1009208

LLQ	42004	18564.32	
	11700		18564.32
LLQ	42004	18564.32	
	42004		18564.32
KID	12210	1498.28	
	26120		1498.28

Feb.

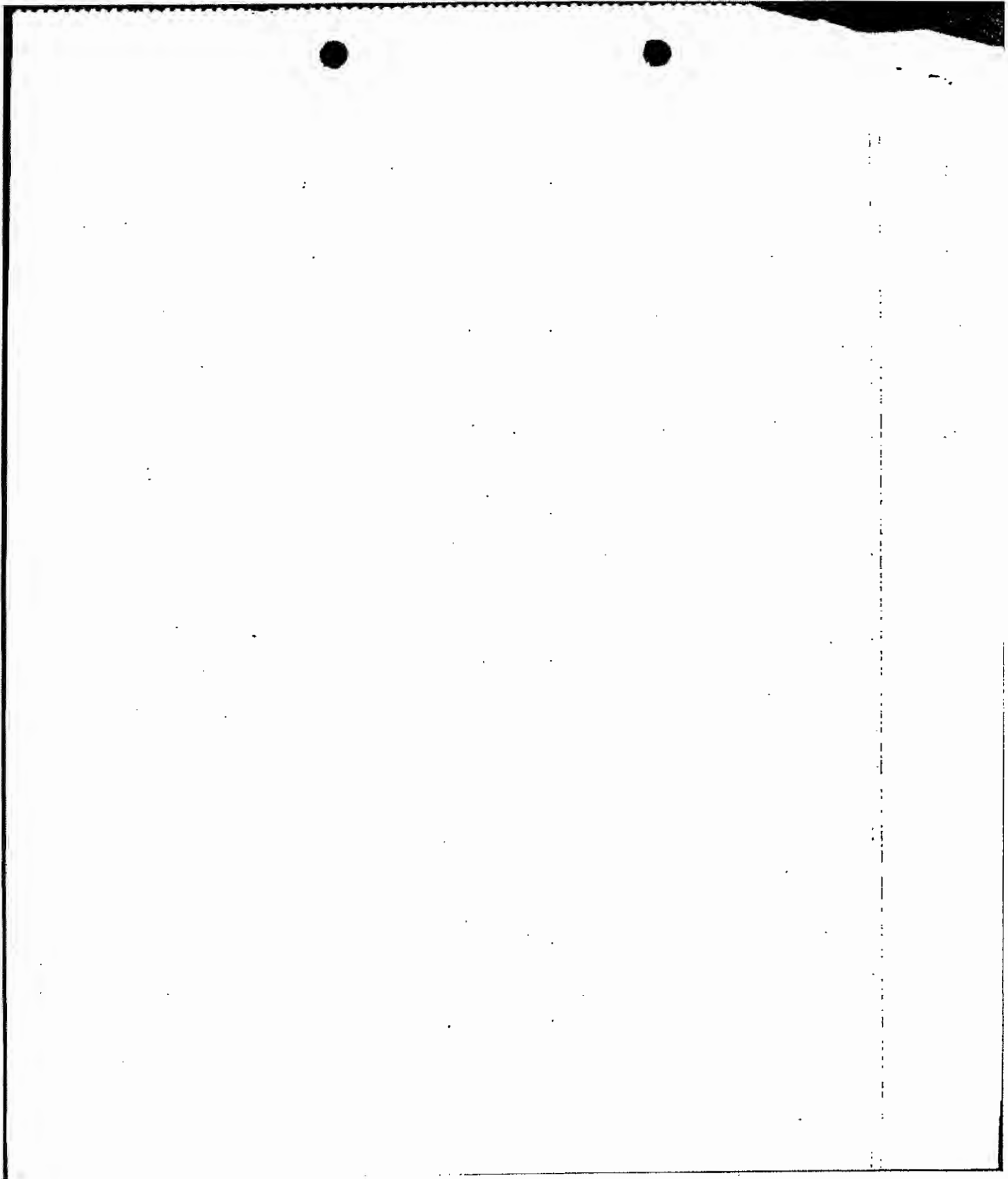
KID	12210 - cash	790.98	
	32002		2289.26
	26120 (m. susp)	1498.28	
LDS	12210	2289.26	
	26120		2289.26

March
(BAT)

	27100		2289.26
	26120	2289.26	
	42004	22.70	
	11700		22.70
	11700		1.65
	77001	1.65	

APRIL - KID

MANA	12210	2289.26	
	26120		2289.26
	27100	2289.26	
	26120		2289.26
	12210	355.62	
	32002		2467.07
	26120		300.00
	26120	2411.45	



JCK000950

②

APR-1986

1009208

K10 26120

300.00

26120

300.00

32002

2467.07

26120

2467.07

K4H 12210

2467.07

32002

2467.07

May 1986

K4H 12210

2467.07

32002

2467.07

June

K4H 12210

2467.07

32002

2467.07

July

KAS 26130

2964.32

11700

2964.32

11700

116.49

77001

116.49

32002

2467.07

11700

2467.07

11700

96.95

77001

96.95

Aug

KAS 26130

974.22

11700

974.22

11700

31.91

77001

31.91

K4H

12210

2467.07

32002

2467.07



Faint, illegible text or markings running vertically down the right side of the page, possibly bleed-through from the reverse side.

③

Sept. 1986

1009208

K4H

12210

2467.07

32002

2467.07

TMQ

11700

2434.32

11700

49.72

77001

49.72

26120

2434.32

26130

155.53

26120

155.53

26130

77.47

26120

77.47

26130

2201.32

26120

4402.64

26120

2201.32

26130

4402.64

26120

4402.64

TAL

26130

8805.28

26120

8805.28

Oct.

TAL

32002

2467.07

11700

2467.07

11700

47.74

77001

47.74

Nov.

11700

2318.07

TMQ

11700

29.98

77001

29.98

26120

2318.07

TMQ

32002

2467.07

26120

2467.07

④

Dec. 1986		1009208	
TMA	11700	2551.03	
	11700	16.17	
	77001		16.17
	26120		2551.03
TMA	32002		2467.07
	26120	2467.07	
	26130		83.96
	26120	83.96	
KAS	42004	16565.06	
	11700		16565.06
Jan. 1987 - none			
Feb. 1987	12210	5739.05	
KYH	26120		5739.05
	32002		2616.82
Merch	26120	2616.82	
TMA	26130		83.96
	26120	83.96	
	26130		175.97
	26120	176.97	
	26130		2861.30
	26120	2861.30	
APRIL	12210	2616.82	
MBD	32002		2616.82
	12210	2616.82	
	32002		2616.82
	12210	2616.82	
	32002		2616.82



National Service Association
500 WEST JACKSON BLVD. SUITE 800 CHICAGO, IL 60606

(312) 993-0537
1-800 558-8322

DATE: May 29, 1987
TO: Mary Sardona
FROM: Cindy Denison

MAY 29 1987

SUBJECT: S.B. Lexington, Inc. Employee Death Benefit Plan and Trust

Dear Mary:

Enclosed you will find two request letters one for Richard Klink Policy number 1009209 and one for Simon Bernstein Policy number 1009208. Please process and send confirmation as soon as possible.

If you should have any questions, please call.

Very truly yours,

Cindy Denison
Cindy Denison

Enclosure

TERRI-

COULD YOU HANDLE THESE LOANS.

THANKS

Mary

JUN 2 1987

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue P.O. Box 2016
Milwaukee Wisconsin 53201 9757
414/271-9900 400-50A 1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less

I request policy loan to pay current premium due. May 27, 1987 Premium to pay to June

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder")

CHANGE BENEFICIARY AS FOLLOWS (Do not send Policy)

Beneficiary names (Give full name, age, and relationship to Insured)

Primary (Payee at death of Insured)

Successor (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy if it is to be changed)

Agent

Date

UNITED BANK OF ILLINOIS, N.A.

Agent

Date

Personal Signature of Old Owner, if Ownership Change

Marianne EPS

Personal Signature of Policyholder (Owner)

MARIANNE EPS

TRUST OFFICER

JCK000956



National Service Association

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 1-27-87

TO: Teri Quarman

FROM: Cindy Denison

SUBJECT: S.B. Lexington, Inc.

Per our previous phone conversation please advise the amount available to pay by loan or cash value premiums for the attached billings for 2 monthly premiums and the amount of cash if needed. Please respond as soon as possible.

thank - You

Cindy Denison



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL. EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	1-27-87 / 2-27-87 ↓ 2-27-87 / 3-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 1-27-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	1-12-87 / 2-12-87	2861.30

Δ 2-12-87 | 3-12-87

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 1-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	1-10-87 / 2-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	1-10-87 / 2-10-87	176.97

↓ 2-10-87 / 3-10-87

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 1-10-86

PLEASE MAKE PAYABLE TO:

TO INSURE PROMPT PROCESSING, PLEASE:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU

INSURED Simon Bernstein

POLICY # 1009208

- MONEY IN MISC. SUSPENSE
- MONEY IN PREMIUM SUSPENSE
- RESTRICT BILL
- STOP PAC
- SURRENDER
- PREMIUM LOAN (PAYS TO: _____)
- REQUESTED BY INSURED
- POLICY CHANGE IN PROGRESS
- OTHER

BY T.M.Q.
DATE 2-17-87


S.B. LEXINGTON, INC.
9933 N. LAWLER AVE.
SKOKIE, IL 60077

4143

2/1 1987 70-277
719

PAY TO THE ORDER OF CAPITAL BANKERS LIFE INSURANCE CO. \$ 5739.⁰⁵/₁₀₀

Fifty seven hundred thirty nine and 05/100 only DOLLARS

 **HARRIS BANK**
GLENCOE NORTHBROOK, ILL.
Harris Bank Glencoe-Northbrook
333 Park Avenue
Glencoe, Illinois 60022

Ben Klink

⑈004443⑈ ⑆071922227⑆ ⑈111⑈155⑈

S.B. LEXINGTON, INC.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

DELUXE - FORM DVC-3 V-2

DATE	DESCRIPTION	AMOUNT
	Premiums S. Bernstein	\$ 2616.82
	P. Bernstein	83.96
	S. Bernstein	176.97
	D. Klink	2861.30
		<u>\$ 5739.05</u>
		To Pay Premium Due 12/27/86
		12/12/86
		12/10/86
		1009208
		1009209
		1009503
		1013683
		12/1/87

FEB 16 1987



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

DATE: 2-10-87

TO : Terry Quareman

FROM: Cindy

RE : S. B. Lexington
Employee Death Benefit Plan and Trust

Attached please find a cheque in the amount of \$ 5739.05.
This amount pays the 12-86 monthly premium for
the attached list of Insureds.

Thanks,

Cindy

JCK000963



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	12-27-86 / 1-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 1-27-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	12-12-86 / 1-12-87	2861.30

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 1-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 1-13-87

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERGENCE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	12-10-86 / 1-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	12-10-86 / 1-10-87	176.97

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 1-10-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF ILLINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 12-31-86
TO: Karen Harris
FROM: Cindy

SUBJECT: S. B. Lexington, Inc

Enclosed is a request letter to pay for the attached
list of policies. Please send written notification when
completed.

Thanks

Cindy

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9157
414/277-3998 800/556-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(Is or Is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ 5739.05 or the maximum loan value, if less. - 5 Pay as indicated Below

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent Date
UNITED BANK OF ILLINOIS, N.A. 12-30-86

Agent Date
0151 (1/79)

Personal Signature of Old Owner, if Ownership Change

Marianne Eps Trust Officer
Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

2616-82-1009208 5/1/87 2861.30-1009209 5/1/87
83-96-1013683 5/1/87 126.97-1009503 5/1/87



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
PAMELA BERNSTEIN	1013683	10-10-82	250000	12-10-86 / 1-10-87	83.96
SHIRLEY BERNSTEIN	1009503	10-10-82	250000	12-10-86 / 1-10-87	176.97

PAY THIS AMOUNT \$ 260.93

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
RICHARD KLINK	1009209	12-12-82	1000000	12-12-86 / 1-12-87	2861.30

PAY THIS AMOUNT \$ 2861.30

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



National Service Association

9933 Lawler Avenue / Suite 210 / Skokie, IL 60077 / (312) 676-2313 / 1-800-558-VEBA

PREMIUM BILLING

S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST
9933 LAWLER AVENUE, SUITE 210
SKOKIE, IL 60077

DATE: 12-23-86

PAGE 1

MONTHLY INSURANCE PREMIUMS DUE FOR THE
CONVERAGE PERIOD INDICATED BELOW

CASE NUMBER: N/A

NAME OF INSURED	POLICY NUMBER	POL EFF DATE	FACE AMOUNT	PREMIUM DUE FROM/TO	TOTAL PREMIUM
SIMON BERNSTEIN	1009208	12-27-82	2000000	12-27-86 / 1-27-87	2616.82

PAY THIS AMOUNT \$ 2616.82

REMITTANCE IS DUE BY: 12-12-86

PLEASE MAKE PAYABLE TO:

UNITED BANK OF INNINOIS, TRUSTEE OF
S.B. LEXINGTON, INC.
EMPLOYEE DEATH BENEFIT PLAN & TRUST

TO INSURE PROMPT PROCESSING, PLEASE:

- 1) RETURN A COPY WITH PAYMENT
- 2) CROSS OUT TERMINATED PARTICIPANTS AND INDICATE DATE OF TERMINATION

PLEASE REMIT PAYMENT TO: NATIONAL SERVICE ASSOCIATION

THANK YOU



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
2000 LEXINGTON AVENUE, SUITE 1000
NEW YORK, NY 10017
TEL: (212) 850-1000
FAX: (212) 850-1001

December 12, 1986

S. B. Lexington
9933 Lawler Avenue
Skokie, IL 60077

RE: Policy #1009208 - Simon Bernstein
#1013683 - Pamela Bernstein

Dear Cindy:

Policy #1009208 and #1013683 have been paid by premium loan from policy #1009208. The breakdown of this loan is as follows:

Gross Loan:	\$2,567.20
Net Loan:	\$2,551.03
Interest:	\$ 16.17

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

Policy #1009208 is paid to December 27, 1986 and policy #1013683 is paid to December 10, 1986.

Enclosed please find an December annual report for policy #1009208.

If you have any questions regarding this matter, please feel free to contact me at Extension #383.

Sincerely,
Capitol Bankers Life Insurance Co.

Teri Qualmann
Teri Qualmann
Policyowner Service

Enclosure

FIXED POLICY LOAN CHECKLIST

Policy # 1009208
Next Anniversary Date Dec. 27, 1986
Issue State IL
Applicable Loan Rate 7.4 %
Gross Loan \$ 2567.20
Net Loan \$ 2551.03
Date Loan Granted 12-12-86
Person Processing Loan TR

Documents Enclosed in Policy File:

Loan Request _____
Copy of "V" Screen _____
(Verified that Gross Loan <
Available Loan Amount) _____
Approved Check Request _____
Copy of Check _____

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____

Person Processing Removal _____

Loan Repaid:
Attach Copy of Check Received _____

Loan Deducted from Face & Cash Values:
Attach Copy of Cleared "F" Screen _____

POLI. CODE: V CERT # 1009208 RA 01 DATE 12/01/80 PKINI 12-1-80
CODE: Q=ALL S=SHORT V=CSV A=AGENT B=BILL N=NAME F=FINANCIAL C=COVERAGE H=HISTORY

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTOR-1 BEG-OF-YR PREM-FACTOR
(1.09497665 * 0.00 * (1 - 0.91780822)) +
PREM-FACTOR FACTOR-2 END-OF-YR
(0.91780822 * 0.99226784 * 19066.60) +
PREM-FACTOR CV-FACTOR DEATH-BENEFIT QX INT-RT
((0.91780822 - 0.91780822) * 1963671.03 * 0.003180000 / (1 + .10000)) +
PREM-FACTOR CV-FACTOR FE-LOAD DEATH-BENEFIT END-OF-YR
((0.91780822 - 0.91780822) * 0.0000 * (1963671.03 - 19066.60)) =
CVL-CASH-VAL OTHER-CV TOTAL-CV
17364.17 + 13909.69 = 3454.48
NET-LOAN + INTEREST = GROSS-LOAN
2585.28 16.39 2601.67

JCK000974



National Service Association

DEC 5 1986

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 12-1-86
TO: Karen Harris
FROM: Cindy

SUBJECT: S. B. Lexington

Enclosed is a request form to use the cash values
on # 1009208 to pay immediately on 1009208 &
1013683 to pay policies to 12-86. Please verify
this in writing.

Thanks
Cindy

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P. O. Box 2018
Milwaukee, Wisconsin 53201-8757
414/277-8958 800/558-1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number

1009208

Name of Insured

Simon Bernstein

The Policy

is not
(Is or Is not)

enclosed as instructed below.

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____

(Print old owner name)

to _____

(Print new owner name)

*Both signatures required below.

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____

(Print old name)

to _____

(Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.) Please use the cash values in the above referenced policy to pay a monthly premium for the following policies:
#1009208 Simon Bernstein and #1013683 - Pam Bernstein

Agent _____ Date 11-13-86
UNITED BANK OF ILLINOIS, N.A.
Agent _____ Date _____

UBI 11/79

Personal Signature of Old Owner, if Ownership Change

Marianne Eps
Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

JCK000976



Capitol Bankers Life

MEMBER OF THE CHANGELIFE COMPANY
A DIVISION OF THE CHANGELIFE GROUP
10000 W. BROADWAY
CHICAGO, ILLINOIS 60642

November 11, 1986

S. B. Lexington
9933 Lawler Ave.
Skokie, IL 60077

RE: Policy #1009208 - Simon Bernstein

Dear Michele:

Per your request the above mentioned policy has been paid to November 27, 1986 by premium loan and a payment we received. The breakdown of this is as follows:

Gross Loan:	\$2,348.05
Net Loan:	\$2,318.07
Interest:	\$ 29.98
Payment Received:	\$ 149.00

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

If you should have any questions regarding this matter, please feel free to contact our office.

Sincerely,

CAPITOL BANKERS LIFE INS. CO.

Teri Qualmann

Teri Qualmann
Policyowner Service

TQ/bl



OCT 29 1986

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 10-24-86

TO: Karen Harris (Capital)

FROM: Michèle

SUBJECT: S. B. Sexington, Inc.

Enclosed is a check for \$149.00 to pay towards a
monthly premium for

Policy # 1009208 - Simon Bernstein

The balance of the monthly premium is
being paid by policy loan. The forms for the
policy loan were sent to Teri Qualmann.

THANKS
Michèle


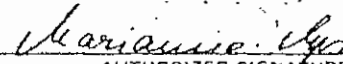
INSURED Simon Berstein

POLICY # 11789208

- MONEY IN HISC. SUSPENSE
- MONEY IN PREMIUM SUSPENSE
- RESTRICT BILL
- STOP PAC
- SURRENDER
- PREMIUM LOAN (PAYS TO: _____)
- REQUESTED BY INSURED
- POLICY CHANGE IN PROGRESS
- OTHER

BY T.M.Q.

DATE 10-29-86

 UNITED BANK of Illinois UNITED CENTER State and Wyman Rockford, IL 61101	TRUST AND INVESTMENT SERVICES DIVISION	NO. 039245 <small>70-2200 719</small>
	ACCT. NO. 660-2262-000	DATE OCTOBER 23, 1986
PAY EXACTLY 149 AND 00 CTS	AMOUNT \$149.00	
TO THE ORDER OF CAPITOL BANKERS LIFE INSURANCE COMPANY	 AUTHORIZED SIGNATURE	
@039245 @071922007 @999 503 6		

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME **S.B. LEXINGTON**

A/C NO. **660-2262-000**

NO. **039245**

DATE **OCTOBER 23, 1986**

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$149.00

370

PAYMENT TO CAPITOL BANKERS LIFE INSURANCE COMPANY TO PAY TOWARDS A MONTHLY PREMIUM.

FIXED POLICY LOAN CHECKLIST

Policy • 1009208
Next Anniversary Date Dec. 27, 1986
Issue State IL
Applicable Loan Rate 7.4 %
Gross Loan \$ 2348.05
Net Loan \$ 2318.07
Date Loan Granted Oct. 27, 1986
Person Processing Loan TMA

Documents Enclosed In Policy File:

Loan Request _____
Copy of "V" Screen _____
(Verified that Gross Loan <
Available Loan Amount) _____
Approved Check Request _____
Copy of Check _____

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach Copy of Check Received _____
Loan Deducted from Face & Cash Values:
Attach Copy of Cleared "F" Screen _____

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee Wisconsin 53201-9157
414/277-8999 800/558-1011

Jul 24 1986

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(Is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)
 I request a policy loan of \$ _____ or the maximum loan value, if less.
 I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)
ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)
I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)
Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)
I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)
Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)
Change name of: Insured Owner
From _____ to _____
(Print old name) (Print new name)
State reason for change: _____
(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)
Beneficiaries (Give full name, age, and relationship to insured)
Primary: (Pays at death of insured)
Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.) Please use the cash values in the above referenced policy to pay towards a monthly premium for that policy. The balance due of \$149.00 will follow.

Agent Date
UNITED BANK OF ILLINOIS, N.A. 10-21-86
Agent Date

Personal Signature of Old Owner, if Ownership Change
Marianne Eps
Personal Signature of Policyholder (Owner)
MARIANNE EPS TRUST OFFICER

2193 2/7/85



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
FARMERS BUILDING, 1441 B STREET, N.W.
WASHINGTON, D.C. 20004
PHONE: (202) 462-1000
TELETYPE: (202) 462-1000

October 10, 1986

S. B. Lexington
Attention: Michele

RE: Policy #1009208 - Simon Bernstein

Dear Michele:

Per your request the above mentioned policy has been paid to October 27, 1986 by premium loan. The following is the breakdown of the loan:

Gross Loan	\$2,514.81
Net Loan	\$2,467.07
Interest	\$ 47.74

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

If you should have any questions regarding the matter please feel free to contact our office.

Sincerely,
Capitol Bankers Life Insurance Co.

Teri Qualmann

Teri Qualmann
Policyowner Service

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P.O. Box 2018
Milwaukee Wisconsin 53201-9757
414/277-3998 800/358-1011

REQUEST LETTER

OCT 6 1986
OCT 9 1986

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number

109208

Name of Insured Simon Bernstein

The Policy _____ enclosed as instructed below.
(Is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due. Monthly

CHANGE OF OWNERSHIP FROM _____

(Print old owner name)

to _____

(Print new owner name)

* Both signatures required below.

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to insured)

Primary: (Payee at death of insured)

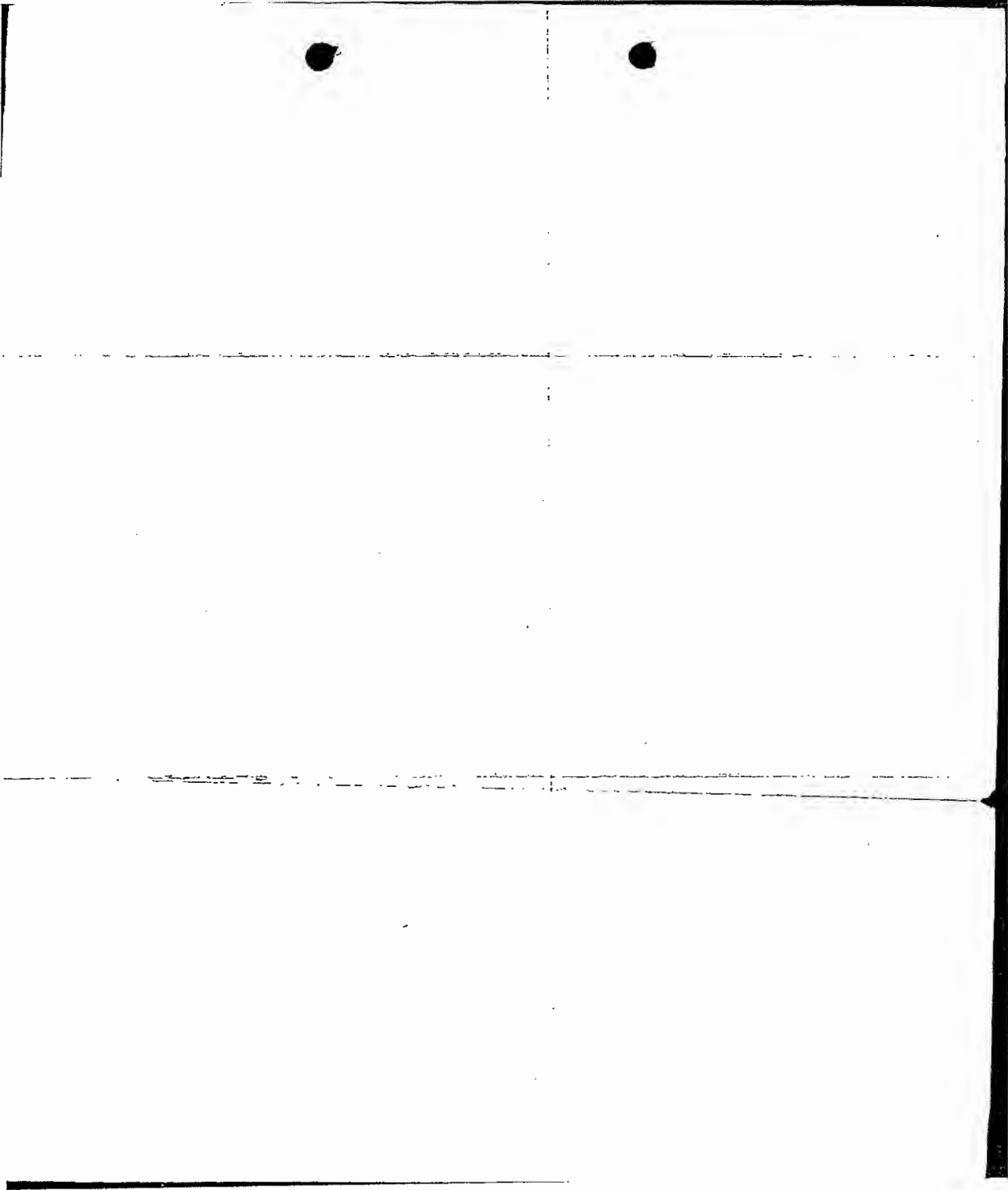
Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent _____ Date 10-3-86
UNITED BANK OF ILLINOIS, N.A.
Agent _____ Date

Personal Signature of Old Owner, if Ownership Change
Marianne Eps
 Personal Signature of Policyholder (Owner)
MARIANNE EPS TRUST OFFICER

7054 10/86



FIXED POLICY LOAN CHECKLIST

Policy # 1009208
Next Anniversary Date Dec. 12, 1986
Issue State IL
Applicable Loan Rate 7.4 %
Gross Loan \$ 2514.81
Net Loan \$ 2467.07
Date Loan Granted Sept. 27, 1986
Person Processing Loan T.M.Q.

Documents Enclosed In Policy File:

Loan Request _____
Copy of "V" Screen ✓ _____
(Verified that Gross Loan <
Available Loan Amount) _____
Approved Check Request _____
Copy of Check _____

NOTE: Loan to be removed as of next anniversary date

Date Loan Removed _____
Person Processing Removal _____
Loan Repaid:
Attach Copy of Check Received _____
Loan Deducted from Face & Cash Values:
Attach Copy of Cleared "F" Screen _____

POLI CODE: V CERT # 1009208 R# C1 DATE 10/01/80
CODE: Q=ALL S=SHORT V=CSV X=AGENT B=BILL N=NAME F=FINANCIAL C=COVERAGE H=HISTORY

POLICY 1009208 POLICY NAME SIMON BERNSTEIN STATUS 1

FACTOR-1	BEG-OF-YR	PREM-FACTOR			
(1.07764101 * FACTOR-2	0.00 * (1 - 0.75068493)) +	END-OF-YR			
PREM-FACTOR	0.97655823 * 19066.60) +				
(0.75068493 * CV-FACTOR	DEATH-BENEFIT	QX	INT-RT		
((0.75068493 - 0.75068493) * 1963671.03 * 0.003180000 / (1 + .10000)) +					
PREM-FACTOR	CV-FACTOR	FE-LOAD	DEATH-BENEFIT	END-OF-YR	
((0.75068493 - 0.75068493) * 0.0000 * (1963671.03 - 19066.60)) =					
CVL-CASH-VAL	OTHER-CV	TOTAL-CV			
13977.49 + 8961.57 = 5015.92					
NET-LOAN + INTEREST = GROSS-LOAN					
2482.34 + 48.05 = 2530.39					

JCK000986



Capitol Bankers Life

Capitol Bankers Life Insurance Co.
1000 ...
Washington, D.C. ...

September 22, 1986

S B Lexington
Attention: Michele

RE: Policies #1009208, #1009209, #1009503, and #1009209

Dear Michele:

Policy #1009209, #1009503 and #1013683 have been paid to September, 12, 1986 by a policy loan from policy #1009208. The breakdown of this is as follows:

Gross Loan:	\$2484.05
Net loan:	\$2434.32
Interest:	\$ 49.72

Premium received towards Policy #1009209 - \$530.00.

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

If you should have any questions, regarding this matter, please feel free to contact our office.

Sincerely,
Capitol Bankers Life Insurance Co.

Teri Qualmann

Teri Qualmann
Policyowner Service

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P.O. Box 2018
Milwaukee Wisconsin 53201 9157
414/277 9998 800/558 1011

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number

1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ of the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below.

(Print old owner name)

to

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____

(Print old name)

to

(Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.) Please use the cash value from the above referenced policy to pay a monthly premium for Policy #1009503-Shirley Bernstein and for Policy #1013183-Fam Bernstein. Also use the cash value towards a monthly premium for Policy #1009209-Richard Kink. The balance due will follow.

Agent UNITED BANK OF ILLINOIS, N.A.
Agent _____

Date

8-26-86

Personal Signature of Old Owner, if Ownership Change

Personal Signature of Policyholder (Owner)

MARIANNE EPS TRUST OFFICER

7/83 (12/8)


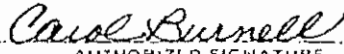
JCK000988

INSURED Richard Klink

POLICY # 1009209

- MONEY IN HISC. SUSPENSE
- MONEY IN PREMIUM SUSPENSE
- RESTRICT BILL
- STOP PAC
- SURRENDER
- PREMIUM LOAN (PAYS TO: _____)
- REQUESTED BY INSURED
- POLICY CHANGE IN PROGRESS
- OTHER Minidip

BY T.M.Q.
DATE 9-8-86

 UNITED BANK of Illinois <small>INC.</small> UNITED CENTER State Street, Wm. B. Conner Rockford, IL 61101	TRUST AND INVESTMENT SERVICES DIVISION	NO. 038496 <small>70.2200 710</small>
ACCT. NO. 660 2262 000		DATE September 4, 1986
PAY EXACTLY PAID 530 AND 00 CTS		AMOUNT \$530.00
TO THE ORDER OF Capitol Bankers Life Insurance Co. 205 East Wisconsin Avenue P.O. Box 2016 Milwaukee WI 53201-9757		 AUTHORIZED SIGNATURE
@038496# 0074922007# 999 503 6#		

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME	S. B. Lexington, Inc	NO. 038496						
A/C NO.	660 2262 000	DATE September 4, 1986						
	370							
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">REMITTANCE AMOUNT</th> </tr> <tr> <td style="width: 50%;">INCOME</td> <td style="width: 50%;">PRINCIPAL</td> </tr> <tr> <td></td> <td style="text-align: right;">\$530.00</td> </tr> </table>	REMITTANCE AMOUNT		INCOME	PRINCIPAL		\$530.00
REMITTANCE AMOUNT								
INCOME	PRINCIPAL							
	\$530.00							
Insurance Premium paid to Capitol Bankers Life Insurance Co. to pay monthly premium balance #1009-209-Richard Klink								

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
205 East Wisconsin Avenue, P. O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/217-9958 800/558-1011

AUG 04 1988

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(Is or Is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____
*Both signatures required below. (Print old owner name) (Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line, "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to insured)

Primary: (Payee at death of insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)
Please use the cash value in the above referenced policy to pay ^{towards} a monthly premium for Policy #1009209. The balance of the monthly premium for #1009209 will follow.

Agent United Bank of Illinois NA Date 7/30/88
Agent Date

Personal Signature of Old Owner, if Ownership Change
Marianne EPS
Personal Signature of Policyholder (Owner)

MARIANNE EPS TURST OFFICER

PLS 11/79



Capitol Bankers Life

Capitol Bankers Life Insurance Company
1000 North Capitol Street, N.W.
Washington, D.C. 20001
Tel. (202) 462-1000

August 25, 1986

S. B. Lexington
Attention Michelle

RE: Policy #1009208 and #1009209

Dear Michelle:

Policy #1009209 has been paid to August 12, 1986 by a policy loan from policy #1009208 and a payment we received. The breakdown of this is as follows:

Gross Loan:	\$1006.13
Net Loan:	\$ 974.22
Interest:	\$ 31.91
Payment Received:	\$1757.10

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

If you should have any questions regarding this matter, please feel free to contact our office.

Sincerely,
Capitol Bankers Life Insurance

Teri Qualmann

Teri Qualmann
Policyowner Service



National Service Association

AUG 06 1986

9933 Lawler Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 676-2313
1-800-558-VEBA

DATE: 8-4-86

TO: Karen Harris (Capitol)

FROM: Michelo

SUBJECT: S. B. Lexington, Inc.

Enclosed is a check for \$1,757.10 to pay the balance of the monthly premium for Policy #1009209 - Richard Kline. The rest of the monthly premium is being paid by policy loan.

Thanks
Michelo

DETACH AND RETAIN THIS PORTION FOR FILE

A/C NAME S.B. LEXINGTON

ME

NO. 038144

A/C NO. 65-2262-00

DATE 7/31/86

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$1,757.10

543

\$1,757.10

Payment to

CAPITOL BANKERS LIFE INSURANCE CO.
 TO PAY BALANCE OF MONTHLY PREMIUM
 FOR RICHARD KLIMK
 POLICY # 1009209

P073100914

JCK000993



INSURED Richard Klunk

POLICY # 1009209

- MONEY IN MISC. SUSPENSE
- MONEY IN PREMIUM SUSPENSE
- RESTRICT BILL
- STOP PAC
- SURRENDER
- PREMIUM LOAN (PAYS TO: _____)
- REQUESTED BY INSURED
- POLICY CHANGE IN PROGRESS
- OTHER minidip

BY Jerry Gualman

DATE 8-13-86

 UNITED BANK of Illinois UNITED CENTER State and Wyman Rockford, IL 61101	TRUST AND INVESTMENT SERVICES DIVISION	NO. 038144 79-2200 719
	ACCT. NO. 65-2262-00	DATE 7/31/86
PAY EXACTLY <u>1,757 AND 10 CTS</u>		AMOUNT \$*****1,757.10
TO THE ORDER OF CAPITOL BANKERS LIFE INSURANCE CO.		 AUTHORIZED SIGNATURE
⑈038144⑈ ⑆071922007⑆ ⑆999⑆503⑆6⑆		

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

A/C NAME **S.B. LEXINGTON**

A/C NO. **65-2262-00**

NO. **038144**

DATE **7/31/86**

REMITTANCE AMOUNT	
INCOME	PRINCIPAL

543 **\$1,757.10**

Payment to
CAPITOL BANKERS LIFE INSURANCE CO.
TO PAY BALANCE OF MONTHLY PREMIUM
FOR RICHARD KLUNK
POLICY # 1009209

*pay 09
 check from 09*

P073100914



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
705 East Wisconsin Avenue, P.O. Box 2014
Milwaukee, Wisconsin 53201-0157
414/277-9976
800-548-7011

July 24, 1986

S B Lexington
ATTN Michele

Re: Policy #1009208, #1009209, #1009503, #1013683

Dear Michele,

Policy #1009208 has been paid to July 27, 1986 by premium loan.
The breakdown of this loan is as follows:

Gross Loan:	\$2,564.02
Net Loan:	2,467.07
Interest:	96.95

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

Also, due to an error on my behalf the letter previously sent to you should have read: Policy #1009209—Paid to July 12, 1986, policy #1009503—paid to July 10, 1986 and policy #1013683 paid to July 10, 1986.

If you should have any questions please feel free to call.

Sincerely,

Karen A Bender
Policyowner Service

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
305 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9157
414/271-8998 800/558-1011

JUL 22 1986

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due. 1 monthly

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below.

(Print old owner name)

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Agent United Bank of Illinois, NA
Agent _____ Date _____

Personal Signature of Old Owner, if Ownership Change

Charlene G...
Personal Signature of Policyholder (Owner)

PL151 (1/74)

JCK000996

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
203 East Wisconsin Avenue, P.O. Box 2018
Milwaukee, Wisconsin 53201-9757
414/277-9998 800/558-1011

JUL 14 1988

REQUEST LETTER

TO: Capitol Bankers Life Insurance Co.

Please comply with the request I have checked below in connection with Policy Number 1009 208

Name of Insured Simon Bernstein

The Policy is not enclosed as instructed below.
(Is or is not)

CHANGE MAIL ADDRESS TO (Do not send Policy)

(New Mail Address)

POLICY LOAN (Do not send policy)

I request a policy loan of \$ _____ or the maximum loan value, if less.

I request policy loan to pay current premium due.

CHANGE OF OWNERSHIP FROM _____ to _____

*Both signatures required below.

(Print old owner name)

to

(Print new owner name)

ADDRESS _____

EXTENDED TERM INSURANCE (Do not send Policy)

I request that the Extended Term Insurance provision be operative as a nonforfeiture value, if available; and any election by me for application of the automatic premium loan provision now on file with the Company is hereby revoked.

AUTOMATIC PREMIUM LOAN (Do not send Policy)

Make the Automatic Premium Loan provision effective, if provided in the policy.

PAID-UP INSURANCE (Send Policy)

I request that the Paid-Up Insurance provision be operative as a nonforfeiture value, if available.

CASH SURRENDER (Send Policy)

Pay all cash surrender equities to me and as consideration for such payment, I surrender my Policy.

CHANGE OF NAME BY MARRIAGE OR OTHERWISE (Do not send Policy)

Change name of: Insured Owner

From _____ to _____
(Print old name) (Print new name)

State reason for change: _____

(If the person whose name is to be changed is the policyholder, both the old and the new name of the policyholder must be signed at the bottom of this request letter on the line "Personal Signature of Policyholder.")

CHANGE BENEFICIARY AS FOLLOWS: (Do not send Policy)

Beneficiaries (Give full name, age, and relationship to Insured)

Primary: (Payee at death of Insured)

Successor: (Substitute payee if no Primary payee living)

OTHER REQUEST (Write request and send policy, if it is to be changed.)

Please use the cash value from the above referenced policy to pay a monthly premium for the following policies: @ 1009209 - Richard Klink, @ 1009503 - Shirley Bernstein, and @ 1013683 - Pamela Bernstein

United Bank of Illinois N.A. - 7/13/88 - Harrison Cys
Agent _____ Date _____ Personal Signature of Old Owner, if Ownership Change
Agent _____ Date _____ Personal Signature of Policyholder (Owner)

First 1/79

JCK000997



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
ATTENTION: BANKERS LIFE BUILDING
1 EAST WASHINGTON AVENUE, P. O. BOX 111
BOSTON, MASSACHUSETTS 02111
TEL: 523-1111

July 14, 1986

S B Lexington
ATTN Michele

Re: Policy #1009208, #1009209, #1009503, #1013683

Dear Michele,

Policy #1009209, #1009503 and #1013683 have been paid to June, 1986 by a policy loan from policy #1009208. The breakdown of this is as follows:

Gross Loan:	\$3,080.81
Net Loan:	2,964.32
Interest:	116.49

If the loan is not repaid by the next anniversary date, the cash value and face amounts will be reduced by the amount of the loan and the premium may increase so that the cash value will equal the policy face amount at the policy target age.

If you should have any questions please feel free to call.

Sincerely,

Karen A Stewart
Policyowner Service

574000 GRK

Face 1982235
Rein 1957235

cf 26235.21

CIP 6952.86

2/15/85
SLS

1009208

27100	2259.26	
26120		2289.26
42004 IL		22.70
11700	22.70	
11700	1.65	
77001		1.65

1009209

12210		2731.32
32002 7L	2731.32	
22200	218.51	
52002		218.51

2435

NAME: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
DOB: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
SEX: [unclear] MARRIED: [unclear] DIVORCED: [unclear] WIDOWED: [unclear]
EFFECTIVE DATE: 07/27/82 AUTO TAX DEFERRED: YES NO SUPERSEDED: [unclear]

TOTAL INSURANCE IN POLICY: \$1,000.00 TOTAL LIFE INSURANCE: \$1,000.00
MORTGAGE: NONE

EMPLOYER: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
EMPLOYEE ID: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
EMPLOYEE TYPE: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

IRREVOCABLE: [unclear] REVOCABLE: [unclear]
TRUSTEE: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
COUNTY SEATS: NONE

ADDRESS: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
CITY: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
STATE: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
ZIP: [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]

MEMBERSHIP RECORDS + ...

EXACTLY KEY EXISTENCE *****

REF. SURR.	ORDER	TYPE	CLASS	AMOUNT	TOTAL PAID	PLAT	YRS
1ST
2ND

ASSIGNED: ** N/A IN VA FILE **

ADDRESS:

NONE

ADDRESS:

Handwritten notes and signatures in the right margin.

INSURED:
SIC:
ADDRESS:

INSURED: ...
SIC: ...
ADDRESS: 420 SHERIDAN RD
ELENOR IL 61800

FAVOR:

FAVOR: ... TRUST

ADDRESS:

ADDRESS: 670 NATIONAL SERVICE ASSOC
2315 LAFLOR SUITE 211
SKOKIE IL 60076

DATA TAKEN FROM POLICY FILE

6 METHOD, GROUP DATA FROM VA FILE



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
CAPITOL BANKERS LIFE BUILDING
200 East Wisconsin Avenue, P.O. Box 2000
Oshkosh, Wisconsin 54901-9157
715-233-6968
800-547-1977

LARRY WORTHEY
VICE PRESIDENT

June 6, 1986

Jerry Vincent
Senior Vice President
Cologne Life Reinsurance
1200 Bedford Street
Stamford, CT 06905

RE: Simon Bernstein DOB 12-3-35
Our File #1009208
Your File #2068421


Dear Jerry:

I recently received a telephone call from a former employee of the aboved named insured. This person indicated that there were significant misrepresentations made in the application for the above policy and we should check into this.

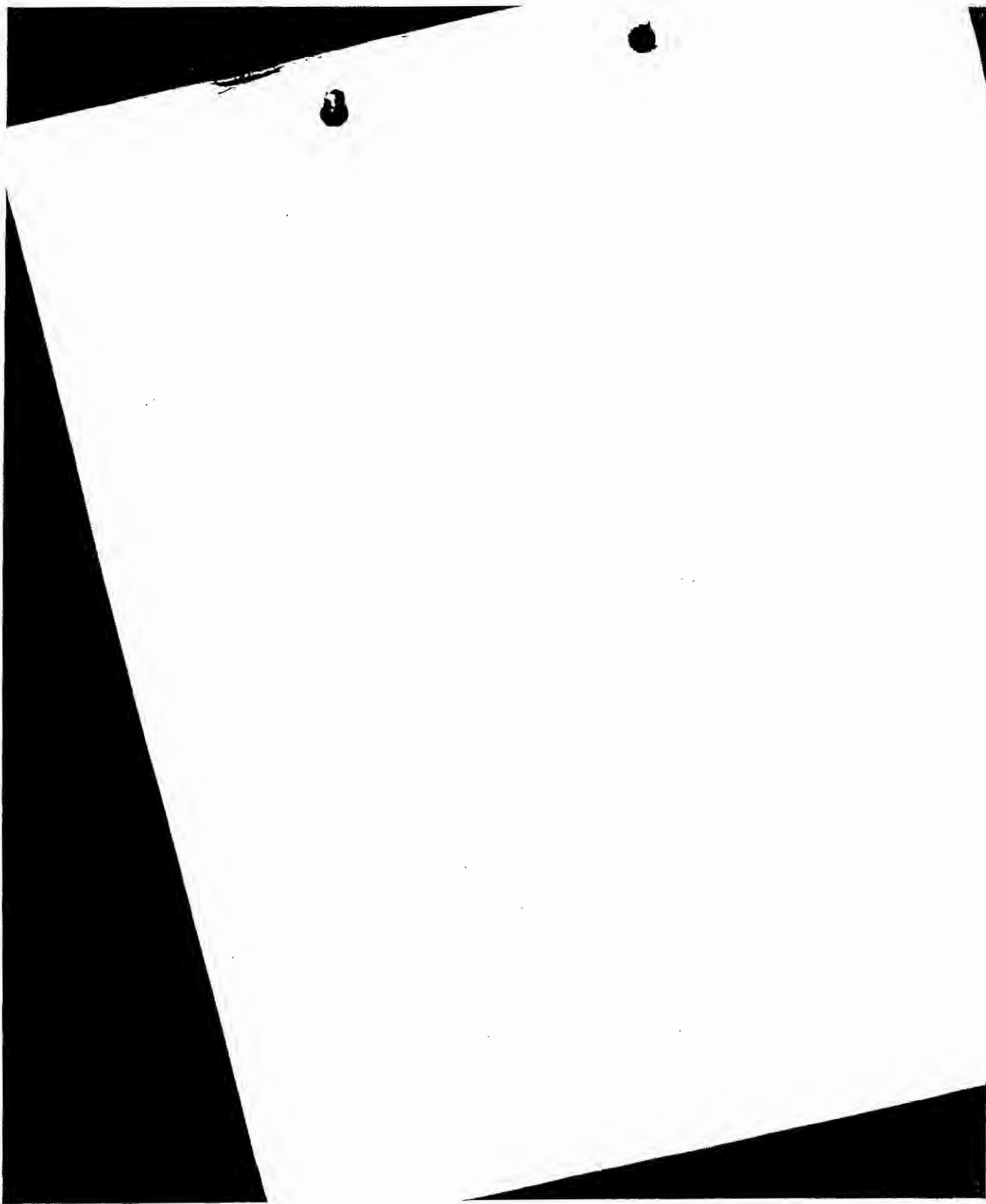
The policy is dated 12-27-82 and is well beyond the contestible period. In discussion with council, we both felt that there was nothing we could do but to mark the records to "not reinstate without underwriting approval." Beyond that action, we felt that it would be an exercise to attempt to prove fraud.

However, you have the lion share of this risk and we defer your wishes. Please give me a call Jerry, if you feel that we should take a different tact, or if you like, call and tell me what's new. I look forward to hearing from you.

Sincerely,


Larry Worthey
Vice President Underwriting

cc
Dick B. FYI
John R
File
Circulate Under
File X 2



JCK001003

Jumbo Risk/Reinsurance Worksheet

Status F

Initials BJM

Policy Number

Last Name

Plan Code

1009208

BERNSTEIN

CVL01

Reinsurance (this Policy):

Company

Amount

Type (Auto, Fac, FacOb)

CBL(retention)

A. 25,000

Retention

COLOGNE

B. 1,975,000

FAC

C. _____

D. _____

Total:

E. 2,000,000

(A + B + C + D)

Prior CBL Coverage

F. --

Prior OTHER Coverage

G. --

Total Inforce & Applied for

H. 2,000,000

(E + F + G) [compare with \$2,000,00]

Replacement Amount

I. --

Net Inforce

J. 2,000,000

(H - I) [compare with \$2,000,000]



UNDERWRITING WORKSHEET

CAPITOL BANKERS LIFE INSURANCE COMPANY
Home Office: Minneapolis, Minnesota
Administrative Office: 735 North Water St. P.O. Box 2016
Milwaukee, Wisconsin 53201 (414) 277-9998

Capitol Bankers Life

PR. C NUMBER 1009208	SOC SEC NO	CY	POLICY DATE 12/27/82	DATE OF BIRTH 12/3/35	AGE 46	SEX M
--------------------------------	------------	----	--------------------------------	---------------------------------	------------------	-----------------

INST'D. Bernstein, Simon	3/10/82
OWNER	PLAN & BENEFIT: CVL01
FACE AMOUNT	\$2,000,000

SEND NOTICE TO:

AGENT'S NAME & ADDRESS (GA)
**S. B. Lexington, Inc.
9933 Lawler Avenue
Skokie, IL 60077**

AGENT'S NAME & ADDRESS (WA)
Richard Klink

#0071

\$24235.00

AMT. REQUESTED WITH APPLICATION

GA NO. **0074000**
WA NO. **0074000**

ANNUAL PREM.	MODE PREM.	CY
LIFE 24,235.00	24,235.00	
W/P		

COMM. SCHEDULE RENEWAL

GA **100** **24,235.00** **8** %

WA %

ADD	
GPO	
TERM R	
EXTRA	
T. EXTRA	
P. RDER	
ANNUITY	
TOTAL	24,235.00

POLICY FORMS

REPLACEMENT FORMS

ADR ANN. BILLING AMT.

REINSURANCE

REINS **Cologne Fac w**
\$1,975,000

MIB AUTH.	REPORT CODES	POLICY NO	FACE AMT.	PD. TO
<input checked="" type="checkbox"/>	300X 172X	0071	1/17/83	

MIB NONE SEE

BUILD:

B.P. **1**

H.O.S.

EKG **/ X-RAY**

INSPECTION: **7/11 Order IR. Sent 3/11. Recd 3/30**

COMMENTS: **Exam - OBA**

UND. APPROVAL BASES **Std**

UND. **AL** DATE **12/1/82**

APS FROM: **Dr. Allen - OBA**

SP. ATTN. TO: **Recd.**

APS FROM:

SP. ATTN. TO:

SPECIAL CLASS

TABLE _____ ANN. EXTRA PER/M \$ _____

TEMP. EXTRA PER/M \$ _____ FOR _____ YEARS

SPECIAL ISSUE INSTRUCTIONS:

REINSURANCE

AUTO FAC YRT CO

Cologne Re

	LIFE	W/P	ADB
IN FORCE			
RETAINED BASIS			
NEW ISSUE	2,000,000		
RETAINED BASIS	25,000		
REIN. ISSUED	1,975,000		

AMENDMENT:

CESSION MAILED BY **DM** DATE **1/17/83**

*Reinsure
Return for
to have increased to
100,000 in 1987*

• BERNSTEIN, SIMON L.
02
02DC35
L02NV79 172-340
(23AF)-346TRX
(A/A, A/A)
-455ZTN-098
L29SP81
346TX(A/A)

• 98 29 - F. JRY
1009208
BERNSTEIN, SIMON L.
02DC35 MICH
SLS
L25MR75 172-340-
346ZV(C/B)-
456ZTMB
L01JL76 340MN-
456ZTC-344ZTMN
(A/B, A/A)
L11AG76
340X(23BF)
CONTINUED

• 371 18 F TRY
1009208
BERNSTEIN, SIMON L.
02DC35 03DC35
MICH
SLS
L01JL76 340MN-
456ZTC-344ZTMN
(A/B, A/A)
L11AG76
340X(23BF)
CONTINUED

• BERNSTEIN, SIMON L.
02
02DC35
L02NV79 172-340
(23AF)-346TRX
(A/A, A/A)
-455ZTN-098
L29SP81
346TX(A/A)
L14AP82 098

Capitol Bankers Life

1001 E. WASHINGTON ST. CHICAGO, ILL. 60601
 (312) 467-1000
 C. O. D. 1001 E. WASHINGTON ST. CHICAGO, ILL. 60601
 (312) 467-1000

REINSURANCE QUOTE REQUEST/CESSION FORM

SEND TO: **Cologne Life Reinsurance Company** DATE: 1/17/83
 NAME OF INSURED: Simon Bernstein DATE OF BIRTH: 12/3/35
 STATE OF RESIDENCE: IL STATE OF BIRTH: MI SEX: M AGE NEAREST: 47

/ We have on file the following requirements which are normal:

ECG SMA APS from: _____
 X-ray Inspection _____
 H.O.S. Part II Medical _____

The following forms are enclosed:

Application ECG SMA APS from: _____
 Part I Nonmedical X-ray interp. Inspection _____
 Part II Medical H.O.S. _____
 Other: _____

M.I.B. authorization on file Yes No Underwriter: _____

Case sent because _____ Our evaluation: _____

CEDE TO: **Cologne Life Reinsurance Company** ^{CESSION} DATE: 1/17/83

Auto. Fac. Fac. oblig. PLAN NAME: Current Value Life

Coins. YRT Amendment PLAN CODE: CVL01

(POLICY NUMBER: 1009208 POLICY DATE: 12/27/82 Under 10 rates

Nonsmoker Smoker AGE NEAREST: 47 RESERVE BASIS: CRVM 58 CSO 4Z

LIFE WAIVER OF PREMIUM

Previous insurance in force:		
Of which we retain:		
New insurance applied for:	2,000,000	
Of which we will retain:	25,000	
Amount of reinsurance ceded:	1,975,000	
Standard rating:	XX	
Table rating:		
Flat extra:		

REMARKS:

Prepared by: Dana M. Martens Date sent: 1/17/83 Number of pages sent: _____



Herron Medical Center Ltd.
1150 North State Street
Chicago, Illinois 60610 312-337-6072

Statement

Date 9/8/82

┌ Capitol Bankers Life Ins. Co. ┐
└ Minneapolis, Minnesota ┘

For professional services rendered

Re: Simon L. Bernstein
D/B: 12/2/35

9/8/82	Examination	\$ 50.00
	Double Masters ECG	85.00
	Chest x-ray	30.00
	SMA-12	30.00
		<u>\$195.00</u>

Pd. 9/27/82

THE MEDICAL DIRECTOR

Name: Simon L. Bernstein Date of Birth: 12/2/35
Address: 620 Sheridan, Glencoe, Il. 60022



Date: 9/13/82

Attn: Diana Lane

TO: Hubert Allen M.D.
1971 Second Pk.
Highland Park, Il. 60035
433-0585

ATTENDING PHYSICIAN'S STATEMENT -
UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with Capital Bankers Life and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address shown above. All information will be considered strictly confidential. Your early reply will be appreciated. \$25.00 Prepayment.

Dates Attached		Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
1) MONTH	YEAR				

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act, Public Law 91-505. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Capital Bankers Life Insurance Company or its insurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No
Signed at CHICAGO, ILLINOIS
City State
Signature of Proposed Insured [Signature]
Signature of Applicant [Signature]

2) Laboratory Findings (including x-ray, ECG, BIR and pathological reports, etc., with dates) Please attach any available test results.

S. B. LEXINGTON, INC.
11033 LAWLER AVE.
SKOKIE, ILL. 60077

Hubert Allen, M.D.

3697
September 14, 1982
\$ 25.00

REIMBURSED 10/1/82

BANK HAPOLIM B.M.
CHICAGO BRANCH

Hubert Allen - Simon L. Bernstein

3697

equifax SERVICES. 1. QUIRY

414-519

AGENT: Check square showing type of application taken. On Family Life, list members below.

LIFE Individual

FAMILY LIFE

Dist. Agent or Branch (square back)
S.B. LEXINGTON, Inc.

\$ 2,000,000 APPLIED FOR (If Family Income, show total amount at risk.)
-0- Now carried this Co.
\$ 1,000,000 Now carried other Cos.

Named? no
Mailed at Skokie
Date 9/13/82

FULL NAME SIMON L. BERNSTEIN
(First name) (Middle name or initial) (Last name)

Social Security Number
Res. Address (No., St.
City & State or Prov.)

620 N. Sheridan Rd. Glencoe, Ill.

IF Rural: Lives _____ mi. in a _____ direction from _____ Rd.

Former Residence Occupation President

Employer S.B. Lexington, Inc.

Address 9933 Lawler White 210 Skokie, Ill.

Born: Date 12/3/35
Single, Mar'd, Divor'd, Wid. mar'd Ever flown as pilot or student? no

Beneficiary: Name Trust Relationship Trust

FAMILY COVERAGE: List each person to be included.

Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____

FORMER EMPLOYER & ADDRESS

REFERENCES: Name _____
Address _____
Name _____
Address _____
Name _____
Address _____

414-519
UNDWRG DEPT
CAPITOL BANKERS LIFE INS
P O BOX 2016 (CO
MILWAUKEE WI 53201

REINSURANCE CESSION TO CONTINENTAL ASSURANCE COMPANY



NAME OF INSURED, ALSO SHOW POLY(P) OR JOINT INSURED, IF ANY Bernstein, Simon	BIRTH DATE (OR DATES) 12-3-35	RESIDENCE 111.	AGE 46	SEX M
--	---	--------------------------	------------------	-----------------

STATE OF BIRTH Michigan	OCCUPATION Executive	EQUAL AGE	THIS APPLICATION IS: (CHECK ONE) <input type="checkbox"/> AUTOMATIC <input checked="" type="checkbox"/> FACULTATIVE <input type="checkbox"/> AMENDMENT		(ATTACH NOTICE OF CHANGE)
MEDICAL EXAM(CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NON-MED	MIB CODES BEING REPORTED:		OTHER COMPANIES BEING OFFERED THIS CASE:		
ADDITIONAL PAPERS TO BE SENT LATER (IF NONE INDICATE) <input type="checkbox"/> NONE			CEDENG COMPANY Capitol Bankers Life Insurance Co.	DATE 9-20-82	

REINSURANCE DETAILS	LIFE BASE	LIFE RIDER	DISABILITY WAIVER OF PREM	DISABILITY INCOME	ACCIDENTAL DEATH	OTHER:
PREVIOUS INSURANCE REMAINING IN FORCE				/MO		
WE STILL RETAIN				/MO		
RATINGS, EXCLUSIONS, IF ANY						
NEW ISSUED	\$2,000,000			/MO		
OF THIS, WE DO RETAIN				/MO		
REINSURANCE CEDED TO CONTINENTAL				/MO		
RATINGS, EXCLUSIONS, IF ANY, INDICATE						
DIS INC	CLASS	ACC. ELIMINATION	SICK. ELIMINATION	ACC. BENEFIT	SICK. BENEFIT	LIFETIME ACC. RIDER REINSURANCE /PER MONTH

BASE POLICY NAME AND POLICY FORM NUMBER			RIDER NAME		
POLICY NUMBER	POLICY DATE	SHORT TERM FROM	CHECK IF ISSUED AS: <input type="checkbox"/> GUARANTEED ISSUE <input type="checkbox"/> GROUP CONVERSION		
CHECK IF ISSUED AS: <input type="checkbox"/> TERM CONVERSION <input type="checkbox"/> GUAR. INSURABILITY OPTION		ALSO GIVE ORIGINAL POLICY DATE	DOES THIS POLICY HAVE A TERM RIDER OR DIVIDEND OPTION FOR CASH VALUE ? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ADDITIONAL COMMENTS					E.T.I. EXPIRY DATE
CEDENG COMPANY	PREPARED BY	TITLE	DATE		

COMPANY CODE	CESSION NUMBER	TRX CODE	EFFECTIVE DATE	MONTH/YEAR PROCESSED
AUTO EXT CODE	% AGE ADDITIONS	LB PC	OTHER INFO	LB PREM RATE
RECAP RIGHTS		LB UNIT VALUE		LB PREM WAIVED
REINS REQUIRED		LR PC		LR PRFM RATE
STAT CODE (OVER 35?)		LR UNIT VALUE		LR PREM WAIVED
ORIGINAL AGE		REINS PREM CODE (FEMALE?)		ADB RATES '85' REN
RESERVE AGE (FEMALE?)	DOES CASE HAVE DIVD OPT/ART? IF YES USE NAR CODE 1	REINS PC (VAL BASIS)	TABL RATING	TI? TI RATES
REINS PREM AGE		NAR CODE	TOT INIT AMT	FE/M (DEC TRM?) FOR YRS
WB PREM RATES	1 2 3 4 5 6 7 8 9 10	SET UP BY		
WR PREM RATES	1 2 3 4 5 6 7 8 9 10	ENTERED BY		

L207-2834 IF THIS IS AN AMMENDMENT ATTACH NOTICE OF TERMINATION OR CHANGE
REINSURANCE CESSION - SEND TO CONTINENTAL WHEN POLICY IS PLACED



REINSURANCE CESSION TO CONTINENTAL ASSURANCE COMPANY

NAME OF INSURED, ALSO SHOW () OR JOINT INSURED, IF ANY Bernstein, Simon		DATE (OR DATES) 12-3-35	RESIDENCE Ill.	AGE 46	SEX M
--	--	-----------------------------------	--------------------------	------------------	-----------------

STATE OF BIRTH Michigan	OCCUPATION Executive	EQUAL AGE	THIS APPLICATION IS: (CHECK ONE) <input type="checkbox"/> AUTOMATIC <input checked="" type="checkbox"/> FACULTATIVE <input type="checkbox"/> AMENDMENT (ATTACH NOTICE OF CHANGE)		
MEDICAL EXAM(CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NON-MED		MIB CODES BEING REPORTED:		OTHER COMPANIES BEING OFFERED THIS CASE:	
ADDITIONAL PAPERS TO BE SENT LATER (IF NONE INDICATE) <input type="checkbox"/> NONE			CEDEING COMPANY Capitol Bankers Life Insurance Co.	DATE 9-20-82	

REINSURANCE DETAILS	LIFE BASE	LIFE RIDER	DISABILITY WAIVER OF PREM	DISABILITY INCOME	ACCIDENTAL DEATH	OTHER:
PREVIOUS INSURANCE REMAINING IN FORCE				/MO		
WE STILL RETAIN				/MO		
RATINGS, EXCLUSIONS, IF ANY						
NEW ISSUED	\$2,000,000			/MO		
OF THIS, WE DO RETAIN				/MO		
REINSURANCE CEDED TO CONTINENTAL				/MO		
RATINGS, EXCLUSIONS, IF ANY, INDICATE						
DIS INC	CLASS	ACC. ELIMINATION	SICK. ELIMINATION	ACC. BENEFIT	SICK. BENEFIT	LIFETIME ACC. RIDER REINSURANCE /PER MONTH
BASE POLICY NAME AND POLICY FORM NUMBER			RIDER NAME			
POLICY NUMBER	POLICY DATE	SHORT TERM FROM	CHECK IF ISSUED AS: <input type="checkbox"/> GUARANTEED ISSUE <input type="checkbox"/> GROUP CONVERSION			
CHECK IF ISSUED AS: <input type="checkbox"/> TERM CONVERSION <input type="checkbox"/> GUAR. INSURABILITY OPTION		ALSO GIVE ORIGINAL POLICY DATE	DOES THIS POLICY HAVE A TERM RIDER OR DIVIDEND OPTION FOR CASH VALUE ? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDITIONAL COMMENTS					E.T.I. EXPIRY DATE	
CEDEING COMPANY		PREPARED BY	TITLE	DATE		

PROCEDURE

- Complete Reinsurance Application when the original policy is applied for. Send the pink copy to Continental. Include papers on Facultative submissions.
- Complete Reinsurance Cession when the policy is placed. Send the white Cession to Continental. Indicate changes if the policy is not placed as applied.
- If Reinsurance is not required, indicate reason below and return yellow copy to Continental:

<input type="checkbox"/> Policy not placed by agent	<input type="checkbox"/> Reinsurance obtained elsewhere
<input type="checkbox"/> File not completed, cancel	<input type="checkbox"/> Amount placed within our retention
- When account card and cession record are returned, staple cession record to this yellow copy as your permanent record.

L207-282*

ORIGINATOR'S COPY - OR - SEND TO CONTINENTAL IF REINSURANCE IS NOT REQUIRED

JCK001013

TYPE OF REINSURANCE

AUTO FAC FAC OBLIG
 YRT COINS MOD COINS

Cologne life reinsurance company

P.O. Box 300 • Stamford, Connecticut 06901



REINSURANCE CESSION

CESSION COMPANY NAME: Capitol Bankers Life Ins. #6. FOR CLR INTERNAL USE ONLY: CO NUMBER: DATE: 9-20-82 DATED AT:

NAME OF INSURED: Bernstein, Simon SEX: M F AGE: 46 AGE BASIS: X LAST: DATE OF BIRTH: 12 3 35 STATE OF BIRTH: Mich.

STATE OF RESIDENCE: Illinois OCCUPATION: Executive CURRENCY: US CAN OTHER: AVIATION EXCLUSION RIDER: YES NO NO. 1015: YES NO

COVERAGE	PREVIOUS INSURANCE IN FORCE	OF WHICH WILL BE CANCELLED	INSURANCE NOW APPLIED FOR	OF WHICH WILL BE CANCELLED	REINSURANCE THIS APPLICATION	CODE REPORTED WITH DATES
BASE POLICY			\$2,000,000			
RIDER						
DWP						
ADB						
VERIFICATION ASSURED						

ALSO SUBMITTED TO: _____ COMMENTS: _____

UNDERWRITER: _____ PREPARED BY: _____
 REINSURANCE NOT REQUIRED FIELD AS INCOMPLETE AMOUNT REDUCED POLICY NOT PLACED
 REINSURANCE PLACED RATING REINSURER

II CESSION INFORMATION TO BE COMPLETED WHEN POLICY IS PLACED (IF SAME AS ABOVE COMPLETE RATING ONLY)

COVERAGE	PREVIOUS INSURANCE IN FORCE	OF WHICH WILL BE CANCELLED	INSURANCE NOW APPLIED FOR	OF WHICH WILL BE CANCELLED	REINSURANCE THIS CESSION	SUB STANDARD RATING
BASE POLICY						X STD
RIDER						X STD
DWP						
ADB						

POLICY DATE: _____ NUMBER OF ORIGINAL POLICY: _____ PLAN NAME OF BASE POLICY: _____ NON-PAR: PLAN NAME OF RIDER: _____ NON-PAR:
 IS NON-SMOKER DISCOUNT AVAILABLE ON THIS POLICY? YES NO IF SO, DOES THE INSURED QUALIFY? YES NO

RESERVE BASIS: _____ MORTALITY: _____ RATE: _____ TYPE: OCCUPATIONAL MORTALITY AVIATION

III GROSS COINSURANCE PREMIUMS - SHOW GROSS PREMIUMS BASED ON REINSURED AMOUNTS

POLICY YEARS	LIFE	SUBSTANDARD	DWP	ADB	FLAT EXTRA	TOTAL GROSS	RATE M	BASE	RIDER	COMM.	FY	REN	ANNUAL REINSURANCE PREMIUM TO BE WAIVED

LIFE M RIDER M ADB M POL FEES TOTAL PREMIUM: _____ X AMT CEDED

VI REINSURANCE PREMIUM SCHEDULE - FOR YRT OR COINSURANCE

MOY	REINSURANCE BENEFIT	% ALLOW	NET LIFE	NET SUBSTANDARD	% ALLOW	NET DWP	% ALLOW	NET ADB	% ALLOW	NET FLAT EXTRA	POLICY FEL	NET TOTAL

FOR CLR INTERNAL USE ONLY

CGOINT: _____ APP NO: _____

TYPE OF REINSURANCE
 AUTO FAC FAC OBLIG
 YRT COINS MOD COINS

Cologne life reinsurance company

P.O. Box 300 • Stamford, Connecticut 06902



REINSURANCE SESSION

CEILING COMPANY NAME _____ FOR CLR INTERNAL USE ONLY POL NUMBER _____ DATE _____ DATE OF _____

NAME OF INSURED _____ SLX _____ AGE BASIS _____ DATE OF BIRTH _____ STATE OF BIRTH _____
M F NEAREST LAST MO DAY YR
 STATE OF RESIDENCE _____ OCCUPATION _____ CURRENCY _____ AVIATION EXCLUSION INDICATOR _____
US CAN OTHER YLS NO NO VOT PROVISION ON ADJ-KRUEGER LHM

I APPLICATION INFORMATION						
COVERAGE	PREVIOUS REINSURANCE IN POLICY	OF WHICH WE RETAINED	REINSURANCE NOW APPLIED FOR	OF WHICH WE RETAINED	REINSURANCE THIS APPLICATION	CODE REPORTED WITH DATES
BASE POLICY						
RIDER						
DWP						
ADB						
MORTALITY ADJUSTMENT						

ALSO SUBMITTED TO _____ COMMENTS _____

UNDERWRITER _____ PREPARED BY _____

REINSURANCE NOT REQUIRED FILED AS INCOMPLETE AMOUNT REDUCED POLICY NOT PLACED
 REINSURANCE PLACED ELSEWHERE RATING REINSURER

II. SESSION INFORMATION. TO BE COMPLETED WHEN POLICY IS PLACED (IF SAME AS ABOVE COMPLETE RATING ONLY)

COVERAGE	PREVIOUS REINSURANCE IN POLICY	OF WHICH WE RETAINED	REINSURANCE NOW APPLIED FOR	OF WHICH WE RETAINED	REINSURANCE THIS SESSION	SUB STANDARD RATING
BASE POLICY						
RIDER						X STD
DWP						X STD
ADB						

POLICY DATE _____ NUMBER OF ORIGINAL POLICY _____ PLAN NAME OF BASE POLICY _____ PLAN NAME OF RIDER _____
NON PAR PAR NON PAR
 IS NON-SMOKER DISCOUNT AVAILABLE ON THIS POLICY? YES NO IF SO DOES THE INSURED QUALIFY? YES NO

RESERVE BASIS _____
 MORTALITY BEST VALUATION CUR. EXP. CEILING COMPANY REINSURANCE PLAN CODE _____
 FLAT EXTRA RATE: M _____ YRS _____ NCX CO
 TYPE OCCUPATIONAL MORTALITY AVIATION

III GROSS COINSURANCE PREMIUMS - SHOW GROSS PREMIUMS BASED ON NET INSURED AMOUNTS

POLICY YEARS	LIFE	SUBSTANDARD	DWP	ADB	FLAT EXTRA	TOTAL GROSS

IV DWP (FOR YRT ONLY)

RATE: M _____ BASIS: _____ RIDER: _____
 COMM: LY _____ REN _____
 ANNUAL REINSURANCE PREMIUM TO BE WAIVED _____
 LIFE _____ / M
 RIDER _____ / M
 ACR _____ / M
 POL FEE \$ _____ TOTAL PREMIUM _____
 X AMT CEDED

V PRELIMINARY TERM

START DATE _____ PREMIUM _____

VI REINSURANCE PREMIUM SCHEDULE FOR YRT OR COINSURANCE

POL YRS	REINSURANCE BENEFIT	ALLOW	NET LIFE	NET SUBSTANDARD	ALLOW	NET DWP	ALLOW	NET ADB	ALLOW	NET FLAT EXTRA	POLICY FEE	NET TOTAL

FOR CLR INTERNAL USE ONLY
 COUNT _____ APP NO _____ 0 _____ P _____
 CEILING COMPANY COPY

POLM

POLICY # 1009208X

X = space bar
B = leave blank

APP-RE	BIRTH	AGE	SEX	R-T	CAUSE	PENS	FIRST NAME	M	LAST NAME	
001000 061082	120335	B B	M	B	B B B	B	SIMON		BERNSTEIN	
METH	MODE	R-B	ST	CO	N-F	APL	D-OP	E-OP	SS-TP	SOC.-SEC. #
6	12		41 IL	B	B	B	B	B		[REDACTED]

LOCAT	GRP (DAY)	ID (TRANS-ROUT-ACCT-RRH)	ADDRESS:
B B B B B	0071	S B Lexington Ins TRUST	ADDR-2: 620 N. S. ACCIDENT RD ADDR-3: SILENCE ST ZIP 60022

AGENT-1	COMM	AGENT-2	W-O	COMM	AGENT-3	W-O	COMM	AGENT-4	W-O	COMM	C-TYPE
0074000	GCVD										0

PLAN	FACE	ANN-PREM	AD-M	WP-M	SS-PREM	WP-PREM	AD-PREM	MODE PREM
CVLQ1002000000		24,235.00						24,235.00

SPS-BD	NO-C	COMM-PR	R-TP	R-CO	RE-FACE
B B B B B	B B		L	CO	001975000

PCHG POLICY ISSUE DATE: 122782

NAAD GROUP NAME: _____

ADDRESS LINE 1: _____

ADDRESS LINE 2: _____

CITY: _____

STATE: _____

ZIP CODE: _____

Coded By: AB Date: 2/16/83

Entered By: KG Date: 3/15/83

Coded By: DM Date: 1/17/83

Entered By: _____ Date: _____

POLA

POLICY # _____ X

X = space bar

<u>FP-FUNDS</u>	<u>FP-CURRT</u>	<u>FP-INTR</u>	<u>FP-AVEBO</u>	<u>FP-CALYR</u>	<u>FP-RATE</u>	<u>FP-PREV-ANNL</u>
B B B B B B . B B	-----	B B B B B B . B B	B B B B B B . B B	B B B B B B . B B	-----	B B B B B B B B B
<u>FP-TX-YR</u>	<u>FP-X-INT</u>	<u>FP-WDRLS</u>	<u>FP-AGEST</u>	<u>FP-ANUAL</u>	<u>FP-X-RATE</u>	<u>NET-CD</u>
B B B B B B . B B	B B B B B B . B B	B B B B B B . B B	B B B B B B . B B	B B B B B B . B B	B B . B B B B B B	-----

B = leave blank

Coded By: _____ Date: _____

Entered By: _____ Date: _____

Coded By: _____ Date: _____

Entered By: _____ Date: _____

JCK001017

JANUARY 22, 1985

POLM
1009208

CLO3
SIMON

BERNSTEIN

620 N SHERIDAN RD
 GLENCOE IL 60022
 APP-RE EFF-DT BIRTH AGE SEX R-T CAUSE PENS SA-PREM Q-PREM M-PREM
 061082 122782 120335 47 M 12481.25 6422.80 2121.00
 MODE ST CO NF DV-OP END-O SOC-SEC-NO GRP-BK ACCOUNT LAST-PLAN
 G12 IL C 0 0 371325211 0071 SB LEXINGTON INC TRUST
 TYPE AGENT W COMM CODE ADVANCE
 U 0074000W GCVL0
 PLAN EFF-DT PR-CHG NOT-DT FACE ANN PREMIUM WP-PREM AO-PRE SS/FE-P SUM-INS ST
 CVL01 122782 000000 122735 2000000 24235.00 2000000 1
 GROSS-PREM PW-MP BEN-PER ELM-PER OCC-CLS SPSE-BD #C LAST-FM-DATE
 24235.00 00 0 00 012283
 REINSURANCE: TYPE-1 CO-CO FACE- 1975000
 PAID-TO MODE-PRE COMM-PRE OPN-BILL INT-BILL LST-LN-TR LOAN AVG INT
 122783 24235.00 24235.00 050000
 DIV-DT AMOUNT ACCUM PAID-UP INTER 1-YR-TM PD-FUNDS INTER RATE
 000000
 END-DT AMOUNT ACCUM INTER EN-PD-UP NET-CV SUSP LST-TRN STA
 000000 012283 1

JCK001018





CAPITOL BANKERS LIFE INSURANCE COMPANY

FOLLOW UP LETTER

Agent Richard Klink Insured Simon Bernstein

General Agent S.B. Lexington Policy No. 1009208 Date December 29, 1982

On _____ we sent this policy to you to be placed. We are anxious to place this policy in force and ask for your help. We still need the requirements listed below. Should we not receive these by _____ we will assume that our policy was not accepted and will close our files.

- ____ 1. Issued Special Class because of:
 - A. Aviation Hazard
 - B. Health History
 - C. Confidential Information
 - D. Occupation (see Page ____ of Occupational Manual)
- ____ 2. Have enclosed Form UND 1(1/79) signed by the insured or Owner. The original copy is in the policy and the duplicate copy is to be returned to Administrative Office.
- ____ 3. Additional premium required is:
 - Life \$ _____ extra per M.ann.
 - A.D.B. _____
 - W.P. or Payor _____
 - Disability income _____
 - ____ No extended insurance
 - \$ _____ adjusted mode premium
- ____ 4. Out for signature _____ Agent. _____ Insured.
 - ____ Part I. _____ Part II. _____ Date.
- ____ 5. The answer to question No. ____ was incomplete. Rather than delay the case, we have assumed the answer indicated on Form UND 1(1/79) is correct. If correct, follow the procedure outlined in paragraph 2. If not, return the policy to the Administrative office with a letter of explanation.
- ____ 6. Please forward PAC authorization and void check.
- ____ 7. ____ (A) Have enclosed Adop. & Par Agreement signed, UND 26 (3/79).
 - ____ (B) Send copy of existing Group Plan
 - ____ (C) Send copy of Transmittal UND 18(1/79).
- ____ 8. Please forward a copy of the agent's license and single case agreement.
- ____ 9. Other

~~xxx~~ 10. POLICY ISSUED ON A C.O.D. BASIS.

Mode Premium \$ ~~24,235.00~~ (Annual)

Received CWA \$ ~~0~~

Balance Due \$ ~~24,235.00~~

SCHEDULE PAGE

THIS PAGE SHOWS SPECIFIC INFORMATION ABOUT THIS POLICY AND IS REFERRED TO THROUGHOUT THE POLICY.

POLICY NUMBER: 1009208 \$2,000,000 SUM INSURED
INSURED: SIMON BERNSTEIN 47 MALE AGE AND SEX
PLAN: CURRENT VALUE LIFE DEC 27, 1982 POLICY DATE

THE OWNER AND BENEFICIARY ARE AS STATED IN THE APPLICATION UNLESS LATER CHANGED. THIS POLICY IS IN A PREFERRED PREMIUM CLASS. THE ISSUE DATE OF THIS POLICY IS DEC 27, 1982.

EXPENSE CHARGE FACTOR FOR GUARANTEED RATE BASIS (SEE PART 10): 0.15258
POLICY LOAN INTEREST RATE (SEE PART 6): 7.40% PER YEAR (IN ADVANCE).

THE CHARGE FOR ANY ADDITIONAL BENEFITS WHICH ARE PROVIDED BY RIDER IS SHOWN BELOW. ONLY A BRIEF DESCRIPTION IS GIVEN. THE COMPLETE PROVISIONS ARE INCLUDED IN THE RIDER.

RIDER NUMBER	BENEFITS PROVIDED	ANNUAL PREMIUM
.....
	-NONE-	NO CHARGE

ENDOWMENT BENEFIT AT END OF FIRST POLICY YEAR: NONE

TOTAL PREMIUMS FOR FIRST POLICY YEAR, INCLUDING ANY RIDER PREMIUMS:

ANNUAL	SEMIANNUAL	QUARTERLY	MONTHLY
\$24,235.00	\$12,481.24	\$6,422.79	\$2,181.85

PREMIUMS FOR RENEWAL YEARS MAY DIFFER, SEE PART 4 - RENEWAL OPTIONS. YOU WILL BE NOTIFIED OF RENEWAL PREMIUMS BEFORE EACH RENEWAL DATE.

TABLE OF ILLUSTRATIVE VALUES

THIS TABLE BELOW SHOWS CERTAIN VALUES WHICH ARE GUARANTEED PROVIDED:

- A. YOU PAY THE ANNUAL PREMIUM SHOWN BELOW;
- B. YOU DO NOT CHANGE THE SUM INSURED;
- C. PREMIUMS ARE PAID TO THE END OF THE POLICY YEAR; AND
- D. ANY POLICY LOANS HAVE BEEN REPAID.

UPON REQUEST, WE WILL FURNISH VALUES FOR YEARS NOT SHOWN IN THE TABLE. WE WILL ALSO FURNISH ILLUSTRATIVE VALUES UNDER ASSUMPTIONS WHICH DIFFER FROM THOSE ABOVE.

POLICY YEAR	ANNUAL PREMIUM	SUM INSURED	CASH SURRENDER VALUE	PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	EXTENDED TERM INSURANCE DAYS
1	24,235.00	2,000,000	0	0		
2	57,446.13	2,000,000	37,337	99,951	1	343
3	57,446.13	2,000,000	75,368	195,427	3	176
4	57,446.13	2,000,000	114,046	286,545	4	268
5	57,446.13	2,000,000	153,333	373,487	5	274
6	57,446.13	2,000,000	193,215	456,476	6	211
7	57,446.13	2,000,000	233,652	535,678	7	91
8	57,446.13	2,000,000	274,612	611,258	7	289
9	57,446.13	2,000,000	316,056	683,385	8	83
10	57,446.13	2,000,000	357,923	752,175	8	208
11	57,446.13	2,000,000	400,145	817,745	8	304
12	57,446.13	2,000,000	442,655	880,210	9	9
13	57,446.13	2,000,000	485,395	939,706	9	56
14	57,446.13	2,000,000	528,281	996,327	9	84
15	57,446.13	2,000,000	571,256	1,050,208	9	97
16	57,446.13	2,000,000	614,253	1,101,462	9	96
17	57,446.13	2,000,000	657,154	1,150,192	9	86
18	57,446.13	2,000,000	699,993	1,196,490	9	58
19	57,446.13	2,000,000	742,546	1,240,427	9	44
20	57,446.13	2,000,000	784,720	1,282,047	9	13
AT AGE						
60	57,446.13	2,000,000	485,395	939,706	9	56
65	57,446.13	2,000,000	699,993	1,196,490	9	68
70	57,446.13	2,000,000	907,498	1,393,419	8	258

POLICY NUMBER 1009208
 PREMIUM CLASS PREFERRED

SUM INSURED \$2,000,000
 AGE AND SEX 47 MALE

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. 82-89867

SIMON BERNSTEIN
MALE, AGE 47, NONSMOKER
INITIAL DEATH BENEFIT: \$2,000,000
CASH VALUE OBJECTIVE: WHOLE LIFE, MINIMUM PREMIUMS

TARGET BASIS: CURRENT
EXTRA VALUES INCREASE CASH VALUES

SUMMARY OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 1)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1	48	2000000	24235.00	0	0	1	2000000	24235.00	0	0
5	52	2000000	24235.00	20135	75759	5	2000000	57446.13	39287	153333
10	57	2000000	24235.00	25425	190575	10	2000000	57446.13	41866	357923
15	62	2000000	24235.00	29739	332046	15	2000000	57446.13	42975	571256
20	67	2000000	24235.00	31156	481678	20	2000000	57446.13	42174	784720
AGE	60	2000000	24235.00	28358	273279	13	2000000	57446.13	42741	485395
AGE	65	2000000	24235.00	29997	419913	18	2000000	57446.13	42799	699993
AGE	70	2000000	24235.00	33453	579366	23	2000000	57446.13	40178	907498

THE VALUES SHOWN IN THIS PROPOSAL ARE FOR ILLUSTRATION PURPOSES ONLY, AND WILL APPLY ONLY IF A POLICY CONTAINING THE GUARANTEED VALUES IS ISSUED. ACTUAL VALUES AFTER THE FIRST POLICY YEAR WILL DEPEND ON YOUR RENEWAL OPTION, AND ANY CHANGES IN THE CURRENT RATE BASIS.

	CURRENT BASIS CONTINUES		GUARANTEED BASIS AFTER YEAR 1	
	10 YEARS	20 YEARS	10 YEARS	20 YEARS
SURRENDER COST INDEX	4.90	5.18	13.12	16.15
NET PAYMENT INDEX	12.12	12.12	26.67	27.45

EXPLANATION OF THE INTENDED USE OF THESE INDICES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE.

A CURRENT RATE BASIS IS GUARANTEED IN ADVANCE FOR EACH POLICY YEAR. IT MAY CHANGE AT THE START OF ANY POLICY YEAR. THE CURRENT RATES REFLECT 11.00% INTEREST, SELECT MORTALITY, AND CURRENT ADMINISTRATIVE EXPENSES. GUARANTEED RATES ARE BASED ON 4.50% INTEREST, 1958 C.S.O. MORTALITY, AND THE EXPENSE CHARGE FACTOR STATED IN THE POLICY. THE POLICY LOAN INTEREST RATE IS 7.40%, PAID IN ADVANCE.

PRESENTED BY: S. B. LEXINGTON, INC
9933 LAWLER AVENUE
SKOKIE, IL 60077
312-677-4400

REPRESENTING: CAPITOL BANKERS LIFE INSURANCE CO.
735 NORTH WATER STREET
MILWAUKEE, WISCONSIN 53201

CURRENT VALUE LIFE.....FAIR CURRENT VALUE
YEAR BY YEAR, ALWAYS LOOKING FORWARD

DECEMBER 27, 1982

8:34 AM

PAGE 1 OF 2

JCK001023

CURRENT VALUE LIFE
STATEMENT OF POLICY COST AND BENEFIT INFORMATION
AN ILLUSTRATION OF PROJECTED VALUES AND BENEFITS

ILLUSTRATION
NO. B2-89867

TABLE OF END OF YEAR VALUES

CURRENT VALUES (IF CURRENT BASIS CONTINUES)					GUARANTEED VALUES (GUARANTEED BASIS AFTER YEAR 1)					
POL YR	ATT AGE	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE	POL YR	SUM INSURED	ANNUAL PREMIUM	CASH VAL INCREASE	CASH VALUE
1	48	20000000	24235.00	0	0	1	20000000	24235.00	0	0
2	49	20000000	24235.00	17789	17789	2	20000000	57446.13	37337	37337
3	50	20000000	24235.00	18595	36384	3	20000000	57446.13	38031	75368
4	51	20000000	24235.00	19240	55624	4	20000000	57446.13	38678	114046
5	52	20000000	24235.00	20135	75759	5	20000000	57446.13	39287	153333
6	53	20000000	24235.00	20952	96711	6	20000000	57446.13	39882	193215
7	54	20000000	24235.00	21673	118384	7	20000000	57446.13	40437	233652
8	55	20000000	24235.00	22720	141104	8	20000000	57446.13	40950	274612
9	56	20000000	24235.00	24046	165150	9	20000000	57446.13	41444	316056
10	57	20000000	24235.00	25425	190575	10	20000000	57446.13	41866	357923
11	58	20000000	24235.00	26616	217191	11	20000000	57446.13	42222	400145
12	59	20000000	24235.00	27730	244921	12	20000000	57446.13	42509	442655
13	60	20000000	24235.00	28358	273279	13	20000000	57446.13	42741	485395
14	61	20000000	24235.00	29028	302307	14	20000000	57446.13	42886	528281
15	62	20000000	24235.00	29739	332046	15	20000000	57446.13	42975	571256
16	63	20000000	24235.00	28535	360580	16	20000000	57446.13	42997	614253
17	64	20000000	24235.00	29336	389917	17	20000000	57446.13	42941	657194
18	65	20000000	24235.00	29997	419913	18	20000000	57446.13	42799	699993
19	66	20000000	24235.00	30609	450522	19	20000000	57446.13	42553	742546
20	67	20000000	24235.00	31156	481678	20	20000000	57446.13	42174	784720
21	68	20000000	24235.00	31777	513455	21	20000000	57446.13	41645	826365
22	69	20000000	24235.00	32458	545913	22	20000000	57446.13	40954	867319
23	70	20000000	24235.00	33453	579366	23	20000000	57446.13	40178	907498
24	71	20000000	24235.00	35286	649230	24	20000000	57446.13	38654	985531
25	72	20000000	24235.00	36745	831436	25	20000000	57446.13	36524	1172088
30	77	20000000	24235.00			30	20000000	57446.13		
35	82	20000000	24235.00	34854	1009107	35	20000000	57446.13	31109	1340013
40	87	20000000	24235.00	31046	1175706	40	20000000	57446.13	26598	1480384
45	92	20000000	24235.00	29352	1310195	45	20000000	57446.13	27190	1612877
50	97	20000000	24235.00	67663	1546020	50	20000000	57446.13	40285	1778077
53	100	20000000	24235.00	217696	2000000	53	20000000	57446.13	134907	2000000

JCK001024

DOCUMENTARY LISTING FOR "CVL-POLICY>INFORCE/Y8212/1009208":

ISSUE -,89867,12,27,82,12,27,82,12,27,82

UW&RE

1,	47,8109,2001,	11.00,	1.3968000,	89.5651471,	9.18711533,	0.00,	0.00
	24235.000000,	56140.125786,	0.8045385278,	57446.129717,	0.8474242130		
	2000000.,	24235.00,	0.00,	0.00,	0.00,		
	2000000.,	24235.00,	17789.36,	0.00,	0.00,		

DECEMBER 27, 1982

0074000
SIMON BERNSTEIN
47,M,N,IL
0,0,2000000,0,0

To Bill
 Date 12/9 Time 9:56

WHILE YOU WERE OUT
 M. Si Bernstein
 of _____
 Phone 312-677-2400
Area Code Number Extension

TELEPHONED	<input checked="" type="checkbox"/>	PLEASE CALL	<input checked="" type="checkbox"/>
CALLED TO SEE YOU	<input type="checkbox"/>	WILL CALL AGAIN	<input checked="" type="checkbox"/>
WANTS TO SEE YOU	<input type="checkbox"/>	URGENT	<input type="checkbox"/>

RETURNED YOUR CALL

Message _____

[Signature]
 Operator

 AMPAD
EFFICIENCY®

23-000 50 SHT. PAD
23-001 250 SHT. DISPENSER BOX

Al
 Bob Jones
 probably will
 call with
 decision
 this afternoon
 di

To: Bob Jones:

Subj: Si Bernstein.
your # 2068 421.

Bob:
Here is the insurance tx
signed by Si that you wanted

AL Ehrlich
Capital Bankers Life

Please call - 1-800-558-1811

12/17
called Cologne Re
approved 9/10



S. B. LEXINGTON, INC. • 9933 LAWLER AVE., SUITE 210 • SKOKIE, ILLINOIS 60077 • (312) 677-4400

12/10/82

I currently have 1,000,000 in
Grace w/ Inter-Ocean.

I do not plan on paying the renewal
premium, therefore, the only insurance
in Grace will be w/ Capital Center
for 2,000,000. I also have group
ins approximately \$100,000 which
I am keeping. It is paid
by the company.

SBA

013R

12/10/82

Bob Jones call. wants insurance Ar.
Diane will get it

Fac te Col Re

12/3

sent 12-6-82

TO

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

DATE

MESSAGE:

ORIGINATOR-DO NOT WRITE BELOW THIS LINE

REPLY TO

SIGNED

REPLY

DATE

SIGNED

SEND PARTS I AND J INTACT-PART I WILL BE RETURNED WITH REPLY



S. B. LEXINGTON, INC. • 9933 LAWLER AVE., SUITE 210 • SKOKIE, ILLINOIS 60077 • (312) 677-4400

November 10, 1982

Mr. Pete Woodcock
Capitol Bankers Life
735 N. Water Street
Milwaukee, Wisconsin

Dear Pete:

I presently have life insurance amounting to \$1,000,000 in force on my life.

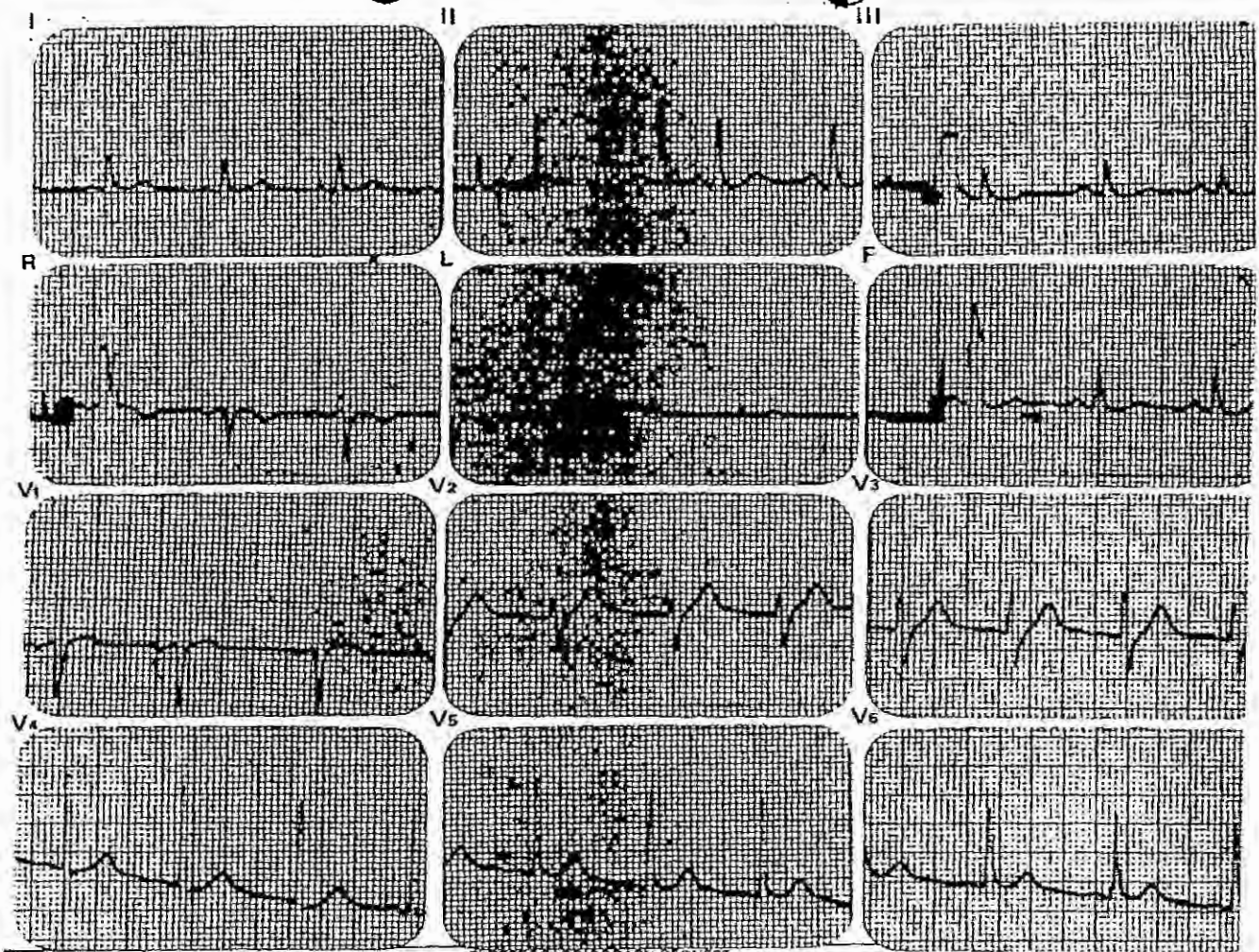
Very truly yours,


Simon C. Bernstein

SLB/bb

• Insurance Counselors With (in-teg-ri-ty) •

JCK001031



ELECTROCARDIOGRAPH REQUEST

PREV ECG YES NO AMB BED
 CLIN DIAG

EMERG DIG QUIN AGE

SEX _____ B P _____
 ORDERED BY _____

DATE _____

M D

ELECTROCARDIOGRAPH REPORT

RHYTHM SINUS OTHER _____

RATES

INTERVALS

A.S.

ATR _____ VENTR _____

P-R _____ QRS _____ QTc _____

DESCRIPTION _____ LIMB LEADS _____

PRECORDIAL LEADS _____

P
 QRS
 S-T

PATIENT IDENTIFICATION

INTERPRETATION

Mr. Simon Bernstein
 2/12/80

mm

DATE _____ INTERPRETED BY _____ MC

PH 12-11-77 PRINTED IN U.S.A. 501

Mr. Simon L. Bernstine
8/25/77

CHIEF COMPLAINT: Check up.

PRESENT ILLNESS: 8-24-77 41 year old male has had high blood pressure very mildly for 20 years, has had asthma for 10 years, he took shots for 2 years but not for the past year, has decided to restart them soon. When he was age 25 he had an episode of chest pain, was told he had heart disease, finally it was found to be due to gall stones, he had gallbladder surgery, bled in the post operative period had to be reopened. Has had no trouble since then.

REVIEW OF SYSTEMS:

HEENT: No headache, has occasional ache in neck and down shoulders no diplopia, no glasses.

CARDIORESPIRATORY: No pain, no angina, no shortness of breathe, has had asthma.

GI-GU: Appetite good, weight up ten pounds. Has heart burn. He has intolerance to eating chocolate. No nausea, vomiting, diarrhea, constipation, melena, no disuria, nocturia, hematuria.

NEUROLOGICAL: No numbness.

SKIN: No rash.

BONES: No pain

HAA:at 8-25-77

FORM #180 CLINICAL DATA BD: 1/2/35

NAME Mr. Simon L. Bernstein AGE 41 SEX M N D W

ADDRESS 620 Sheridan Rd., Glencoe, IL 60022 PHONE 835-3768 DATE AUG 24 1977

SPONSOR _____ ADDRESS _____

OCCUPATION _____ REF BY Dr. Gelperin ACKN _____

FAMILY HISTORY FATHER 1747 1/2 MOTHER 1760

BROTHERS _____ SISTERS _____

TB _____ DIAB _____ MALIG _____ HT DIS _____ NEPH _____ EPILEP _____ PSYCH _____

OTHER _____

PAST HISTORY GENERAL HEALTH

DISEASES OF CHILDHOOD

MNEU _____ NEPH _____ BOILS _____ ASTHMA _____ HT DIS _____ TB _____ HYPERTENSION _____ V D _____ ALLERGIES _____

TRAUMA SURGERY _____

PERIODICITY _____ TYPE _____ DURATION _____ PAIN _____

CHILDREN LIVING 5 DEAD _____ MARRIED YRS _____ YOUNGEST CHILD _____

HABITS COFFEE yes TEA yes ALC yes TOBACCO no WATER _____ APPETITE _____

CHIEF COMPLAINT Intermittent Asthma Albuterol Aldactazide
Int. Amin. X-Pr 1961 11/1
reps W/relief

PHYSICAL EXAMINATION WEIGHT 178 HEIGHT 5'7 1/2" TEMP _____ PULSE 11 RESP _____ B P _____

GENL APPEARANCE _____

SKIN _____ MUCOSA _____

EYES VISION _____ PUPILS _____ FUNDI _____

EARS _____

NOSE _____ THROAT _____ PHARYNX _____

CHEST Wheezing BREASTS _____

HEAD _____

LUNGS _____

ABDOMEN no

GENITALIA _____

RECTUM _____

EXTREMITES _____

LYMPH NODES _____

REFLEXES _____

REMARKS Hypertension Ashtma

LABORATORY

DATE _____ BLOOD _____

URINE _____

FORM 180D COWELL CO. CHICAGO, ILL.

NAME Mr. Simon Bernstein

AGE 42 SEX M B.M.O.W.

ADDRESS 620 Sheridan Rd. Glencoe, IL 60022

PHONE 835-3768

DATE OCT 9 1978

SPONSOR

ADDRESS

OCCUPATION

REF BY

ACHT

FAMILY HISTORY FATHER

547 W
52 - km

MOTHER

L-70 - km
218 - km

BROTHERS

SISTERS

TB

DIAB

MALIG

HT DIS

NEPH

EPILEP

PSYCH

OTHER

PAST HISTORY GENERAL HEALTH

DISEASES OF CHILDHOOD

RH FEV

SC FEV

FOLIO

TYPH

PNEU

NEPH

BOILS

ASTHMA

HT DIS

TB

HYPERTENSION

V D

ALLERGIES

TRAUMA - SURGERY

MENSTRUAL ONSET

PERIODICITY

TYPE

DURATION

PAIN

MARITAL CHILDREN LIVING

DEAD

S W

MARRIED YRS

YOUNGEST CHILD

HABITS COFFEE

TEA

ALC

TOBACCO

WATER

APPETITE

CHIEF COMPLAINT

Cholelithiasis
Hernia - epigastric
Allergic rhinitis

PHYSICAL EXAMINATION WEIGHT 172

HEIGHT

TEMP

PULSE 72

RESP

B.P. 120/80

GENL APPEARANCE

SKIN

MUCOSA

EYES VISION

PUPILS

FUNDI

EARS

NOSE

THROAT

PHARYNX

CHEST

BREASTS

HEART

LUNGS

ABDOMEN

GENITALIA

RECTUM

EXTREMITIES

LYMPH NODES

REFLEXES

REMARKS

12/7/59
Simon Bernstein
620 Sheridan Rd. Glencoe, IL 60022

Asthma
Hypertension
Cholelithiasis
Epigastric hernia
Allergic rhinitis

THE MEDICAL DIRECTOR

BERNSTEIN & ASSOCIATES
9933 Lawler Avenue
Skokie, Illinois 60076

Name	Simon L. Bernstein	Date of Birth	12/2/35
Address	620 Sheridan Rd. Glencoe, Ill.		

Date	1/9/79
------	--------

TO Dr. Allen
~~1964 Sheridan Rd.~~ (1971 2nd Ave)
Highland Park, Ill.

ATTENDING PHYSICIAN'S STATEMENT-
UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address show above? All information will be considered strictly confidential. Your early reply will be appreciated.

(1) Dates Attached	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
MONTH	YEAR			
90	78	see attached		
		gen check 120/80	10 yrs history of asthma →	
			20 Hypertension →	Admission
			1 yr umbilical hernia →	

(2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with data) Please attach any available test results.

10/78 incl LML, SMA24, EKG

(3) Present condition, if known? (include sequelae and complications of above reported illness)

Healthy

(4) Have any other physicians or surgeons been consulted? If so, please give name, date, and nature of disorder.

NO

(5) Please record any other information which might have a bearing on this person's health

NO

Attending Physician:

Please print name

Hubert A. Allen

Signature

Hubert A. Allen

Address

1971 Second St

Date

1/17

W.ight & B11

Simon Bernstein

FEB 12 1980

178

Sl 10A, not happy

at by hand.

Wed. Temp

Wed 10A

Yestday $\frac{141}{93}$

X. day $\frac{139}{104}$

10A 7/14

Wed 10

10A

10A 10A $\frac{141}{93}$

10A

10A

10A

10A

THE MEDICAL DIRECTOR

Name: Simon L. Bernstein Date of Birth: 12/2/35
Address: 620 Sheridan, Glencoe, Il. 60022



Date 9/13/82

Attn: Diana Lane

TO: Hubert Allen M.D.
1971 Second Pk.
Highland Park, Il. 60035
433-0585

ATTENDING PHYSICIAN'S STATEMENT -
UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with Captiol Bankers Life and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address shown above. All information will be considered strictly confidential. Your early reply will be appreciated. \$25.00 Prepayment.

Dates Attached		Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
1) MONTH	YEAR				

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act, Public Law 91-508. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Captiol Bankers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No

Signed at CHICAGO, ILLINOIS / City State

Richard H. Miller 3/2/82
Lic. Agent Date

Signature of Proposed Insured
Signature of Applicant Donna Under Trust

APP-4-12/78

2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with dates) Please attach any available test results.

3) Present condition, if known? (include sequelae and complications of above reported illness) none

4) Have any other physicians or surgeons been consulted? If so, please give name, date, and nature of disorder. N

5) Please record any other information which might have a bearing on this person's health

Attending Physician: Hubert A Allen Signature: [Signature] M
Please print name

Address: 1971 Second St Highland Park, Ill 60035
Date: [Blank]

#A36
CLR STD

OCT 29 1982
UNDERWRITING DEPT
CAPITOL BANKERS

NX BERNSTEIN, SIMON DOR 03DC35 #2069421 STILL STD SUBJECT APS
ASSOCIATED ALLERGEST AND WRITTEN VERIFICATION OF AMOUNT VERIFICATION OF
COLOGNE RE JONES

203-356-4900

Fac (Fax)

to Col Re - Add info

sent 10-28-82 ↗ 10/20

Return to JL 10/26

TO
Cologne Life Reinsurance Company
P.O. Box 300
Stamford, Connecticut 06904

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

Simon Bernstein
MESSAGE:

DATE

10-28-82

Enclosed please find additional information on the above appliaant . Previous papers were sent on 9-20-82. Thank you for your cooperation.

Sincerely,

Bonnie K. Butcher

ORIGINATOR-DO NOT WRITE BELOW THIS LINE
REPLY

REPLY TO

SIGNED

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT-PART 1 WILL BE RETURNED WITH REPLY

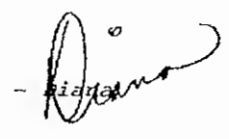
JCK001043

S. B. LEXINGTON, INC
BOT 1 4 1982

9933 Lav Ave., Suite 210
Skokie, Illinois 60077
Telephone (312) 677-4400

DATE: 10/12/82
TO: Jim
FROM: Diana
SUBJECT: S.B. LEXINGTON, INC. TRUST

Attached is the APS on Si. Please issue the policy ASAP.
Thanks.


- Diana

A36
CLR STD

OCT 25 1982
UNDERWRITING DEPT
CAPITOL BANKERS WIS

BERNSTEIN, SIMON DOB 03DSC35 #2068421 STILL STD SUBJECT APS ALLEN,
ASSOCIATED ALLERGISTS AND WRITTEN VERIFICATION BY APPLICANT OF
AMOUNT OF INSURANCE IN FORCE WITH DATES ISSUE, NAMES OF COMPANIES
INFO IN OR NOT SAME AS ON PART I RE INFORCE COVERATE.

COLOGNE RE JONES
STAMFORD CT

#A36
CLR STD



CONFIDENTIAL

Acct. No. z414-519

Acct. No. S . B. Lexington, Inc.

CHICAGO ² 2 1982
E OFFICE

10-19-82 16 13
BERNSTEIN, SIMON L.
Glencoe, IL, 620 N. Sheridan Road
President - S. B. Lexington, Inc.
Skokie, IL, 9933 Lawler, Suite 210

REPORT FROM

(If not city in heading)

(State whether former addr., etc.)

SPECIAL SERVICE LIFE

Kind of report

Date of Birth 12-3-35

Coverage \$2,000,000

Class

This report supplements our original Special Service Life report to your company of 9/23/82 at which time we explained that we would supplement with our financial record findings. These findings are below:

Litigation Records of the Cook County Circuit Court System, Law Division and First Municipal District for the past seven years indicates the following:

DOCKET NO: 78M1 500351
FILED: 1/26/78
PLAINTIFF: Michigan Ave. National Bank of Chicago
DEFENDANT: Simon Bernstein & Associates
9933 Lawlor Ave., Skokie, IL
PLAINTIFF'S ATTORNEY: DeHoan & Stronberg
7 S. Dearborn, Chicago, IL
CAUSE OF ACTION: \$10,199.15
DISPOSITION: Satisfied as of 5/11/78

Federal Civil Litigation Records of the U. S. District Court, Northern Illinois District, Eastern Division for the past seven years indicates: No record.

Federal Criminal Records of the U. S. District Court, Northern Illinois District, Eastern Division, for the past seven years indicates: No record.

Bankruptcy Records prior to 10/1/79 and/or Order For Relief Records Subsequent to 10/1/79 for a total of 10 years of the U. S. District Court, Eastern Division, Northern Illinois District indicates: No record.

An "in-file" Report from a Metropolitan Cook County Credit Bureau covering a period of 20 years and 9 months, in February 1972 the applicant had a high credit with a local department store of \$2,717 and this was placed in bad debt; placed for collection. There were no other incidences recorded regarding the applicant.

We hope the above information will assist you in your review of this application.

029/dm/2cc

Equifax Services Inc.
Equifax Services Ltd.

Form 108-1-79 U.S.A.

Report transferred on _____ To _____
(date) (branch office)

JCK001046

9/10/12
9/29

Fac

~~CDRe~~

Col Re*

* to CdRe do better copy of IR

resent
10-18

10/12 Return to J2

TO

Cologne Life Reinsurance Company
1200 Bedford St.
Stamford, CT 06905

FROM



Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY
735 North Water Street, P.O. Box 2016
Milwaukee, Wisconsin 53201-9757
414/277-9998

SUBJECT

Bernstein, Simon

DATE

10-19-82

MESSAGE:

Enclosed please find additional information on the above applicant for your review. Previous information has been sent to you on 9-24-82.
Thank you for your cooperation.

Sincerely,

ORIGINATOR-DO NOT WRITE BELOW THIS LINE
REPLY

REPLY TO

SIGNED

DATE

SIGNED

SEND PARTS 1 AND 3 INTACT - PART 1 WILL BE RETURNED WITH REPLY

CB INSURANCE

P.O. BOX 2016 □ 735 NORTH WATER STREET □ MILWAUKEE, WISCONSIN 53201 □ (414)277-9998

INSURED: S. Bernstein

FILE NO.: _____

D.O.B.: _____

HEIGHT: _____

WEIGHT: _____

CHEST X-RAY: DATED 9.8.82

Interpretation: _____

Normal chest x-ray

Alusman, M.D.
9/22/82

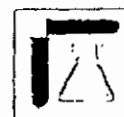
EKG: DATED _____

RESTING _____

EXERCISE _____

Interpretation: _____

CODES: _____



HOME OFFICE
REFERENCE
LABORATORY

P. O. Box 2035
Shawnee Mission
Kansas 66201
913 - 888 - 1770

HOME OFFICE SPECIMEN REPORT

CAPITOL BANKERS LIFE
INSURANCE COMPANY
UNDERWRITING DEPARTMENT
P.O. BOX 2016
MILWAUKEE, WI 53201

ATTN: PETER M. WOODCOCK
ASST. V.P.- UNDERWRITING

BERNSTEIN SIMON J
GLECOE IL
DOB: 12-02-35
EXAMINER: HERRON

PENDING NUMBER:
DATE VOIDED: 09-08-82
DATE PERFORMED: 09-14-82/ #BSD 5023
AGENCY:

MICROSCOPIC EXAM

WBC: 0
RBC: 0
GRAN.CAST: 0
HYAL.CAST: 0

CHEMICAL EXAM

ALBUMIN: NEG
GLUCOSE: NEG
SPECIAL TESTING: POS DIU

HOME OFFICE SPECIMEN REPORT

DATAFLO SYSTEMS
DRIVER RECORD INFORMATION

an Equifax Company

A Dataflo Systems Service

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of
 motor vehicle records. Identification of driver based on information submitted.

SEP 23 1982

ILLINOIS

NAME/ADDRESS	QUOTE BACK
<i>Beinstein Simon L</i>	08/S.B, LEXINGTON

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER
B65279235344	09/17/82	AY 01312	414519
SOCIAL SECURITY NUMBER		DMV ACCOUNT NUMBER	
		00100	

BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
<i>12-3-35</i>						

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PTS
			MVR RECORD NOT FOUND		

DATAFLO SYSTEMS an Equifax Company
DRIVER RECORD INFORMATION A Dataflo Systems Service

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of motor vehicle records. Identification of driver based on information submitted.

ILLINOIS

NAME/ADDRESS	QUOTE BACK
BERNSTEIN, SIMON L 620 SHERIDAN RD GLENCOE, IL 60022	04/S B LEXINGTON INC

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER			
B65279235343	09/27/82	AY 01175	414519			
SOCIAL SECURITY NUMBER		DMV ACCOUNT NUMBER				
		00100				
BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
12/02/35	M	5 08	165	BRWN	BRWN	

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
B* TYPE:2	06/23/81	12/02/83		0-0-0

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

DRIV ED:N

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PTS
99	04/19/80	10/06/80	SPEEDING 16-25 MPH ABV LIM-CLEAR COND 5224089	1 0601 05	20

This report contains information pertinent to Life Insurance underwriting and was prepared for that purpose only.

Account No. 414-519

Dist., Agcy. or Br. S.B. Lexington, Inc.
Policy No. Not shown

Office: CHICAGO E

Date 9-23-82-16-13 Amt. applied for \$ 2,000,000
 Name BERNSTEIN, SIMON L. Amt. now carried (all cos.) \$ 1,000,000
 Address Glencoe, IL., 620 N. Sheridan Road Total Insurance \$ 3,000,000
 Occupation and Employer on Inq. President, S.B. Lexington, Incorporated
Skokie, IL., 9933 Lawler, Suite 210 Beneficiary: Trust
 Date of Birth 12-2-35 (No) (Yes) (No) (Yes)

Date(s) Inspection Made <u>9-21-22-82</u>		7. Smoking (Cont'd)	
1. Identity		B. Stopped smoking? () (X)	
A. How many days since you or sources have seen or talked to applicant? (If not within 2 weeks, explain.) <u>1</u>		If yes, when? <u>Age 20 years</u>	
B. Is date of birth on inquiry incorrect? () (X)		Why? <u>Better Judgement</u>	
C. Marital status? <u>Married</u>		8. Interview Information (Alcohol-Drugs)	
(M S Sep. Wid. Div.)		Alcohol (Amplify as necessary on reverse.)	
D. Number of children in household: <u>4</u>		A. 1. Use alcohol? (If no, see "B.") () (X)	
E. Reside with someone other than an immediate family member? (X) ()		2. How often? <u>Once a month</u>	
F. Is beneficiary someone other than an immediate family member? (If yes, cover relationship & reason.) () (X)		3. What? <u>Wine or cordial</u>	
2. Occupation		(Cover additional alcoholic beverages in narrative.)	
A. Occupation, job, or employer differ from that given on inquiry? (X) ()		4. How many? <u>One glass</u>	
B. Part-time or off-season occupation? (Describe fully.) () (X)		5. When? <u>Evening</u>	
C. Change jobs frequently? (X) ()		6. Where? <u>Restaurant</u>	
D. Plan to work or travel in foreign countries? (X) ()		7. Drive after drinking? (X) ()	
3. Aviation-Sports-Avocations		8. Any noticeable effects from alcohol use? (X) ()	
A. Flown as pilot or student pilot? (If yes, cover Handy Guide.) (X) ()		9. How long drinking? <u>Legal age</u>	
B. Hazardous sports or avocations (racing, skin or scuba diving, sky diving, snowmobiling, hang gliding, etc.)? (X) ()		10. Drinking pattern changed? (X) ()	
4. Driving Record		11. Received counseling or treatment for alcohol use? (X) ()	
A. Driver's license number: <u>B652-7923-5343</u>		B. 1. Used alcohol in past? () ()	
and state or province: <u>Illinois</u>		2. What? _____	
B. Moving traffic violations? (Cover at least past 3 yrs.) () (X)		3. How many? _____	
C. Traffic accidents? (Cover at least past 3 yrs.) (X) ()		4. How long? _____	
D. Driver's license suspended or revoked? (X) ()		5. When stopped? _____	
E. Own or drive motorcycle, motorbike, dune buggy, or high performance car? (X) ()		6. Why stopped? _____	
5. Appearance-Impairments		7. Received counseling or treatment for alcohol use? () ()	
A. Unusual build? (If yes, describe appearance.) (X) ()		Drugs (Amplify as necessary on reverse.)	
If interview, give: ht. <u>5'7 1/2</u> wt. <u>175</u>		C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ()	
B. Deformity, amputation, blindness, deafness or other impairments? (X) ()		9. Other Source Information (Alcohol-Drugs)	
C. Signs of nervousness or tension? (X) ()		(Amplify as necessary on reverse.)	
D. Ever rejected for military service or discharged for medical reasons? () (X)		A. 1. Does applicant use alcohol? (If no, see "B.") () (X)	
6. Health (Amplify as necessary on reverse)		2. Any personal observation of noticeable effects from drinking? (X) ()	
A. Personal Physician: Name <u>Dr. Hubert A. Allen</u>		3. Drive after drinking? (X) ()	
Address <u>1971 Second Street</u>		4. Any known financial, job or personal problems caused by drinking? (X) ()	
City & State or Province <u>Highland Park, IL.</u>		5. Received counseling or treatment for alcohol use? (X) ()	
1. Date last seen: <u>1 1/2 years ago</u>		B. Used alcohol in past? () ()	
2. Why? <u>Routine physical exam</u>		C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ()	
3. Results: <u>no specific complaint</u>		10. Personal	
		A. Except for traffic violations, ever been arrested? (X) ()	
		Any comments about reputation, life style, or home environment? (X) ()	
		11. Interview Information	
		A. Ever rated or declined for insurance? (X) ()	
		B. Individual life insurance in force at this time? () (X)	
		C. Group life insurance in force at this time? () (X)	
		(If 11B-C answered "yes," give name of carrier and amount(s) in insurance history paragraph.)	
		12. Answer only if Family Policy:	
		Illness, injury or operation of other family members? (Past or present) () ()	
		13. If Family Life requested, complete & attach Family Supplement, Form 18008.	
B. Illness, injury, operation, past or present, not covered in 6A? (If yes, see reverse.) () (X)			
C. Use medication regularly? () (X)			
D. Family member (parents, brothers and sisters) had diabetes, cardiovascular disorder, or cancer? () (X)			
7. Smoking			
A. Smoke cigarettes? (X) ()			
If yes, how long? _____ # pkgs. a day _____			

Remarks:

Insurance History: Quote insurance history below. If 11 B-C answered "Yes," comment.

Sources: In a numerical listing, give type of source (banker, neighbor, etc.), how known and time known for each. If previous reports, give number and longest time known. If records checked, type?

Interview: Give date and place interviewed. Cover conflicts between information from applicant and that from other sources. If applicant not interviewed, why?

Business History: Cover in chronological order for 1/4 life-time to present. Give specific dates.

Present Business: Describe type, number of employees, range of operations. If part-time or other business connections, give details.

Duties: Describe duties. Cover "Yes" answers from questions 2 A-D. Cover Handy Guide questions when applicable.

Aviation—Sports—Avocations: Describe participation or interest in aviation, sports and avocations. Cover Handy Guide questions. Cover "Yes" answers from questions 3 A-B.

Driving: If 4 B-E answered "Yes," give details.

Health—Family History: Give details of "Yes" answers to questions 6 B-D.

Alcohol—Drugs: Give details of: noticeable effects of alcohol; any known related financial, job or personal problems; changes in usage; treatment. Cover use of other alcoholic beverages. Describe in detail present or past usage of marijuana, narcotics, sedatives, depressants, stimulants or hallucinogens.

Personal: Describe associates, home life, living conditions and neighborhood. Comment on social/club life if developed. On non-financial record checks—police, court, divorce, etc.—show type, location and results.

Beneficiary—Purpose of Insurance: Cover specific purpose for which insurance is being applied. If firm or partner named beneficiary, make reference to Business Insurance Report, Form 18007, attached.

Insurance History:

Date	Acct. No.	Amt. or Type Coverage	Fam. or Ind.
3-25-82	414-519	\$2,000,000	Ind.
7-25-79	10586	2,000,000	S.B. Lexington
1-22-78	172	500,000	Ind.
8-27-76	129-602	1,000,000	Ind.
7-19-76	118-755	1,000,000	Ind.
5-26-76	114-512	300/month	Ind.
8-23-76	10586	300,000	Ind.
12-30-76	875	300,000	Ind.
10-25-75	265	500,000	Ind.
2-7-75	165-566	500,000	Ind.
10-18-74	265	500,000	Ind.
6-19-73	217	1,250,000	Ind.
12-5-72	12	200,000	Ind.
11-11-71	12	500,000	Ind.

The field representative attempted to obtain names of carriers and amounts of insurance held by the applicant, both individually and group life insurance policies, but he indicated that he had so many policies in effect he could not begin to list them. He did indicate that he had several million dollars of both individual and group life insurance in effect.

Field Representative: Attach Financial Supplement, Form 18006.
Use Continuation of Report, Form 5166, for additional remarks

Continuation
of Report on BERNSTEIN, SIMON L.

SCOPE OF INVESTIGATION: Our Chicago-Elmhurst Office handled the entire scope of this investigation through the business and residential and reference addresses in the Skokie, Illinois area, Glencoe, Illinois area, and Chicagoland area.

SOURCES:

1. Interviewed applicant.
2. Business building management source, business basis, 5 years.
3. Residential neighbor, limited social basis, 3 years.
4. Residential neighbor, limited social basis, 1 month.
5. Residential neighbor, personal basis, 12 years.
6. Business associate, business and social basis, 13 years.
7. Attorney, handling legal matters for the applicant and his firm and knowing him on a social basis over the past 5 years.
8. Banker, handling banking matters for the applicant and his firm over the past 15 years.
9. Accountant, handling accounting matters for the applicant and his firm over the past 5½ years.
10. Fourteen previous reports covering the applicant for 21 years through 20 sources.
11. Illinois Motor Vehicle Records.
12. Financial records.

INTERVIEW: Simon L. Bernstein was interviewed at his place of business on 9-21-82. He was completely cooperative in the interview and there is no conflict of information furnished from him and outside sources.

BUSINESS HISTORY: Simon L. Bernstein was born in Flint, Michigan, on December 2, 1935 (not December 3, 1935 as is shown on your inquiry). He completed his high school education in Detroit, Michigan, in 1954 at the Central High School. He then went on to attend the Highland Park Junior College in Detroit, Michigan, and also the Detroit Institute of Technology, but did not receive a degree from those institutions.



Field Representatives: Do Not Write In Space Below.

[The following text is extremely faint and illegible due to low contrast and scan quality. It appears to be a list or series of entries, possibly names and addresses, but cannot be transcribed accurately.]

Continuation
of Report on BERNSTEIN, SIMON L.

He began his first full-time employment as a furniture salesman with the Tower Furniture Company in Detroit, Michigan. He then was employed for a period of two years respectively at Chicago Furniture Mart and the Lee Furniture Company, both in Chicago.

From 1960 to 1965, he became associated with two family-owned businesses known as the Modern Age Furniture Company and the Bedding Shop. These firms were located in Morton Grove, Illinois.

In 1965 he became a licensed insurance agent representing strictly the Aetna Life Insurance Company.

In 1970 Mr. Bernstein established the Bernstein and Associates and this insurance agency changed its name to the S.B. Lexington, Incorporated in May of 1973. This firm has continued to prosper since its inception. He became 50% owner of this organization.

PRESENT BUSINESS: Simon L. Bernstein is the president and 50% owner of the S.B. Lexington, Incorporated, Suite 210, at 9933 Lawler Avenue in Skokie, Illinois. This is an insurance agency and brokerage concern which has eight full-time employees. They sell life insurance, health insurance, and group insurance. Firm also sells property and casualty line insurance through the business associate, Richard K. Klink, who is the remaining 50% owner of this organization.

In addition to the above, he is also an investor of the Cambridge Associates at the same above business address. This is a real estate firm specializing in acquisition and brokerage of real estate properties. This firm has one full-time employe and has been established since 1972. The firm was inactive until one year ago when it was reactivated by the applicant's business associate, Mr. Richard K. Klink.

DUTIES: As president of the above firm, Mr. Bernstein will spend over 50% of his work time in the office where he will handle top-level management decisions and is in touch with his clients by telephone and through correspondence. He will sell a large number of his policies by telephone, but does personally call on his key accounts in person. He drives a company-owned automobile and has a favorable driving reputation. He normally will sell life, health and accident, and group policies in the Chicagoland area, but will travel out of state usually one or two days out of the month to contact key accounts for sales purposes. He travels by regularly scheduled commercial airlines and these trips are usually one day at a time. He has no duties in conjunction with the Cambridge Associates, but merely is an investor.

Field Representatives Do Not Write In Space Below

[The following text is extremely faint and illegible due to low contrast and scan quality. It appears to be a series of lines of text, possibly a list or a set of instructions, but the individual words and characters cannot be discerned.]

Continuation
of Report on BERNSTEIN, SIMON L.File
Classification

• AVIATION-SPORTS-AVOCATIONS: Mr. Bernstein has no interest in any type of private flying activities and does not intend to learn to fly in the future. He will not participate in any hazardous type of recreational activities. He does play golf once or twice a month during the season, but is not a member of any country clubs at this time or any golf clubs.

DRIVING: We paid special attention to the applicant's driving reputation since a copy of Illinois Motor Vehicle Records indicates the applicant was convicted on 10-6-80 for speeding 16-25 mph. above the limit under clear conditions. Sources were not aware of this conviction and the applicant denied any driving violations, suspensions, or revocations in the direct interview. Sources state he has a favorable driving reputation. He indicates that he drives a Lincoln Continental automobile, an Avanti, and a Mercury. These are all company owned vehicles.

We have ordered an up-to-date Illinois Motor Vehicle Record and will forward same to your company upon receipt.

HEALTH HISTORY: He carries his weight evenly distributed throughout his body with no evidence of impairments or disabilities, no sign of tension or strain. The applicant states that he has had an elevated blood pressure condition for the past 6½ years, currently takes one tablet of Aldactizide on a daily basis. Applicant indicates that when his blood pressure was first noticed to be elevated some 6½ years ago, the blood pressure reading at the time was 140/90. Dr. Burl Luvitz, who is now retired and residing in Fort Lauderdale, Florida, discovered the blood pressure condition. Mr. Bernstein indicates that he had an insurance examination two weeks ago at the Herron Medical Clinic at 1150 North State Street in Chicago at which time his blood pressure reading was 122/82. This condition is controlled by the daily medication. He has never been hospitalized for that condition.

Mr. Bernstein was 4-F in draft status at age 20 due to a gall-bladder problem. He had corrective surgery in which the gall-bladder was removed at age 25 years at the Louis Weiss Memorial Hospital at 4640 Marine Drive in Chicago. This was under the care of Dr. Tannenbaum and he was confined for ten days. He had complete recovery.

In 1969 he was hospitalized at the Skokie Valley Community Hospital at 9600 Gross Point Road in Skokie, Illinois, for four days for a corrective double hernia repair. He was under the care of Dr. Cohn and Dr. Lippschultz. He had a complete recovery.

• Applicant states that he has been allergic to mold and dust in weeds during most of his childhood and adult life. He has •

Field Representatives Do Not Write in Space Below.

0210

Continuation
of Report on BERNSTEIN, SIMON L.

taken allergy shots and prescription medication as needed. He presently takes a medication that is prescribed through an allergist at the Associated Allergist, Ltd., at 480 Elm Street in Highland Park, Illinois. Applicant could not recall the name of the medication he uses, but states he uses this primarily during the hayfever season at which time the weeds, mold, and dust are present. He has never been hospitalized for that condition.

The applicant's father, Ted, died at age 47 years as a result of a heart attack. His father had been an interior decorator and had resided in the Chicagoland area. His mother, Nora, died at age 72 years as a result of a heart condition.

His brother, Norman, age 56 years, is also an insurance agent located in Hinsdale, Illinois. He is in good health. His sister, Gertrude Davis, age 51 years, is a full-time homemaker residing in the Glenview, Illinois area. She is also in good health.

ALCOHOL-DRUGS: Mr. Bernstein will have a glass of wine or a glass of cordial at a restaurant with his family usually once a month. He normally does not drive after drinking. He has not used intoxicants to excess and has never used or experimented with any form of drugs.

PERSONAL: Simon L. Bernstein resides with his wife, Shirley, age 43 years, a full-time homemaker, and their four children in his own large, 2½-story white stucco home situated on a corner lot in an upper-grade residential section of Glencoe, Illinois. He has lived in this well-maintained home, as are the homes in the immediate vicinity, for the past 12 years. The home has an in-ground swimming pool on the premises. He spends his spare hours at home reading or watching television. He does not belong to any clubs or civic organizations at this time other than religious organizations. His son, Ted, age 22 years, is living away from home and is in his own insurance business at his father's business address. His daughter, Pamela, age 21 years, is a marketing director, also for her father's insurance firm. His son, Elliot, age 19 years, is a student at the University of Illinois Circle Campus. His daughter, Jill, age 17, and daughter, Lisa, age 15, are still attending high school in this area.

Cook County, Illinois Circuit Court Criminal Division Felony Records and First Municipal District Criminal Court Misdemeanor Records, for the past seven years, indicates no record.

BENEFICIARY-PURPOSE OF INSURANCE: The beneficiary is listed as Trust. This is for family protection purposes. In the event of the demise of the applicant, his estate taxes could

Field Representatives Do Not Write In Space Below.

58580

Page 6

Account No. 414-519

File
Identification

S.B. Lexington, Inc.
Not shown

Continuation
of Report on, BERNSTEIN, SIMON L.

- be paid out of this trust.

029/ch
lcc

Acct. No. 414-519

Date 9-27-82

Financial Supplement in connection with Special Service Life Report on SIMON L. BERNSTEIN

Worth		Income	
Cash in banks	\$ 15,000	Salary	\$
Accounts Receivable	\$ 10,000		
Net Cash Value Life Ins.	\$ 10,000	Self-employed (Unincorporated)	
Real Estate	\$ 555,000	Gross Income	\$
Business Equity	\$ 700,000	Expenses	\$
Stocks (not in above)	\$		
Bonds	\$	Net income	
Car(s)	\$	→ (adjusted gross)	\$
Pension plan	\$ 30,000	Bonus	\$
Collections (Stamps, Coins, etc.)	\$	Commission	\$ 200,000
Personals (not in above)	\$ 100,000	Pension plan	\$ 30,000
Trust	\$ 250,000		\$
Total Assets	\$ 1,670,000	Total Earned	\$ 230,000
Accounts Payable	\$	Dividends	\$
Mortgages	\$ 301,000	Interest	\$
Secured Loans	\$	Net Rentals	\$
Personal Loans	\$		\$
Taxes/Interest Due	\$		\$
Liens	\$		\$
Judgments	\$		\$
	\$		\$
	\$		\$
Total Liabilities	\$ 301,000	Total Unearned	\$ 0
Net Worth	\$ 1,369,000	Total Income (Earned and Unearned)	\$ 230,000

Remarks:
Worth/Income: How was worth acquired? Explain any facets of worth/income as needed for best understanding. Itemize key entries. (If financial statement obtained, show source and whether audited.) Cover worth/income of immediate family. Show who gave and confirmed worth/income figures.
Financial Reputation: Show what applicant and/or business and financial sources say about (1) worth/income increasing? Decreasing? Staying same? (2) Record of meeting obligations and living within means (3) financial pressure (4) future prospects.
Financial Records: Give type record, location and results (for example, mortgage, assessment, litigation, bankruptcy, financing statements (chattel), federal tax liens or other financial records).

WORTH/INCOME: Mr. Bernstein indicates that he did make a personal financial statement approximately one year ago, but refused to have a copy of this submitted to the field representative. He was cooperative in the sense that he did read off figures from the last financial statement. He has achieved his net worth through his own efforts and ambition.

Included in the above figures of the real estate entry of \$555,000 is the current market value of his home in Glencoe, Illinois, valued at \$400,000. That property currently has a \$220,000 existing mortgage. Additionally, he owns 50% of a condominium in Fort Lauderdale, Florida, valued at \$220,000 of which his share is \$110,000 market value. His share of the outstanding \$118,000 mortgage on that property would be \$59,000. He is a one-third owner of a condominium unit in Cleveland, Ohio, which has a current total market evaluation of \$135,000 of which his share would be \$45,000. There is an existing \$66,000 outstanding mortgage on that property of which he is personally responsible for one-third

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Continuation
of Report on SIMON L. BERNSTEIN

or \$22,000.

Included in the \$700,000 business equity entry is the current book value of the Cambridge Associates of which he is a 50% owner and his share would be worth \$200,000. He holds 50% of the stock in the S.B. Lexington, Incorporated of which the book value of that would be \$500,000. He has an estimated \$30,000 vested in four pension plans through insurance companies with which he writes business.

There is also a \$250,000 trust fund associated with the S.B. Lexington, Incorporated. There is \$500,000 in insurance renewals, but this is included in his share of the above firm.

The applicant indicated that he will earn an estimated \$200,000 annually in the form of commissions and insurance renewals. He takes out \$30,000 annually from pension plans with four insurance companies.

FINANCIAL REPUTATION: A local banking official indicates that the applicant and his firm have been banking at their bank over the past fifteen years and the bank has extended a high limit of credit in the low five figures on a secured basis. At the present time the applicant has a personal loan in the high four figures. This loan is being met as per agreement. Bank does not hold any of the applicant's personal or company accounts at this time. This banking source indicates that the applicant and his firm have a good future financial potential. Above financial information which was supplied by the applicant in a direct interview was stated to be accurate by an accounting source who has handled the accounting matters of the applicant and his firm over the past 5½ years. Banking, accounting, and legal sources indicate that his worth and income have been increasing steadily and he has a record of meeting his financial obligations very promptly. He has no financial pressures, good future outlook.

In the direct interview the applicant stated that he is currently in the process of waiting for a court decision in which he was named in a suit filed by the Marina Bank of Chicago involving a mortgage foreclosure on his home. The Marina Bank had attempted to foreclose on his mortgage of approximately \$220,000. Applicant states he had used the home for collateral for a loan and there was a complete shakeup of banking officers of the Marina Bank. When the new officers were chosen, they in turn attempted to call in the mortgage on the applicant's property which was in 9½% so that they could issue mortgages under the new rate of 17%. The chairman of the board of the Marina Bank met with

Field Representatives: Do Not Write in Space Below.

[The body of the document contains several paragraphs of extremely faint, illegible text, likely representing a list of field representatives or a report. The text is too light to transcribe accurately.]

FINANCIAL SUPPLEMENT

Page 3

Account No. 414-519

File
Identification

9-23-82

Continuation
of Report on SIMON L. BERNSTEIN

- the applicant in his office on three separate occasions, the last one being two weeks ago, at which time this party attempted to have the matter settled. The applicant states that in November of 1981 this matter was going into litigation and this was subsequently thrown out of court by the judge. Mr. Bernstein states that he will most likely bring a suit against the Marina Bank in which he will attempt to gain back court costs and damages against his personal reputation due to the litigation.

We have contacted the applicant's attorney who indicates that the above information is correct, but we have not received any detailed information as yet from the check of financial records. As soon as we have this information we will supplement this report.

FINANCIAL RECORDS: As mentioned above, in checking financial records we found that there is some adverse information registered in the applicant's name. As soon as these records are available we will supplement this report with our findings.

029/ch
lcc

Field Representatives Do Not Write In Space Below.

9/16

Fac to CNA
Col Re

Amt
9-20


9/16 Return to J2

BERNSTEIN, SIMON DOB 0335 #2068421 APPEARS STD S J APS ALLEN,
ASSOCIATED ALLERGISTS, REPORT OF CXR, BETTER COY OF IR.
COLOGNE RE HATTINGS CORR SHOULD READ BETTER COPY OF IR.

COLOGNE RE
STAMORD CT

#A36

• CLR STD

 S. B. LEXINGTON, INC.

993 Lawrence Ave., Suite 210
Skokie, Ill. 60077
Telephone (312) 677-4400

DATE: 9/13/82
TO: Jim
FROM: Diana

SUBJECT: S.B. LEXINGTON, INC. TRUST

Attached is the medical information on Mr. Bernstein.

I have ordered the APS from Dr. Allen.

The X-Ray is being forwarded under separate cover. Let
me know if you need anything else. Thanks.

Diana

equifax
services

MAR 2 4 10 2000 CONFIDENTIAL

Acct. No. 414-519

Agency-Br. HS
Pol.-File # NS

Chicago E OFFICE

3/19/82 ns 11

REPORT FROM

(If not city in heading)

(State whether former addr., etc.)

BERNSTEIN, SIMON

Glencoe, Illinois, 620 N. Sheridan Rd.

Life

Executive

Kind of report

Date of Birth
Coverage

12/3/35

\$2,000,000

1009208

Class

We have made an appointment to interview the applicant as of 3/19/82 at his place of business in Skokie, Illinois. The appointment is set for approximately 11 a.m. and we will follow with a completed report shortly.

105/sd

Equifax Services Inc.
Equifax Services Ltd.

Form 106-1-79 U.S.A.

Report transferred on _____ To _____
(date) (branch office)

JCK001072

DATAFLO SYSTEMS an Equifax Company
DRIVER RECORD INFORMATION A Dataflo Systems Service

MAR 26 1982

Obtained by DATAFLO SYSTEMS, on customer's behalf, from the state of
 motor vehicle records. Identification of driver based on information submitted.

ILLINOIS

NAME/ADDRESS	QUOTE BACK
BERNSTEIN, SIMON L 620 SHERIDAN RD GLENCOE, IL 60022	14/NONE SHOWN

DRIVER LICENSE NUMBER	REPORT DATE	DATAFLO SYSTEMS USE	ACCOUNT NUMBER
B65279235343	03/22/82	AY 01152	414519
SOCIAL SECURITY NUMBER	DMV ACCOUNT NUMBER		
	00100		

BIRTH DATE	SEX	HEIGHT	WT	EYES	HAIR	REQUESTED AS/ALSO KNOWN AS
12/02/35	M	5 08	165	BRWN	BRWN	

DRIVER LICENSE INFORMATION

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
B* TYPE:2	06/23/81	12/02/83		0-0-0

MISCELLANEOUS AND STATE SPECIFIC INFORMATION

ORIV ED:N

DRIVING RECORD

TYPE	VIOL/SUSP DATE	CONV/REIN DATE	DESCRIPTION	VIOL/CONV CODE	PTS
99	04/19/80	10/06/80	SPEEDING 16-25 MPH ABV LIM-CLEAR COND 5224089	1 0601 05	20

Account No. 414-519 Dist., Agcy. or Br. NS MAR 29 1982 Office: CHICAGO
 Policy No. NS
 Date 3-25-82-15-11 Amt. applied for \$ 2,000,000
 Name BERNSTEIN, SIMON I. Amt. now carried (all cos.) \$ NS
 Address Glencoe, IL 620 N. Sheridan Road Total Insurance \$ 2,000,000
 Executive-S. B. Lexington, Inc.
 Occupation and Employer on Inq. Skokie, IL 9933 Lawler Avenue Beneficiary: 1st Arlington Nat'l Bank,
 Date of Birth 12-2-35 (NOE 12-3-35) (No) (Yes) trustee of S. B. Lexington-
 (No) (Yes)

Date(s) Inspection Made <u>3-19-82-3-22-82</u>		7. Smoking (Cont'd)
I. Identity		B. Stopped smoking? <u>age 20</u> () (X)
A. How many days since you or sources have seen or talked to applicant? (If not within 2 weeks, explain.) <u>today</u>		If yes, when? <u>health warnings</u>
B. Is date of birth on inquiry incorrect? () (X)		8. Interview Information (Alcohol-Drugs)
C. Marital status? (M S Sep. Wid. Div.)		A. 1. Use alcohol? (If no, see "B.") <u>once monthly</u> () (X)
D. Number of children in household: <u>5</u>		2. How often? <u>cordial, wine</u>
E. Reside with someone other than an immediate family member? (X) ()		3. What? (Cover additional alcoholic beverages in narrative.)
F. Is beneficiary someone other than an immediate family member? (If yes, cover relationship & reason.) (X) ()		4. How many? <u>1</u>
2. Occupation		5. When? <u>evening</u>
A. Occupation, job, or employer differ from that given on inquiry? (X) ()		6. Where? <u>restaurant</u>
B. Part-time or off-season occupation? (Describe fully.) (X) ()		7. Drive after drinking? (X) ()
C. Change jobs frequently? (X) ()		8. Any noticeable effects from alcohol use? (X) ()
D. Plan to work or travel in foreign countries? (X) ()		9. How long drinking? <u>adult life</u>
3. Aviation-Sports-Avocations		10. Drinking pattern changed? (X) ()
A. Flown as pilot or student pilot? (If yes, cover Handy Guide.) (X) ()		11. Received counseling or treatment for alcohol use? (X) ()
B. Hazardous sports or avocations (racing, skin or scuba diving, sky diving, snowmobiling, hang gliding, etc.)? (X) ()		B. 1. Used alcohol in past? () ()
4. Driving Record		2. What?
A. Driver's license number: <u>3652-7923-5343</u>		3. How many?
and state or province: <u>Illinois</u>		4. How long?
B. Moving traffic violations? (Cover at least past 3 yrs.) (X) ()		5. When stopped?
C. Traffic accidents? (Cover at least past 3 yrs.) (X) ()		6. Why stopped?
D. Driver's license suspended or revoked? (X) ()		7. Received counseling or treatment for alcohol use? () ()
E. Own or drive motorcycle, motorbike, dune buggy, or high performance car? (X) ()		Drugs (Amplify as necessary on reverse.)
5. Appearance-Impairments		C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ()
A. Unusual build? (If yes, describe appearance.) <u>185</u> () ()		9. Other Source Information (Alcohol-Drugs)
If interview, give: ht. <u>5'9"</u> wt. _____		(Amplify as necessary on reverse.)
B. Deformity, amputation, blindness, deafness or other impairments? (X) ()		A. 1. Does applicant use alcohol? (if no, see "B.") () (X)
C. Signs of nervousness or tension? (X) ()		2. Any personal observation of noticeable effects from drinking? (X) ()
D. Ever rejected for military service or discharged for medical reasons? () (X)		3. Drive after drinking? (X) ()
6. Health (Amplify as necessary on reverse)		4. Any known financial, job or personal problems caused by drinking? (X) ()
A. Personal Physician: Name <u>Albert A. Allen</u>		5. Received counseling or treatment for alcohol use? (X) ()
Address <u>1971 2nd St.</u>		B. Used alcohol in past? () ()
City & State or Province <u>Highland Park, IL</u>		C. Use(d) or experiment(ed) with marijuana, LSD, or non-prescribed stimulants, depressants or narcotics? (X) ()
1. Date last seen: <u>1 year ago</u>		10. Personal
2. Why? <u>physical-no specific complaint</u>		A. Except for traffic violations, ever been arrested? (X) ()
3. Results: <u>good health</u>		B. Any comments about reputation, life style, or home environment? (X) ()
B. Illness, injury, operation, past or present, not covered in 6A? (If yes, see reverse.) () (X)		11. Interview Information
C. Use medication regularly? () (X)		A. Ever rated or declined for insurance? (X) ()
D. Family member (parents, brothers and sisters) had diabetes, cardiovascular disorder, or cancer? () (X)		B. Individual life insurance in force at this time? () (X)
7. Smoking		C. Group life insurance in force at this time? (If 11B-C answered "yes," give name of carrier and amount(s) in insurance history paragraph.) () (X)
A. Smoke cigarettes? (X) ()		12. Answer only if Family Policy:
If yes, how long? _____ # pks. a day _____		Illness, injury or operation of other family members? (Past or present) () ()
		13. If Family Life requested, complete & attach Family Supplement, Form 18008.

Remarks:

Insurance History: Quote insurance history below. If 11 B-C answered "Yes," comment.

Sources: In a numerical listing, give type of source (banker, neighbor, etc.), how known and time known for each. If previous reports, give number and longest time known. If records checked, type?

Interview: Give date and place interviewed. Cover conflicts between information from applicant and that from other sources. If applicant not interviewed, why?

Business History: Cover in chronological order for 1/4 life-time to present. Give specific dates.

Present Business: Describe type, number of employees, range of operations. If part-time or other business connections, give details.

Duties: Describe duties. Cover "Yes" answers from questions 2 A-D. Cover Handy Guide questions when applicable.

Aviation—Sports—Avocations: Describe participation or interest in aviation, sports and avocations. Cover Handy Guide questions. Cover "Yes" answers from questions 3 A-B.

Driving: If 4 B-E answered "Yes," give details.

Health—Family History: Give details of "Yes" answers to questions 6 B-D.

Alcohol—Drugs: Give details of: noticeable effects of alcohol; any known related financial, job or personal problems; changes in usage; treatment. Cover use of other alcoholic beverages. Describe in detail present or past usage of marijuana, narcotics, sedatives, depressants, stimulants or hallucinogens.

Personal: Describe associates, home life, living conditions and neighborhood. Comment on social/club life if developed. On non-financial record checks—police, court, divorce, etc.—show type, location and results.

Beneficiary—Purpose of Insurance: Cover specific purpose for which insurance is being applied. If firm or partner named beneficiary, make reference to Business Insurance Report, Form 18007, attached.

Insurance History:

Date	Acct No.	Amt. or Type Coverage	Fam. or Ind.
7-25-79	10586	\$2,000,000	S. B. Lexington
1-22-78	172	500,000	Ind.
8-27-76	129-602	1,000,000	Ind.
7-19-76	118-755	1,000,000	Ind.
5-25-75	114-512	300/month	Ind.
3-23-76	10586	300,000	Ind.
12-30-75	875	300,000	Ind.
10-25-75	265	500,000	Ind.
2-07-75	155-566	500,000	Ind.
10-18-74	265	500,000	Ind.
6-19-73	217	1,250,000	Ind.
12-05-72	12	200,000	Ind.
11-11-71	12	500,000	Ind.

Mr. Bernstein has both individual and group life insurance. He could not give us a detailed breakdown of the policies or amounts.

CONSOLIDATION: Our Chicago Metroplex office handled this case by interviewing the applicant at his business address in Skokie, Illinois. Handling was also achieved at the applicant's current residence address, 620 N. Sheridan Road, Glencoe, Illinois.

Our central records section checked Cook County (residence county) suits and judgments records, criminal court records, federal bankruptcy records, and credit records in the name of the applicant. Their findings will appear in this report.

A motor vehicle record was ordered in the name of the applicant from our Springfield, Illinois Dataflo office as of 3-15-82. The report will follow under a separate cover.

Field Representative: Attach Financial Supplement, Form 18006.
Use Continuation of Report, Form 18007 (for additional remarks)

Continuation
of Report on

BERNSTEIN, SIMON E.

Identification

SOURCES:

1. Interviewed applicant.
2. Business associate and partner who has known the applicant for the past 11 years.
3. Residential source who has known the applicant for the past six years especially through religious activity.
4. Owner of the building where the applicant has place of business who has known him for the past 15 years.
5. Local certified public accountant who has known and dealt with the applicant and his place of business for the past 5 years.
6. Local attorney who has represented the applicant and his place of business for the past 9 months.
7. Local banker who has known and dealt with both the applicant and his place of business for the past 2 years since 1980.
8. Cook County suits and judgment records checked.
9. Cook County criminal court records checked.
10. Federal bankruptcy records checked.
11. Credit records checked.
12. Motor vehicle records ordered in the name of the applicant.
13. Thirteen previous reports covering the applicant for a total time of 20 1/2 years with file having 13 sources.

INTERVIEW: Simon Bernstein was interviewed on the morning of 3-19-82 at his place of business in Skokie, Illinois. The applicant was most cooperative and cordial, and we developed no conflicts between the information supplied by him and that from other sources.

Final Representatives Do Not Write in Space Below.

Continuation
of Report on

BERNSTEIN, SIMON L.

Identification

BUSINESS HISTORY: Simon L. Bernstein was born on 12-2-35 in Flint, Michigan. He attended Central High School in Detroit, Michigan, and graduated from there in 1954. He furthered his education by attending the Highland Park Junior College in Detroit, and also the Detroit Institute of Technology. He did not graduate from these institutions.

After leaving school, the applicant started employment as a furniture salesman for Tower Furniture in Detroit, Michigan. He then was employed for a period of two years respectively at Chicago Furniture Mart and Lee Furniture, both in Chicago.

Between about 1960 and 1965, Mr. Bernstein became active in two family owned businesses known as Modern Age Furniture and the Bedding Shop. He operated these businesses for a period of about five years until 1965. Both businesses were located in Norton Grove.

Then in 1965, the applicant became a licensed insurance agent selling strictly for Aetna Life Insurance.

In about 1970, he established Bernstein & Associates, his own insurance agency. The name was changed in May, 1973, to S. B. Lexington, Inc.

PRESENT BUSINESS: S. B. Lexington, Inc. is an insurance agency and brokerage firm employing some eight people with a domestic scope. The firm is licensed to sell life, health, and accident insurance, and also is specially licensed through Richard K. Klink to sell property and casualty line insurance.

Mr. Bernstein is the 50 percent owner of this business with his current partner, Richard K. Klink.

Mr. Bernstein also indicated that he has been associated with a business known as S. T. P. Enterprises which stands for Shirley, Ted, and Pam. This also involves the sale of insurance, but he indicates that this firm is currently dormant.

We questioned the applicant regarding the names of three businesses that were named on his front door of his business office. B-A Associates, Cambridge Associates, and National Service Associates. The applicant states that these businesses are no longer in existence and stated that they were businesses that were located within the confines of his office, but that were not associated with him. The applicant was sub-leasing his office space at one time to these three businesses.

Field Representatives Do Not Write In Space Below.

Continuation
of Report on

BERNSTEIN SIMON I.

Identification

DUTIES: The applicant's duties are that of a licensed insurance agent selling life, health, and accident insurance domestically. He travels frequently (three days weekly) domestically on commercial airlines. Other duties are performed in his office in Skokie, Illinois.

AVIATION-SPORTS-AVOCATIONS: Mr. Bernstein is not inclined toward private aviation, hazardous sports, or avocations. The only sports activity that he currently has is an occasional game of golf.

DRIVING: The applicant has had no moving traffic violations within the past ten years or no accidents during that time. Sources regard him to be a careful and safe driver with no signs of recklessness or speeding.

HEALTH-FAMILY HISTORY: Simon Bernstein stands 5'9" tall and weighs 165 pounds. All weight appears evenly distributed. During our interview with the applicant, he appeared to be in good health with no signs of mental or physical stress or tension.

Mr. Bernstein indicates that he has gone through the normal childhood injuries and diseases. He had his gall bladder removed at age 25 at Weiss Memorial Hospital, 4640 N. Marine Drive, Chicago, Illinois, under the care of Dr. Tannenbaum. He was in the hospital for a period of about ten days to two weeks and recovered normally from the surgery.

In about 1969, the applicant was hospitalized at Skokie Valley Hospital, 9600 Gross Point Road, Skokie, Illinois, for about three to four days for a double hernia repair. He was under the care of Dr. Lippschultz and Dr. Cohn. He recovered normally from this surgery.

He has been allergic to weeds, molds, and dust during his whole life. During his lifetime, he has taken allergy shots and pills on a as needed basis. He currently takes a medication that is prescribed through an allergist at the Associated Allergist, Ltd., 480 Elm, Highland Park, Illinois. He could not spell the name of the medication that he takes for allergy, but indicates that he takes the medication when needed during certain seasons for weeds, molds, and dust.

Mr. Bernstein also has had a high blood pressure condition for the past six years. He takes Aldactizide daily in the amount of one pill. He could not recall the exact amount of dosage. When his blood pressure was discovered to be high six years ago, it read 140/90. This was discovered by Dr. Burl Luvitz who is now retired in Ft. Lauderdale, Florida. The applicant's blood pressure was

Field Representatives Do Not Write In Space Below

taken within the past year and had read 120/82. The medication is controlling the condition.

Mr. Bernstein was registered 4-F by the United States Military when he was about age 20. This was due to a stomach condition which later turned out to be a gall bladder problem. He had the gall bladder removed eventually, as indicated previously.

Mr. Bernstein's father, Ted, died at age 47 of a coronary. He had one heart attack six months previous to his death. His mother, Nora, died in January, 1982, at the age of 76 of old age and a heart attack. His brother, Norman, is age 56 and in good health, and he has a sister, Gertrude, age 51, also in good health.

ALCOHOL-DRUGS: The applicant consumes usually a cordial or a glass of wine during an evening with a meal dining with his wife at a restaurant. This occurs about once a month. The applicant does not drink and drive in that he has a meal with the beverage and will be at the restaurant for several hours after having the one drink. Sources regard him to be a responsible user of alcohol enjoying a good reputation during the many years known.

PERSONAL: Simon L. Bernstein resides with his wife, Shirley, age 42 and five children; Ted, age 22, Pam, age 21, Elliott, age 18, Jill, age 16, and Lisa, age 15. Family lives in a large upper income single family dwelling at 620 Sheridan Road, Glencoe, Illinois. They have lived there for a period of 12 years with a good reputation. In handling at this address, we spoke with a residential source who has known the applicant for the past six years mostly through religious activity. Other sources in the area were unavailable during our handling.

Mr. Bernstein's home is located on the corner of Sheridan and Hazel Streets in Glencoe, and is situated on about three-quarter acres of land. The home has an in-ground swimming pool and is well kept. Mr. Bernstein associates with others in the community, but is not active in social or civic organizations other than religious activities.

We noted in the heading of your inquiry that the birthdate for the applicant is 12-3-35. The applicant states that his date of birth is 12-2-35.

Cook County, Illinois Circuit Court, Criminal Division Felony records, and First Municipal District Criminal Court misdemeanor records for

Field Representatives Do Not Write in Space Below.

Continuation
of Report on.....

BERNSTEIN, SIMON L.

Identification

the past seven years indicate no record.

BENEFICIARY-PURPOSE OF INSURANCE: The beneficiary of this policy is the First Arlington National Bank, trustee of the S. D. Lexington, Inc. employee death benefit trust. The insurance will be paid to the trust, and the trust will determine the manner in which the benefits are to be paid and to whom it will be paid. Normally, benefits are paid to family members.

Acct. No. 414-519

Financial Supplement in connection with Special Service Life Report on

Date 3-25-82-15-11
BERNSTEIN, SIMON L.

Worth		Income	
Cash in banks	\$ 5,000	Salary	\$
Accounts Receivable	\$ 250,000 trust		
Net Cash Value Life Ins.	\$ 9,000	Self-employed (Unincorporated)	
Real Estate	\$ 609,000	Gross Income	\$
Business Equity	\$ 250,000	Expenses	\$
Stocks (not in above)	\$ 500,000 ins. renewals		
Bonds	\$ 0	Net income	
Car(s)	\$ 10,000	(adjusted gross)	\$
Art	\$ 0	Bonus	\$
Collections (Stamps, Coins, etc.)	\$ 0	Commission	\$ 200,000
Personals (not in above)	\$ 300,000		\$
	\$		\$
Total Assets	\$ 1,933,000	Total Earned	\$ 200,000
Accounts Payable	\$ 1,000	Dividends	\$
Mortgages	\$ 200,000	Interest	\$
Secured Loans	\$ 150,000	Net Rentals	\$
Personal Loans	\$ 20,000		\$
Taxes/Interest Due	\$ 0		\$
Leases	\$ 0		\$
Judgments	\$ 0		\$
contingent liabilities	\$ 100,000		\$
	\$		\$
Total Liabilities	\$ 471,000	Total Unearned	\$ 0
Net Worth	\$ 1,462,000	Total Income (Earned and Unearned)	\$ 200,000

Remarks:

Worth/Income: How was worth acquired? Explain any facets of worth/income as needed for best understanding. Itemize key entries. (If financial statement obtained, show source and whether audited.) Cover worth/income of immediate family. Show who gave and confirmed worth/income figures.

Financial Reputation: Show what applicant and/or business and financial sources say about (1) worth/income increasing? Decreasing? Staying same? (2) Record of meeting obligations and living within means (3) financial pressure (4) future prospects.

Financial Records: Give type record, location and results (for example, mortgage, assessment, litigation, bankruptcy, financing statements (chattel), federal tax liens or other financial records).

WORTH/INCOME: Simon L. Bernstein acquired his worth through his own efforts and hard work. The applicant supplied us with both worth and income figures which appear to be reasonable to a local certified public accountant who has known and dealt with the applicant and his place of business for the past five years. The majority of the applicant's worth is comprised of his ownership in real estate and the equity that he has in a trust, his business, and insurance renewals.

Mr. Bernstein's home in Glencoe, Illinois, is valued at \$500,000 and has a \$200,000 outstanding mortgage on the property. He also has 50 percent ownership in a condominium in Florida and 33.3 percent ownership in a condominium in Cleveland, Ohio. The applicant's share of the condominium in Florida is valued at \$59,000, and his share of the condominium in Ohio is valued at \$50,000. Total value of all real estate owned by the applicant is \$609,000 with total mortgage responsibilities of \$200,000.

Mr. Bernstein's 50 percent share is S. B. Lexington, his current business, is \$250,000. There is also a \$250,000 trust fund associated with the business. He currently states \$500,000 in insurance renewals.



Continuation
of Report on BERNSTEIN, SIMON L.

Identification

The applicant mentioned during the interview that he always allows in his financial statement approximately \$100,000 targeted to contingent liabilities (lawsuits). He indicates that in his business litigation is always possible and that he could be involved in anywhere up to \$100,000 exposure at any one time.

FINANCIAL REPUTATION: Both the applicant and other business and financial sources regard his worth and income to be on a steady increase. He has maintained a good record of meeting his obligations, living within his means, and shows no signs of financial pressure. Future prospects are considered good.

FINANCIAL RECORDS: Litigation records of the Cook County Circuit Court System, Law Division, and First Municipal District; and records of state and federal tax liens filed in Cook County, Illinois, for the past seven years indicate the following:

A judgment was filed on 2-3-78 under docket #781100351, in the amount of \$10,791.60, plaintiff was Michigan Avenue Bank, defendant was S. L. Bernstein & Associates, and Simon L. Bernstein as an individual. The attorney was D. Men, this judgment was satisfied on 5-11-78.

A judgment was filed on 11-15-74, under docket #74L18805, in the amount of \$149,177.06. The plaintiff was Exchange National Bank, defendant was Simon L. Bernstein. Attorney was T. B. Carnel. This was dismissed on 2-28-75.

A judgment was filed on 4-24-75, under docket #75L7301, in the amount of \$21,882.60. Plaintiff was Old Orchard Bank & Trust Co., defendant was Simon L. Bernstein. The attorney was Paul W. Munhardt. This case was dismissed on 2-23-76 with all parties involved settling their claims.

A judgment was filed on 5-16-68 under docket #681113741, in the amount of \$99.54. Plaintiff was Lutheran General Hospital. Defendant was Simon L. Bernstein. This was settled.

A civil suit was filed on 9-5-74 under docket #64C2561. Plaintiff was Paul's Ski Life Co., Inc., a New York corporation. Defendant was Simon L. Bernstein and others. The attorney was Robert B. Neiman. On 9-9-75, the order was entered dated 9-8-75 stipulating to dismiss action as the defendant, Simon L. Bernstein, was prejudiced without cost to either party. Mr. Bernstein was dismissed from this action on this date.

Cook County, Illinois, Circuit Court Criminal Division felony, and First Municipal District Criminal Court misdemeanor records

Field Representatives Do Not Write in Space Below.

Continuation
of Report on

BRISTIN SINCLAIR

Identification

for the past seven years indicates: no record.

Bankruptcy records prior to 10-1-79 and/or Orders for Relief Records subsequent to 10-1-79 of the U. S. District Court, Eastern Division of the Illinois District for a total of ten years indicates: no record.

An "in-file" report from a metropolitan Cook County Credit Bureau covering the applicant for a period of 22 years since 1959 indicates that he has satisfied his credit obligations in a prompt and satisfactory manner.

During our interview with the applicant, he indicated that he had several current suits against him and several suits in which he was a plaintiff. He indicated that he did not want to provide us with details regarding these actions for the purposes of the report. When questioning his attorney, the attorney indicated that, at the current time, Mr. Bernstein is the defendant in a suit that was filed in November, 1981, by the Marina Bank of Chicago involving a mortgage foreclosure on his home. The Marina Bank is attempting to foreclose on his mortgage of approximately \$200,000 stating that the terms of the mortgage had been changed without authorization of the bank. The applicant has been prompt regarding mortgage payments, but the bank is suing him nonetheless. The attorney handling this litigation for the applicant states that he is attempting to countersue the bank against the charges. We made an attempt to contact the loan officer handling the applicant's account at this bank, but we found that this individual is no longer employed by the bank. We spoke with another officer in the loan department there, but he would not reveal any details regarding the pending litigation. We found no public record regarding this litigation through the municipal court system, and the attorney we spoke with could not provide us with further details regarding docket numbers, etc.

The attorney also indicated that the applicant is a defendant in two other pieces of litigation, which are considered civil suits, both termed minor in monetary involvement. He could provide no further details regarding these pieces of litigation. No public record in the municipal court system was found regarding pending suits.

105:jj
1 cc

Field Representatives Do Not Write In Space Below.

THE MEDICAL DIRECTOR

Name: Simon L. Bernstein Date of Birth: 12/2/35
 Address: 620 Sheridan, Glencoe, Il. 60022



Date: 9/13/82

Attn: Diana Lane

TO: Hubert Allen M.D.
 1971 Second Pk.
 Highland Park, Il. 60035
 433-0585

ATTENDING PHYSICIAN'S STATEMENT -
 UNDERWRITING INFORMATION

Dear Doctor: Your patient named above desires insurance with Captiol Bankers Life and has given us the attached authorization to write you. Will you please complete this questionnaire with details concerning your attendance of this patient, and return it to us at the address shown above. All information will be considered strictly confidential. Your early reply will be appreciated. \$25.00 Prepayment.

Dates Attached		Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment or Operation
1) MONTH	YEAR				

ACKNOWLEDGEMENT AND AUTHORIZATION

I hereby acknowledge receipt of a notice titled "Notice to Applicants for Insurance" respecting the filing and distribution of medical information concerning myself and receipt of a notice respecting the Fair Credit Reporting Act. Public Law 91-508. I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of me or my health to give to the Captiol Bankers Life Insurance Company or its reinsurers any such information. A photographic copy of this authorization shall be as valid as the original.

Is there a replacement involved in this transaction? Yes No

Richard H. Kane 3/2/82
 No. Lic. Agent Date

Signed at CHICAGO, ILLINOIS
 City State
 Signature of Proposed Insured
 Signature of Applicant Donna Andrea Trust

APP-4-12/78

2) Laboratory Findings (including x-ray, ECG, BMR and pathological reports, etc., with dates) Please attach any available test results.

S. B. LEXINGTON, INC.
 9933 LAWLER AVE.
 SKOKIE, ILL. 60077

3697

September 14, 1982 2-237/710

TO THE ORDER OF HUBERT ALLEN, M.D. \$ 25.00

Twenty-Five and 00/100 DOLLARS

BANK HAPOALIM B.M. CHICAGO BRANCH
 174 North Michigan Avenue Chicago, Illinois 60601

FOR APS - Simon L. Bernstein Roberta M. Brown I.D.

⑈003697⑈ ⑆071002370⑆ 10⑈0156⑈9⑈



DAMON CLINICAL LABORATORIES, INC.

4720 WEST MONTROSE AVE., CHICAGO, ILLINOIS 60641, (312) 282-9500
SERVING THE MEDICAL COMMUNITY AS MASON-BARRO LABORATORIES, INC. SINCE 1947

PATIENT NAME	SEX	AGE	BILLING RECIPIENT	PATIENT I.D.	PATIENT SUMMARY REPORT
HERRON MEDICAL CENTER	M	44Y	HERRON	114245	FINAL PAGE 1
1150 N STATE ST		NA	REFERRING PHYSICIAN	ACCESSION NO	REPORT DATE & TIME
CHICAGO IL 60611				114245	9/09/82 5:20 AM
			COLL. DATE & TIME	REC'D. DATE & TIME	
			9/08/82 10:30 AM	9/08/82 7:13 PM	

TEST CODE	TEST DESCRIPTION	RESULTS / UNITS	NORMAL RANGE		TECH I.D.
			LOW	HIGH	
1570	CHEM 12				
	GLUCOSE	78 MG/DL	70	115	
	BUN (UREA NITROGEN), SER	16 MG/DL	6	21	
	URIC ACID	4.4 MG/DL	4.0	8.5	
	BILIRUBIN, TOTAL	.7 MG/DL	.2	1.4	
	CHOLESTEROL, SERUM	224 MG/DL	150	300	
	CALCIUM	9.7 MG/DL	8.5	10.5	
	PHOSPHORUS	2.5 MG/DL	2.4	4.2	
	ALK PHOSPHATASE, COLOR	61 U/L	25	100	
	LDH, SERUM	182 U/L	85	210	
	SGOT, SERUM	20 U/L	0	40	
	PROTEIN, TOTAL, SERUM	7.4 GM/DL	6.0	8.0	
	ALBUMIN, SERUM	4.4 GM/DL	3.5	5.2	
	GLOBULIN	3.0 GM/DL	2.0	3.5	
	A/G RATIO	1.5	1.0	2.4	

** END OF REPORT **

THORNBURG CLINICAL LABORATORY

(+) RESULT IS ABOVE HIGH NORMAL VALUE
(-) RESULT IS BELOW NORMAL VALUE

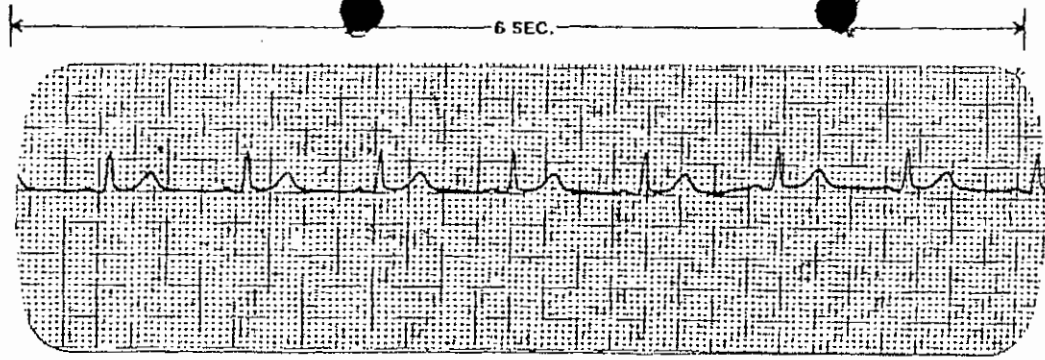
WILFRID M SMITH M.D.
ERIC RUTH M.D.
MEDICAL DIRECTOR(S)

R. THORNBURG, DIR.

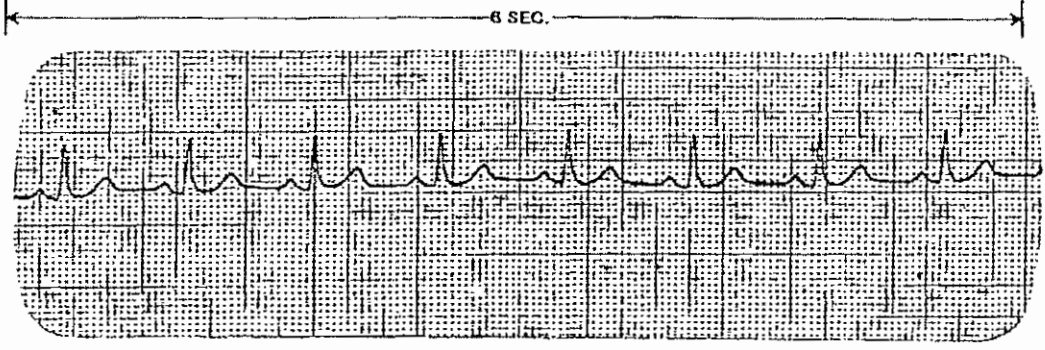
ORIGINAL REPORT

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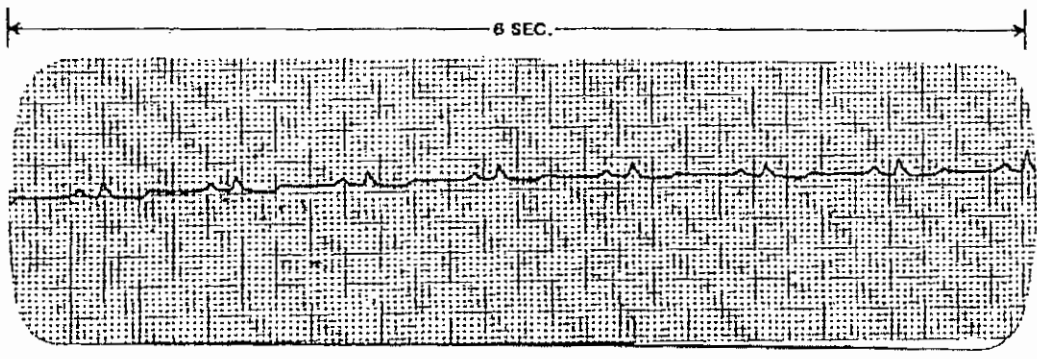
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LEAD 1



LEAD 2



LEAD 3

ATRIAL RATE _____	RHYTHM _____
VENT. RATE _____	P WAVES _____
P-R INTERVAL _____	T WAVES _____
QRS INTERVAL _____	S-T SEGMENT _____
Q-T INTERVAL _____	REMARKS _____
ELEC. AXIS _____	
ELEC. POS. _____	
PATIENT POS. _____	

12-2-55

PATIENT BERNSTEIN SIMON AGE 46 SEX MALE DATE 9-8-82

ADDRESS 620 SHERIDAN RD HEIGHT _____ WEIGHT _____ ECG. NO. _____

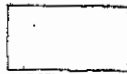
GLENCOE, IL 60022 BUILD { LINEAR _____
INTERMEDIATE _____ CASE NO. _____
LATERAL _____

TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____

OCCUPATION _____ MEDICATION _____

DOCTOR(S) HERON Medical Center

JCK001095

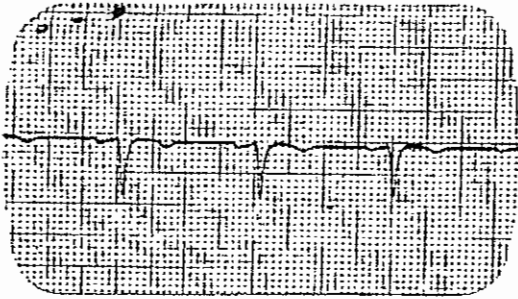


THE HURDICH CORPORATION • 4140 W. Wisconsin 52943 U.S.A.

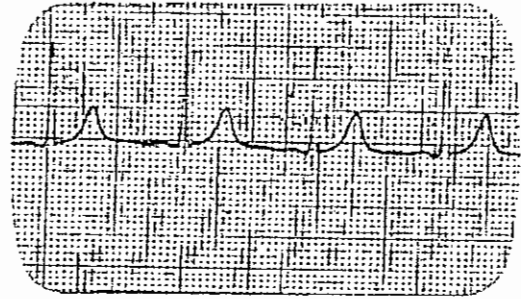
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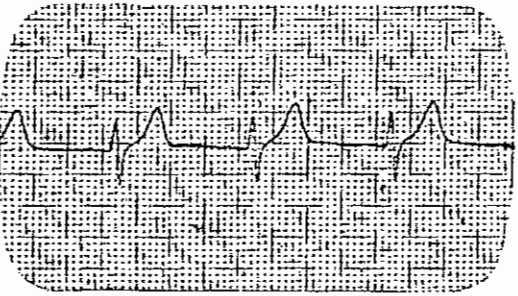
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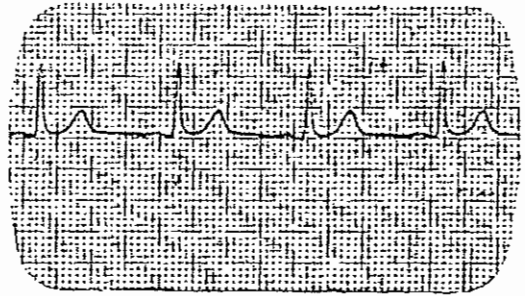
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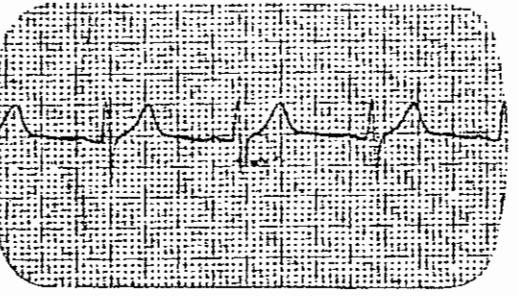
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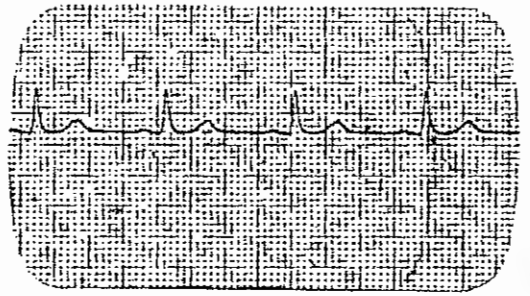
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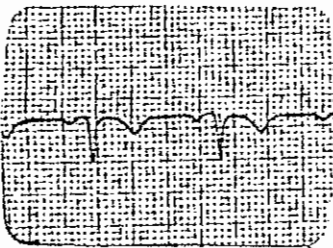
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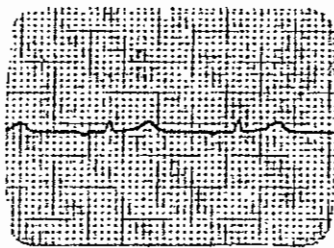
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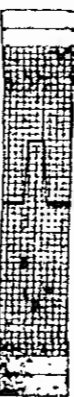
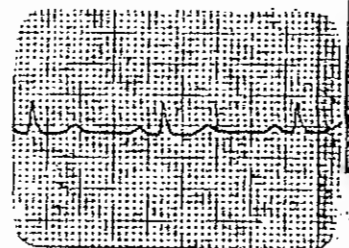
LEAD AVR



LEAD AVL



LEAD AVF



12.2.35

PATIENT BERNSTEIN, SIMON AGE 40 SEX MALE DATE 9.8.82

ADDRESS 620 SHERIDAN RD HEIGHT _____ WEIGHT _____ ECG. NO. _____

GLENCOE, IL 60022 BUILD { LINEAR _____
INTERMEDIATE _____ CASE NO. _____
LATERAL _____

TELEPHONE _____ BLOOD PRESSURE _____ ROOM NO. _____

OCCUPATION _____ MEDICATION _____

DOCTOR(S) HERRON MEDICAL CENTER

HERRON MEDICAL CENTER, LTD.
1150 NORTH STATE STREET,
CHICAGO, ILLINOIS 60610

JCK001097

**Policy Number
1009208**

Specimen Policy

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY

A Stock Company

Home Office: Minneapolis, Minnesota

Business Office: Milwaukee, Wisconsin



Policy Number

Sum Insured

Insured

Age & Sex

Plan

Policy Date

Dear Policy Owner:

This policy has been written in readable language to help you understand its terms. As you read through the policy, remember the words "we", and "our" refer to Capitol Bankers Life Insurance Company. Similarly, the words "you" and "your" refer to you, the Owner of this policy.

We will, subject to the terms of this policy, pay the death benefit to the Beneficiary when due proof of the Insured's death is received at our Business Office. The terms of this policy are contained on this and the following pages.

A Policy Summary is on the other side of this page. A Table of Contents is inside the back cover.

For service or information on this policy, contact the agent who sold the policy, any of our agency offices or our Business Office.

YOU HAVE A RIGHT TO RETURN THIS POLICY. If you decide not to keep this policy, return it within ten days after you receive it. It may be returned by delivering or mailing it to our Business Office or to any of our authorized agents. Upon return, the policy will be as though it had never been issued. We will promptly refund any premium paid for it.

Signed for Capitol Bankers Life Insurance Company at Milwaukee, Wisconsin.

Sincerely yours,

President

Vice President

CURRENT VALUE LIFE

Whole Life Insurance for an Initial Term - Renewable Annually during Life of Insured -
Cash Surrender Values - Options to Change Premiums and Sum Insured -
Premiums Payable during Life of Insured - Nonparticipating

Premiums, benefits and policy values may vary from those illustrated on the Issue Date. See Part 4. "Renewal Options" and Part 10. "Basis of Our Computations."

POLICY SUMMARY

About this Summary	This summary briefly highlights some of the major policy provisions. Since this is a summary, only the detailed provisions of the policy will control. See those provisions for full information and any limits or restrictions that apply. To locate this policy's provisions, use the Table of Contents on the inside of the back cover. Your policy is a legal contract between you and us. You should, therefore, READ YOUR POLICY CAREFULLY.
The Type of Policy	This policy may be continued in force until the Insured dies. It is issued for an initial term of one year, but you have the right to renew it. The benefits and premiums may be changed at the end of each Policy Year. We will pay a death benefit if the Insured dies while the policy is in force.
) Guaranteed and) Current Rates	We guarantee a rate basis for calculating premiums for the benefits under this policy. If our current rate basis is lower, we will charge lower premiums for the same benefits. We may change our current rate basis at the end of any Policy Year. If we increase our current rate basis, your premium will be higher, but never more than the premium on the guaranteed basis.
Lifetime Benefits	There are other rights available while the Insured is living. These include: * The right to assign this policy. * The right to change the Owner or any Beneficiary. * The right to surrender this policy for its value. * The right to make loans.
Payment Options	The policy also includes a number of Payment Options. These provide alternate ways to pay the death benefit or the amount payable upon surrender of the policy.
Exclusions	Payment of benefits may be affected by other provisions in this policy. For example, see the provisions in Part 1 about suicide, contestability and misstatement of age or sex.
Premium Payments and Grace Period	Premiums are payable in advance during the lifetime of the Insured. We allow a 31-day grace period for payment of each premium after the first one. If a premium is not paid by the end of the grace period, the policy will lapse as of the due date of that premium. Even if the policy lapses, some benefits may be available as described in Part 5. In any event, you will have the right to reinstate this policy, subject to the requirements stated in Part 5.
Riders	This policy may contain riders which include added benefits or

Part 1. Definitions and Basic Provisions

The Parties Involved—
Insured, Owner,
Beneficiary, Irrevocable
Beneficiary

The Insured is the person whose life this policy insures. The Insured may be the Owner of this policy, or someone else may be the Owner.

The Owner is the person named as Owner of this policy in the application, unless later changed as provided in this policy. The Insured will be the Owner if no other person is named as Owner. If more than one person is named as Owner, they must act jointly unless they and we agree otherwise. Whenever the words "you" and "your" are used, they refer to the Owner.

A Beneficiary is any person named on our records to receive proceeds of this policy after the Insured dies. There may be different classes of Beneficiaries, such as Primary and Contingent. These classes set the order of payment. There may be more than one Beneficiary in a class.

Unless you provide otherwise, any death benefit that becomes payable under this policy will be paid in equal shares to the Beneficiaries living at the death of the Insured. Payments will be made successively in the following order:

- a. Primary Beneficiaries.
- b. Contingent Beneficiaries, if any, provided no Primary Beneficiary is living at the death of the Insured.
- c. The Owner, or the Owner's executor or administrator, provided no Primary or Contingent Beneficiary is living at the death of the Insured.

Any Beneficiary may be named an Irrevocable Beneficiary. An Irrevocable Beneficiary is one whose consent is needed to change that Beneficiary. Also, this Beneficiary must consent to the exercise of certain other rights by the Owner. We discuss ownership in Part 2.

Policy Date, Issue Date,
Renewal Date, and
Policy Year

Two important dates (shown on the Schedule Page) are the Policy Date and the Issue Date. Usually they are the same date.

The Policy Date is the starting point for determining premium due dates, Renewal Dates and Policy Years. The first Renewal Date is one year after the Policy Date. The period from the Policy Date to the first Renewal Date, or from one Renewal Date to the next, is called a Policy Year. A Policy Year does not include the Renewal Date at the end of the year.

This policy is issued for an initial term of one Policy Year. It may be renewed for additional terms of one Policy Year while the Insured is alive. We discuss renewal in Part 4.

The Issue Date is used to determine the start of the suicide and contestability periods. We discuss contestability and suicide below. The Issue Date will be earlier than the Policy Date only if this policy includes a rider which provides temporary term life insurance for a period before the Policy Date.

Policy a Legal Contract

This policy is a legal contract between you and us. The entire contract consists of the application and the policy, which includes any attached riders. We have issued this policy in return for the application and the payment of premiums. Any change or waiver of its terms must be in writing and signed by our President, a Vice President, our Secretary or an Assistant Secretary to be effective.

Limits on Our Right to Contest This Policy

We rely on all statements made by or for the Insured in the written application. These statements are considered to be representations and not warranties. We can contest the validity of this policy for any material misrepresentation of a fact. To do so, however, the misrepresentation must be contained in the written application and a copy of the application must be attached to this policy when it is issued.

We cannot contest the validity of this policy, except for failure to pay premiums, after it has been in force during the lifetime of the Insured for two years from its Issue Date.

Suicide Exclusion

If within two years from the Issue Date the Insured dies by suicide, whether sane or insane, the amount we pay will be limited to the premiums paid less any policy debt.

Misstatement of Age or Sex

If the date of birth or the sex of the Insured has been misstated in the application, we will adjust the benefits under this policy. If the benefits purchased by the premiums paid would have been lower at the correct age and sex, we will recalculate the benefits so that the Endowment Benefit for each Policy Year is not changed. If the benefits purchased by the premiums paid would have been higher at the correct age and sex, we will recalculate the benefits so that the amount at risk for each Policy Year is not changed. (Endowment Benefit and amount at risk are defined in Part 4.)

Meaning of In Full Force, Lapse and In Force

This policy will be "in full force" from the Issue Date, provided the first premium due is paid while the Insured is alive. It will continue "in full force" as long as all premiums are paid when due. We discuss premium due dates in Part 3. It also continues in full force for 31 days after the due date of an unpaid premium. If the unpaid premium is not paid by then, this policy will "lapse" as of that due date. Then, it will no longer be in full force.

Lapse is not necessarily the same as termination. When a policy lapses, the insurance may terminate or it may continue for a limited time or amount. If insurance continues after lapse, we say that the policy remains "in force", but no longer in full force. We discuss lapse in Part 5.

Home Office and Business Office

We are chartered by the State of Minnesota and have a legal office, known as our Home Office, in Minneapolis, Minnesota. Our operations are conducted at our Business Office, 735 N. Water Street, Milwaukee, Wisconsin. Our mail address is P.O. Box 2016, Milwaukee, Wisconsin 53201.

Part 2. Ownership**Rights of Owner**

While the Insured is living, you may exercise all rights given by this policy or allowed by us. These rights include assigning this policy,

CVL-480

Page 2

changing Beneficiaries, changing ownership, enjoying all policy benefits and exercising all policy options.

The consent of any Irrevocable Beneficiary is needed to exercise any policy right except the right to:

- Change the frequency of premium payments.
- Change between regular premiums and alternate premium plans.
- Change the renewal option.
- Borrow on this policy to pay a premium on this policy.
- Reinstate this policy after lapse.

Assigning This Policy

This policy may be assigned. But for any assignment to be binding on us, we must receive a signed copy of it at our Business Office. We will not be responsible for the validity of any assignment.

Once we receive a signed copy, your rights and the interest of any Beneficiary or any other person will be subject to the assignment. An assignment is subject to any policy debt. We discuss policy debt in Part 7.

Changing the Owner or Beneficiary

The Owner or any Beneficiary may be changed during the Insured's lifetime. We do not limit the number of changes that may be made. To make a change, a written request, satisfactory to us, must be received at our Business Office. The change will take effect as of the date the request is signed, even if the Insured dies before we receive it. Each change will be subject to any payment we made or other action we took before receiving the request.

Part 3. Premium Payments

When Premiums Are Due

Premiums are the payments needed to keep this policy in full force. Premiums for each Policy Year are payable in advance during the Insured's lifetime until the end of the Policy Year. The first premium is due on the Policy Date. The first premium for a renewal Policy Year is due on the Renewal Date. Each subsequent premium is due when the period covered by the preceding premium ends. Each premium is due on the same day of the month as the day shown in the Policy Date.

Regular Premium Payments

Regular premiums may be paid annually, semiannually, quarterly or monthly. The frequency of payments may be changed by giving us advance written notice. A change may also be made as of any premium due date, without notice, by paying the regular premium for the frequency wanted. However, no premium may be paid for a period beyond the next Renewal Date. Our consent is needed if any change will result in a regular premium of less than \$20.

A semiannual premium is \$0.22 plus 51.5% of the annual premium. A quarterly premium is \$0.52 plus 26.5% of the annual premium. A monthly premium is \$0.70 plus 9% of the annual premium.

Alternate Premium Plans

We provide a number of alternate premium plans. These include a pre-authorized check payment plan. These plans are governed by the rules and rates we set. Our consent is needed to participate in any available plan.

Grace Period	If an alternate premium plan is terminated, regular monthly premiums will then be payable.
Premiums for Renewal Policy Years	After the first premium has been paid for any Policy Year, we allow a 31 day grace period to pay each following premium. This means that each premium after the first can be paid within 31 days after its due date. During this grace period the policy remains in full force. If a premium is not paid by the end of this grace period, the policy will lapse as of the premium due date. We discuss lapse in Part 5.
Where to Pay Premiums	Premiums for the first Policy Year are shown on the Schedule Page. The premiums for a renewal Policy Year may differ from the premiums for the prior Policy Year. We discuss your Renewal Options in Part 4. The way we compute renewal premiums for the policy, excluding any attached rider, is described in Part 10. The premium for continuing any rider is shown on the Schedule Page. We will notify you of the renewal premiums before each Renewal Date.
	Each premium after the first one is payable at our Business Office. A receipt for premium payments signed by one of our officers will be given upon request.

Part 4. Renewal Options

Right to Renew	If this policy is in full force on a Renewal Date, it may be renewed for an additional Policy Year by paying a renewal premium. Payment must be made within 31 days of the Renewal Date. If the Insured dies within that 31 day period, this policy will be renewed automatically, but a renewal premium at the regular monthly frequency will be deducted from the death benefit.
	The benefits and premiums for a renewal Policy Year may change from those in the prior term. They will depend on the Renewal Option selected. Renewal Options are discussed below. Also, we may use a rate basis which is more favorable to you than the rate basis we guarantee in this policy. Rate bases, and the way we compute renewal benefits and premiums, are discussed in Part 10.
Endowment Benefit	An Endowment Benefit will be payable at the end of the Policy Year. If the policy is not renewed, the Endowment Benefit, less any policy debt, will be paid in one sum to the Owner.
	If the policy is renewed, the Endowment Benefit will not be paid, but a new Endowment Benefit will be payable at the end of the new Policy Year. The Endowment Benefit for the first Policy Year is shown on the Schedule Page. Our procedure for computing the Endowment Benefit for renewal Policy Years is discussed in Part 10. We will notify you of the renewal Endowment Benefit before each Renewal Date.
Electing a Renewal Option	You may choose a Renewal Option by notifying us in writing while the insured is alive and not later than 31 days after the Renewal Date. Any option you choose will apply until another option is elected. If no option has been chosen, Option B will apply.

- Amount at Risk** In discussing Options D, E and F, we use the phrase "amount at risk." The amount at risk for a Policy Year is the Sum Insured less the Endowment Benefit.
- Option A** **Minimum Premium Option.** The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. However, the new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the rate basis used for the renewal Policy Year will also be used for future renewal Policy Years.
- Option B** **Guaranteed Premium Option.** The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. However, the new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the guaranteed rate basis will be used for future renewal Policy Years.
- Option C** **Specified Premium Option.** The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option A. The Sum Insured for the new Policy Year will be the prior Sum Insured less any policy debt repaid from the Endowment Benefit. The new Sum Insured will not be less than the Endowment Benefit at the end of the new Policy Year, however.
- Option D** **Increasing Benefit Option.** The Sum Insured for the new Policy Year will be changed so that the amount at risk for the new Policy Year will be the amount at risk for the prior Policy Year. The premium for the new Policy Year will be the smallest level premium which would permit the policy to be renewed for the new Sum Insured for the life of the Insured. In computing this premium, we will assume that the rate basis used for the renewal Policy Year will also be used for future renewal Policy Years.
- Option E** **Extra Premium Option.** The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option D. The Sum Insured for the new Policy Year will be changed so that the amount at risk for the new Policy Year will be the amount at risk for the prior Policy Year.
- Option F** **Change in Benefit Option.** The Sum Insured may be changed to any amount you select. The premium for the new Policy Year may be any amount you select, but not less than the premium required under Option A for the new Sum Insured. When this option is chosen, you may also specify changes to be made on later Renewal Dates. Any change which would increase the amount at risk may be made only with our consent, however. We may require a written application, giving evidence of insurability of the Insured, to increase the amount at risk. If an application is required, we will have the same rights to contest the validity of the in-

Annual Report

crease, or to limit the amount of the increase we will pay in the event of suicide, as if we had issued a separate policy for the increase in the amount at risk.

Before each Renewal Date while this policy is in full force, we will give you an Annual Report for this policy. This report will show the following items:

- The Sum Insured, Endowment Benefit and premium for the current Policy Year.
- The Renewal Option in effect and the Sum Insured, Endowment Benefit and premium for the next Policy Year under this option.
- Any policy debt as of the date the report is prepared.
- The minimum level renewal premium under our current rate basis (Option A) and under the guaranteed rate basis (Option B).
- Any change in our current rate basis for the next Policy Year, and its effect on values for the next Policy Year.

Illustrations

This policy includes a Table of Illustrative Values. The Table follows the Schedule Page. It is based on the Renewal Option in effect when this policy was issued. The Table shows values which would apply if the guaranteed rate basis were used for all renewal Policy Years. If you pay the premiums shown in this Table and do not change the Sum Insured, then the actual policy values will be at least as large as those shown in the Table. If you choose to pay smaller premiums, however, then the policy values may be smaller than those illustrated.

Upon request, we will provide an illustration as of the next Renewal Date of future premiums, Sums Insured and Endowment Benefits under any Renewal Option.

Part 5. Lapse and Reinstatement**What Happens if This Policy Lapses**

If any premium is not paid within 31 days after its due date, this policy will lapse as of the due date of that premium. We call this premium due date the date of lapse.

Several things can occur when this policy lapses. First, this policy is no longer "in full force." If there is no cash surrender value as of the date of lapse, the insurance will terminate. But if there is a cash surrender value, it will automatically be used as a net single premium at the attained age of the Insured to provide either extended term insurance or paid-up life insurance and the policy will continue "in force."

These two types of insurance are explained below. Either will begin as of the date of lapse.

Extended Term Insurance

This is a level amount of insurance for a limited period of time. The amount of insurance is the Sum Insured on the date of lapse less any policy debt. The cash surrender value on the date of lapse determines the period of time that extended term insurance will be provided. The insurance terminates at the end of this period.

Paid-Up Life Insurance	This is a level amount of insurance for the lifetime of the Insured. The cash surrender value on the date of lapse determines the amount of paid-up life insurance that will be provided. The amount of paid-up life insurance may not exceed the Sum Insured on the date of lapse less any policy debt, however. If the cash surrender value is larger than the value of the maximum paid-up life insurance, then the paid-up insurance will be endowment insurance for the maximum amount.
Which Type of Insurance Applies	<p>We automatically provide extended term insurance. But in the following situations, we provide paid-up life insurance instead:</p> <ul style="list-style-type: none"> • The amount of paid-up life insurance equals or is more than the amount of extended term insurance that would be provided, or • The amount of paid-up life insurance is at least \$1,000 and a written request for paid-up life insurance is received at our Business Office before the end of 62 days after the date of lapse, or • This policy is in a special premium class. The policy is in a special premium class only if shown on the Schedule Page. <p>If paid-up life insurance is requested and the Insured dies within 62 days after the date of lapse, we will provide extended term insurance if it provides a larger death benefit on the date of death. But, this will happen only if the extended term insurance could have been elected on the date of lapse.</p>
Riders Not Included	Extended term insurance and paid-up life insurance benefits do not apply to any rider attached to this policy, unless specifically provided in that rider.
Policy Rights After Lapse	While this policy is in force as extended term insurance or paid-up life insurance, all the rights granted by it are still available, unless this policy states otherwise.
Reinstatement	<p>After this policy has lapsed, it may be reinstated — that is, put back in full force. However, the policy cannot be reinstated if it has been surrendered for its cash surrender value. Reinstatement must be made within five years after the date of lapse and during the Insured's lifetime. Also, all policy debt must be repaid or reinstated with interest, from the date of lapse to the date of reinstatement. Interest will be at the rate used for policy loans. Further requirements depend on when this policy is reinstated.</p> <p><u>Prompt Reinstatement</u> — This is reinstatement within 62 days after the date of lapse. Evidence of insurability is not required. All overdue premiums must be paid.</p> <p><u>Later Reinstatement</u> — This is reinstatement more than 62 days after the date of lapse. Evidence of insurability satisfactory to us is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be at the rate used for policy loans.</p>

Part 6. Policy Loans

Right to Make Loans

After the first Policy Year, loans can be made on this policy at any time while it is in full force. Loans can also be made if it is in force after lapse as paid-up insurance. However, the policy must be properly assigned to us before any loan is made. No other collateral is needed. We may delay granting any loan for up to six months, except for a loan to pay premiums on this policy or any other policy we issue. We refer to all outstanding loans less unearned interest as "policy debt."

Maximum Loan Available

The maximum policy loan is an amount equal to the cash surrender value on the next Renewal Date less any premiums due before then. Any amount due us on the date of the loan will be subtracted from the loan. Interest due on the loan will also be subtracted. We will pay the balance.

Interest

The interest rate for loans is stated on the Schedule Page. Interest to the next Renewal Date is due in advance when a loan is made. If interest is not paid when due, it will be added to the policy debt and will bear interest at the same rate.

If any policy debt is repaid, any unearned interest on the amount repaid will be credited to the loan amount. Any unearned interest will be added to the death benefit if the Insured dies. It will be added to the cash surrender value if the policy is surrendered or lapses.

Repayment

Policy debt may be repaid anytime while this policy is in force. It may not be repaid after the Insured dies. If there is any policy debt on a Renewal Date, it will be repaid out of the Endowment Benefit. In lieu of this automatic repayment, any policy debt outstanding on a Renewal Date may be repaid in cash within 31 days after the Renewal Date, but interest must be paid to the date of repayment. If this is done, we will calculate the benefits and premiums for the next Policy Year as if repayment had been made on the Renewal Date.

Policy Debt Limit

Policy debt may not equal or exceed the policy value. If this limit is reached, we can terminate this policy. To terminate for this reason we must mail written notice to the Owner and any assignee shown on our records at their last known addresses. This notice will state an amount that will bring the policy debt back within the limit. If we do not receive payment within 31 days after the date we mailed the notice, this policy will terminate at the end of those 31 days.

Part 7. Cash Surrender

Right to Surrender

This policy may be surrendered for its cash surrender value any time before the Insured dies. Surrender will be effective on the date we receive this policy and a written surrender request, satisfactory to us, at our Business Office. A later effective date may be elected in the surrender request.

Policy Value

The policy value on any Renewal Date is the Endowment Benefit if the policy is in full force. The policy value on the first Renewal Date is shown

on the Schedule Page. The policy value on any later Renewal Date will depend on the renewal option elected. This is discussed in Part 4.

The policy value can be computed at any time during a Policy Year. In that case allowance will be made for the period of time since the last Renewal Date and for any premiums paid for any part of that Policy Year.

If this policy is in force after lapse, the policy value at any time is the reserve for the insurance provided. See "Part 10. Basis of Computations."

Cash Surrender Value

The cash surrender value is the policy value less any policy debt.

We compute all the amounts that go into the cash surrender value as of the effective date of surrender. However, in two situations the policy value is computed as of an earlier date. First, if this policy is surrendered within 62 days after the due date of an unpaid premium, the value will not be less than it was on that due date. Second, if the policy is surrendered within 30 days after a Renewal Date while extended term insurance or paid-up life insurance is in effect, the value will not be less than it was on that Renewal Date. We use these earlier dates only if a higher cash surrender value results.

How We Pay

The cash surrender value may be paid in one sum, or it may be applied under any payment option elected. See "Part 9. Payment of Policy Proceeds." We may delay paying the cash surrender value for up to six months from the date the request and this policy are received at our Business Office. If payment is delayed for 30 days or more, we will add interest to it. The amount of interest will be the same as would be paid under Option 4 of the payment options for that period of time.

Part 8. The Death Benefit

Amount of the Death Benefit

The death benefit is the amount of money we will pay when due proof of the Insured's death is received at our Business Office. The amount of the death benefit will be determined as of the date of death. Any amounts paid to us after that date will be refunded. Any payments made by us after that date will be deducted from the death benefit.

If the Insured dies while this policy is in full force, the basic death benefit is the Sum Insured for the Policy Year in which death occurred. If the Insured dies while this policy is in force after lapse, the basic death benefit will be the amount of extended term insurance or paid-up life insurance. The death benefit is the basic death benefit with certain additions and deductions. We add the part of any premium paid for a period beyond the Policy Month of death. We deduct any policy debt. We also deduct a premium on the regular monthly frequency, if death occurs within 31 days of the due date of an unpaid premium.

Interest on the Death Benefit

If the death benefit is paid in one sum, we will add interest from the date of death to the date of payment. The amount of interest will be the same as would be paid under Option 4 of the payment options for that period of time. See "Part 9. Payment of Policy Proceeds" for a description of Option 4.

If the death benefit is applied under a payment option, interest will be paid from the date of death to the effective date of that option. It will be paid in one sum to the Beneficiary living on that effective date. The amount of interest will be the same as would be paid under Option 4 for that period of time.

Part 9. Payment of Policy Proceeds

Availability of Options

The proceeds of this policy will be paid in one sum unless otherwise provided. As an alternative to payment in one sum, all or part of the proceeds may be applied under a payment option. However, our consent is required for the election of a payment option by a fiduciary or any entity other than a natural person. If this policy is assigned, any amount due to the assignee will be paid in one sum. The balance, if any, may be applied under any payment option.

Electing a Payment Option

To elect any option, we require that a written request, satisfactory to us, be received at our Business Office. You may elect an option during the Insured's lifetime. If the death benefit is payable in one sum when the Insured dies, the Beneficiary may elect an option. The Beneficiary must make this choice before we have paid the proceeds and within three months after we receive due proof of the Insured's death.

Unless we agree otherwise when the option is elected, all payments under any option chosen will be made to the designated payee or to his or her executor or administrator. We may require proof of age of any person or persons on whose life payments depend as well as proof of the continued survival of any such person(s).

Minimum Amounts

If the amount to be applied under any option for any payee is less than \$5,000, we may pay that amount in one sum instead. If the payments to any person under any option come to less than \$50 each, we have the right to make payments at less frequent intervals.

Description of Options

This section provides a brief description of the various payment options that are available. Any other payment option agreed to by us may be elected. The payment options are described in terms of monthly payments. Annual, semiannual, or quarterly payments may be requested instead. The amount of these payments will be determined in a way which is consistent with monthly payments and will be quoted on request.

At the end of this Part you will find tables illustrating the guaranteed monthly payment provided by several of the options described in this section. The amounts shown for Option 1, Option 2 and Option 5 are the minimum monthly payments for each \$1,000 applied. The actual payments will be based on the monthly payment rates we are using when the first payment is due. They will not be less than those shown in the tables.

Option 1 CVL-180

Fixed Time Payment Option. Equal monthly payments will be made for

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any period selected, up to 30 years. The amount of each payment depends on the total amount applied, the period selected and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 1.

Option 2

Lifetime Payment Option. Equal monthly payments are based on the life of a named person. Payments will continue for the lifetime of that person. The variations are:

Payments guaranteed for 10 or 20 years. Payments stop at the end of the selected guaranteed period or when the named person dies, whichever is later.

Payments guaranteed for amount applied. Payments stop when they equal the amount applied or when the named person dies, whichever is later.

The amount of each payment depends on the total amount applied, the variation selected, the age and sex of the named person and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 2.

Option 3

Fixed Amount Payment Option. Each monthly payment will be for an agreed fixed amount. The amount of each payment may not be less than \$15 for each \$1,000 applied. Interest will be credited each month on the unpaid balance and added to it. This interest will be at a rate determined by us, but not less than the equivalent of 4% per year. We may change the rate from time to time, but not more than once per year. Payments continue until the amount we hold runs out. The last payment will be for the balance only.

Option 4

Interest Payment Option. We will hold any amount applied under this option. Interest on the unpaid balance will be paid each month at a rate determined by us. This rate will be not less than the equivalent of 4% per year. We may change the rate from time to time, but not more than once per year. Upon death of the payee, we will pay the amount held by us along with any accrued and unpaid interest.

Option 5

Joint Lifetime Payment Option With Reduced Payments. Monthly payments are based on the lives of two named persons. Payments will continue while both are living. When one dies, payments are reduced by one-third and will continue for the lifetime of the other. Payments stop when both persons have died.

The amount of each payment depends on the total amount applied, the ages and sexes of the named persons and the monthly payment rates we are using when the first payment is due. The rate of any payment will not be less than shown in Payment Option Table 3.

Option 6

Single Premium Life Annuity Purchase Option. Any single premium immediate life annuity being issued by us on the effective date of the option may be purchased at a reduced premium rate. The premium rate for the annuity will be 4% less than our then published premium rate.

Effective Date and Payment Dates

The effective date of an option is the date the amount is applied under that option. For a death benefit, this is the date that due proof of the Insured's death is received at our Business Office. For the cash surrender value, it is the effective date of surrender.

The first payment is due on the effective date, except the first payment under Option 4 is due one month later. A later date for the first payment may be requested in the payment option election. All payment dates will fall on the same date of the month as the first one. No payment will become due until a payment date. No part payment will be made for any period shorter than the time between payment dates.

Withdrawals and Changes

If provided in the payment option election, all or part of the unpaid balance under Option 3 or 4 may be withdrawn or applied under any other option. If the cash surrender value is applied under either option, we may delay payment of any withdrawal for up to six months after the date of surrender. Interest at the rate in effect for Option 4 during this period will be paid on the amount withdrawn.

Payments under Options 1, 2 and 5 may not be anticipated, withdrawn before due, or applied under any other option.

Income Protection

To the extent permitted by law, each option payment and any withdrawal shall be free from legal process and the claim of any creditor of the person entitled to it. No option payment and no amount held under an option can be taken or assigned in advance of its payment date, unless the Owner's written consent is given before the Insured dies. This consent must be received at our Business Office.

Supplementary Contract

We will issue to the payee a supplementary contract stating the terms of settlement under the payment option elected.

PAYMENT OPTION TABLES - Minimum Monthly Income Guaranteed Per \$1,000 of Proceeds

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TABLE 1 INSTALLMENT PAYMENTS FOR A SPECIFIED PERIOD OF TIME													TABLE 2 LIFE INCOME PAYMENTS WITH INSTALLMENT PAYMENTS FOR A SPECIFIED PERIOD OF TIME <small>The amount of income is based on the sex and age last birthday of the payee on the due date of the first payment.</small>												
No. of Years	Monthly Payments	No. of Years	Monthly Payments	Age of Payee	PAYMENTS GUARANTEED FOR						Age of Payee	PAYMENTS GUARANTEED FOR													
					10 Years		20 Years		Amt. Applied			10 Years		20 Years		Amt. Applied									
					Male	Female	Male	Female	Male	Female		Male	Female	Male	Female	Male	Female								
1	84.84	16	7.00	0.6	3.54	3.47	3.53	3.47	3.51	3.46	36	4.22	4.00	4.17	3.96	4.17	3.97	61	6.14	5.82	5.45	5.24	5.90	5.44	
2	43.26	17	6.71	7	3.55	3.48	3.54	3.48	3.52	3.47	37	4.26	4.03	4.20	4.01	4.21	4.00	62	6.27	5.74	5.50	5.31	6.02	5.56	
3	29.49	18	6.44	8	3.56	3.49	3.55	3.49	3.54	3.48	38	4.31	4.07	4.24	4.04	4.25	4.03	63	6.41	5.66	5.58	5.38	6.14	5.67	
4	22.47	19	6.21	9	3.57	3.50	3.57	3.50	3.55	3.49	39	4.35	4.10	4.28	4.07	4.29	4.05	64	6.55	5.60	6.01	5.44	6.27	5.78	
5	18.39	20	6.00	10	3.58	3.51	3.58	3.51	3.57	3.51	40	4.40	4.14	4.32	4.11	4.33	4.10	65	6.70	5.54	5.65	5.51	6.42	5.82	
6	15.58	21	5.81	11	3.59	3.52	3.59	3.52	3.59	3.52	41	4.46	4.18	4.37	4.14	4.38	4.13	66	6.85	5.49	5.71	5.57	6.67	6.07	
7	13.68	22	5.64	12	3.61	3.53	3.60	3.53	3.59	3.53	42	4.51	4.22	4.41	4.18	4.43	4.17	67	7.01	5.45	5.75	5.62	6.73	6.22	
8	12.12	23	5.49	13	3.62	3.54	3.62	3.54	3.61	3.54	43	4.57	4.27	4.46	4.22	4.48	4.21	68	7.17	5.42	5.79	5.69	6.90	6.39	
9	10.97	24	5.35	14	3.64	3.55	3.63	3.55	3.62	3.55	44	4.63	4.32	4.50	4.26	4.53	4.26	69	7.34	5.40	5.83	5.74	7.08	6.66	
10	10.06	25	5.22	15	3.65	3.57	3.66	3.56	3.64	3.58	45	4.69	4.38	4.58	4.31	4.58	4.31	70	7.51	5.38	5.87	5.78	7.27	6.75	
11	9.31	26	5.10	16	3.67	3.58	3.66	3.58	3.65	3.58	46	4.76	4.42	4.60	4.35	4.64	4.35	71	7.69	5.37	5.89	5.82	7.48	6.94	
12	8.69	27	5.00	17	3.69	3.59	3.68	3.59	3.67	3.59	47	4.83	4.47	4.65	4.40	4.70	4.40	72	7.87	5.37	5.92	5.86	7.70	7.15	
13	8.17	28	4.90	18	3.71	3.61	3.70	3.60	3.69	3.60	48	4.90	4.53	4.70	4.44	4.75	4.44	73	8.05	5.38	5.94	5.89	7.93	7.37	
14	7.72	29	4.80	19	3.72	3.62	3.71	3.62	3.70	3.62	49	4.97	4.59	4.75	4.49	4.81	4.50	74	8.23	5.38	5.96	5.91	8.18	7.61	
15	7.34	30	4.72	20	3.74	3.64	3.73	3.63	3.72	3.63	50	5.05	4.65	4.81	4.55	4.88	4.58	75	8.41	5.39	5.97	5.93	8.44	7.80	
Annual Payment is 11.787 times the monthly income.				21	3.75	3.65	3.75	3.65	3.74	3.65	51	5.12	4.72	4.86	4.60	4.95	4.63	76	8.59	5.40	5.98	5.95	8.72	8.13	
Quarterly Payment is 2.950 times the monthly payment				22	3.78	3.67	3.77	3.66	3.76	3.66	52	5.21	4.79	4.92	4.65	5.03	4.70	77	8.76	5.40	5.99	5.96	9.02	8.43	
				23	3.81	3.69	3.79	3.68	3.78	3.68	53	5.29	4.87	4.98	4.72	5.09	4.78	78	8.92	5.39	5.99	5.97	9.35	8.73	
				24	3.83	3.70	3.81	3.70	3.81	3.70	54	5.38	4.94	5.03	4.78	5.18	4.83	79	9.08	5.39	5.99	5.98	9.70	9.07	
				25	3.85	3.72	3.84	3.71	3.83	3.71	55	5.48	5.03	5.09	4.84	5.27	4.91	80	9.23	5.39	6.00	5.99	10.06	9.42	
				26	3.88	3.74	3.89	3.73	3.89	3.73	56	5.58	5.11	5.15	4.90	5.35	4.90	81	9.37	5.42	6.01	6.01	10.47	9.78	
				27	3.91	3.76	3.92	3.75	3.92	3.74	57	5.68	5.20	5.21	4.97	5.43	5.07	82	9.50	5.42	6.02	6.02	10.89	10.18	
				28	3.93	3.78	3.91	3.77	3.91	3.76	58	5.79	5.30	5.27	5.03	5.54	5.15	83	9.62	5.43	6.03	6.03	11.36	10.50	
				29	3.95	3.81	3.94	3.79	3.94	3.78	59	5.90	5.40	5.33	5.10	5.66	5.25	84	9.72	5.43	6.04	6.04	11.88	11.03	
				30	3.99	3.83	3.97	3.82	3.97	3.81	60	6.02	5.51	5.39	5.17	5.78	5.33	85	9.80	5.43	6.05	6.05	12.42	11.40	
				31	4.03	3.85	4.00	3.84	4.00	3.83															
				32	4.06	3.88	4.02	3.87	4.03	3.86															
				33	4.10	3.91	4.06	3.89	4.06	3.88															
				34	4.13	3.94	4.10	3.92	4.10	3.91															
				35	4.17	3.97	4.13	3.95	4.13	3.94															

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TABLE 3 JOINT AND TWO THIRDS TO THE SURVIVOR LIFE PAYMENT <small>The amount of income is based on the sex and age last birthday of each of the payees on the due date of the first payment.</small>																											
Age of Male Payee	AGE OF FEMALE PAYEE								Age of Male Payee	AGE OF FEMALE PAYEE								Age of Male Payee	AGE OF FEMALE PAYEE								
	50	55	60	65	70	75	80	85		50	55	60	65	70	75	80	85		50	55	60	65	70	75	80	85	
45	4.53	4.70	4.88	5.09	5.33	5.60	5.89	6.16	47	4.93	5.17	5.44	5.75	6.11	6.62	6.95	7.36	69	5.42	5.75	6.14	6.63	7.23	7.94	8.71	9.46	
46	4.56	4.74	4.92	5.14	5.38	5.66	5.98	6.24	48	4.97	5.21	5.49	5.81	6.19	6.81	7.06	7.49	70	5.46	5.80	6.21	6.71	7.34	8.09	8.91	9.72	
47	4.60	4.77	4.97	5.18	5.44	5.73	6.02	6.32	49	5.00	5.25	5.54	5.88	6.27	6.71	7.16	7.63	71	5.51	5.85	6.27	6.79	7.46	8.24	9.11	9.98	
48	4.63	4.81	5.01	5.23	5.50	5.80	6.11	6.41	50	5.04	5.30	5.60	5.94	6.35	6.81	7.30	7.77	72	5.55	5.91	6.34	6.88	7.56	8.29	9.22	10.24	
49	4.66	4.85	5.06	5.29	5.56	5.87	6.19	6.50	51	5.08	5.35	5.65	6.01	6.44	6.92	7.43	7.93	73	5.60	5.98	6.41	6.96	7.68	8.45	9.43	10.52	
50	4.69	4.88	5.10	5.34	5.62	5.94	6.27	6.59	52	5.12	5.39	5.71	6.00	6.43	7.02	7.57	8.09	74	5.65	6.02	6.48	7.05	7.80	8.71	9.75	10.81	
51	4.72	4.92	5.14	5.39	5.66	6.01	6.35	6.69	53	5.16	5.44	5.77	6.10	6.62	7.15	7.71	8.28	75	5.70	6.08	6.54	7.14	7.91	8.88	9.96	11.12	
52	4.76	4.95	5.19	5.45	5.75	6.09	6.45	6.79	54	5.20	5.49	5.83	6.23	6.72	7.27	7.85	8.43	76	5.75	6.13	6.61	7.22	8.03	9.04	10.21	11.43	
53	4.78	5.00	5.24	5.50	5.82	6.17	6.54	6.89	55	5.24	5.54	5.89	6.31	6.81	7.38	8.02	8.62	77	5.80	6.19	6.68	7.31	8.15	9.21	10.45	11.76	
54	4.83	5.04	5.29	5.55	5.89	6.25	6.63	7.00	56	5.28	5.59	5.95	6.38	6.91	7.52	8.18	8.82	78	5.85	6.25	6.76	7.40	8.27	9.38	10.70	12.10	
55	4.86	5.08	5.34	5.62	5.98	6.34	6.74	7.12	57	5.33	5.64	6.01	6.46	7.02	7.66	8.35	9.03	79	5.90	6.31	6.82	7.49	8.39	9.55	10.95	12.45	
56	4.89	5.13	5.39	5.68	6.03	6.42	6.84	7.24	58	5.37	5.69	6.08	6.54	7.12	7.80	8.53	9.25	80	5.94	6.36	6.89	7.57	8.51	9.72	11.20	12.81	

Payments for other combinations of age and sex will be furnished on request.

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Part 10. Basis of Our Computations

Guaranteed and Current Rate Basis

You determine both the Sum Insured and the premium for each renewal Policy Year when you choose the Renewal Option. (See Part 4.) From these, we calculate the Endowment Benefit for the new Policy Year. (See "Amount of Endowment Benefit" below). We call the combination of the mortality table, the interest rate and the expense charges used in this calculation our "rate basis." Our "guaranteed rate basis" consists of the actuarial assumptions set out below and an expense charge equal to the factor times the annual mode premium. This expense charge factor is stated on the Schedule Page. This rate basis cannot be changed.

Our "current rate basis" is a different combination of mortality table, interest rate and expense charges which we use for policies of this class. We may change our current rate basis from time to time. Any change will take effect on the next Renewal Date. We will change our current rate basis only to reflect changes in expected future mortality experience, interest return and level of expenses for policies of this class. We will not change our current rate basis to reflect past profits or losses. Our current rate basis will not be affected by any adverse change in the risk class of the insured.

When this policy is renewed, we will use our current rate basis to calculate the Endowment Benefit for the new Policy Year if this will give you a larger Endowment Benefit. In this case, the larger Endowment Benefit will be guaranteed for the new Policy Year and all calculations of the policy values during the year will be based on that Endowment Benefit. If our current rate basis is used to compute the Endowment Benefit for a Policy Year, we will also use this basis to compute the minimum premium needed to renew the policy. (See "Minimum Renewal Premium" below.)

Actuarial Assumptions

This section discusses the mortality and interest rates we use to compute benefits, premiums and reserves for this policy. Except as otherwise stated above, we use the Commissioners 1958 Standard Ordinary Mortality Table, an interest rate of 4½% per year and curtail functions. For extended term insurance calculations we use the Commissioners 1958 Extended Term Mortality Table. If the Insured is female, the mortality rates for ages 18 and older are the rates for a male 6 years younger. For females ages 12 through 17, we use the male mortality rate for age 12. Below age 12, the female mortality rates are the same as the male rates.

Special Premium Class

This policy is in a special premium class only if shown on the Schedule Page. While this policy is in a special premium class, we will increase the mortality rates used in calculating the Endowment Benefits and the minimum premiums for renewal Policy Years. These increases in the mortality rates are guaranteed from the Issue Date and may not be increased thereafter. Upon request, we will furnish you with a copy of any special premium class mortality rate increases used for this policy.

Amount of Endowment Benefit

The Endowment Benefit for the first Policy Year is shown on the Schedule Page.

The Endowment Benefit for any renewal Policy Year is calculated as follows. We take the annual mode premium elected for the new Policy Year. We deduct the expense charge from this premium. We add the Endowment Benefit for the prior Policy Year. We deduct any portion of the prior Endowment Benefit used to repay policy debt on the Renewal Date. We deduct the one year term net single premium for the new Sum Insured. We divide the result by the net single premium for a one year pure endowment of one. The quotient is the Endowment Benefit at the end of the new Policy Year.

Minimum Renewal

We take the present value at the attained age of the Insured for an amount of whole life insurance equal to the Sum Insured for the new Policy Year. We subtract the Endowment Benefit at the end of the prior Policy Year. We add any policy debt repaid from that Endowment Benefit. We divide by the present value at the attained age of the Insured of a life annuity due of one minus the expense charge factor per year. The minimum renewal premium is the quotient, but not less than zero.

Reserves and Policy Values

The reserve is the amount of money which, according to our assumptions, must be held and invested to provide future benefits guaranteed under this policy. The policy value is the cash surrender value if there is no policy debt. Reserves and policy values are always computed using the assumptions stated under "Actuarial Assumptions" above.

We have filed a detailed statement of the method we use to calculate reserves, policy values and paid-up insurance benefits with the state where this policy is delivered. All these values and benefits are not less than those required by the laws of that state.

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Any riders and endorsements, and a copy of the application for the policy, follow page 15.



CURRENT VALUE LIFE

Life Insurance for an Initial Term
Renewable Annually Life of
Insured

Cash Surrender Value

Options to Change Premiums and
Sum Insured

Premiums Payable during Life
of Insured

Nonparticipating

Capitol Bankers Life

CAPITOL BANKERS LIFE INSURANCE COMPANY

Home Office: Minneapolis, Minnesota

Business Office: Milwaukee, Wisconsin

Please read your policy and the copy of your application which is attached. If there is any feature of the policy you do not understand, you should ask the agent who sold the policy or write us. Should you find any error or omission in your application, we urge you to write us, so that we may give immediate consideration to the error or omission.

When writing to our Business Office, please use the number of your policy.

**Policy Number
1009208**

Annual Statements

AWD History for Work object key 2002-11-26-16.47.49.357083T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:12:47PM

Begin Date: 2002-11-26 Flags: 7006N1
Begin Time: 16:51:19 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2002-11-26
Status: PROCESSED End Time: 16:51:29
Queue: END
User Name: SLATER, HEATHER D
DTM Description:
Comments:

Begin Date: 2002-11-26 Flags:
Begin Time: 16:48:48 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2002-11-26
Status: End Time: 16:48:48
Queue:
User Name: SLATER, HEATHER D
DTM Description:
Comments: Sent CVL (Current Value Life) Annual Statement to mailing address on Cyberlife

Begin Date: 2002-11-26 Flags: 4000N0
Begin Time: 16:47:50 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2002-11-26
Status: CREATED End Time: 16:47:50
Queue: PROCESS
User Name: SLATER, HEATHER D
DTM Description:
Comments:

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$20,667.10

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2002	Projection For Next Policy Year Ending Dec 27, 2003
CURRENT RATE BASIS INTEREST	5.00%	5.00%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$17,857.30	\$82,668.40
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	-10,311.17	45,076.29
TOTAL	192,349.44	237,425.73
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	115,478.25	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$20,667.10. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE FL 32265-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001120

AWD History for Work object key 2003-11-26-15.58.53.145158T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:14:31PM

Begin Date: 2003-11-26 Flags: 7005N1
Begin Time: 16:04:32 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2003-11-26
Status: PROCESSED End Time: 16:04:39
Queue: END
User Name: SLATER, HEATHER D
DTM Description:
Comments:

Begin Date: 2003-11-26 Flags:
Begin Time: 15:59:38 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2003-11-26
Status: End Time: 15:59:38
Queue:
User Name: SLATER, HEATHER D
DTM Description:
Comments: Sent CVL (Current Value Life) Annual Statement to mailing address on Cyberlife

Begin Date: 2003-11-26 Flags: 4000N0
Begin Time: 15:58:53 DTM Job Name:
User Id: JSLATHD DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2003-11-26
Status: CREATED End Time: 15:58:53
Queue: PROCESS
User Name: SLATER, HEATHER D
DTM Description:
Comments:

1000

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
QUARTERLY
\$21,634.50

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2003	Projection For Next Policy Year Ending Dec 27, 2004
CURRENT RATE BASIS INTEREST	5.004	5.004
SOM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$41,334.20	\$67,438.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	6,582.54	46,323.79
TOTAL	198,937.98	245,255.67
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	123,561.85	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$21,634.50. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE FL 32651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001122

ANNUITY AND LIFE REASSURANCE AMERICA
ANNUAL REPORT

Policyowner:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
QUARTERLY
\$21,852.50

00078
005610

STATEMENT OF POLICY COSTS AND BENEFITS
FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2003	Projection For Next Policy Year Ending Dec 27, 2004
CURRENT RATE BASIS INTEREST	5.00%	5.00%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$41,334.20	\$87,338.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	6,582.54	46,323.09
TOTAL	198,931.98	245,255.07
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	123,561.65	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$21,834.50. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-243-1922

JCK001123

AWD History for Work object key 2004-11-26-08.46.53.095363T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:18:00PM

Begin Date: 2004-11-27 Flags: 2500N0
Begin Time: 01:25:27 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: AWDBATCH DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2004-11-27
Status: PROCESSED End Time: 01:25:27
Queue: END
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2004-11-26 Flags: 2505Y1
Begin Time: 08:52:00 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2004-11-26
Status: PROCESSED End Time: 08:52:16
Queue: CSQC
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2004-11-26 Flags:
Begin Time: 08:47:22 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2004-11-26
Status: End Time: 08:47:22
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: Sent CVL (current value life) annual statement to PO at mailing address on
cyberlife

Begin Date: 2004-11-26 Flags: 9990N0
Begin Time: 08:46:53 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2004-11-26
Status: CREATED End Time: 08:46:53

AWD History for Work object key 2004-11-26-08.46.53.095363T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:18:00PM

Queue: CSPROC

User Name: CLARK, TARA S

DTM Description:

Comments:

F-3
10/03

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$23,204.70

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2004	Projection For Next Policy Year Ending Dec 27, 2005
CURRENT RATE BASIS INTEREST	5.00%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$65,503.50	\$92,818.80
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	26,574.50	48,760.72
TOTAL	225,506.48	274,267.20
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$23,204.70. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001126

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:

Insured:
 Policy No.:
 Plan:
 Premium Mode:
 Each Payment:

SIMON BERNSTEIN
 1009208
 CURRENT VALUE LIFE
 QUARTERLY
 \$23,204.70

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

000780
05652

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2004	Projection For Next Policy Year Ending Dec 27, 2005
CURRENT RATE BASIS INTEREST	5.00%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$65,503.50	\$92,818.80
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	26,574.50	48,760.72
TOTAL	225,506.48	274,267.20
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$23,204.70. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001127

AWD History for Work object key 2005-11-22-11.44.16.336913T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:21:20PM

0=

Begin Date: 2005-11-22 Flags:
Begin Time: 11:47:13 DTM Job Name:
User Id: JGRAHSS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2005-11-22
Status: End Time: 11:47:13
Queue:
User Name: GRAHAM, SHERRY S
DTM Description:
Comments: CVL ANNUAL STATEMENT SENT TO POLICYHOLDER

Begin Date: 2005-11-22 Flags: 2506N0
Begin Time: 11:46:53 DTM Job Name:
User Id: JGRAHSS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2005-11-22
Status: PROCESSED End Time: 11:47:07
Queue: END
User Name: GRAHAM, SHERRY S
DTM Description:
Comments:

Begin Date: 2005-11-22 Flags: 2506N2
Begin Time: 11:44:16 DTM Job Name:
User Id: JGRAHSS DTM Return Code:
Workstation Id: AWD_NT DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2005-11-22
Status: PROCESSED End Time: 11:44:16
Queue: END
User Name: GRAHAM, SHERRY S
DTM Description:
Comments:

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$25,852.75

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2005	Projection For Next Policy Year Ending Dec 27, 2006
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$0.00	\$103,411.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	-35,831.42	51,946.82
TOTAL	189,675.06	241,621.88
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$25,852.75. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001129

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:

Insured:
 Policy No.:
 Plan:
 Premium Mode:
 Each Payment:

SIMON BERNSTEIN
 1000208
 CURRENT VALUE LIFE
 QUARTERLY
 \$25,852.75

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

00078
 00000000

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2005	Projection For Next Policy Year Ending Dec 27, 2006
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$0.00	\$103,411.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	-35,831.42	51,946.82
TOTAL	189,675.06	241,621.88
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$25,852.75. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001130

AWD History for Work object key 2006-11-22-15.26.47.512281T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:22:22PM

0=

Begin Date: 2006-11-22 Flags: 2500N0
Begin Time: 15:35:03 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2006-11-22
Status: PROCESSED End Time: 15:35:19
Queue: END
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2006-11-22 Flags:
Begin Time: 15:28:07 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2006-11-22
Status: End Time: 15:28:07
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: Sent CVL (current value life) annual statement to PO at mailing address on
cyberlife

Begin Date: 2006-11-22 Flags: 9990N0
Begin Time: 15:26:47 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2006-11-22
Status: CREATED End Time: 15:26:47
Queue: CSPROC
User Name: CLARK, TARA S
DTM Description:
Comments:

ANNUITY AND LIFE REASSURANCE AMERICA

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ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009206
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$28,275.80

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2006	Projection For Next Policy Year Ending Dec 27, 2007
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$21,400.00	\$113,103.20
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	-22,801.41	54,434.54
TOTAL	166,873.65	221,308.19
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$28,275.80. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001132

AWD History for Work object key 2007-11-21-11.44.27.621281T01

JLIFE - ANNST - PROCESSED - END - Updateable

= 1009208 - - - - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name:

Printed on Tuesday, May 07, 2013 at 1:24:57PM

Begin Date: 2007-11-21 Flags: 2500N0
Begin Time: 11:44:30 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2007-11-21
Status: PROCESSED End Time: 11:44:33
Queue: END
User Name: CLARK, TARA S
DTM Description:
Comments:

Begin Date: 2007-11-21 Flags:
Begin Time: 11:44:29 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2007-11-21
Status: End Time: 11:44:29
Queue:
User Name: CLARK, TARA S
DTM Description:
Comments: Sent CVL (current value life) annual statement to PO at mailing address on
cyberlife

Begin Date: 2007-11-21 Flags: 9990N0
Begin Time: 11:44:20 DTM Job Name:
User Id: JSANDTL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2007-11-21
Status: CREATED End Time: 11:44:27
Queue: CSPROC
User Name: CLARK, TARA S
DTM Description:
Comments:

ANNUITY AND LIFE REASSURANCE AMERICA

1009208

ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$31,131.25

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2007	Projection For Next Policy Year Ending Dec 27, 2008
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$20,268.69	\$124,525.00
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	-23,609.96	57,067.29
TOTAL	136,360.54	193,427.83
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$31,131.25. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001134

AWD History for Work object key 2008-11-21-14.58.57.553281T01

JLIFE - ANNST - NOACTION - END - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 -

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:30:04PM

Begin Date: 2008-11-21 Flags: 9990N0
Begin Time: 15:10:19 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2008-11-21
Status: NOACTION End Time: 15:10:38
Queue: END
User Name: STEWART, JACQUELINE
DTM Description:
Comments:

Begin Date: 2008-11-21 Flags:
Begin Time: 15:06:23 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2008-11-21
Status: End Time: 15:06:23
Queue:
User Name: STEWART, JACQUELINE
DTM Description:
Comments: Sent CVL (current value life) annual statement to PO at mailing address on
cyberlife.

Begin Date: 2008-11-21 Flags: 9990N0
Begin Time: 14:58:57 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2008-11-21
Status: CREATED End Time: 14:58:57
Queue: CSPROC
User Name: STEWART, JACQUELINE
DTM Description:
Comments:

JCK001135

ANNUITY AND LIFE REASSURANCE AMERICA

ANNUAL REPORT

Policyowner:

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN
1009208
CURRENT VALUE LIFE
QUARTERLY
\$32,526.65

0007759 0005164

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2008	Projection For Next Policy Year Ending Dec 27, 2009
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	\$80,652.87	\$130,106.60
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	23,965.79	58,145.76
TOTAL	153,436.48	211,582.24
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	132,210.89	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$32,526.65. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

AWD History for Work object key 2009-11-25-14.25.31.774221T01
JLIFE - ANNST - NOACTION - END - Updateable
- 1009208 - - - - 19 -

Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name:
Printed on Tuesday, May 07, 2013 at 1:32:38PM

Begin Date: 2009-11-25 Flags:
Begin Time: 15:37:06 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2009-11-25
Status: End Time: 15:37:06
Queue:
User Name: STEWART, JACQUELINE
DTM Description:
Comments: sent annual statement for CVL policy.

Begin Date: 2009-11-25 Flags: 9990N0
Begin Time: 15:37:02 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2009-11-25
Status: NOACTION End Time: 15:37:19
Queue: END
User Name: STEWART, JACQUELINE
DTM Description:
Comments:

Begin Date: 2009-11-25 Flags: 9990N0
Begin Time: 14:25:31 DTM Job Name:
User Id: JSTEWJ DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: ANNST End Date: 2009-11-25
Status: CREATED End Time: 14:25:31
Queue: CSPROC
User Name: STEWART, JACQUELINE
DTM Description:
Comments:

1
1
1
1

Heritage Union Life Insurance Company
CA Only: dba Annuity & Life Reassurance America, Inc.,
ANNUAL REPORT

Policyowner:	Insured:	SIMON BERNSTEIN
	Policy No.:	1009208
	Plan:	CURRENT VALUE LIFE
	Premium Mode:	QUARTERLY
	Each Payment:	\$34,397.20

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS
FOR CURRENT YEAR AND NEXT YEAR

	Current Policy Year Ending Dec 27, 2009	Projection For Next Policy Year Ending Dec 27, 2010
CURRENT RATE BASIS INTEREST	4.50%	4.50%
SUM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS:		
BASE POLICY	575,539.48	\$137,588.80
RIDERS	\$0.00	\$0.00
CASH VALUE:		
INCREASE	6,554.42	59,489.14
TOTAL	159,990.90	219,480.04
POLICY LOANS	0.00	0.00
CURRENT VARIABLE LOANS	139,477.68	

The figures shown above assume (a) that all premiums are paid when due; (b) that there are no policy loan transactions (except as shown); and (c) that the Renewal Option is not changed.

Your minimum level renewal premium for the next policy year under our Current Rate Basis (Option A) is \$34,397.20. You may change your Renewal Option to pay a higher premium under the Guaranteed Rate Basis (Option B), and build higher cash value. These premium amounts are based on your current premium mode.

If you have any questions concerning your policy or your Annual Report, please call us at the toll-free number listed below, or contact your agent.

PO BOX 1147 JACKSONVILLE FL 32251-1147 PHONE 800-825-0003 FAX 217-245-1922

JCK001138

**Policy Number
1009208**

Correspondence

ANNUITY & LIFE REASSURANCE AMERICA, INC.
P.O. Box 1147
Jacksonville, IL 62651-1147

FEBRUARY 11, 2009

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

RE: 1009208

Dear SIMON BERNSTEIN:

We are pleased to announce that Annuity & Life Reassurance America, Inc. has changed its name to Heritage Union Life Insurance Company. We have also reorganized under the laws of Arizona.

Enclosed is an important endorsement, which should be attached to your policy. All the terms of your policy with Annuity & Life Reassurance America, Inc. remain unchanged.

You will continue to receive the same excellent service that you have come to expect from us.

Should you have any questions regarding these changes, or need assistance with your policy, please do not hesitate to contact our customer support staff at 800-825-0003.

Sincerely,

Client Services

Enclosure

JCK001140

HERITAGE UNION LIFE INSURANCE COMPANY
P.O. Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

AUGUST 27, 2010

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$34,397.20
Total Amount Required to Continue Coverage: \$24,735.16

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before October 28, 2010, which is the end of your Grace Period. If payment is not received at the address shown below on or before October 28, 2010, your coverage will terminate effective October 28, 2010 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a non-forfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common non-forfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 19099
Newark, NJ 07195-0099

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK001141

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK001142

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com
AUGUST 2, 2011

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$31,831.00
Total Amount Required to Continue Coverage: \$115,545.93

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before October 03, 2011, which is the end of your Grace Period. If payment is not received at the address shown below on or before October 03, 2011, your coverage will terminate effective October 03, 2011 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 371425
Pittsburgh, PA 15250-7425

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK001143

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK001144

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com
SEPTEMBER 27, 2011

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$99,416.00
Total Amount Required to Continue Coverage: \$31,706.98

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before December 01, 2011, which is the end of your Grace Period. If payment is not received at the address shown below on or before December 01, 2011, your coverage will terminate effective December 01, 2011 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 371425
Pittsburgh, PA 15250-7425

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK001145

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK001146

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com
NOVEMBER 18, 2011

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

Re: Policy: 1009208
Insured: SIMON BERNSTEIN

Dear SIMON BERNSTEIN,

In accordance with Illinois law, insurers are required to provide the following notice to owners of insurance policies that were issued in Illinois prior to June 1, 2011.

The Religious Freedom Protection and Civil Union Act ("the Act") creates a legal relationship between two persons of the same or opposite sex who form a civil union. The Act provides that the parties to a civil union are entitled to the same legal obligations, responsibilities, protections and benefits that are afforded or recognized by the laws of Illinois to spouses. The law further provides that a party to a civil union shall be included in any definition or use of the terms "spouse," "family," "immediate family," "dependent," "next of kin," and other terms descriptive of spousal relationships as those terms are used throughout Illinois law. This includes the terms "marriage" or "married," or variations thereon. Insurance policies are required to provide identical benefits and protections to both civil unions and marriages. If policies of insurance provide coverage for children, the children of civil unions must also be provided coverage. The Act also requires recognition of civil unions or same sex civil unions or marriages legally entered into in other jurisdictions.

For more information regarding the Act, refer to 750 ILCS 75/1 et seq. Examples of the interaction between the Act and existing law can be found in the Illinois Insurance Facts, Civil Unions and Insurance Benefits document available on the Illinois Department of Insurance's website at www.insurance.illinois.gov.

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

JCK001147

Heritage Union Life Insurance Company
PO Box 1147 Jacksonville IL 62651-1147
Visit us at www.insurance-servicing.com

PHONE 1-800-825-0003
FAX 1-803-333-7842

December 01, 2011

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

05570

Re: Insured - Simon Bernstein
Policy Number - 1009208
Policy Termination Date - December 01, 2011

NOTICE OF POLICY TERMINATION

Dear Simon Bernstein,

We regret to advise you that this policy has terminated due to insufficient cash value to cover the cost of insurance and expenses. You may be eligible to reinstate your policy. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured. If you wish to apply for reinstatement, please contact us for the necessary forms.

If you have any questions, please call the Client Service Center at 1-800-825-0003 Monday through Friday, from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

//APFLLPSE
V02012406

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com
DECEMBER 12, 2011

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$99,416.00
Total Amount Required to Continue Coverage: \$48,254.06

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before February 12, 2012, which is the end of your Grace Period. If payment is not received at the address shown below on or before February 12, 2012, your coverage will terminate effective February 12, 2012 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 371425
Pittsburgh, PA 15250-7425

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK001149

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK001150

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 1147, Jacksonville, IL 62651-1147
Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com
DECEMBER 27, 2011

Simon Bernstein
7020 Lions Head
Boca Raton FL 33496

RE: Insured: Simon Bernstein
Policy Number: 1009208
Planned Periodic Premium: \$108,927.00
Total Amount Required to Continue Coverage: \$26,455.34

NOTICE OF POLICY GRACE PERIOD

Dear Simon Bernstein:

Your policy does not have sufficient value to pay the monthly deductions now past due and has entered its grace period. In order to keep your valuable coverage in force, remit your payment so that it is received at the address shown below on or before March 03, 2012, which is the end of your Grace Period. If payment is not received at the address shown below on or before March 03, 2012, your coverage will terminate effective March 03, 2012 unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

HERITAGE UNION LIFE INSURANCE COMPANY
PO Box 371425
Pittsburgh, PA 15250-7425

If you are making your Planned Periodic Premium payments when billed, the amount and/or frequency is not sufficient to keep your coverage in force. In order to prevent this from happening in the future, we encourage you to review the terms of your policy and your Policyholder Statement each year to determine if and when an adjustment in your Planned Periodic Premium is necessary.

If this policy should terminate, you may be eligible for reinstatement. The reinstatement of terminated coverage will require evidence of insurability, underwriting approval and payment of all past due premiums during the lifetime of the insured.

JCK001151

Re: Insured: Simon Bernstein
Policy Number: 1009208
Page 2

If you have any questions, please call the Client Service Center at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

V0620100205
//APFLGRPD

JCK001152

Heritage Union Life Insurance Company
PO Box 1147 Jacksonville IL 62651-1147
Visit us at www.insurance-servicing.com

PHONE 1-800-825-0003
FAX 1-803-333-7842

November 13, 2012

SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

RE: Insured - Simon Bernstein
Policy Number - 1009208

Dear Simon Bernstein,

In accordance with the loan interest rate provision of your insurance policy, on December 27, 2012, the loan interest rate for your policy will be changed to 5.210 percent. Refer to your policy for additional details regarding this interest rate change.

If you have any questions, please call the Client Service Center at the number above, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Client Services

//APVLOANI*1009208 *33496
VO2111022101-C044L

JCK001153

Policy Number
1009208

Billing Notices

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	12/27/05	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$6,888.19
AMOUNT DUE				\$6,888.19

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

There is no premium due at this time.

LOAN INFORMATION:

LOAN PRINCIPAL	\$132,210.89
LOAN INTEREST	\$6,888.19
LOAN BALANCE	\$139,099.08

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 12/27/05		\$6,888.19
Premium Payment	\$0.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$6,888.19	\$
Total Amount Due	\$6,888.19	\$
Additional Payment		\$
Total Amount Enclosed		\$

1931303039323038404040000000000001227050000000000602800688819000000000

JCK001155

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We require anyone outside our corporate family (nonaffiliates) who perform services for us to conform to our privacy standards. We also require them not to use your NPI for any other purpose.
- We verify that any person asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us or our affiliates (policy number, coverage, premium, payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. Examples of who we may share NPI with:

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- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

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<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
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ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	03/27/06	QUARTERLY PREMIUM DUE	\$25,852.75
AMOUNT DUE				\$25,852.75

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 03/27/06	\$25,852.75
Premium Payment	\$25,852.75
Less Dividend Reduction	\$0.00
Loan Repayment	\$0.00
Total Amount Due	\$25,852.75
Additional Payment	
Total Amount Enclosed	

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JCK001159

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03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	06/27/06	QUARTERLY PREMIUM DUE	\$25,852.75
AMOUNT DUE				\$25,852.75

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 06/27/06		\$25,852.75
Premium Payment	\$25,852.75	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$25,852.75	\$
Additional Payment		\$
Total Amount Enclosed		\$

19313030393230384040400000000000006270603025852750621002585275000000009

OUR PRIVACY POLICY
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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	09/27/06	QUARTERLY PREMIUM DUE	\$25,852.75
AMOUNT DUE				\$25,852.75

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 09/27/06		\$25,852.75
Premium Payment	\$25,852.75	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$25,852.75	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001163

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03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	12/27/06	QUARTERLY PREMIUM DUE	\$28,275.80
AMOUNT DUE				\$28,275.80

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 12/27/06		\$28,275.80
Premium Payment	\$28,275.80	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$28,275.80	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001165

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<input type="checkbox"/>	OWNER	
		ZIP

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 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	12/27/06	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$6,888.19
AMOUNT DUE				\$6,888.19

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

There is no premium due at this time.

LOAN INFORMATION:

LOAN PRINCIPAL	\$132,210.89
LOAN INTEREST	\$6,888.19
LOAN BALANCE	\$139,099.08

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 12/27/06	\$6,888.19
Premium Payment	\$0.00
Less Dividend Reduction	\$0.00
Loan Repayment	\$6,888.19
Total Amount Due	\$6,888.19
Additional Payment	\$
Total Amount Enclosed	\$

1931303039323038404040000000000001227060000000000702800688819000000008

JCK001167

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We require anyone outside our corporate family (nonaffiliates) who perform services for us to conform to our privacy standards. We also require them not to use your NPI for any other purpose.
- We verify that any person asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

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- Data you provide on applications (name, address, date of birth, Social Security number, income, beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us or our affiliates (policy number, coverage, premium, payment history).
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We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. Examples of who we may share NPI with:

- Nonaffiliates under contract with us, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
 - A consumer reporting agency to detect or prevent fraud.
 - A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
 - Affiliates or nonaffiliates that market our products. The parties we may share NPI with include life and health insurers, insurance agents, and marketing firms.
- The law does not allow you to opt out of these disclosures. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	03/27/07	QUARTERLY PREMIUM DUE	\$28,275.80
AMOUNT DUE				\$28,275.80

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 03/27/07		\$28,275.80
Premium Payment	\$28,275.80	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$28,275.80	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001169

OUR PRIVACY POLICY
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 - A consumer reporting agency to detect or prevent fraud.
 - A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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How do you contact us?

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03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	06/27/07	QUARTERLY PREMIUM DUE	\$28,275.80

AMOUNT DUE \$28,275.80

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 830043
 Baltimore, MD 21283-0043

Amount Due on 06/27/07		\$28,275.80
Premium Payment	\$28,275.80	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$28,275.80	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001171

OUR PRIVACY POLICY
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(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE, INC.

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- We disclose your NPI only as permitted or required by law.
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 - A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	09/27/07	QUARTERLY PREMIUM DUE	\$28,275.80
AMOUNT DUE				\$28,275.80

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RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 09/27/07	\$28,275.80
Premium Payment	\$28,275.80
Less Dividend Reduction	\$0.00
Loan Repayment	\$0.00
Total Amount Due	\$28,275.80
Additional Payment	\$
Total Amount Enclosed	\$

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JCK001173

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
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ANNUITY & LIFE REASSURANCE, INC.

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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

SECOND NOTICE
PLEASE PAY IMMEDIATELY

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	12/27/07	QUARTERLY PREMIUM DUE	\$16,347.36

AMOUNT DUE \$31,131.25

IMPORTANT INFORMATION:

Your policy has entered its grace period and will lapse if your renewal premium is not received by the last day of the grace period unless your policy provides for and coverage continues under any nonforfeiture option or you have elected an automatic premium loan. If elected, an automatic premium loan or the nonforfeiture option you designated becomes effective if your policy has net cash value. A nonforfeiture option as specified in the policy becomes effective automatically if one was not designated by you. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/07		\$31,131.25
Premium Payment	\$16,347.36	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$31,131.25	\$
Additional Payment		\$
Total Amount Enclosed		\$

19313030393230384040400000000000012270703031131250802803113125000000002

JCK001175

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CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	12/27/07	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$6,888.19
AMOUNT DUE				\$6,888.19

IMPORTANT INFORMATION:

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LOAN PRINCIPAL	\$132,210.89
LOAN INTEREST	\$6,888.19
LOAN BALANCE	\$139,099.08

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
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ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/07		\$6,888.19
Premium Payment	\$0.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$6,888.19	\$
Total Amount Due	\$6,888.19	\$
Additional Payment		\$
Total Amount Enclosed		\$

19313030393230384040400000000000012270700000000000802800688819000000006

JCK001177

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We require anyone outside our corporate family (nonaffiliates) who perform services for us to conform to our privacy standards. We also require them not to use your NPI for any other purpose.
- We verify that any person asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us or our affiliates (policy number, coverage, premium, payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. Examples of who we may share NPI with:

- Nonaffiliates under contract with us, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. The parties we may share NPI with include life and health insurers, insurance agents, and marketing firms. The law does not allow you to opt out of these disclosures. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

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- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights you are entitled to. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance America, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, FL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	11/27/07	0 MONTHS PREMIUM DUE	\$31,131.25
AMOUNT DUE				\$16,347.36

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 11/27/07		\$16,347.36
Premium Payment	\$31,131.25	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$16,347.36	\$
Additional Payment		\$
Total Amount Enclosed		\$

193130303932303840404000000000000011270700016347360736301634736000000004

JCK001179

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

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- We verify that any person asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
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- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
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 - A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance America, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	03/27/08	QUARTERLY PREMIUM DUE	\$31,131.25
AMOUNT DUE				\$31,131.25

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 03/27/08	\$31,131.25
Premium Payment	\$31,131.25
Less Dividend Reduction	\$0.00
Loan Repayment	\$0.00
Total Amount Due	\$31,131.25
Additional Payment	\$
Total Amount Enclosed	\$

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JCK001181

OUR PRIVACY POLICY
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ANNUITY & LIFE REASSURANCE AMERICA, INC.

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- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
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 - A consumer reporting agency to detect or prevent fraud.
 - A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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What are your rights?

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How do you contact us?

You may write to us at the following address: Annuity & Life Reassurance America, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	06/27/08	QUARTERLY PREMIUM DUE	\$31,131.25
AMOUNT DUE				\$31,131.25

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 06/27/08		\$31,131.25
Premium Payment	\$31,131.25	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$31,131.25	\$
Additional Payment		\$
Total Amount Enclosed		\$

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OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

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How do we protect your privacy?

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- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
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What information do we collect?

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- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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What are your rights?

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- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	09/27/08	QUARTERLY PREMIUM DUE	\$31,131.25
AMOUNT DUE				\$31,131.25

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 09/27/08		\$31,131.25
Premium Payment	\$31,131.25	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$31,131.25	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001185

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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PAYOR INSURED OWNER	ZIP
--	-----------------------------------	-----

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/08	QUARTERLY PREMIUM DUE	\$32,526.65
AMOUNT DUE				\$32,526.65

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/08		\$32,526.65
Premium Payment	\$32,526.65	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$32,526.65	\$
Additional Payment		\$
Total Amount Enclosed		\$

19313030393230384040400000000000012270803032526650902803252665000000008

JCK001187

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- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/08	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$6,888.19
AMOUNT DUE				\$6,888.19

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

There is no premium due at this time.

LOAN INFORMATION:

LOAN PRINCIPAL	\$132,210.89
LOAN INTEREST	\$6,888.19
LOAN BALANCE	\$139,099.08

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/08		\$6,888.19
Premium Payment	\$0.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$6,888.19	\$
Total Amount Due	\$6,888.19	\$
Additional Payment		\$
Total Amount Enclosed		\$

1931303039323038404040000000000001227080000000000902800688819000000004

JCK001189

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

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- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
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- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PAYOR INSURED OWNER	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	03/27/09	QUARTERLY PREMIUM DUE	\$32,526.65
AMOUNT DUE				\$32,526.65

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 03/27/09	\$32,526.65
Premium Payment	\$32,526.65
Less Dividend Reduction	\$0.00
Loan Repayment	\$0.00
Total Amount Due	\$32,526.65
Additional Payment	
Total Amount Enclosed	

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JCK001191

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
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What information do we collect?

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- Information about your policies with us (policy number, coverage, premium, and payment history).
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- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Annuity & Life Reassurance America, Inc., Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	06/27/09	QUARTERLY PREMIUM DUE	\$32,526.65
AMOUNT DUE				\$32,526.65

IMPORTANT INFORMATION:

Paying by check authorizes Annuity & Life Reassurance America, Inc. to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 06/27/09		\$32,526.65
Premium Payment	\$32,526.65	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$32,526.65	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001193

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
ANNUITY & LIFE REASSURANCE AMERICA, INC.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
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To whom do we disclose information?

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- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	09/27/09	QUARTERLY PREMIUM DUE	\$32,526.65
AMOUNT DUE				\$32,526.65

IMPORTANT INFORMATION:

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 09/27/09		\$32,526.65
Premium Payment	\$32,526.65	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$32,526.65	\$
Additional Payment		\$
Total Amount Enclosed		\$

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OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 CA Only: dba ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/09	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$7,266.79
AMOUNT DUE				\$7,266.79

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

FOR CALIFORNIA RESIDENTS ONLY: MAKE YOUR CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.
 There is no premium due at this time.

LOAN INFORMATION:

LOAN PRINCIPAL	\$139,477.68
LOAN INTEREST	\$7,266.79
LOAN BALANCE	\$146,744.47

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/09		\$7,266.79
Premium Payment	\$0.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$7,266.79	\$
Total Amount Due	\$7,266.79	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001197

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HERITAGE UNION LIFE INSURANCE COMPANY
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- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

If you have questions about this notice, please write to us at: Heritage Union Life Insurance Company, Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 CA Only: dba ANNUITY & LIFE REASSURANCE AMERICA, INC.
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/09	QUARTERLY PREMIUM DUE	\$34,397.20
AMOUNT DUE				\$34,397.20

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate if the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

FOR CALIFORNIA RESIDENTS ONLY: MAKE YOUR CHECK PAYABLE TO ANNUITY & LIFE REASSURANCE AMERICA, INC.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 12/27/09		\$34,397.20
Premium Payment	\$34,397.20	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$34,397.20	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001199

OUR PRIVACY POLICY
 Required by the federal Gramm-Leach-Bliley Act and state privacy law
 (State law will apply if it provides more protection than federal law.)
HERITAGE UNION LIFE INSURANCE COMPANY
 CA Only - dba Annuity & Life Reassurance America, Inc.

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	03/27/10	QUARTERLY PREMIUM DUE	\$34,397.20
AMOUNT DUE				\$34,397.20

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 03/27/10	\$34,397.20
Premium Payment	\$34,397.20 \$
Less Dividend Reduction	\$0.00 \$
Loan Repayment	\$0.00 \$
Total Amount Due	\$34,397.20 \$
Additional Payment	\$
Total Amount Enclosed	\$

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JCK001201

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
HERITAGE UNION LIFE INSURANCE COMPANY

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
- As you have authorized: credit reports from consumer reporting agencies; driving records from the Bureau of Motor Vehicles; medical records from the Medical Information Bureau. (NPI obtained from insurance support organizations may be kept by them and disclosed to others.)

To whom do we disclose information?

We may share your NPI when you ask or authorize us to do so. Also, the law allows certain disclosures without your authorization. We may share some or all of your NPI with affiliates or nonaffiliates, as permitted or required by law. The law does not allow you to opt out of these disclosures. Examples of who we may share NPI with:

- Nonaffiliates we have hired to help us provide insurance services, such as claims, billing, and customer service vendors and insurance agents; affiliates that help us provide services or audit our operations.
- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
- Affiliates or nonaffiliates that market our products. These parties may include life and health insurers, insurance agents, and marketing firms. We may share your name, address, product purchased, and policy number for these purposes.

What are your rights?

- You have the right to know what NPI we have collected about you; this does not apply to NPI that relates to an actual or possible claim or civil or criminal action. You may ask us in writing to correct any NPI you believe is not correct.
- You may ask us in writing for a list of those to whom we have disclosed your medical records within the past two years.
- If we wish to disclose your NPI for reasons not allowed by law, we will ask for your written authorization. If you give it to us, you may revoke it at any time. Revocation is subject to the rights of anyone who acted in reliance of your authorization before it was revoked.
- We may change our Privacy Policy from time to time. If we do, we will provide you with all the legal rights to which you are entitled. This privacy notice supersedes all prior notices we may have provided to you.

How do you contact us?

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01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	06/27/10	QUARTERLY PREMIUM DUE	\$34,397.20
AMOUNT DUE				\$34,397.20

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
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MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 06/27/10		\$34,397.20
Premium Payment	\$34,397.20	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$34,397.20	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001203

OUR PRIVACY POLICY
Required by the federal Gramm-Leach-Bliley Act and state privacy law
(State law will apply if it provides more protection than federal law.)
HERITAGE UNION LIFE INSURANCE COMPANY

We are committed to keeping the non-public personal information ("NPI") we collect confidential and secure. We want to let you know how we protect your privacy. Our Privacy Policy applies to potential, current and former customers.

How do we protect your privacy?

- We restrict access to NPI to our employees who need it for their jobs.
- We use your NPI only as is necessary for us to provide insurance products and services.
- We require nonaffiliates that perform services for us to protect your NPI and not use it for any other purpose.
- We verify that anyone asking for your NPI is entitled to it before we give it.
- We collect your health information only with your written authorization.
- We disclose your NPI only as permitted or required by law.
- We do not disclose your NPI to others for their own marketing purposes.
- We do not reveal your health, character, personal habits or reputation to anyone for marketing purposes.
- We maintain physical, electronic, and procedural safeguards to protect your NPI.

What information do we collect?

We need some NPI to determine if you are eligible for our products. Once a contract is issued, we typically only seek NPI when someone asks for more coverage or submits a claim. Some examples of what we may collect:

- Data you provide on applications (name, address, date of birth, Social Security number, income, and beneficiary).
- Medical information from health care providers obtained with your authorization.
- Information about your policies with us (policy number, coverage, premium, and payment history).
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- A consumer reporting agency to detect or prevent fraud.
- A regulatory, legal or government authority, for a compliance audit or under a subpoena or court order.
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If you have questions about this notice, please write to us at: Heritage Union Life Insurance Company, Attn: Legal Department, 1700 Magnavox Way, Fort Wayne, IN 46804. Contact Customer Service for questions about your policy.

01/08 Privacy Notice

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PAYOR INSURED OWNER	ZIP
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HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147
 Jacksonville, IL 62651-1147
 1-800-825-0003

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	09/27/10	QUARTERLY PREMIUM DUE	\$34,397.20
AMOUNT DUE				\$34,397.20

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
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MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 19099
 Newark, NJ 07195-0099

Amount Due on 09/27/10		\$34,397.20
Premium Payment	\$34,397.20	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$34,397.20	\$
Additional Payment		\$
Total Amount Enclosed		\$

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HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
Richmond, Virginia 23220

PRIVACY NOTICE

We are committed to protecting the confidentiality and security of your personal non-public information. This notice describes how we collect, use and protect your private information.

Why We Need Personal Information From You

We collect personal information about you in order to provide you insurance products and services. We may also collect information from you to verify your identity and meet legal requirements to prevent money laundering and terrorism.

Personal Information We Collect

We collect information about you such as your name, address, age, social security number, financial and credit history, health, occupation, hobbies and similar matters. We will maintain electronic safeguards and security programs to protect that information.

Sources Used To Collect Personal Information

We collect most of your personal information from you on the application for insurance. With your consent, we may also obtain information from third parties such as the MIB, Inc., paramedical examiners, employers, other insurers, healthcare providers, consumer reporting agencies, state or federal agencies and marketing firms or agents.

How We Use And Disclose Your Personal Information

We may share customer data we collect with your consent, or as permitted by law. We use your personal information to the extent necessary to issue and administer insurance products and services. We will not share your personal information for any purpose other than for the underwriting or administration of your policy or for marketing additional Heritage Union Life Insurance Company products. We may disclose your personal information to reinsurers or third party administrators that provide business services to us as permitted by law. We may also disclose your health information to the MIB, Inc. We may also disclose your personal information if required by law, court order or a government agency.

How We Protect Your Personal Information

We will restrict access to your personal information by maintaining physical, electronic and procedural safeguards. Access to your personal information will be limited to those who must use it to provide insurance products and services to you.

Privacy Notice Changes

If we make any material changes to our Privacy Notice, we will notify you in writing.

If you have any questions or concerns regarding our Privacy Notice, please contact us at the address listed below.

Heritage Union Life Insurance Company
1805 Monument Avenue, Suite 201
Richmond, Virginia 23220
Attn: Privacy Officer

If you have any other questions regarding administration of your policy, please contact our Policy Administration office at 83 West Main Street, Suite 201, Lake Zurich, Illinois 60047.

HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147 Jacksonville, IL 62651-1147
 1-800-625-0003
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	10/27/10	ANNUAL PREMIUM DUE	\$31,831.00
AMOUNT DUE				\$31,831.00

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

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SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 10/27/10		\$31,831.00
Premium Payment	\$31,831.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$31,831.00	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001207



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
Richmond, Virginia 23220

PRIVACY NOTICE

We are committed to protecting the confidentiality and security of your personal non-public information. This notice describes how we collect, use and protect your private information.

Why We Need Personal Information From You

We collect personal information about you in order to provide you insurance products and services. We may also collect information from you to verify your identity and meet legal requirements to prevent money laundering and terrorism.

Personal Information We Collect

We collect information about you such as your name, address, age, social security number, financial and credit history, health, occupation, hobbies and similar matters. We will maintain electronic safeguards and security programs to protect that information.

Sources Used To Collect Personal Information

We collect most of your personal information from you on the application for insurance. With your consent, we may also obtain information from third parties such as the MIB, Inc., paramedical examiners, employers, other insurers, healthcare providers, consumer reporting agencies, state or federal agencies and marketing firms or agents.

How We Use And Disclose Your Personal Information

We may share customer data we collect with your consent, or as permitted by law. We use your personal information to the extent necessary to issue and administer insurance products and services. We will not share your personal information for any purpose other than for the underwriting or administration of your policy or for marketing additional Heritage Union Life Insurance Company products. We may disclose your personal information to reinsurers or third party administrators that provide business services to us as permitted by law. We may also disclose your health information to the MIB, Inc. We may also disclose your personal information if required by law, court order or a government agency.

How We Protect Your Personal Information

We will restrict access to your personal information by maintaining physical, electronic and procedural safeguards. Access to your personal information will be limited to those who must use it to provide insurance products and services to you.

Privacy Notice Changes

If we make any material changes to our Privacy Notice, we will notify you in writing.

If you have any questions or concerns regarding our Privacy Notice, please contact us at the address listed below.

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1805 Monument Avenue, Suite 201
Richmond, Virginia 23220
Attn: Privacy Officer

If you have any other questions regarding administration of your policy, please contact our Policy Administration office at 83 West Main Street, Suite 201, Lake Zurich, Illinois 60047.

HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147 Jacksonville, IL 62651-1147
 1-800-825-0003
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	10/27/11	ANNUAL PREMIUM DUE	\$31,831.00
AMOUNT DUE				\$31,831.00

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 10/27/11		\$31,831.00
Premium Payment	\$31,831.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$31,831.00	\$
Additional Payment		\$
Total Amount Enclosed		\$

19313030393230384040400000000000010271112031831001133203183100000000008

JCK001209



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
Richmond, Virginia 23220

PRIVACY NOTICE

We are committed to protecting the confidentiality and security of your personal non-public information. This notice describes how we collect, use and protect your private information.

Why We Need Personal Information From You

We collect personal information about you in order to provide you insurance products and services. We may also collect information from you to verify your identity and meet legal requirements to prevent money laundering and terrorism.

Personal Information We Collect

We collect information about you such as your name, address, age, social security number, financial and credit history, health, occupation, hobbies and similar matters. We will maintain electronic safeguards and security programs to protect that information.

Sources Used To Collect Personal Information

We collect most of your personal information from you on the application for insurance. With your consent, we may also obtain information from third parties such as the MIB, Inc., paramedical examiners, employers, other insurers, healthcare providers, consumer reporting agencies, state or federal agencies and marketing firms or agents.

How We Use And Disclose Your Personal Information

We may share customer data we collect with your consent, or as permitted by law. We use your personal information to the extent necessary to issue and administer insurance products and services. We will not share your personal information for any purpose other than for the underwriting or administration of your policy or for marketing additional Heritage Union Life Insurance Company products. We may disclose your personal information to reinsurers or third party administrators that provide business services to us as permitted by law. We may also disclose your health information to the MIB, Inc. We may also disclose your personal information if required by law, court order or a government agency.

How We Protect Your Personal Information

We will restrict access to your personal information by maintaining physical, electronic and procedural safeguards. Access to your personal information will be limited to those who must use it to provide insurance products and services to you.

Privacy Notice Changes

If we make any material changes to our Privacy Notice, we will notify you in writing.

If you have any questions or concerns regarding our Privacy Notice, please contact us at the address listed below.

Heritage Union Life Insurance Company
1805 Monument Avenue, Suite 201
Richmond, Virginia 23220
Attn: Privacy Officer

If you have any other questions regarding administration of your policy, please contact our Policy Administration office at 83 West Main Street, Suite 201, Lake Zurich, Illinois 60047.

HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

JCK001210

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147 Jacksonville, IL 62651-1147
 1-800-825-0003
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/11	ANNUAL PREMIUM DUE	\$99,416.00
AMOUNT DUE				\$99,416.00

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

Payment must be received by the due date shown above or your policy will enter its grace period and will terminate the renewal premium is not received by the last day of the grace period, unless your policy has a net cash value and provides for and coverage continues under any of the following: 1) a nonforfeiture option, 2) an option to discontinue premium payments, or 3) an automatic premium loan election. Common nonforfeiture options are the purchase of extended term insurance, the purchase of reduced paid-up insurance or you may surrender your policy for the net cash value. Refer to your policy for time limits and options available.

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 12/27/11	\$99,416.00
Premium Payment	\$99,416.00 \$
Less Dividend Reduction	\$0.00 \$
Loan Repayment	\$0.00 \$
Total Amount Due	\$99,416.00 \$
Additional Payment	\$
Total Amount Enclosed	\$

1931303039323038404040000000000001227111209941600120280994160000000008

JCK001211



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
Richmond, Virginia 23220

PRIVACY NOTICE

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Why We Need Personal Information From You

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Personal Information We Collect

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1805 Monument Avenue, Suite 201
Richmond, Virginia 23220
Attn: Privacy Officer

If you have any other questions regarding administration of your policy, please contact our Policy Administration office at 83 West Main Street, Suite 201, Lake Zurich, Illinois 60047.

HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147 Jacksonville, IL 62651-1147
 1-800-825-0003
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/11	NO PREMIUM DUE LOAN INTEREST DUE	\$0.00 \$3,042.74
AMOUNT DUE				\$3,042.74

IMPORTANT INFORMATION:

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There is no premium due at this time.

LOAN INFORMATION:

LOAN PRINCIPAL	\$58,401.87
LOAN INTEREST	\$3,042.74
LOAN BALANCE	\$61,444.61

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 12/27/11		\$3,042.74
Premium Payment	\$0.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$3,042.74	\$
Total Amount Due	\$3,042.74	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001213



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
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1805 Monument Avenue, Suite 201
Richmond, Virginia 23220
Attn: Privacy Officer

If you have any other questions regarding administration of your policy, please contact our Policy Administration office at 83 West Main Street, Suite 201, Lake Zurich, Illinois 60047.

HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 1147 Jacksonville, IL 62651-1147
 1-800-825-0003
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	BERNSTEIN,SIMON	12/27/11	ANNUAL PREMIUM DUE	\$108,927.00
AMOUNT DUE				\$8,927.00

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POLICY NUMBER 1009208	INSURED'S NAME BERNSTEIN,SIMON
---------------------------------	--

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Enclose your payment with this coupon and send to:

HERITAGE UNION LIFE INSURANCE COMPANY
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 12/27/11		\$8,927.00
Premium Payment	\$108,927.00	\$
Less Dividend Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$8,927.00	\$
Additional Payment		\$
Total Amount Enclosed		\$

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JCK001215



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
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HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP



HERITAGE UNION LIFE INSURANCE COMPANY

Executive Offices: 1805 Monument Avenue, Suite 201
Richmond, Virginia 23220

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Richmond, Virginia 23220
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HU-TL-PRIVACY

CHANGE OF ADDRESS - PLEASE PRINT CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

Heritage Union Life Insurance Company
 PO Box 1147, Jacksonville, IL 62651-1147
 Phone 800-825-0003 Fax 803-333-7842
 Visit us at www.insurance-servicing.com

PAYMENT NOTICE

SIMON BERNSTEIN
 7020 LIONS HEAD
 BOCA RATON FL 33496

POLICY NO.	INSURED	DUE DATE	DESCRIPTION	AMOUNT
1009208	SIMON BERNSTEIN	06/27/12	QUARTERLY PREMIUM DUE	\$27,238.00
AMOUNT DUE				\$27,238.00

IMPORTANT INFORMATION:

Paying by check authorizes Heritage Union Life Insurance Company to send the information from your check electronically to your bank for payment. Your account will be debited in the amount of your check and the transaction will appear on your bank statement. You will not receive your cancelled check back. If we cannot post the transaction electronically, you authorize us to present a copy of your check for payment.

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RETAIN THIS PORTION FOR YOUR RECORDS

RETURN THIS PORTION WITH YOUR PAYMENT

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN
--------------------------	-----------------------------------

MAKE CHECK PAYABLE TO Heritage Union Life Insurance Company

- Making multiple full payments.
- Mailing address change indicated on back.

Enclose your payment with this coupon and send to:

Heritage Union Life Insurance Company
 PO Box 371425
 Pittsburgh, PA 15250-7425

Amount Due on 06/27/12		\$27,238.00
Premium Payment	\$27,238.00	\$
Less Premium Reduction	\$0.00	\$
Loan Repayment	\$0.00	\$
Total Amount Due	\$27,238.00	\$
Additional Payment		\$
Total Amount Enclosed		\$

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CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

CHANGE OF ADDRESS - PLEASE PRINT
CHECK BOX FOR ADDRESS TO BE CHANGED

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

**Policy Number
1009208**

AWD Death Claim Docs

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Date: 2013-02-04 Flags:
Begin Time: 14:20:51 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-02-04
Status: End Time: 14:20:51
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: **ft atty office expl genearily once we are notified we dont send a copy of contract...that is part of the info that is to be sent back to us.**

Begin Date: 2013-02-01 Flags: 9990N0
Begin Time: 03:01:21 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-02-01
Status: CLLEGAL End Time: 03:01:21
Queue: CLIENT
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2013-01-25 Flags:
Begin Time: 16:16:34 DTM Job Name:
User Id: SMCDJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-25
Status: End Time: 16:16:34
Queue:
User Name: MCDONALD, JIM L
DTM Description:
Comments: **Jackson legal (Scott) called Spallina and left message on 1/18/13**

Begin Date: 2013-01-25 Flags: 0000N0
Begin Time: 16:15:29 DTM Job Name:
User Id: SMCDJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-25
Status: CLLEGAL End Time: 16:15:53

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

██████████ - 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: ██████████ Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Queue: CLIENT
User Name: MCDONALD, JIM L
DTM Description:
Comments:

Begin Date: 2013-01-17 Flags:
Begin Time: 16:49:34 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-17
Status: End Time: 16:49:34
Queue:
User Name: MCDONALD, JIM L
DTM Description:
Comments:

Received a call from attorney Spallina. He wants to talk to in-house counsel about not filing dec action because of expense. Sent Jackson legal message to call me or Spallina. JLM

Begin Date: 2013-01-17 Flags: 0000N0
Begin Time: 16:47:32 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-17
Status: CLREVIEW End Time: 16:48:22
Queue: CLIENT
User Name: MCDONALD, JIM L
DTM Description:
Comments:

Begin Date: 2013-01-15 Flags:
Begin Time: 11:50:00 DTM Job Name:
User Id: JWALKK DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-15
Status: End Time: 11:50:00
Queue:
User Name: WALKER, KELLIE
DTM Description:
Comments: faxed client letter to Robert Spallina and advised of court order required..faxed to 561-997-7308

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Date: 2013-01-09 Flags:
Begin Time: 09:12:14 DTM Job Name:
User Id: LWALKER DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-09
Status: End Time: 09:12:14
Queue:
User Name: WALKER, LISA
DTM Description:
Comments: **kim with attorneys office called to check status, advised in** review.

Begin Date: 2013-01-08 Flags: 0000N0
Begin Time: 11:31:06 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-08
Status: FOLLOWUPF End Time: 11:31:06
Queue: FOLLOWUP
User Name: BENZ, REBECCA L
DTM Description:
Comments: Suspend Suspend Reason
 Activate Date/Time 2013-02-01 00:00:00 Activate Status

Begin Date: 2013-01-08 Flags: 9990N0
Begin Time: 11:30:40 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-08
Status: FOLLOWUPF End Time: 11:30:58
Queue: FOLLOWUP
User Name: BENZ, REBECCA L
DTM Description:
Comments:

Begin Date: 2013-01-08 Flags: 9990N0
Begin Time: 11:30:30 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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Type: DTHCLM End Date: 2013-01-08
Status: PENDED End Time: 11:30:37
Queue: FOLLOWUP
User Name: BENZ, REBECCA L
DTM Description:
Comments:

Begin Date: 2013-01-08 Flags:
Begin Time: 10:49:36 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-08
Status: End Time: 10:49:36
Queue:
User Name: MCDONALD, JIM L
DTM Description:
Comments: Letter sent to Paula to mail and put into AWD. JLM

Begin Date: 2013-01-08 Flags: 9990N0
Begin Time: 10:48:28 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-08
Status: REFER End Time: 10:48:46
Queue: CLMMGR
User Name: MCDONALD, JIM L
DTM Description:
Comments:

Begin Date: 2013-01-08 Flags: 9990N0
Begin Time: 08:38:59 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2013-01-08
Status: CLLEGAL End Time: 08:41:35
Queue: CLIENT
User Name: MCDONALD, JIM L
DTM Description:
Comments:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Date: 2013-01-07 Flags:
Begin Time: 15:13:27 DTM Job Name:
User Id: SMCDOJL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2013-01-07
Status: End Time: 15:13:27
Queue:
User Name: MCDONALD, JIM L
DTM Description:
Comments: Sent to Jackson Legal. JLM

Begin Date: 2012-12-31 Flags: 9990N0
Begin Time: 14:48:50 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-31
Status: CLREVIEW End Time: 14:48:55
Queue: CLIENT
User Name: BENZ, REBECCA L
DTM Description:
Comments:

Begin Date: 2012-12-31 Flags:
Begin Time: 14:48:30 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-31
Status: End Time: 14:48:30
Queue:
User Name: BENZ, REBECCA L
DTM Description:
Comments: \$1,689,070.00 - Received letter and death cert with cause and manner on 12/26/12 from attorney advising that they are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated Jun 1, 1995, Lasalle National Trust, N.A., trustee, the beneficiary of record, page 20 of source CPG. (A claim form was completed by Robert Spallina as Trustee?) However, indication is made that they know Shirley Bernstein was the initial beneficiary (now deceased) and the Bernstein children were the secondary beneficiaries. The attorney is offering to have the proceeds paid to the firm's Trust account so that distribution can be made to the five children. They have also offered an Agreement and Mutual Release be prepared from the children for Heritage Life.

AWD History for Work object key 2012-10-04-10.38.59.016241101

JLIFE - DTHCLM - CLEGAL - CLIENT - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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A Robert Spallina has signed the claim form but there is nothing to document that he is the current trustee of the Trust.

Please advise how to proceed.

Begin Date:	2012-12-28	Flags:	9990N0
Begin Time:	16:21:12	DTM Job Name:	
User Id:	JKINDCA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	DTHCLM	End Date:	2012-12-28
Status:	REFER	End Time:	16:25:16
Queue:	CLMMGR		
User Name:	KINDRED, CAROL ANN A		
DTM Description:			
Comments:			

Begin Date:	2012-12-28	Flags:	9990N0
Begin Time:	11:57:17	DTM Job Name:	
User Id:	JKINDCA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:	JLIFE	DTM Next Task:	
Type:	DTHCLM	End Date:	2012-12-28
Status:	REFER	End Time:	11:57:22
Queue:	CLMMGR		
User Name:	KINDRED, CAROL ANN A		
DTM Description:			
Comments:			

Begin Date:	2012-12-28	Flags:	
Begin Time:	11:57:14	DTM Job Name:	
User Id:	JKINDCA	DTM Return Code:	
Workstation Id:		DTM Task Name:	
Business Area:		DTM Next Task:	
Type:		End Date:	2012-12-28
Status:		End Time:	11:57:14
Queue:			
User Name:	KINDRED, CAROL ANN A		
DTM Description:			
Comments:	returning for response from claim referral sent on 12/7/2012 I have copied it again for your review.....		

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

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Death Benefit: \$1,689,070.00
Premium ref/div/adds:
Premium due/loan:
Total Death Benefit: \$1,689,070.00

Date of Death: 9/13/2012
Cause of Death: "PENDING"
Beneficiary: Trust
State of residence of deceased: FL

History: Trust is the beneficiary (see page 20 of 2nd file CPG) forms were completed by Robert Sallina as Trust of the Simon Bernstin Irrevocable Insurance Trust dtd 6/1/95. The letter we received from the attorney/trustee

indicates that they are not able to locate the trust but then in the letter he indicates that Shirley was the original beneficiary and the children were secondary beneficiaries. I also have requested a certified death certificate that shows the cause / manner of death.

Question: Please review the bene designation indicated above and also advise what more information is needed, as in the bene designation it shows LaSalle Bank as Trustee?

Begin Date: 2012-12-27 Flags: 9990N0
Begin Time: 18:47:47 DTM Job Name:
User Id: PJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-27
Status: RETURNED End Time: 18:47:57
Queue: JKINDCA
User Name: CHIWETEOKE, PAULA C
DTM Description:
Comments:

Begin Date: 2012-12-27 Flags:
Begin Time: 18:47:45 DTM Job Name:
User Id: PJC DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-27
Status: End Time: 18:47:45
Queue:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

User Name: CHIWETECKE, PAULA C
DTM Description:
Comments: Please note documents received

Begin Date: 2012-12-26 Flags:
Begin Time: 16:02:49 DTM Job Name:
User Id: IBHATS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-26
Status: End Time: 16:02:49
Queue:
User Name: BHATNAGAR, SUMIT
DTM Description:
Comments: New mail attached

Begin Date: 2012-12-21 Flags:
Begin Time: 14:38:48 DTM Job Name:
User Id: IBHATS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-21
Status: End Time: 14:38:48
Queue:
User Name: BHATNAGAR, SUMIT
DTM Description:
Comments: New mail attached

Begin Date: 2012-12-12 Flags:
Begin Time: 10:28:58 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-12
Status: End Time: 10:28:58
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: tt kimberly from atty office. expl letter sent to them 12/07/12 explaining need cert dc to indicate cause and manner of death. the one we have states "pending" sghe will work on this and be in touch with us.

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLEGAL - CLIENT - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031
Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Date: 2012-12-07 Flags:
Begin Time: 12:05:57 DTM Job Name:
User Id: JKINDCA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-07
Status: End Time: 12:05:57
Queue:
User Name: KINDRED, CAROL ANN A
DTM Description:
Comments: Death Benefit: \$1,689,070.00
 Premium ref/div/adds:
 Premium due/loan:
 Total Death Benefit: \$1,689,070.00

 Date of Death: 9/13/2012
 Cause of Death: "PENDING"
 Beneficiary: Trust
 State of residence of deceased: FL

History: Trust is the beneficiary (see page 20 of 2nd file CRG) forms were completed by Robert Sallina as Trust of the Simon Bernstein Irrevocable Insurance Trust dtd 6/1/95. The letter we received from the attorney/trustee indicates that they are not able to locate the trust but then in the letter he indicates that Shirley was the original beneficiary and the children were secondary beneficiaries. I also have requested a certified death certificate that shows the cause / manner of death.

Question: Please review the bene designation indicated above and also advise what more information is needed, as in the bene designation it shows LaSalle Bank as Trustee?

Begin Date: 2012-12-07 Flags: 9990N0
Begin Time: 11:41:42 DTM Job Name:
User Id: JKINDCA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-07
Status: REFER End Time: 11:44:10
Queue: CLMMGR
User Name: KINDRED, CAROL ANN A
DTM Description:
Comments:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: Policy Number: 1009208

Agent Number: Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Date: 2012-12-07 Flags: 9990N0
Begin Time: 11:31:14 DTM Job Name:
User Id: JKINDCA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-07
Status: CE3 End Time: 11:41:39
Queue: CLAIMREQ
User Name: KINDRED, CAROL ANN A
DTM Description:
Comments:

Begin Date: 2012-12-06 Flags: 9990N0
Begin Time: 15:59:11 DTM Job Name:
User Id: IBALLPX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-06
Status: CE3 End Time: 15:59:11
Queue: CLAIMREQ
User Name: BALLABH, PREM X
DTM Description:
Comments:

Begin Date: 2012-12-06 Flags: 9990N0
Begin Time: 15:48:30 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-06
Status: RMATCH End Time: 15:48:30
Queue: CLAIMREQ
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2012-12-06 Flags: 9990N0
Begin Time: 15:48:29 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-12-06
Status: FOLUP2 End Time: 15:48:30
Queue: FOLLOWUP

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTBCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2012-12-06 Flags:
Begin Time: 14:11:25 DTM Job Name:
User Id: JMONRB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-06
Status: End Time: 14:11:25
Queue:
User Name: MONROE, BREE
DTM Description:
Comments: robert called. he states they cannot find the trust. he will fax information all information that they have .

Begin Date: 2012-12-06 Flags:
Begin Time: 14:02:52 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-06
Status: End Time: 14:02:52
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: transferedd atty robert selena to claims for assistance

Begin Date: 2012-12-06 Flags:
Begin Time: 13:58:47 DTM Job Name:
User Id: JLYONKA DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-06
Status: End Time: 13:58:47
Queue:
User Name: LYONS, KERI A
DTM Description:
Comments: tt robert. adv fax #

Begin Date: 2012-12-06 Flags:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Time: 13:56:17 DTM Job Name:
User Id: JHAMMP DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-12-06
Status: End Time: 13:56:17
Queue:
User Name: HAMM, PATRICIA
DTM Description:
Comments: transfered to claims

Begin Date: 2012-11-29 Flags: 0006N2
Begin Time: 10:42:59 DTM Job Name:
User Id: IKAMAH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-29
Status: FOLUP2 End Time: 10:47:07
Queue: FOLLOWUP
User Name: KAMAL, HEMANT
DTM Description:
Comments: Update Suspend Suspend Reason
Activate Date/Time 2012-12-23 00:00:00 Activate Status

Begin Date: 2012-11-15 Flags:
Begin Time: 14:41:28 DTM Job Name:
User Id: JKITTE DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-11-15
Status: End Time: 14:41:28
Queue:
User Name: KITSELMAN, ELLEN L
DTM Description:
Comments: refaxed letter from 11-05-2012

Begin Date: 2012-11-05 Flags: 0000N0
Begin Time: 11:13:15 DTM Job Name:
User Id: JMONRB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-05
Status: FENDED1 End Time: 11:13:15
Queue: FOLLOWUP

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED]

Policy Number: 1009208

Agent Number: [REDACTED]

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

User Name: MONROE, BREE
DTM Description:
Comments: Suspend Suspend Reason
Activate Date/Time 2012-11-30 00:00:00 Activate Status

Begin Date: 2012-11-05 Flags: 9990N0
Begin Time: 11:13:07 DTM Job Name:
User Id: JMONRB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-05
Status: PENDED1 End Time: 11:13:10
Queue: FOLLOWUP
User Name: MONROE, BREE
DTM Description:
Comments:

Begin Date: 2012-11-02 Flags: 9990N0
Begin Time: 16:36:24 DTM Job Name:
User Id: IBALLPX DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-02
Status: CE3 End Time: 16:36:24
Queue: CLAIMREQ
User Name: BALLABH, PREM X
DTM Description:
Comments:

Begin Date: 2012-11-02 Flags: 9990N0
Begin Time: 11:31:30 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-02
Status: RMATCH End Time: 11:31:30
Queue: CLAIMREQ
User Name: Batch Station & User, BATCH
DTM Description:
Comments:

Begin Date: 2012-11-02 Flags: 9990N0

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Begin Time: 03:01:16 DTM Job Name:
User Id: AWDBATCH DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-11-02
Status: PENDED End Time: 03:01:16
Queue: FOLLOWUP
User Name: Batch Station & User, BATCH
DTM Description:
Comments: End Suspension

Begin Date: 2012-10-10 Flags: 0000N0
Begin Time: 08:44:56 DTM Job Name:
User Id: JBENZRL DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-10
Status: PENDED End Time: 08:44:59
Queue: FOLLOWUP
User Name: BENZ, REBECCA L
DTM Description:
Comments:

Begin Date: 2012-10-09 Flags: 0006N0
Begin Time: 10:29:28 DTM Job Name:
User Id: ABURKD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-09
Status: CLACKNWD End Time: 10:29:28
Queue: FOLLOWUP
User Name: BURKE, DESIREE
DTM Description:
Comments: Suspend Suspend Reason
Activate Date/Time 2012-11-02 00:00:00 Activate Status

Begin Date: 2012-10-09 Flags: 9996N2
Begin Time: 10:05:20 DTM Job Name:
User Id: ABURKD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-09
Status: CLACKNWD End Time: 10:29:20
Queue: FOLLOWUP

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

User Name: BURKE, DESIREE
DTM Description:
Comments:

Begin Date: 2012-10-05 Flags: 9990N0
Begin Time: 11:11:53 DTM Job Name:
User Id: IBHATS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-05
Status: MATCHED End Time: 11:11:58
Queue: CLAIMS
User Name: BHATNAGAR, SUMIT
DTM Description:
Comments:

Begin Date: 2012-10-05 Flags: 9990N0
Begin Time: 11:10:52 DTM Job Name:
User Id: IBHATS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-05
Status: QPASSENTRD End Time: 11:11:03
Queue: CLAIMS
User Name: BHATNAGAR, SUMIT
DTM Description:
Comments:

Begin Date: 2012-10-05 Flags:
Begin Time: 09:06:22 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-05
Status: End Time: 09:06:22
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: Claim form faxed.

Begin Date: 2012-10-05 Flags: 9990Y2
Begin Time: 09:03:54 DTM Job Name:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

██████████ - 1009208 - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: ██████████ Policy Number: 1009208

Agent Number: ██████████ Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-05
Status: NOTIFIED End Time: 09:04:01
Queue: CLMENTQC
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments:

Begin Date: 2012-10-05 Flags:
Begin Time: 09:02:15 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-05
Status: End Time: 09:02:15
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: Policy notified as face amount is above one million.

Begin Date: 2012-10-05 Flags:
Begin Time: 09:01:04 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-05
Status: End Time: 09:01:04
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: HOMICIDE : X
SUICIDE : X
ONE MILLION DOLLAR : Y
ACCIDENTAL DEATH WITH RIDER : X
FOREIGN DEATH : X
VIATICAL COMPANY : X
CONTESTABLE/REINSTATEMENT : X

Begin Date: 2012-10-05 Flags:
Begin Time: 09:00:37 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num:

Policy Number: 1009208

Agent Number:

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Business Area: DTM Next Task:
Type: End Date: 2012-10-05
Status: End Time: 09:00:37
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: Claim no. SRDC00014031

Begin Date: 2012-10-05 Flags:
Begin Time: 09:00:25 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-05
Status: ENTERED End Time: 09:00:25
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: Restrict code 9 - send to actuary before payment

Begin Date: 2012-10-05 Flags: 9990NO
Begin Time: 09:53:18 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-05
Status: ENTERED End Time: 09:03:51
Queue: CLAIMS
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments:

Begin Date: 2012-10-04 Flags:
Begin Time: 17:00:54 DTM Job Name:
User Id: GHENDD DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-04
Status: End Time: 17:00:54
Queue:
User Name: HENDERSON, DIANE
DTM Description:
Comments: Complaint regarding a one time exception to return policy to an active premium paying status upon receipt of funds. Funds received and policy reinstated. Do

AWD History for Work object key 2012-10-04-10.38.59.016241T01
JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable
- 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031
Social Security Num: Policy Number: 1009208
Agent Number: Insured's Last Name: BERNSTEIN
Printed on Tuesday, May 07, 2013 at 3:01:53PM

NOT consider this as contestable. Ok to continue. dmh

Begin Date: 2012-10-04 Flags:
Begin Time: 14:46:59 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-04
Status: End Time: 14:46:59
Queue:
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments: Complaint work type found.

Begin Date: 2012-10-04 Flags: 9990N0
Begin Time: 14:42:16 DTM Job Name:
User Id: ISINGMB DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: JLIFE DTM Next Task:
Type: DTHCLM End Date: 2012-10-04
Status: CREATED End Time: 14:58:27
Queue: CLAIMS
User Name: SINGH, MOIRANGTHEM B
DTM Description:
Comments:

Begin Date: 2012-10-04 Flags:
Begin Time: 13:34:59 DTM Job Name:
User Id: IBHATS DTM Return Code:
Workstation Id: DTM Task Name:
Business Area: DTM Next Task:
Type: End Date: 2012-10-04
Status: End Time: 13:34:59
Queue:
User Name: BHATNAGAR, SUMIT
DTM Description:
Comments: NEW mail attached

Begin Date: 2012-10-04 Flags: 9990N0
Begin Time: 10:38:59 DTM Job Name:
User Id: JWHLMA DTM Return Code:
Workstation Id: DTM Task Name:

AWD History for Work object key 2012-10-04-10.38.59.016241T01

JLIFE - DTHCLM - CLLEGAL - CLIENT - Updateable

[REDACTED] - 1009208 - - BERNSTEIN - SIMON - 19 - SRDC00014031

Social Security Num: [REDACTED] Policy Number: 1009208

Agent Number: [REDACTED] Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 3:01:53PM

Business Area:	JLIFE	DTM Next Task:	
Type:	DTHCLM	End Date:	2012-10-04
Status:	CREATED	End Time:	10:38:59
Queue:	CLAIMS		
User Name:	WOHLMAN, MIRANDA		
DTM Description:			
Comments:			

Claims Department - Heritage Union Life Insurance Company

Fax No.803-333-4936

**F
A
X**

DATE: Thursday, October 4, 2012

FROM: Robert L. Spallina, Esq.
Tescher & Spallina, P.A.
Boca Village Corporate Center 1
4855 Technology Way, Suite 720
Boca Raton, Florida 33431
(561) 997-7008/(800) 997-7008
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-or- WWW.TESCHERSPALLINA.COM

FILE NO.: Bernstein, Est. Of Simon/Our File No. 11187.006

WE ARE TRANSMITTING 3 PAGE(S), INCLUDING THIS COVER SHEET. IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CONTACT US AS SOON AS POSSIBLE.

COMMENTS: Please see the attached Letters of Administration on the Estate of Simon L. Bernstein. This relates to policy # 1009208 and Simon L. Bernstein was the insured.

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. If you have received this communication in error, please immediately notify us by telephone. Thank you.

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FL
IN RE: ESTATE OF
SIMON L. BERNSTEIN,
Deceased.

PROBATE DIVISION

File No. 50201201004391
IT KXASB

FILED
PALM BEACH COUNTY FL
SOUTH CITY BRANCH
OCT 12 2012
9:31 AM

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, Simon L. Bernstein, a resident of Palm Beach County, died on September 13, 2012, owning assets in the State of Florida, and

WHEREAS, Robert L. Spallina and Donald R. Tescher have been appointed as co-Personal Representatives of the Estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare Robert L. Spallina and Donald R. Tescher as duly qualified under the laws of the State of Florida to act as co-Personal Representatives of the Estate of Simon L. Bernstein, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE and ORDERED in Chambers at Delray, Palm Beach County, Florida, on this 2 day of Oct, 2012.

Estate must be closed 12 months from the date of order

Circuit Judge
STATE OF FLORIDA - PALM BEACH COUNTY
I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.
THIS 2 DAY OF Oct, 2012
SHARON R. BOCK
CLERK & COMPTROLLER
DEPUTY CLERK

62D1,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

* NOTES

IST-IL RST-FL AREA-33496 COV-LAP-SP-BILL. SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
UL SS NBR [REDACTED] NO 29 2 DTH 22 DC NO /9 N 0 09/27/12 M N

INSURED SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

PLAN- CVL0A OPTION INCLUDES CV
DIR-Q 27238.00 REQ MAT **/**/**
BILLING ON SCHED BILLED TO 12/27/12
VALUE 37742.06 ISSUE 12/27/82
RISK 1637485.79 LAST FIN 09/27/12
SPAMT 1689070.00 LAST BILL 09/27/12
LOAN 37841.42 LAST ACCT 09/27/12
SUSP .00 LAST OTHR 09/05/12
HANDL CODE 0

OWN(01) SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

PAYOR SIMON BERNSTEIN
7020 LIONS HEAD
BOCA RATON FL 33496

\$\$ 1M+ COMBINED FACE VIP POLICY \$\$

BEN(01) LASALLE NATIONAL TRUST, N.A.

BEN(02) SIMON BERNSTEIN TRUST, N.A.

AGT-0000735032-CAPITOL BANKERS LIF RANCE CO.
GA-- NONE.
CK620 DISPLAY COMPLETE

PROFIT CODE-
BEAGLE CODE-
PSR1-USR19

62D2,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

* NOTES

AGE RTE IS CEASE FACE/UN MONTHLY SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
(01)--CVL0A -0611-04500-3-2-CVL-0A- PLAN- CVL0A OPTION INCLUDES CV
M-47 N 82 12-41 1689070 7,989.58 DIR-Q 27238.00 REQ MAT **/**/**

STATUS - PREMIUM PAYING

BILLING ON SCHED BILLED TO 12/27/12
VALUE 37742.06 ISSUE 12/27/82
RISK 1637485.79 LAST FIN 09/27/12
SPAMT 1689070.00 LAST BILL 09/27/12
LOAN 37841.42 LAST ACCT 09/27/12
SUSP .00 LAST OTHR 09/05/12
HANDL CODE 0

\$\$ 1M+ COMBINED FACE VIP POLICY \$\$

CK620 DISPLAY COMPLETE

10/04/12 CSI39
PSR1-USR19

62D4,1009208 ; . AS-OF LAST MVP BERNSTEIN, SIMON M-47 12/03/35

* NOTES

SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT
LOAN 12-27-12 DTH 22 DC NO /9 N 0 09/27/12 M N
ADV 5.210 06-23-01 3,209.98 PLAN- CVL0A OPTION INCLUDES CV

DIR-Q 27238.00 REQ MAT **/**/**
BILLING ON SCHED BILLED TO 12/27/12
VALUE 37742.06 ISSUE 12/27/82
RISK 1637485.79 LAST FIN 09/27/12
SPAMT 1689070.00 LAST BILL 09/27/12

LOAN 37841.42 LAST ACCT 09/27/12
SUSP .00 LAST OTHR 09/05/12
HANDL CODE 0
\$\$ LM+ COMBINED FACE VIP POLICY \$\$

CK620 DISPLAY COMPLETE 10/04/12 CSI39
PSR1-USR19

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12
INFOFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CK4 ON 05/03/12 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

AUTO NOTEPADS FOR 2009 MOVED TO ECL.

PURPOSE CODE NOTED BY AC108 ON 03/12/12 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

LOAN AMOUNT OF 13,776.38 IS NOT ON SYSTEM - SYSTEM LOAN BALANCE IS UNDERSTATED

PURPOSE CODE NOTED BY SA219 ON 12/15/11 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

MAILED NOTICE OF OVERLOANED STATUS. REQUESTED MINIMUM LOAN PAYMENT *
OF \$6,539.17 WITHIN 61DAYS.

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12
INFOFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CK4 ON 12/12/11 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

APFLGRPD - UL GRACE LETTER GENERATED

AMOUNT DUE \$48254.06

PURPOSE CODE NOTED BY CK4 ON 12/01/11 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

APFLLPSE - UL LAPSE LETTER GENERATED

PURPOSE CODE NOTED BY CS917 ON 10/01/11 PRIORITY 0
SOURCE INFOFORCE PURGE ON **/**/**

PO AUTHORIZES DIANA BANKS TO RECEIVE INFORMATION ON POLICY.

10/04/12 CSI39
PSR1-USR19

AP0011 - TRANSACTION CONTINUED

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CK4 ON 09/27/11 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

APFLGRPD - UL GRACE LETTER GENERATED

AMOUNT DUE \$31706.98

PURPOSE CODE NOTED BY CS759 ON 09/09/11 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

LOAN BALANCE IS INCORRECT ON SYSTEM

PURPOSE CODE NOTED BY BA/KC ON 08/03/11 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

HD18954 APPLIED LOAN PYMT USING U104.

10/04/12 CSI39
PSR1-USR19

AP0011 - TRANSACTION CONTINUED

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CK4 ON 08/02/11 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

APFLGRPD - UL GRACE LETTER GENERATED

AMOUNT DUE \$115545.93

PURPOSE CODE NOTED BY SA165 ON 10/29/10 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

REQUESTED MINIMUM PAYMENT NOT RECEIVED. COVERAGE TERMINATED DUE TO *
OVERLOAN. OVERLOAN LAPSE LETTER SENT.

10/04/12 CSI39
PSR1-USR19

AP0011 - TRANSACTION CONTINUED

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CK4 ON 10/28/10 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

PURPOSE CODE NOTED BY CK4 ON 12/21/04 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

THDPRTY - THIRD PARTY LETTER GENERATED

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

UINP,1009208 ; . BERNSTEIN, SIMON 10/04/12
INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CS170 ON 11/23/04 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

DUE TO A CHANGE IN THE INTEREST RATE, THE QUARTERLY PREMIUM HAS INCREASE FROM
21834.50 TO 23204.70

PURPOSE CODE NOTED BY CK4 ON 12/18/03 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

THDPRTY - THIRD PARTY LETTER GENERATED

PURPOSE CODE NOTED BY CS173 ON 11/26/03 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

DUE TO POLICY PROVISIONS, THE QUARTERLY PREMIUM HAS INCREASED FROM \$20667.10 TO
\$21834.50

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

UINP,1009208 ; . BERNSTEIN, SIMON 10/04/12
INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CS173 ON 11/21/02 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

DUE TO A CHANGE IN THE INTEREST RATE, THE QUARTERLY PREMIUM HAS INCREASED FROM
\$17857.30 TO \$20667.10

PURPOSE CODE NOTED BY L938 ON 05/14/02 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

EMPLOYER CALLED TO SEE IF MONEY WAS TAKEN OUT OF CV.

PURPOSE CODE NOTED BY L790 ON 04/11/02 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

REC'D REQUEST FOR APL - COI HAS ALREADY COME FROM THE CASH VALUE

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY L938 ON 04/01/02 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

AGENT CALLED WANTED TO KNOW IF THERE WAS ENOUGH CASH VALUE TO PAY ANOTHER QUARTER.

PURPOSE CODE NOTED BY L689 ON 11/28/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

DUE TO CHANGE IN INTEREST RATE NEW PREMIUM IS 17857.30

PURPOSE CODE NOTED BY L984 ON 10/22/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

DO NOT UNSUSPEND UNTIL NEW PREM IS CALC

PURPOSE CODE NOTED BY L183 ON 08/01/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

REFAXED POLICY INFO TO SCOTT PRUETT @ STP ENTERPRISES

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY CSJSW ON 07/26/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

I WILL HAVE TREASURY APPLY THE MONEY AS PREMIUM PAYMENT FOR THE 2ND AND 3RD QUARTER TODAY...7-26-2001 JSW

PURPOSE CODE NOTED BY CSJSW ON 07/25/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

I AM PROCESSING THE LOANS TO PAY THE 2 QUARTERLY PREMIUMS...I WILL SEND A MEMO TO HAVE THE MONEY APPLIED TOMORROW AFTER THE ACCOUNTING GOES THRU..7-25-2001 JSW

PURPOSE CODE NOTED BY L644 ON 07/23/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

PO WANTS POLICY TO APL FOR 2 PAYMENTS, PER LETTER

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

U1NP,1009208 ; . BERNSTEIN, SIMON 10/04/12

INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY L183 ON 06/18/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

FXED LOAN BALANCE, LOAN PAYOFF, & CSV AS OF 06/14/2001 TO STP ENTERPRISES

PURPOSE CODE NOTED BY CSSV ON 05/29/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

FAXED LOAN PAYOFF OF \$76,385.16 TO SCOTT PRUETT

PURPOSE CODE NOTED BY L644 ON 04/09/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

PER LETTER FROM PO - REQUESTED THAT POLICY APL TO PAY NEXT PREM.

PURPOSE CODE NOTED BY L829 ON 01/15/01 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

APPLIED 17303.15 THAT WAS IN 2412600 PER MEMO FROM JANET W/CS

AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

UINP,1009208 ; . BERNSTEIN, SIMON 10/04/12
INFORCE NOTEPAD DISPLAY
PURPOSE CODE NOTED BY QA/NG ON 02/23/00 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

APL LOAN AT CONV IS \$36318.16

PURPOSE CODE NOTED BY CSHCM ON 02/10/00 PRIORITY 0
SOURCE INFORCE PURGE ON **/**/**

SCOTT PRUITT, WITH AGENTS OFC OF FTP ENTERPRISES, MR BERNSTEIN OWNS THE COMPANY.
SCOTT WILL BE CALLING FOR POLICY INFO. HE SERVICES MR. BERNSTEIN'S ACCOUNT.

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED 10/04/12 CSI39
PSR1-USR19.

,1009208 ; . AS-OF 09/13/12

AP0399 - TERMINATION PROCESSING BYPASSED ULTMED
RESTRICTED CODE OF "9" ULTMED

10/04/12 CSI39
PSR1-USR19

AP0012 - TRANSACTION TERMINATED

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01 FIXED1	09/27/12	0.00	31,574.47			01H
CHRG ADJ	01 GRACE	09/27/12	7,657.88	23,916.59	6.000	A	01H
UNAP CSH OUT		09/05/12	36,000.36	36,000.36		A	00H
UNAP CSH IN		08/31/12	36,000.36	36,000.36		A	00H
REG PRM	F 01 FIXED1	08/28/12	36,000.36	31,320.31	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	08/27/12	7,768.52	139.06		A	01H
	01 GRACE	08/27/12	0.00	7,629.46	6.000		01H
CHRG DEDUCT	01 FIXED1	07/27/12	7,732.68	139.06		A	01H
	01 GRACE	07/27/12	0.00	7,593.62	6.000		01H
CHRG DEDUCT	01 FIXED1	06/27/12	7,697.18	139.06		A	01H
	01 GRACE	06/27/12	0.00	7,558.12	6.000		01H
CHRG DEDUCT	01 FIXED1	05/27/12	0.00	23,973.66			01H
CHRG ADJ	01 GRACE	05/27/12	7,662.02	16,311.64	6.000	A	01H
LOAN PAYMENT	01 FIXED1	05/21/12	23,023.97	23,770.43	4.500	A	01H
ADVANCE INT			746.46				
REG PRM REV	01 FIXED1	05/21/12	36,800.35				01H
REG PRM	RV 01 FIXED1	05/21/12	36,800.35	32,016.30	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	04/27/12	7,626.96	226.41		A	01H
	01 GRACE	04/27/12	0.00	7,400.55	6.000		01H
CHRG DEDUCT	01 FIXED1	03/27/12	7,592.33	226.41		A	01

AP0011 - TRANSACTION CONTINUED

PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01 GRACE	03/27/12	0.00	7,365.92	6.000		01H
CHRG DEDUCT	01 FIXED1	02/27/12	0.00	16,143.94			01H
CHRG ADJ	01 GRACE	02/27/12	7,558.03	8,585.91	6.000	A	01H
REG PRM	01 FIXED1	02/13/12	18,296.01	15,917.53	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	01/27/12	7,597.70	226.41		A	01H
	01 GRACE	01/27/12	0.00	7,371.29	6.000		01H
ADVANCE INT	01 GRACE	12/27/11	3,209.98	0.00	6.000	A	01H
CHRG DEDUCT	01 FIXED1	12/27/11	0.00	28,628.43			01H
CHRG ADJ	01 GRACE	12/27/11	7,563.34	21,065.09	6.000	A	01H
REG PRM	F 01 FIXED1	12/01/11	32,662.94	28,416.76	4.500	AC	01H
REIN PAYMENT	01 FIXED1	12/01/11	0.00	0.00	4.500	A	01H
I-L PAYOFF			58,152.26				
ADVANCE INT			249.61				
INTERN SURR	RV GRACE	12/01/11	21,024.83	0.00		A	00H
I-L PAYOFF			58,152.26				
ADVANCE INT			249.61				
CHRG DEDUCT	01 FIXED1	11/27/11	6,993.34	214.62		A	01H
	01 GRACE	11/27/11	0.00	6,778.72	6.000		01H
CHRG DEDUCT	01 FIXED1	10/27/11	6,964.26	214.62		A	01H
	01 GRACE	10/27/11	0.00	6,749.64	6.000		01

AP0011 - TRANSACTION CONTINUED

PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01 FIXED1	09/27/11	6,935.47	214.62		A	01H

	01 GRACE	09/27/11	0.00	6,720.85	6.000	01H
CHRG DEDUCT	01 FIXED1	08/27/11	6,906.92	5,980.08		A 01H
	01 GRACE	08/27/11	0.00	926.84	6.000	01H
LOAN PAYMENT RV	01 FIXED1	08/02/11	76,255.00	78,143.29	4.500	A 01H
ADVANCE INT			1,888.29			
LOAN PAY REV	01 FIXED1	08/02/11	76,255.00			01H
ADVANCE INT			1,888.29			
CHRG DEDUCT	01 FIXED1	07/27/11	6,878.61	6,878.61		A 01H
CHRG DEDUCT	01 FIXED1	06/27/11	6,850.53	6,850.53		A 01H
CHRG DEDUCT	01 FIXED1	05/27/11	6,822.66	6,822.66		A 01H
CHRG DEDUCT	01 FIXED1	04/27/11	6,795.02	6,795.02		A 01H
CHRG DEDUCT	01 FIXED1	03/27/11	6,767.59	6,767.59		A 01H
CHRG DEDUCT	01 FIXED1	02/27/11	6,740.38	6,740.38		A 01H
CHRG DEDUCT	01 FIXED1	01/27/11	6,713.38	6,713.38		A 01H
ADVANCE INT	01 GRACE	12/27/10	3,504.11	0.00	6.000	A 01H
CHRG DEDUCT	01 FIXED1	12/27/10	0.00	10,190.71		01H
CHRG ADJ	01 GRACE	12/27/10	6,686.60	3,504.11	6.000	A 01H
CHRG DEDUCT	01 FIXED1	11/27/10	0.00	16,643.84		01H
CHRG ADJ	01 GRACE	11/27/10	6,086.40	10,557.44	6.000	A 01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV GN VPH
REG PRM REV	F 01 FIXED1	10/28/10	76,255.00		00H
LOAN PAYMENT	01 FIXED1	10/28/10	76,255.00	76,913.72	4.500 A 01H
ADVANCE INT			658.72		
REG PRM	RV F 01 FIXED1	10/28/10	76,255.00	66,341.85	AC 00H
REIN PAYMENT	01 FIXED1	10/28/10	0.00	0.00	4.500 A 01H
I-L PAYOFF			145,883.68		
ADVANCE INT			1,260.20		
INTERN SURR RV	GRACE	10/28/10	6,121.52	0.00	A 00H
I-L PAYOFF			145,883.68		
ADVANCE INT			1,260.20		
CHRG DEDUCT	01 FIXED1	10/27/10	0.00	10,210.98	01H
CHRG ADJ	01 GRACE	10/27/10	6,064.51	4,146.47	6.000 A 01H
REG PRM	01 FIXED1	10/15/10	11,180.00	9,726.60	4.500 AC 01H
CHRG DEDUCT	01 FIXED1	09/27/10	6,080.32	484.38	A 01H
	01 GRACE	09/27/10	0.00	5,595.94	6.000 01H
CHRG DEDUCT	01 FIXED1	08/27/10	6,058.45	484.38	A 01H
	01 GRACE	08/27/10	0.00	5,574.07	6.000 01H
CHRG DEDUCT	01 FIXED1	07/27/10	6,036.77	2,685.97	A 01H
	01 GRACE	07/27/10	0.00	3,350.80	6.000 01H
CHRG DEDUCT	01 FIXED1	06/27/10	6,015.27	6,015.27	A 01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV GN VPH
CHRG DEDUCT	01 FIXED1	05/27/10	0.00	8,448.24	01H
CHRG ADJ	01 GRACE	05/27/10	5,993.93	2,454.31	6.000 A 01H
REG PRM	01 FIXED1	05/17/10	18,000.00	15,660.00	4.500 AC 01H
CHRG DEDUCT	01 FIXED1	04/27/10	6,033.25	3,590.67	A 01H
	01 GRACE	04/27/10	0.00	2,442.58	6.000 01H
CHRG DEDUCT	01 FIXED1	03/27/10	6,011.78	6,011.78	A 01H
CHRG DEDUCT	01 FIXED1	02/27/10	5,990.46	5,990.46	A 01H
CHRG DEDUCT	01 FIXED1	01/27/10	5,969.31	5,969.31	A 01H
REG PRM	01 FIXED1	01/07/10	16,500.00	14,355.00	4.500 AC 01H
ADVANCE INT	01 GRACE	12/27/09	6,867.38	0.00	6.000 A 01H
CHRG DEDUCT	01 FIXED1	12/27/09	0.00	12,871.16	01H

CHRG ADJ	01 GRACE	12/27/09	6,003.78	6,867.38	6.000	A	01H
CHRG DEDUCT	01 FIXED1	11/27/09	5,476.43	5,476.43		A	01H
CHRG DEDUCT	01 FIXED1	10/27/09	5,458.92	5,458.92		A	01H
REG PRM	01 FIXED1	09/29/09	21,984.37	19,126.40	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	09/27/09	5,509.17	5,509.17		A	01H
CHRG DEDUCT	01 FIXED1	08/27/09	0.00	20,712.14			01H
CHRG ADJ	01 GRACE	08/27/09	5,491.42	15,220.72	6.000	AC	01H
REG PRM	01 FIXED1	08/05/09	38,555.11	33,542.95	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	07/27/09	5,592.34	459.14		A	01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
 FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01 GRACE	07/27/09	0.00	5,133.20	6.000		01H
CHRG DEDUCT	01 FIXED1	06/27/09	5,573.95	459.14		A	01H
	01 GRACE	06/27/09	0.00	5,114.81	6.000		01H
CHRG DEDUCT	01 FIXED1	05/27/09	5,555.71	729.92		A	01H
	01 GRACE	05/27/09	0.00	4,825.79	6.000		01H
CHRG DEDUCT	01 FIXED1	04/27/09	5,537.63	5,537.63		A	01H
CHRG DEDUCT	01 FIXED1	03/27/09	5,519.67	5,519.67		A	01H
CHRG DEDUCT	01 FIXED1	02/27/09	5,501.85	5,501.85		A	01H
REG PRM	01 FIXED1	02/19/09	15,000.00	13,050.00	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	01/27/09	5,530.30	5,530.30		A	01H
ADVANCE INT	01 GRACE	12/27/08	6,509.59	0.00	6.000	A	01H
CHRG DEDUCT	01 FIXED1	12/27/08	0.00	12,021.98			01H
CHRG ADJ	01 GRACE	12/27/08	5,512.39	6,509.59	6.000	A	01H
CHRG DEDUCT	01 FIXED1	11/27/08	5,038.92	5,038.92		A	01H
CHRG DEDUCT	01 FIXED1	10/27/08	5,024.22	5,024.22		A	01H
REG PRM	01 FIXED1	10/06/08	19,521.62	16,983.81	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	09/27/08	5,064.68	5,064.68		A	01H
CHRG DEDUCT	01 FIXED1	08/27/08	5,049.81	5,049.81		A	01H
CHRG DEDUCT	01 FIXED1	07/27/08	5,035.03	5,035.03		A	01H
CHRG DEDUCT	01 FIXED1	06/27/08	5,020.35	5,020.35		A	01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
 FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
REG PRM	01 FIXED1	06/26/08	15,000.00	13,050.00	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	05/27/08	5,048.09	5,048.09		A	01H
CHRG DEDUCT	01 FIXED1	04/27/08	5,033.33	5,033.33		A	01H
CHRG DEDUCT	01 FIXED1	03/27/08	5,018.66	5,018.66		A	01H
REG PRM	01 FIXED1	03/24/08	15,000.00	13,050.00	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	02/27/08	5,046.42	5,046.42		A	01H
CHRG DEDUCT	01 FIXED1	01/27/08	5,031.66	5,031.66		A	01H
LOAN INT	01 FIXED1	12/27/07	6,888.19	0.00	4.500	A	01H
ADVANCE INT			6,888.19				
REG PRM	F 01 FIXED1	12/27/07	31,131.25	27,084.19	4.500	AC	01H
REG PRM REV	01 FIXED1	12/27/07	38,019.44				01H
REG PRM	RV 01 FIXED1	12/27/07	38,019.44	33,076.91	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	12/27/07	5,017.01	5,017.01		A	01H
CHRG DEDUCT	01 FIXED1	11/27/07	4,633.52	4,633.52		A	01H
CHRG DEDUCT	01 FIXED1	10/27/07	4,621.19	4,621.19		A	01H
CHRG DEDUCT	01 FIXED1	09/27/07	4,608.94	4,608.94		A	01H
REG PRM	01 FIXED1	09/14/07	4,600.00	4,002.00	4.500	AC	01H
CHRG DEDUCT	01 FIXED1	08/27/07	4,608.63	4,608.63		A	01H
CHRG DEDUCT	01 FIXED1	07/27/07	4,596.46	4,596.46		A	01H
REG PRM	01 FIXED1	07/17/07	2,000.00	1,740.00	4.500	AC	01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

UIDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01	FIXED1 06/27/07	4,589.53	4,589.53		A	01H
CHRG DEDUCT	01	FIXED1 05/27/07	4,577.48	4,577.48		A	01H
CHRG DEDUCT	01	FIXED1 04/27/07	4,565.52	4,565.52		A	01H
CHRG DEDUCT	01	FIXED1 03/27/07	4,553.63	4,553.63		A	01H
REG PRM	01	FIXED1 03/20/07	13,668.69	11,891.76	4.500	AC	01H
CHRG DEDUCT	01	FIXED1 02/27/07	4,577.08	4,577.08		A	01H
CHRG DEDUCT	01	FIXED1 01/27/07	4,565.11	4,565.11		A	01H
CHRG DEDUCT	01	FIXED1 12/27/06	4,553.23	4,553.23		A	01H
LOAN INT	01	FIXED1 12/19/06	6,888.19	0.00	4.500	A	01H
ADVANCE INT			6,888.19				
CHRG DEDUCT	01	FIXED1 11/27/06	4,147.56	4,147.56		A	01H
CHRG DEDUCT	01	FIXED1 10/27/06	4,137.94	4,137.94		A	01H
REG PRM	01	FIXED1 10/06/06	5,000.00	4,350.00	4.500	AC	01H
CHRG DEDUCT	01	FIXED1 09/27/06	4,140.21	4,140.21		A	01H
CHRG DEDUCT	01	FIXED1 08/27/06	4,130.65	4,130.65		A	01H
CHRG DEDUCT	01	FIXED1 07/27/06	4,121.14	4,121.14		A	01H
CHRG DEDUCT	01	FIXED1 06/27/06	4,111.69	4,111.69		A	01H
CHRG DEDUCT	01	FIXED1 05/27/06	4,102.31	4,102.31		A	01H
CHRG DEDUCT	01	FIXED1 04/27/06	4,092.98	4,092.98		A	01H
REG PRM	01	FIXED1 03/29/06	5,000.00	4,350.00	4.500	AC	01

AP0011 - TRANSACTION CONTINUED

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UIDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01	FIXED1 03/27/06	4,095.54	4,095.54		A	01H
CHRG DEDUCT	01	FIXED1 02/27/06	4,086.26	4,086.26		A	01H
CHRG DEDUCT	01	FIXED1 01/27/06	4,077.04	4,077.04		A	01H
REG PRM	01	FIXED1 01/16/06	11,400.00	9,918.00	4.500	AC	01H
LOAN INT	01	FIXED1 01/16/06	6,888.19	7,266.79	4.500	A	01H
ADVANCE INT			378.60				
ADVANCE INT	01	GRACE 12/27/05	7,266.79	0.00	6.000	A	01H
CHRG DEDUCT	01	FIXED1 12/27/05	0.00	11,361.66			01H
CHRG ADJ	01	GRACE 12/27/05	4,094.87	7,266.79	6.000	A	01H
CHRG DEDUCT	01	FIXED1 11/27/05	3,783.76	3,783.76		A	01H
CHRG DEDUCT	01	FIXED1 10/27/05	3,775.99	3,775.99		A	01H
CHRG DEDUCT	01	FIXED1 09/27/05	3,768.26	3,768.26		A	01H
CHRG DEDUCT	01	FIXED1 08/27/05	3,760.58	3,760.58		A	01H
CHRG DEDUCT	01	FIXED1 07/27/05	3,752.94	3,752.94		A	01H
CHRG DEDUCT	01	FIXED1 06/27/05	3,745.36	3,745.36		A	01H
CHRG DEDUCT	01	FIXED1 05/27/05	3,737.82	3,737.82		A	01H
CHRG DEDUCT	01	FIXED1 04/27/05	3,730.32	3,730.32		A	01H
CHRG DEDUCT	01	FIXED1 03/27/05	3,722.88	3,722.88		A	01H
CHRG DEDUCT	01	FIXED1 02/27/05	3,715.48	3,715.48		A	01H
CHRG DEDUCT	01	FIXED1 01/27/05	3,708.12	3,708.12		A	01

AP0011 - TRANSACTION CONTINUED

PSR1-USR19

UIDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON

M-47 12/03/35

FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
LOAN INT	01	FIXED1 01/17/05	6,888.19	7,266.79	4.500	A	01H
ADVANCE INT			378.60				
ADVANCE INT	01	GRACE 12/27/04	7,266.79	0.00	6.000	A	01H
CHRG DEDUCT	01	FIXED1 12/27/04	0.00	10,967.64			01H
CHRG ADJ	01	GRACE 12/27/04	3,700.85	7,266.79	6.000	A	01H
CHRG DEDUCT	01	FIXED1 11/27/04	3,414.62	3,414.62		A	01H

CHRG DEDUCT	01	FIXED1	10/27/04	3,408.81	3,408.81		A	01H
CHRG DEDUCT	01	FIXED1	09/27/04	3,403.03	3,403.03		A	01H
CHRG DEDUCT	01	FIXED1	08/27/04	3,397.29	3,397.29		A	01H
CHRG DEDUCT	01	FIXED1	07/27/04	3,391.59	3,391.59		A	01H
REG PRM	01	FIXED1	07/06/04	21,834.50	18,996.01	5.000	AC	01H
CHRG DEDUCT	01	FIXED1	06/27/04	3,430.10	3,430.10		A	01H
CHRG DEDUCT	01	FIXED1	05/27/04	3,424.19	3,424.19		A	01H
CHRG DEDUCT	01	FIXED1	04/27/04	3,418.32	3,418.32		A	01H
REG PRM	01	FIXED1	04/06/04	21,834.50	18,996.01	5.000	AC	01H
CHRG DEDUCT	01	FIXED1	03/27/04	3,456.66	3,456.66		A	01H
CHRG DEDUCT	01	FIXED1	02/27/04	3,450.58	3,450.58		A	01H
CHRG DEDUCT	01	FIXED1	01/27/04	3,444.54	3,444.54		A	01H
REG PRM	01	FIXED1	12/29/03	21,834.50	18,996.01	5.000	AC	01H
ADVANCE INT	01	GRACE	12/27/03	8,649.24	0.00	6.000	A	01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

UIDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
 FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT	01	FIXED1	12/27/03	0.00	12,131.95			01H
CHRG ADJ	01	GRACE	12/27/03	3,482.71	8,649.24	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/03	3,188.92	3,188.92		A	01H
CHRG DEDUCT	01	FIXED1	10/27/03	3,183.84	3,183.84		A	01H
REG PRM	01	FIXED1	10/07/03	20,667.10	17,980.38	5.000	AC	01H
CHRG DEDUCT	01	FIXED1	09/27/03	3,217.14	3,217.14		A	01H
CHRG DEDUCT	01	FIXED1	08/27/03	3,211.88	3,211.88		A	01H
CHRG DEDUCT	01	FIXED1	07/27/03	3,206.66	3,206.66		A	01H
CHRG DEDUCT	01	FIXED1	06/27/03	3,201.47	3,201.47		A	01H
REG PRM	01	FIXED1	06/16/03	20,667.10	17,980.38	5.000	AC	01H
CHRG DEDUCT	01	FIXED1	05/27/03	3,234.66	3,234.66		A	01H
CHRG DEDUCT	01	FIXED1	04/27/03	3,229.30	3,229.30		A	01H
CHRG DEDUCT	01	FIXED1	03/27/03	3,223.97	3,223.97		A	01H
CHRG DEDUCT	01	FIXED1	02/27/03	3,218.67	3,218.67		A	01H
CHRG DEDUCT	01	FIXED1	01/27/03	3,213.41	3,213.41		A	01H
ADVANCE INT	01	GRACE	12/27/02	8,083.40	0.00	6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/02	0.00	11,291.58			01H
CHRG ADJ	01	GRACE	12/27/02	3,208.18	8,083.40	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/02	2,928.63	2,928.63		A	01H
CHRG DEDUCT	01	FIXED1	10/27/02	2,924.44	2,924.44		A	01

AP0011 - TRANSACTION CONTINUED PSR1-USR19

UIDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
 FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
REG PRM	01	FIXED1	10/14/02	17,857.30	15,535.85	5.000	AC	01H
CHRG DEDUCT	01	FIXED1	09/27/02	2,950.57	2,950.57		A	01H
CHRG DEDUCT	01	FIXED1	08/27/02	2,946.25	2,946.25		A	01H
CHRG DEDUCT	01	FIXED1	07/27/02	2,941.95	2,941.95		A	01H
CHRG DEDUCT	01	FIXED1	06/27/02	2,937.68	2,937.68		A	01H
CHRG DEDUCT	01	FIXED1	05/27/02	2,933.44	2,933.44		A	01H
CHRG DEDUCT	01	FIXED1	04/27/02	2,929.23	2,929.23		A	01H
CHRG DEDUCT	01	FIXED1	03/27/02	2,925.03	2,925.03		A	01H
CHRG DEDUCT	01	FIXED1	02/27/02	2,920.87	2,920.87		A	01H
CHRG DEDUCT	01	FIXED1	01/27/02	2,916.73	2,916.73		A	01H
LOAN INT	01	FIXED1	01/15/02	7,554.59	8,083.40	5.000	A	01H
ADVANCE INT				528.81				
ADVANCE INT	01	GRACE	12/27/01	8,083.40	0.00	6.000	A	01H
CHRG DEDUCT	01	FIXED1	12/27/01	0.00	10,996.04			01H
CHRG ADJ	01	GRACE	12/27/01	2,912.64	8,083.40	6.000	A	01H
CHRG DEDUCT	01	FIXED1	11/27/01	2,649.40	2,649.40		A	01H

CHRG DEDUCT 01 FIXED1 10/27/01 2,646.44 2,646.44 A 01H
MISC ACCOUNT 10/19/01 A 00H
DB-2412600 34,606.30
CR-2416300 34,606.30
AP0011 - TRANSACTION CONTINUED 10/04/12 CSI39
PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
REG PRM	01 FIXED1	09/28/01	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01 FIXED1	09/27/01	2,670.34	2,670.34		A	01H
CHRG DEDUCT	01 FIXED1	08/27/01	2,667.24	2,667.24		A	01H
CHRG DEDUCT	01 FIXED1	07/27/01	2,664.17	2,664.17		A	01H
NET LOAN REV	01 FIXED1	07/25/01	17,797.59				00H
NET LOAN	RV 01 FIXED1	07/25/01	17,797.59	17,303.15	6.542		00H
CHRG DEDUCT	01 FIXED1	06/27/01	2,661.11	2,661.11		A	01H
REG PRM	F 01 FIXED1	06/23/01	17,303.15	15,053.74	6.000	AC	01H
NET LOAN	01 FIXED1	06/23/01	17,903.20	17,303.15	6.542	A	01H
ADVANCE INT			600.05				
CHRG DEDUCT	01 FIXED1	05/27/01	2,684.81	2,684.81		A	01H
CHRG DEDUCT	01 FIXED1	04/27/01	2,681.62	2,681.62		A	01H
REG PRM	F 01 FIXED1	04/04/01	17,303.15	15,053.74	6.000	AC	01H
NET LOAN	01 FIXED1	04/04/01	18,172.81	17,303.15	6.542	A	01H
ADVANCE INT			869.66				
CHRG DEDUCT	01 FIXED1	03/27/01	2,705.18	2,705.18		A	01H
CHRG DEDUCT	01 FIXED1	02/27/01	2,701.85	2,701.85		A	01H
CHRG DEDUCT	01 FIXED1	01/27/01	2,698.54	2,698.54		A	01H
REG PRM	F 01 FIXED1	01/15/01	17,303.15	15,053.74	6.000	AC	01H

AP0011 - TRANSACTION CONTINUED

10/04/12 CSI39
PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
MISC ACCOUNT		01/15/01				A	00H
DB-2412600			17,303.15				
CR-2416300			17,303.15				
NET LOAN	01 FIXED1	01/03/01	18,489.54	17,303.15	6.542	A	01H
ADVANCE INT			1,186.39				
ADVANCE INT	01 GRACE	12/27/00	3,984.91	0.00	6.000	A	01H
CHRG DEDUCT	01 FIXED1	12/27/00	0.00	6,706.90			01H
CHRG ADJ	01 GRACE	12/27/00	2,721.99	3,984.91	6.000	A	01H
CHRG DEDUCT	01 FIXED1	11/27/00	2,488.83	2,488.83		A	01H
CHRG DEDUCT	01 FIXED1	10/27/00	2,486.08	2,486.08		A	01H
CHRG DEDUCT	01 FIXED1	09/27/00	2,483.34	2,483.34		A	01H
CHRG DEDUCT	01 FIXED1	08/27/00	2,480.62	2,480.62		A	01H
REG PRM	F 01 FIXED1	08/10/00	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT	01 FIXED1	07/27/00	2,502.36	2,502.36		A	01H
CHRG DEDUCT	01 FIXED1	06/27/00	2,499.52	2,499.52		A	01H
CHRG DEDUCT	01 FIXED1	05/27/00	2,496.70	2,496.70		A	01H
MISC ACCOUNT		05/18/00				A	00H
DB-2412600			17,303.15				
CR-2416300			17,303.15				
REG PRM	F 01 FIXED1	05/08/00	17,303.15	15,053.74	6.000	AC	01

AP0011 - TRANSACTION CONTINUED

PSR1-USR19

ULDA,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
NET LOAN	01 FIXED1	05/05/00	18,067.38	17,303.15	6.542	A	01H

ADVANCE INT			764.23				
REG PRM	F	01	FIXED1 05/05/00	17,303.15	15,053.74	6.000	AC 01H
CHRG DEDUCT		01	FIXED1 04/27/00	2,542.76	2,542.76		A 01H
CHRG DEDUCT		01	FIXED1 03/27/00	2,539.66	2,539.66		A 01H
CHRG DEDUCT		01	FIXED1 02/27/00	2,536.58	2,536.58		A 01H
CHRG DEDUCT		01	FIXED1 01/27/00	2,533.51	2,533.51		A 01H
ADVANCE INT		01	GRACE 12/27/99	2,542.25	0.00	6.000	A 01H
CHRG DEDUCT		01	FIXED1 12/27/99	0.00	5,072.72		01H
CHRG ADJ		01	GRACE 12/27/99	2,530.47	2,542.25	6.000	A 01H
CHRG DEDUCT		01	FIXED1 11/27/99	2,310.17	2,310.17		A 01H
GROSS LOAN		01	FIXED1 10/31/99	36,318.16	35,898.06	7.407	A 01H
ADVANCE INT				420.10			
CHRG DEDUCT		01	FIXED1 10/27/99	2,307.77	2,307.77		A 01H
REG PRM	F	01	FIXED1 10/25/99	17,303.15	15,053.74	6.000	AC 01H
CHRG DEDUCT		01	FIXED1 09/27/99	2,327.69	2,327.69		A 01H
CHRG DEDUCT		01	FIXED1 08/27/99	2,325.16	2,325.16		A 01H
CHRG DEDUCT		01	FIXED1 07/27/99	2,322.64	2,322.64		A 01H
REG PRM	F	01	FIXED1 06/27/99	17,303.15	15,053.74	6.000	AC 01H
CHRG DEDUCT		01	FIXED1 06/27/99	2,320.14	2,320.14		A 01

AP0011 - TRANSACTION CONTINUED

PSR1-USR19

,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35
 FINANCIAL ACTIVITY FROM ISSUE

TRANSACTION	CPH	FUND	AS-OF	GROSS	NET	CIR/UV	GN	VPH
CHRG DEDUCT		01	FIXED1 05/27/99	2,339.99	2,339.99		A	01H
CHRG DEDUCT		01	FIXED1 04/27/99	2,337.38	2,337.38		A	01H
REG PRM	F	01	FIXED1 03/27/99	17,303.15	15,053.74	6.000	AC	01H
CHRG DEDUCT		01	FIXED1 03/27/99	2,334.79	2,334.79		A	01H
CHRG DEDUCT		01	FIXED1 02/27/99	2,354.54	2,354.54		A	01H
CHRG DEDUCT		01	FIXED1 01/27/99	2,351.84	2,351.84		A	01H
REG PRM	F	01	FIXED1 12/27/98	17,303.15	15,053.74	6.000	AC	01H
ISS ROLLOVER	F	01	FIXED1 12/27/98	100,394.30	100,394.30	6.000	AC	01H
CHRG DEDUCT		01	FIXED1 12/27/98	2,349.15	2,349.15		A	01H

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

10/04/12 CSI39
 PSR1-USR19

,1009208 ; . AS-OF 10/04/12;. BERNSTEIN, SIMON M-47 12/03/35

NEW MONEY INTEREST RATE	4.500%	INVESTMENT METHOD	POLICY YEAR PORT
TOTAL CASH VALUE	37,773.91	SUS-STAT-ENT-ASN/O-MEC-RE-LAST MVP-ACT	
LOANED AMOUNT	37,841.42	DTH 22 DC NO /9 N	0 09/27/12 M N
SURRENDER VALUE	386.21	PLAN- CVLOA	OPTION INCLUDES CV
COI REFUND	.00	DIR-Q	27238.00 REQ MAT **/**/**
MAXIMUM LOAN AVAILABLE	.00	BILLING	ON SCHED BILLED TO 12/27/12
LOAN PAYOFF	37,387.70	VALUE	37742.06 ISSUE 12/27/82
NET AMT AT RISK (INS)	1,637,485.79	RISK	1637485.79 LAST FIN 09/27/12
SPECIFIED AMOUNT (INS)	1,689,070.00	SPAMT	1689070.00 LAST BILL 09/27/12
OTHER INSURANCE	.00	LOAN	37841.42 LAST ACCT 09/27/12
DEATH BENEFIT	1,689,070.00	SUSP	.00 LAST OTHR 09/05/12
INTEREST CREDITED	101,461.74	INTEREST EARNED AT GIR	92,023.95
PREMIUMS PAID	1,376,387.57	WITHDRAWALS	.00

COST BASIS

1,376,387.57

AP0010 - REQUESTED TRANSACTION SUCCESSFULLY COMPLETED

10/04/12 CSI39
PSR1-USR19

csA Search Results - First Name = SIMON* Last Name = BERNSTEIN*

A Policy #	Role	Name	DOB	Govt ID	Address	City	ST	Zip	RegionCo Name
0 1009208	Insured	BERNSTEIN, SIMON	12/03/1935	[REDACTED]	7020 LIONS HEAD	BOCA RATON	FL	33496	PSR1 19 - Capitol Bankers

A Policy #	Role	Name	DOB	Govt ID	Address	City	ST	Zip	RegionCo Name
0 1009208	Insured	BERNSTEIN, SIMON	12/03/1935	[REDACTED]	7020 LIONS HEAD	BOCA RATON	FL	33496	PSR1 19 - Capitol Bankers

*****Eview*****

Search by SIMON BERNSTEIN, SIMON* BERNSTEIN* and SSN:

0 Rows Received Policy Number Name Type Location Company Title First Name Middle Name Last Name Suffix SSN Birthday Zip Code

----- Forwarded by Sumit N Bhatnagar/IND/CSC on 10/06/2012 01:54 AM -----

From: Sumit N Bhatnagar/IND/CSC
To: James.Mcdonald@Jackson.com, denise_ratliff@swissre.com, Janis.Compton@Jackson.com, renee_mccarty@swissre.com, Beverly.Reddall@Jackson.com
Cc: Paula J Chivetecke/USA/CSC@CSC, Rebecca L Benz/USA/CSC@CSC, Diane Henderson/USA/CSC@CSC, Elizabeth J Foust/USA/CSC@CSC, Gilbert R Bocher/USA/CSC@CSC, Tim K Barber/USA/CSC@CSC, Thomas R Drouhy/USA/CSC@CSC
Date: 10/06/2012 01:54 AM
Subject: JLIFE Policy Number : 1009208

Policy Notified for One Million Dollar Policy

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Date of Birth : 12/03/1935
Date of Death : 09/13/2012
Face Amount : 1,689,070
Cause of Death : Natural

Regards
SUMIT BHATNAGAR, ALMI
Senior - Client Services Specialist

DLF IT PARK | A 44/45 Noida Tower B, B5W229 | Sector 62 | Noida - 201 301 | India
FSG | Direct +91 120 470 9252 | + 91-120-4430666 Extn.709252 | US: (302)-781-1010 ext 709252 | M: +91 9818537650 | sbhatnagar4@csc.com |
csc.com

CSC - This is a PRIVATE message. If you are not the intended recipient, please delete without copying and kindly advise us by e-mail of the mistake in delivery. NOTE: Regardless of content, this e-mail shall not operate to bind CSC to any order or other contract unless pursuant to explicit written agreement or government initiative expressly permitting the use of e-mail for such purpose - Computer Sciences Corporation India Pvt Ltd - 7th, Floor, Block 1B, DLF IT Park, Sivaji Garden, Nandambakkam Post, Ramapuram, Chennai-600 089.


JCK001261

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

October 9, 2012

LASALLE NATIONAL TRUST N.A TRUSTEE
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431



Check out
Spallina's title at
LaSalle National
Trust N.A.

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09765315

Dear Trustee:

We are writing in response to your notification of the death of Simon Bernstein. Our sincere condolences go to the family for their loss.

In order to proceed with our review of the claim, we require the following items to be submitted:

- The enclosed Claimants Statement completed and signed by the named beneficiary. If the beneficiary has had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal documents.
- A **certified death certificate**. This should indicate cause of death, manner of death, date of birth and Social Security Number.
- Return the original policy – If the original policy cannot be located, please note on the Claimant Statement (Page 3, Item 4).
- Trust Documentation – Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.
- Letter of representation or written authorization signed by the beneficiary authorizing information to be released on the above referenced policy.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. A valid claim will include interest due and payable from the date of death at a rate of 10% if we do not pay the claim within 31 days from the latest of 1) the date that we receive proof of death, 2) the date we receive sufficient information to determine our liability and the appropriate beneficiary(ies) entitled to the proceeds; or 3) the date that any legal impediments are resolved.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

Diane Henderson
Claims Manager

Enclosure(s): Life Claimant Statement No RAA

CLAIMANT STATEMENT

Heritage Union Life Insurance Company

Mailing Address
P.O. Box 1600
Jacksonville, IL 62651-1600

Proof of Loss

Part I

INSTRUCTIONS

The following items are required for all claims:

- An original **certified death certificate** showing the cause of death. Photocopies are not acceptable.
- The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- This claim form completed and signed by the claimant(s).**

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- **If the beneficiary is the Estate of the Insured**, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- **If the beneficiary is a trust**, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- **If the beneficiary is a minor**, we will require evidence of court appointed guardianship of the Minor's Estate.
- **If the policy is collaterally assigned**, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- **If the primary beneficiary(ies) is (are) deceased**, we will require a death certificate for each deceased beneficiary.
- **If the policy has a split dollar agreement associated with it**, we will require a copy of said agreement.
- **If the policy is subject to a Viatical or a Life Settlement transaction**, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CLAIMANT STATEMENT

TRAUD INFORMATION

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

CLAIMANT STATEMENT

DECEDENT INFORMATION			
1. Name of Deceased (Last, First Middle)		2. Last 4 digits of Deceased's Social Security No:	
3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.			
4. Policy Number(s)		5. If policy is lost or not available, please explain:	
6. Deceased's Date of Death		7. Cause of Death	8. <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending
CLAIMANT INFORMATION			
9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
10. Street Address		11. City	12. State and Zip
13. Daytime Phone Number			
14. Date of Birth	15. Social Security or Tax ID Number		16. Relationship to Deceased
17. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
18. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider, or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMANT INFORMATION (to be completed by 2 nd claimant, if any)			
20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
21. Street Address		22. City	23. State and Zip
24. Daytime Phone Number			
25. Date of Birth	26. Social Security or Tax ID Number		27. Relationship to Deceased
28. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
29. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.

CLAIMANT STATEMENT

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Option from Policy

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Claimant and Title

Date

Signature of Second Claimant, if any, and Title

Date

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.
Please include a copy of the trust agreement, including the signature page(s) and any amendments.

I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification.

Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):

- 1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
- 2. The GST tax does not apply because the GST tax exemption will offset the GST tax.
- 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
- 4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)
- 5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Name of Trust	Date of Trust Agreement
Date of all Amendments	Trust Tax ID Number
Printed Name of Trustee(s)	Signature(s)
a _____	_____
b _____	_____
c _____	_____
d _____	_____

From: (561) 997-7008
Kimberly Moran
TESCHER & SPALLINA
4855 Technology Way
Suite 720
BOCA RATON, FL 33431

Origin ID: P1XA



Ship Date: 01NOV12
Acctglt: 101LB
CAD, 1344079/NET3300

Deliv. Address Code

Ref. Invoice
PO #
Dest #



SHIP TO: (800) 925-0003
Claims Department
Heritage Union Life Insurance Co.
1275 SANDUSKY RD

BILL SENDER

JACKSONVILLE, IL 62650

FRI - 02 NOV AA
STANDARD OVERNIGHT

TRK# 7939 8244 9665
0201

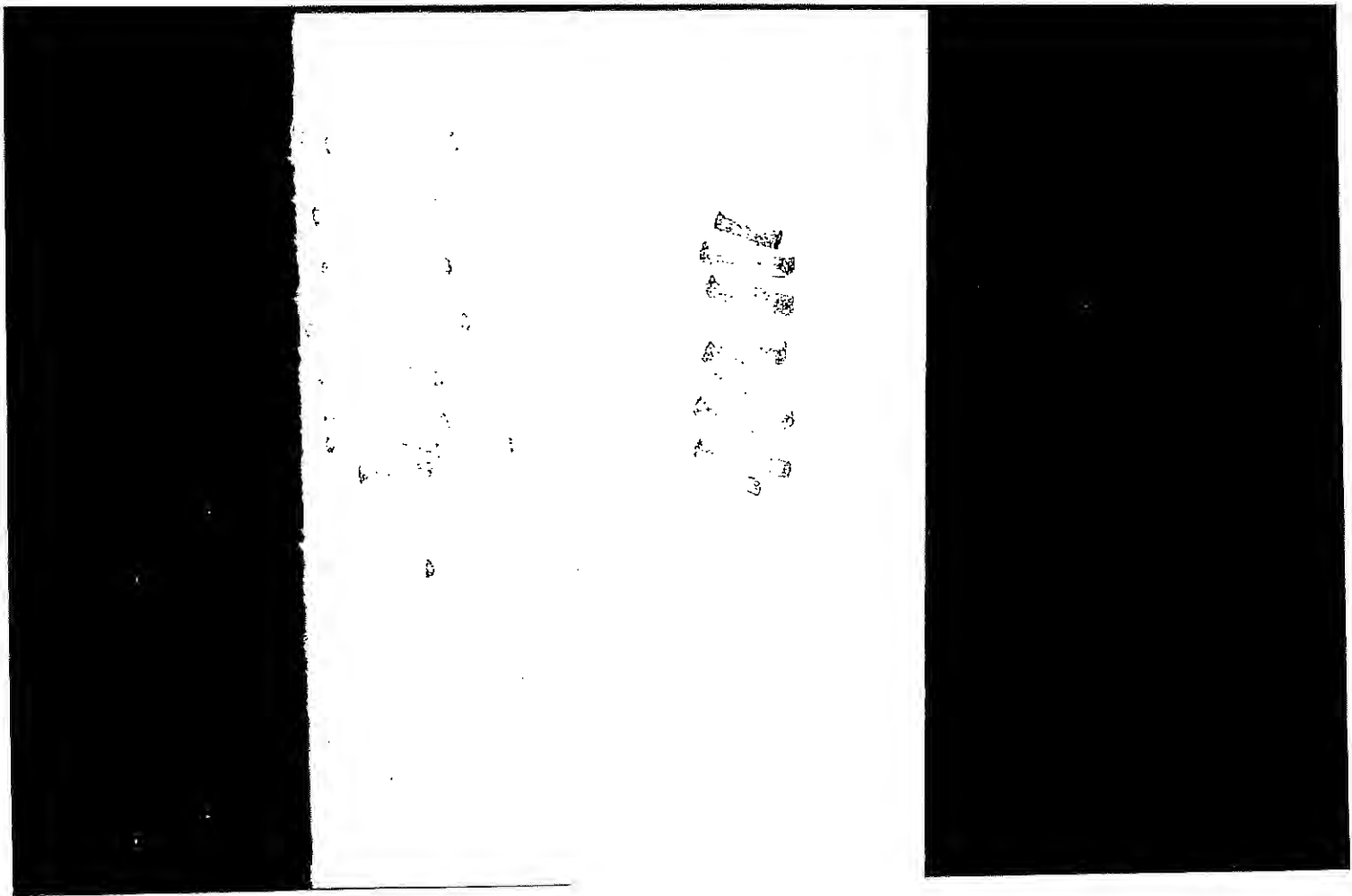
62650
LJIS
STL



XX SPIA



61581902294



CLAIMANT STATEMENT

0008630.0002710

DECEDENT INFORMATION			
1. Name of Deceased (Last, First Middle) Bernstein, Simon Leon		2. Last 4 digits of Deceased's Social Security No: 5211	
3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.			
4. Policy Number(s) 1009208		5. If policy is lost or not available, please explain: unable to locate, policy is 30 years old	
6. Deceased's Date of Death 09/13/12	7. Cause of Death natural causes	8. <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending	
CLAIMANT INFORMATION			
9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section. Simon Bernstein Irrevocable Insurance Trust			
10. Street Address	11. City	12. State and Zip	13. Daytime Phone Number
14. Date of Birth	15. Social Security or Tax ID Number	16. Relationship to Deceased	
17. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
18. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMANT INFORMATION (to be completed by 2 nd claimant, if any)			
20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
21. Street Address	22. City	23. State and Zip	24. Daytime Phone Number
25. Date of Birth	26. Social Security or Tax ID Number	27. Relationship to Deceased	
28. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
29. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.
 CL G012F Life Claimant Statement No RAA 12/23/2011 Page 3

JCK001271

CLAIMANT STATEMENT

0000000.0002711

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Option from Policy

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Claimant and Title

Date

Signature of Second Claimant, if any, and Title

Date

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

0008680.0002712

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.
Please include a copy of the trust agreement, including the signature page(s) and any amendments.

I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification.

Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):

- 1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
- 2. The GST tax does not apply because the GST tax exemption will offset the GST tax.
- 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
- 4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)
- 5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Name of Trust Simon Bernstein Irrevocable Insurance Trust	Date of Trust Agreement 06/01/1995
Date of all Amendments	Trust Tax ID Number 65-0178916
Printed Name of Trustee(s) a. _____ b. _____ c. _____ d. _____	Signature(s) _____ Robert L. Spallina _____ _____ _____ _____

Spallina signs as trustee = FRAUD

RAISED SEAL

RAISED SEAL

RAISED SEAL

0008680.0002714

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.
OFFICE of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012256765

DATE ISSUED: September 18, 2012

DECEDENT INFORMATION

STATE FILE DATE: September 17, 2012

NAME: SIMON LEON BERNSTEIN

DATE OF DEATH: September 13, 2012

SEX: MALE

SSN: [REDACTED]

AGE: 076 YEARS

DATE OF BIRTH: December 2, 1935

BIRTHPLACE: FLINT, MICHIGAN

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 7020 LIONS HEAD LANE, BOCA RATON, FLORIDA 33495

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: SALES, LIFE INSURANCE

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean American Indian or Alaska Native - White Guamanian or Chamorro Samoan Other Pacific Is. Vietnamese Other Asian Other Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC OR HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: THEODORE BERNSTEIN

MOTHER: NORA UNKNOWN

INFORMANT: TED STUART BERNSTEIN

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 880 Berkley Street, BOCA RATON, FLORIDA 33487

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: THE GARDENS MEMORIAL PARK
BOCA RATON, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: GARRETT JACOBS, F019844

FUNERAL FACILITY: BOCA RATON FUNERAL HOME F040152
19785 HAMPTON DRIVE, BOCA RATON, FLORIDA 33434

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 121500913

TIME OF DEATH (24 hr): 0227

CERTIFIER'S NAME: MICHAEL D BELL

CERTIFIER'S LICENSE NUMBER: ME54359

NAME OF ATTENDING PHYSICIAN (If other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: PENDING INVESTIGATION

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a PENDING

b

d

PART II - Other Significant conditions contributing to death but not resulting in the underlying cause given in PART I:

AUTOPSY PERFORMED: YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? NO

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN

REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? NOT APPLICABLE

NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

C. Michael Bell

State Registrar

REG. 2013124648

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED ON PHOTOCOPIED OR SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THEN VOCHROMIC FL. THE BACK CONTAINS SPECIAL INK WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.

DH FORM 1047 (11/11)

CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

003600 0802715

Vertical text columns, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.



LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

TEL: 561-997-7008
FAX: 561-997-7308
TOLL FREE: 888-997-7008
WWW.TESCHERSPALLINA.COM

SUPPORT STAFF
DIANE DUSEN
KIMBERLY MORAN
SUANN TESCHER

November 1, 2012

VIA FEDERAL EXPRESS

Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

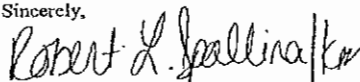
Re: Insured: Simon L. Bernstein
Contract No.: 1009208

Dear Sir or Madam:

Enclosed is the Claimant's Statement for the above referenced policy, together with an original death certificate for the insured, Simon Bernstein. We are also enclosing a copy of Internal Revenue Service Form SS-4, Application for Employer Identification Number for the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which is the trust listed as beneficiary of the above referenced policy. We will provide wiring instructions for the trust bank account when you have processed the claim, if possible, in lieu of a check. Finally, we are enclosing a copy of the obituary for the decedent which was published in the Palm Beach Post. We are unable to locate a copy of the original insurance policy.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,



ROBERT L. SPALLINA

RLS/km

Enclosures

JCK001277

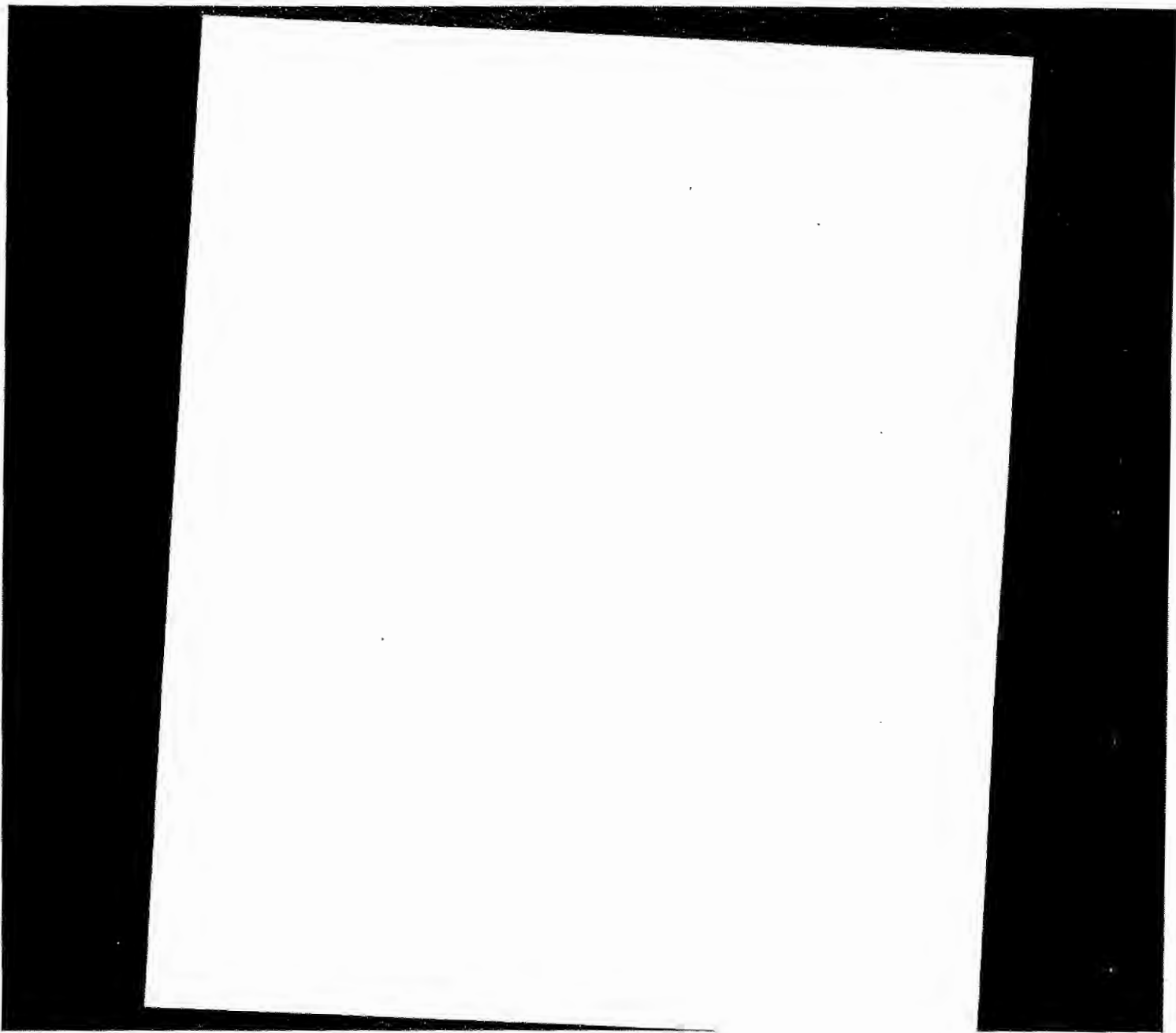
0008660 . 0002718

SIMON LEON BERNSTEIN

Family-Placed Obituary

SIMON LEON BERNSTEIN born in Flint, MI on December 2nd, 1935. He was predeceased by his beloved wife Shirley (Thomas) and is survived by his adoring children: Ted Bernstein (Deborah), Pamela Simon (David "Scoolie"), Eliot Bernstein (Candice), Jiff Iantoni (Guy), Lisa Friedstein (Jeff). He was the esteemed Zaida of Ally, Eric, Matt, Molly, Michael, Max, Joshua, Carley, Jacob, Julia, and Danny. Simon was the owner of several successful life insurance agencies and product creator extraordinaire. Si was an avid golfer and loved his family and friends dearly. He will be missed. Funeral services are Sunday, September 16th, 2012 at 2:00pm at The Gardens 4103 N. Military Trail, Boca Raton, Florida. Donations may be made to the American Heart Association in lieu of flowers. To express condolences and/or make donations Visit PalmBeachPost.com/obituaries

Published in The Palm Beach Post from September 16 to September 23, 2012



JCK001280

Heritage Union Life Insurance Company

PO Box 1147, Jacksonville, IL 62651-1147

Phone 800-825-0003 Fax 803-333-7842

Visit us at www.insurance-servicing.com

November 5, 2012

LASALLE NATIONAL TRUST N.A.
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09784754

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

- The enclosed Claimant Statement completed and **signed by the named beneficiary**. If the beneficiary has had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal documents.
- Trust Documentation – Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02091806

Sincerely,

BREE H
Claims Services

Enclosure(s): IL Department of Insurance Notification
Life Claimant Statement RAA

JCK001281

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

- Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

CLAIMANT STATEMENT

Reassure America Life Insurance Company

Mailing Address
PO BOX 1207
JACKSONVILLE IL 62651

Proof of Loss Part I

INSTRUCTIONS

The following items are required for all claims:

- An original **certified death certificate** showing the cause of death. Photocopies are not acceptable.
- The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- This claim form completed and signed by the claimant(s).**

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- **If the beneficiary is the Estate of the Insured**, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- **If the beneficiary is a trust**, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- **If the beneficiary is a minor**, we will require evidence of court appointed guardianship of the Minor's Estate.
- **If the policy is collaterally assigned**, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- **If the primary beneficiary(ies) is (are) deceased**, we will require a death certificate for each deceased beneficiary.
- **If the policy has a split dollar agreement associated with it**, we will require a copy of said agreement.
- **If the policy is subject to a Viatical or a Life Settlement transaction**, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CLAIMANT STATEMENT

FRAUD INFORMATION

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

CLAIMANT STATEMENT

DECEDENT INFORMATION			
1. Name of Deceased (Last, First Middle)		2. Last 4 digits of Deceased's Social Security No:	
3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.			
4. Policy Number(s)		5. If policy is lost or not available, please explain:	
6. Deceased's Date of Death	7. Cause of Death	8. <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending	
CLAIMANT INFORMATION			
9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
10. Street Address	11. City	12. State and Zip	13. Daytime Phone Number
14. Date of Birth	15. Social Security or Tax ID Number	16. Relationship to Deceased	
17. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
18. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship _____			
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMANT INFORMATION (to be completed by 2 nd claimant, if any)			
20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
21. Street Address	22. City	23. State and Zip	24. Daytime Phone Number
25. Date of Birth	26. Social Security or Tax ID Number	27. Relationship to Deceased	
28. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
29. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship _____			
30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR SIGNATURE IS REQUIRED ON PAGE 6.

CLAIMANT STATEMENT

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Installments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy.

Name of Settlement Option from Policy

If you DO NOT indicate a settlement option on the line above, a lump sum payment will be made as follows:

- Total amount payable of less than \$10,000 (from one or more policies) will be paid directly to the beneficiary(ies) by check.
- Total amount payable of \$10,000 or more may be placed in a KeepSafe Account in the beneficiary's name, giving you complete control and immediate access to all of your funds. See below for more information and State availability.
- Claims payable to a corporation, partnership, multiple trustees or estate will be paid by check.

CLAIMANT STATEMENT

KEEPSAFE ACCOUNT

The **KeepSafe Account** ("Account") is an interest bearing draft account set up in your name that provides immediate access to your funds. The draft account is like a checking account. The Account is designed to let your insurance benefit earn interest immediately and give you time to make the financial decisions that are best for you. The Northern Trust Bank administers the Account on Reassure America Life Insurance Company's ("Reassure") behalf and the funds supporting the Account are held within Reassure's general account.

- **Set-Up** - An information kit, draftbook (like a checkbook) and Supplemental Contract will be mailed to you. Payment of the total proceeds will be accomplished by delivery of the draftbook. Once the Account is established, no other settlement options are available.
- **Withdraws and Deposits** - You may withdraw funds at any time by writing a draft (like writing a check) for any amount from \$250 up to the entire amount, including interest, for any purpose you wish. Deposits cannot be made by you into the Account.
- **Fees** - There are no monthly services charges or draft fees and no penalties for withdrawal. You will be charged a fee of \$10 per draft for insufficient funds, \$15 for each stop payment order, and \$50 for a wire transfer request.
- **Minimum Balance** - The Account will be closed automatically if the balance drops below \$1,000. The balance in the account will be sent to you by a check at the end of the month in which it is closed.
- **Statements** - Each month you will receive a statement showing current account balance, withdrawals, interest credited, and any other account activity.
- **Interest Rates** - Your Account starts earning interest the day it is established. Interest is compounded daily and credited to the Account at the end of the month and is available for withdrawal on the day after it has been credited. Accounts will earn a minimum guaranteed interest rate of 0.5%. However, no interest will be credited to an Account with a balance below \$2,500 or if an Account becomes dormant and is subject to unclaimed property laws. Your interest rate is determined monthly by Reassure using the 1-month national average CD rate as published by the Wall Street Journal in the BankRate.com section the last Wednesday of each month. The current crediting rate is 0.5%.
- **Taxation** - Interest earned on the Account may be taxable. It is recommended you consult a tax advisor.
- **Account safety** - Your money in the Account is backed by the assets of Reassure. This Account is not guaranteed by the FDIC. However, your funds are guaranteed by State Guaranty Associations, subject to certain limitations. To learn more, contact the National Organization of Life & Health Insurance Guaranty Associations at 703-481-5206 or www.nolhga.com.
- **Inactive dormant accounts** - Lack of customer-generated activity on the Account for more than a specified period of time may force the Account to be considered abandoned and subject to be reported as unclaimed property to your state. Customer-generated activity is automatically accomplished when you write a draft or update information on the Account such as your address or beneficiary.
- **Questions** - For further information about the Account, please call 1-800-678-6227 Monday through Friday, 7:30 A.M. - 4:30 P.M. CST.

The KeepSafe Account is not available if you are a resident of or the policy was issued in Alaska, Arkansas, Connecticut, Florida, Indiana, Kansas, Kentucky, Louisiana, Maryland, New Hampshire, New Jersey, North Carolina, and Rhode Island.

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.

CLAIMANT STATEMENT

SUBSTITUTE FOR IRS FORM W-9

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SIGNATURES

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For Residents of All Other States: See the Fraud Information section of this claim form.

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Signature of Claimant and Title

Date

Signature of Second Claimant, if any, and Title

Date

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.
Please include a copy of the trust agreement, including the signature page(s) and any amendments.

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Name of Trust	Date of Trust Agreement
Date of all Amendments	Trust Tax ID Number
Printed Name of Trustee(s)	Signature(s)
a _____	_____
b _____	_____
c _____	_____
d _____	_____

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

November 29, 2012

LASALLE NATIONAL TRUST N.A.
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09801925

Dear Trustee:

We are writing to remind you that we have not received the previously requested items necessary to proceed with our review of the pending claim on the above referenced policy. The required items are:

- The enclosed Claimant Statement completed and **signed by the named beneficiary**. If the beneficiary has had a change in name, we require a copy of the applicable marriage license, divorce decree or similar legal documents.
- Trust Documentation – Please provide a copy of the trust agreement and any amendment(s), including the signature page(s). We will also require the Trustee Certification section of the claim form to be completed by all trustees. Please use the trust's name when completing the Claimant Information section.

Please review Page 1 of the Claimant Statement which also explains other documents that may be required. Providing the Claimant Statement is not an admission of liability on the part of the Company.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

V02091806

Sincerely,

D. Henderson
Claims Services

Enclosure(s): IL Department of Insurance Notification
Life Claimant Statement No RAA

JCK001290

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

- Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

CLAIMANT STATEMENT
Heritage Union Life Insurance Company

Mailing Address
P.O. Box 1600
Jacksonville, IL 62651-1600

Proof of Loss

Part I

INSTRUCTIONS

The following items are required for all claims:

- An original **certified death certificate** showing the cause of death. Photocopies are not acceptable.
- The original policy or, if unavailable, an explanation provided in Decedent Information section, space 5 of this form.
- This claim form completed and signed by the claimant(s).**

If the policy has been in force for less than two years during the lifetime of the Insured or if the policy has been reinstated within two years of the Insured's death, then we may perform a routine inquiry into the answers on the application for the policy or reinstatement application of the lapsed policy.

If the death occurred outside of the United States, we will require a Report of the Death of an American Citizen Abroad.

Special Instructions and additional requirements may apply.

- **If the beneficiary is the Estate of the Insured**, we will also require evidence of the court approved legal representative over the Estate. Please provide the Tax ID number of the Estate of the Insured.
- **If the beneficiary is a trust**, we will also require a copy of the trust agreement and any amendments, including the signature page(s). Please note the Trustee Certification section of the claim form will also need to be completed by all trustees. Please use the trust's name when completing the Claimant Information section of the claim form and provide the Tax ID number of the trust.
- **If the beneficiary is a minor**, we will require evidence of court appointed guardianship of the Minor's Estate.
- **If the policy is collaterally assigned**, we will require a letter from the collateral assignee stating the balance due under the collateral assignment. If the collateral assignee is a corporation, please include a copy of the corporate resolution verifying who is authorized to sign on behalf of the corporation.
- **If the primary beneficiary(ies) is (are) deceased**, we will require a death certificate for each deceased beneficiary.
- **If the policy has a split dollar agreement associated with it**, we will require a copy of said agreement.
- **If the policy is subject to a Viatical or a Life Settlement transaction**, and if the beneficiary is a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider or an individual or entity which invested in this policy as a viatical or life settlement, please complete questions 19 and 30.

Other requirements may be needed depending on the individual facts of the claim. The company will advise you if other documentation is required.

CLAIMANT STATEMENT

FRAUD INFORMATION

For Residents of Alaska, Arizona, Nebraska, New Hampshire and Oregon: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of California: For your protection California law requires the following notice to appear on this form. Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kentucky, Ohio and Pennsylvania: Any person who knowingly & with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime & subjects such person to criminal and civil penalties.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

For Residents of New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of New York: Please see the Signature section of this form.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

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

CLAIMANT STATEMENT

DECEDENT INFORMATION			
1. Name of Deceased (Last, First Middle)		2. Last 4 digits of Deceased's Social Security No:	
3. If the Deceased was known by any other names, such as maiden name, hyphenated name, nickname, derivative form of first and/or middle name or an alias, please provide them below.			
4. Policy Number(s)		5. If policy is lost or not available, please explain:	
6. Deceased's Date of Death	7. Cause of Death	8. <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending	
CLAIMANT INFORMATION			
9. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
10. Street Address	11. City	12. State and Zip	13. Daytime Phone Number
14. Date of Birth	15. Social Security or Tax ID Number	16. Relationship to Deceased	
17. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
18. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
19. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
CLAIMANT INFORMATION (to be completed by 2 nd claimant, if any)			
20. Claimant Name (Last, First, Middle). If trust, please list trust name and complete Trustee Certification section.			
21. Street Address	22. City	23. State and Zip	24. Daytime Phone Number
25. Date of Birth	26. Social Security or Tax ID Number	27. Relationship to Deceased	
28. I am filing this claim as: <input type="checkbox"/> an individual who is named as a beneficiary under the policy <input type="checkbox"/> a Trustee of a Trust which is named as a beneficiary under the policy <input type="checkbox"/> an Executor of Estate which is named as a beneficiary under the policy <input type="checkbox"/> Other			
29. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please list country of citizenship			
30. Policies subject to Viatical / Life Settlement transactions - Are you a viatical settlement provider, life settlement provider, the receiver or conservator of viatical or life settlement company, a viatical or life financing entity, trustee, agent, securities intermediary or other representative of a viatical or life settlement provider; or an individual or entity which invested in this policy as a viatical or life settlement?			<input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR SIGNATURE IS REQUIRED ON THE NEXT PAGE.

CLAIMANT STATEMENT

SETTLEMENT OPTIONS

The policy may contain one or more settlement options, such as Interest Payments, Instalments for a Specified Amount, Life Annuity, Life Annuity with Period Certain, and/or Joint Life and Survivorship Annuity. You may choose to receive a lump sum payment or another settlement option available in the policy under which a claim is made. For more information, refer to the optional methods of policy settlement provision in the policy or contact us at the mailing address noted on the front of the claim form.

If you wish to select a settlement option, please indicate your settlement selection by name (not by number) on the line below after you have carefully reviewed the options available in the policy. Availability of settlement options are subject to the terms of the policy. If you do not choose a settlement option, we will send a lump sum settlement to you.

Name of Settlement Option from Policy

Important Information About the USA PATRIOT Act

To help fight the funding of terrorism and money-laundering activities, the U.S. government has passed the USA PATRIOT Act, which requires banks, including our processing agent bank, to obtain, verify and record information that identifies persons who engage in certain transactions with or through a bank. This means that we will need to verify the name, residential or street address (no P.O. Boxes), date of birth and social security number or other tax identification number of all account owners.

SUBSTITUTE FOR IRS FORM W-9

This information is being collected on this form versus IRS form W-9 and will be used for supplying information to the Internal Revenue Service (IRS). Under penalty of perjury, I certify that 1) the tax ID number above is correct (or I am waiting for a number to be issued to me), 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person (including a U.S. resident alien). Please cross through item 2 if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

SIGNATURES

I/We do hereby make claim to said insurance, declare that the answers recorded above are complete and true, and agree that the furnishing of this and any supplemental forms do not constitute an admission by the Company that there was any insurance in force on the life in question, nor a waiver of its rights or defenses.

For Residents of New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of All Other States: See the Fraud Information section of this claim form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Claimant and Title

Date

Signature of Second Claimant, if any, and Title

Date

CLAIMANT STATEMENT

TRUSTEE CERTIFICATION

TRUSTEE CERTIFICATION (to be completed only if trust is claiming proceeds)

COMPLETE THIS SECTION ONLY IF A TRUST IS CLAIMING BENEFITS.

Please include a copy of the trust agreement, including the signature page(s) and any amendments.

I/We, the undersigned trustee(s), represent and warrant that the copy of the trust agreement, which we will provide you pursuant to this certification, is a true and exact copy of said agreement, that said agreement is in full force and effect, and that we have the authority to make this certification.

Generation Skipping Transfer Tax Information - THIS MUST BE COMPLETED FOR PAYMENT

I/We the undersigned, on oath, deposes and states as follows with respect to the possible application of the Generation Skipping Transfer (GST) tax to the death benefit payment (Mark the appropriate item):

- 1. The GST tax does not apply because the death benefit is not included in the decedent's estate for federal estate tax purposes.
- 2. The GST tax does not apply because the GST tax exemption will offset the GST tax.
- 3. The GST tax does not apply because at least one of the trust beneficiaries is not a "skipped" person.
- 4. The GST tax does not apply because of the reasons set forth in the attached document (Please attach document setting forth the reasons why you believe the GST tax does not apply.)
- 5. The GST tax may apply. As a result, the death benefit payment IS subject to withholding of the applicable GST tax. Enclosed is the completed Schedule R-1 (Form 706) for submission to the Internal Revenue Service.

Name of Trust	Date of Trust Agreement
Date of all Amendments	Trust Tax ID Number
Printed Name of Trustee(s)	Signature(s)
a _____	_____
b _____	_____
c _____	_____
d _____	_____

LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

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SUPPORT STAFF
DIANE DUSTIN
KIMBERLY MORAN
SUANN TESCHER

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree
Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

Re: **Insured: Simon L. Bernstein**
Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

Robert L. Spallina/km
ROBERT L. SPALLINA

RLS/km

Enclosures

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FL

IN RE: ESTATE OF

PROBATE DIVISION

SIMON L. BERNSTEIN,

File No. 50201201004391

Deceased.

II *XXXXSB*

11/2 OCT -2 AM 9:31
PALM BEACH COUNTY
SOUTH CITY BRANCH
FILED

LETTERS OF ADMINISTRATION

TO ALL WHOM IT MAY CONCERN

WHEREAS, Simon L. Bernstein, a resident of Palm Beach County, died on September 13, 2012, owning assets in the State of Florida, and

WHEREAS, Robert L. Spallina and Donald R. Tescher have been appointed as co-Personal Representatives of the Estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned Circuit Judge, declare Robert L. Spallina and Donald R. Tescher as duly qualified under the laws of the State of Florida to act as co-Personal Representatives of the Estate of Simon L. Bernstein, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

DONE and ORDERED in Chambers at Delray, Palm Beach County, Florida, on this 2 day of Oct, 2012.

Estate must be closed 12 months from the date of order

Circuit Judge



STATE OF FLORIDA - PALM BEACH COUNTY

I hereby certify that the foregoing is a true copy as recorded in my office and the same is in full force and effect.

THIS 2 DAY OF Oct, 2012

SHARON R. BOCK
CLERK & COMPTROLLER

By [Signature]
DEPUTY CLERK

06/21/95 10:48

893 0486

58 LEXINGTON

SI

1000
1000
6/22/95

Form SS-4 Application for Employer Identification Number
 (Rev. August 1985) Department of the Treasury Internal Revenue Service

(For use by employers and others. Please read the attached instructions before completing this form.) Please type or print clearly.

1 Name of applicant (True legal name) (See instructions.)
Simon Bernstein Irrevocable Insurance Trust

2 Trade name of business, if different from name in line 1:
Shirley Bernstein

3a Mailing address (street address) (room, apt., or suite no.)
7020 Lions Head

3b Address of business (See instructions.)
Boca Raton, FL 33496

4a City, state, and ZIP code
Boca Raton, FL 33496

4b City, state, and ZIP code

5 County and state where principal business is located

7 Name of principal officer, grantor, or general partner (See instructions.)
Executive Sec. S.I.#

8a Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Individual SSN	<input type="checkbox"/> Estate	<input checked="" type="checkbox"/> Trust
<input type="checkbox"/> REMIC	<input type="checkbox"/> Plan administrator SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> State/local government	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)
<input type="checkbox"/> National guard	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> Other nonprofit organization (specify)	If nonprofit organization enter GEN (if applicable)	
<input type="checkbox"/> Other (specify)		

8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated

9 Reason for applying (Check only one box)

<input type="checkbox"/> Started new business	<input type="checkbox"/> Changed type of organization (specify)
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type)	<input checked="" type="checkbox"/> Created a trust (specify) <u>Insurance Trust</u>
<input type="checkbox"/> Banking purpose (specify)	<input type="checkbox"/> Other (specify)

10 Date business started or acquired (Mo., day, year) (See instructions.)
JUNE 1, 1995

11 Enter closing month of accounting year (See instructions.)
December 31

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Nonagricultural	Agricultural	Household
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14 Does the applicant operate more than one place of business?
 If "Yes," enter name of business.

15 Principal activity or service (See instructions.)

16 Is the principal business activity manufacturing?
 If "Yes," principal product and raw material used

17 To whom are most of the products or services sold? Please check the appropriate box.

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
--	--	---	------------------------------

18a Has the applicant ever applied for an identification number for this or any other business?
 Note: If "Yes," please complete lines 18b and 18c.

18b If you checked the "Yes" box in line 18a, give applicant's true name and trade name, if different than name shown on prior application.

True name: _____ Trade name: _____

19a Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

19b See instructions for filing this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title of preparer (type or print clearly) Shirley Bernstein, Trustee Telephone number (include area code) 407-477-9991

Signature X Date JUNE 21, 1995

Please leave blank

For Paperwork Reduction Act Notice, see attached instructions.

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, FL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A.
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09808181

Dear Trustee:

We are currently reviewing the above-referenced policy and will advise you once we have completed our review.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred
Claims Services

JCK001300

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

- A **certified death certificate**. This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred
Claims Services

Enclosure(s): IL Department of Insurance Notification

JCK001301

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

- Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

ATTORNEYS
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TOLL FREE: 888-997-7008
WWW.TESCHERSPALLINA.COM

SUPPORT STAFF
DIANE DUSTIN
KIMBERLY MORAN
SUANN TESCHER

December 21, 2012

VIA FEDERAL EXPRES & FACSIMILE: 803-333-4936

Attn: Bree
Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

Re: **Insured: Simon L. Bernstein**
Contract No.: 1009208

Dear Bree:

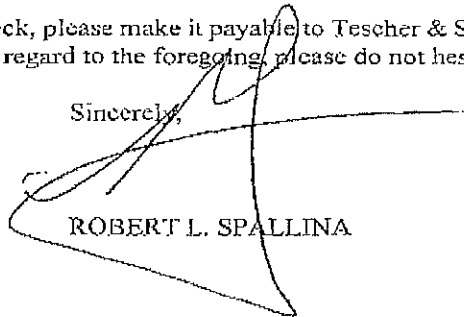
Enclosed is a certified death certificate showing cause of death for Simon Bernstein, as per your letter dated December 7, 2012 (a copy of which is also enclosed). As discussed and pursuant to our letter dated December 6, 2012 (a copy of which is enclosed), which is being reviewed by your supervisor, we enclose wiring instructions to our trust account as personal representatives of Mr. Bernstein's estate to make distributions to Mr. Bernstein's children under a Mutual Release and Settlement Agreement that we can provide for your files.

Sabadell United I/k/a Mellon United National Bank
Boca Raton, Florida
ABA 067009646

for further credit to
0225002997 (acct. no.)
Teschler & Spallina, P.A. IOTA Trust Account

If you would prefer to write a check, please make it payable to Tescher & Spallina IOTA Trust Account. If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,



ROBERT L. SPALLINA

RLS/km

Enclosures

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY WATERMARK.

OFFICE OF VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012256765

DATE ISSUED: December 20, 2012

DECEDENT INFORMATION

STATE FILE DATE: September 17, 2012

NAME: SIMON LEON BERNSTEIN

DATE OF DEATH: September 13, 2012

SEX: MALE SSN: [REDACTED]

AGE: 78 YEARS

DATE OF BIRTH: December 2, 1935

BIRTHPLACE: FLINT, MICHIGAN

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 7020 LIONS HEAD LANE, BOCA RATON, FLORIDA 33486

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: SALES, LIFE INSURANCE

RACE: X White ___ Black or African American ___ Asian Indian ___ Chinese ___ Filipino ___ Hindu ___ Japanese ___ Korean ___ American Indian or Alaska Native-Tribal ___ Vietnamese ___ Other Asian ___ Guamanian or Guamanian ___ Samoan ___ Other Pacific Isl. ___ Other ___ Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GED

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: THEODORE BERNSTEIN

MOTHER: NORA UNKNOWN

INFORMANT: TED STUART BERNSTEIN

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 850 Berkley Street, BOCA RATON, FLORIDA 33487

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: THE GARDENS MEMORIAL PARK
BOCA RATON, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: GARRETT JACOBS, F018844

FUNERAL FACILITY: BOCA RATON FUNERAL HOME F040152
19785 HAMPTON DRIVE, BOCA RATON, FLORIDA 33434

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 121500913

TIME OF DEATH (24 hr): 0227

CERTIFIER'S NAME: MICHAEL D BELL

CERTIFIER'S LICENSE NUMBER: ME54350

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a MYOCARDIAL INFARCT

b SEVERE CORONARY ATHEROSCLEROSIS

c

d

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:
BRONCHOPNEUMONIA, CIRRHOSIS

AUTOPSY PERFORMED? YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR?

NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr)

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

C. Tescher Spallina

State Registrar

REQ: 2013378149



WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THE MICRONOMER. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



DL FORM 1M7 (11/11)

CERTIFICATION OF VITAL RECORD

HEALTH

LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

TEL: 561-997-7008
FAX: 561-997-7308
TOLL FREE: 888-997-7008
WWW.TESCHERSPALLINA.COM

SUPPORT STAFF
DIANE DUSTIN
KIMBERLY MORAN
SUANN TESCHER

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree
Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

Re: **Insured: Simon L. Bernstein**
Contract No.: 1009208

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
- We would like to have the proceeds from the Heritage policy released to our firm's trust account so that we can make distributions amongst the five Bernstein children.
- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

Robert L. Spallina/km
ROBERT L. SPALLINA

RLS/km

Enclosures

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651

Phone 800-825-0003 Fax 803-333-4936

Visit us at www.insurance-servicing.com

December 7, 2012

LASALLE NATIONAL TRUST N.A.
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

- **A certified death certificate.** This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred
Claims Services

Enclosure(s): IL Department of Insurance Notification

The Illinois Department of Insurance requires us to put the following notices in our letters to you.

- Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

From: (561) 997-7008
Kimberly Moran
TESCHER & SPALLINA
4955 Technology Way
Suite 720
BOCA RATON, FL 33431

Origin ID: PHKA



J12201206200325

Ship Date: 21DEC12
ActWgt: 1.0 LB
CAD: 1544076/NET3300

Delivery Address Bar Code

Ref # Bernstein 11187.006
Invoice #
PO #
Dept #

SHIP TO: (800) 825-0003

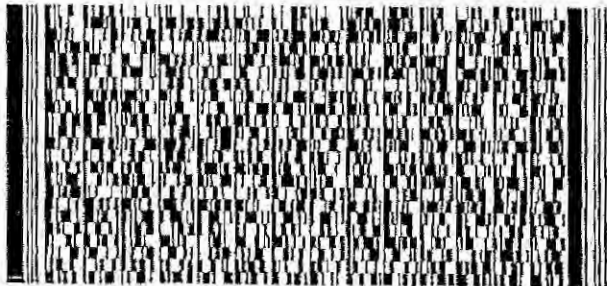
BILL SENDER

Claims Department
Heritage Union Life Insurance Compa
1275 Sandusky Road

JACKSONVILLE, IL 62651

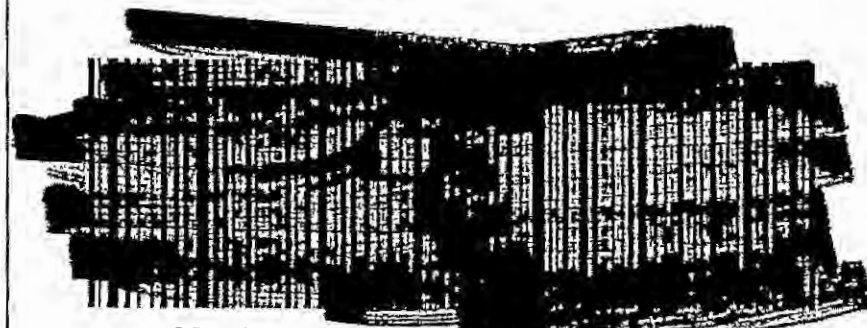
MON - 24 DEC AA
STANDARD OVERNIGHT

TRK# 7943 7521 3807
0201



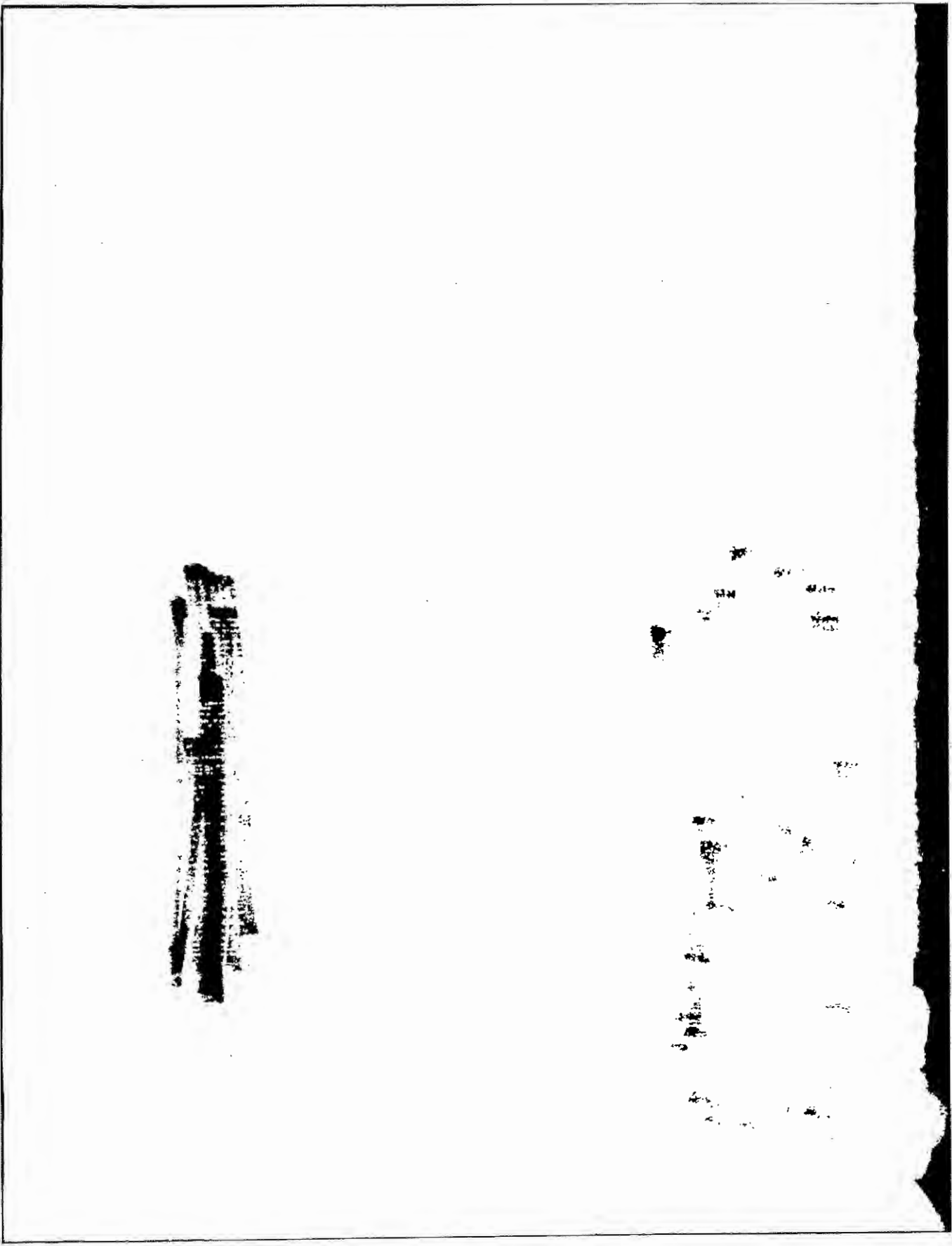
SH SPIA

62651
IL-US
STL



515G1B2B3/AA44

JCK001308



RAISED SEAL

RAISED SEAL

RAISED SEAL

0008711.0001588

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

OFFICE OF VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2012256765

DATE ISSUED: December 20, 2012

DECEDENT INFORMATION

STATE FILE DATE: September 17, 2012

NAME: SIMON LEON BERNSTEIN

DATE OF DEATH: September 13, 2012

SEX: MALE

SSN: [REDACTED]

AGE: 076 YEARS

DATE OF BIRTH: December 2, 1935

BIRTHPLACE: FLINT, MICHIGAN

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: DELRAY MEDICAL CENTER

LOCATION OF DEATH: DELRAY BEACH, PALM BEACH COUNTY

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: WIDOWED

SPOUSE: NONE

RESIDENCE: 7020 LIONS HEAD LANE, BOCA RATON, FLORIDA 33496

COUNTY: PALM BEACH

OCCUPATION, INDUSTRY: SALES, LIFE INSURANCE

RACE: White Black or African American Asian Indian Chinese Filipino Native Hawaiian Japanese Korean

American Indian or Alaskan Native-Tribal

Vietnamese

Other Asian:

Guamanian or Chamorro Samoan Other Pacific Is:

Other:

Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: HIGH SCHOOL GRADUATE OR GEO

EVER IN U.S. ARMED FORCES? NO

PARENTS AND INFORMANT INFORMATION

FATHER: THEODORE BERNSTEIN

MOTHER: NORA UNKNOWN

INFORMANT: TED STUART BERNSTEIN

RELATIONSHIP TO DECEDENT: SON

INFORMANT'S ADDRESS: 680 Berkley Street, BOCA RATON, FLORIDA 33487

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: THE GARDENS MEMORIAL PARK

BOCA RATON, FLORIDA

METHOD OF DISPOSITION: ENTOMBMENT

FUNERAL DIRECTOR/LICENSE NUMBER: GARRETT JACOBS, F019344

FUNERAL FACILITY: BOCA RATON FUNERAL HOME F040152

19785 HAMPTON DRIVE, BOCA RATON, FLORIDA 33434

CERTIFIER INFORMATION

TYPE OF CERTIFIER: MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 121500913

TIME OF DEATH (24 hr): 0227

CERTIFIER'S NAME: MICHAEL D BELL

CERTIFIER'S LICENSE NUMBER: ME54359

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

PROBABLE MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

a MYOCARDIAL INFARCT

b SEVERE CORONARY ATHEROSCLEROSIS

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I:

BRONCHOPNEUMONIA, CIRRHOSIS

AUTOPSY PERFORMED: YES

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? YES

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

C. Michael Bell
State Registrar

State Registrar

REQ: 2013376149

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT PAGE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A CLEAR COPY.

DH FORM 1347 (11/11)

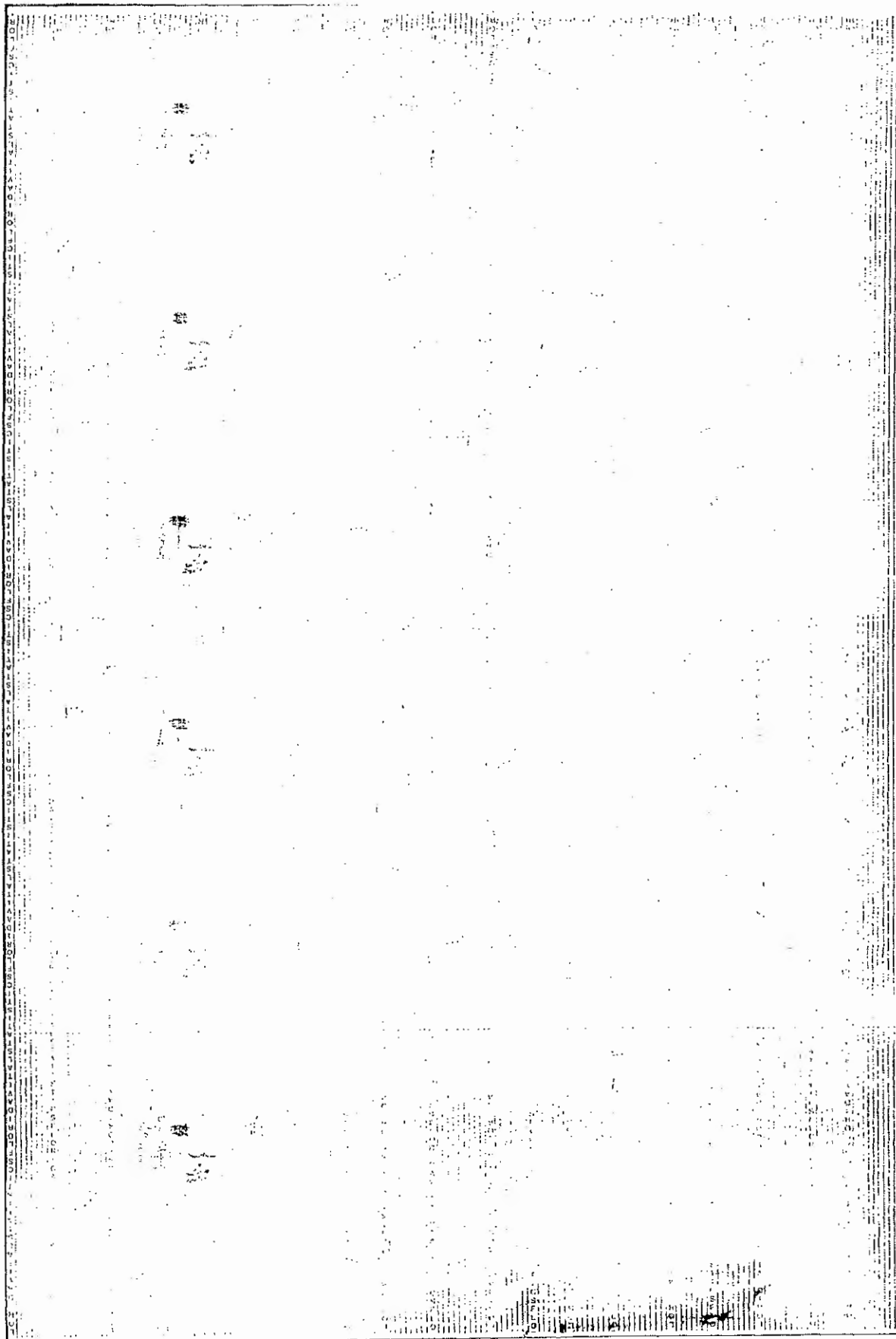
CERTIFICATION OF VITAL RECORD



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

000741 0001589



LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

TEL: 561-997-7008
FAX: 561-997-7308
TOLL FREE: 888-997-7008
WWW.TESCHERSPALLINA.COM

SUPPORT STAFF
DIANE DOSTIN
KIMBERLY MORAN
SUANN TESCHER

0008711 0001581

December 21, 2012

VIA FEDERAL EXPRES & FACSIMILE: 803-333-4936

Attn: Bree
Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

Re: **Insured: Simon L. Bernstein**
Contract No.: 1009208

Dear Bree:

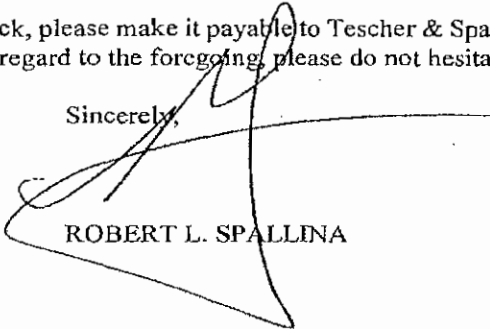
Enclosed is a certified death certificate showing cause of death for Simon Bernstein, as per your letter dated December 7, 2012 (a copy of which is also enclosed). As discussed and pursuant to our letter dated December 6, 2012 (a copy of which is enclosed), which is being reviewed by your supervisor, we enclose wiring instructions to our trust account as personal representatives of Mr. Bernstein's estate to make distributions to Mr. Bernstein's children under a Mutual Release and Settlement Agreement that we can provide for your files.

Sabadell United f/k/a Mellon United National Bank
Boca Raton, Florida
ABA 067009646

for further credit to
0225002997 (acct. no.)
Tescher & Spallina, P.A. IOTA Trust Account

If you would prefer to write a check, please make it payable to Tescher & Spallina IOTA Trust Account. If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,


ROBERT L. SPALLINA

RLS/km

Enclosures

JCK001313

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

0008711.0001592

December 7, 2012

LASALLE NATIONAL TRUST N.A
C/O ROBERT SPALLINA, ATTORNEY AT LAW
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09808194

Dear Trustee:

We have reviewed the material provided for consideration. This letter is to inform you that additional information is needed to continue our review.

The required items are:

- A certified death certificate. This should indicate cause of death, manner of death, date of birth and Social Security Number. We are not able to accept a death certificate with "pending" as the cause of death.

We will promptly review and evaluate the claim upon receipt of the required documents. If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred
Claims Services

Enclosure(s): IL Department of Insurance Notification

JCK001314

The Illinois Department of Insurance requires us to put the following notices on our letters to you.

- Part 919 of the Rules of the Illinois Department of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Department of Insurance, it maintains a Consumer Division in Chicago at 100 W. Randolph Street, Suite 15-100, Chicago, Illinois 60601 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767.

0008711.0001593

LAW OFFICES
TESCHER & SPALLINA, P.A.

BOCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY, SUITE 720
BOCA RATON, FLORIDA 33431

ATTORNEYS
DONALD R. TESCHER
ROBERT L. SPALLINA
LAUREN A. GALVANI

TEL: 561-997-7008
FAX: 561-997-7308
TOLL FREE: 888-997-7008
WWW.TESCHERSPALLINA.COM

SUPPORT STAFF
DIANE DUSTIN
KIMBERLY MORAN
SUANN TESCHER

0008711 0001594

December 6, 2012

VIA FACSIMILE: 803-333-4936

Attn: Bree
Claims Department
Heritage Union Life Insurance Company
1275 Sandusky Road
Jacksonville, IL 62651

**Re: Insured: Simon L. Bernstein
Contract No.: 1009208**

Dear Bree:

As per our earlier telephone conversation:

- We are unable to locate the Simon Bernstein Irrevocable Insurance Trust dated June 1, 1995, which we have spent much time searching for.
- Mrs. Shirley Bernstein was the initial beneficiary of the 1995 trust, but predeceased Mr. Bernstein.
- The Bernstein children are the secondary beneficiaries of the 1995 trust.
- We are submitting the Letters of Administration for the Estate of Simon Bernstein showing that we are the named Personal Representatives of the Estate.
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- If necessary, we will prepare for Heritage an Agreement and Mutual Release amongst all the children.
- We are enclosing the SS4 signed by Mr. Bernstein in 1995 to obtain the EIN number for the 1995 trust.

If you have any questions with regard to the foregoing, please do not hesitate to contact me.

Sincerely,

Robert L. Spallina/km
ROBERT L. SPALLINA

RLS/km

Enclosures

JCK001316

Heritage Union Life Insurance Company

P.O. Box 1600, Jacksonville, IL 62651
Phone 800-825-0003 Fax 803-333-4936
Visit us at www.insurance-servicing.com

December 28, 2012

ATTORNEY ROBERT SPALLINA
BOCCA VILLAGE CORPORATE CENTER I
4855 TECHNOLOGY WAY STE 720
BOCA RATON FL 33431

Insured Name: SIMON BERNSTEIN
Policy Number: 1009208
Correspondence Number: 09821479

Dear Attorney Robert Spallina

We are currently reviewing the above-referenced policy and will advise you once we have completed our review.

If you have any questions, please call our office at 800-825-0003, Monday through Friday from 7:30 AM to 4:30 PM Central Standard Time.

Sincerely,

C Kindred
Claims Services

JCK001317

JAN. 8. 2013 10:13AM

NO. 603 P. 1

Reassure America Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President

12750 Merit Drive
Suite 500
Dallas, TX 75251

Telephone (972) 776-8535
Fax (260) 435-8773

January 8, 2013

Mr. Robert Spallina
Attorney at Law
Tescher & Spallina, P.A.
Boca Village Corporate Center I
4855 Technology Way, Suite 720
Boca Raton, FL 33431

Re: Simon Bernstein, Dec's
Policy # 1009208

Dear Mr. Spallina:

This will acknowledge your letters the most recent of which is dated December 21, 2012.

In as much as the above policy provides a large death benefit in excess of \$1.6 million dollars and the fact that the trust document cannot be located, we respectfully request a court order to enable us to process the claim.

Please let us know how we may assist you in this process.

Sincerely,

Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

JCK001318

Fax Call Report	HP LaserJet M4345 MFP Series Page 1
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Fax Header Information

SWISS RE
972-776-8587
06-May-2013 14:50

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1631	06-May-2013 14:48	Send	915612458644	1:15	0	No answer (0)

Reassure America Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President
12750 Merit Drive
Suite 500
Dallas, TX 75224
Telephone (972) 778-8535
Fax (260) 435-3773

May 6, 2013

Mr. Eliot Bernstein
2750 N. W. 34th St.
Boca Raton, FL 33434-3459

Sent via fax to 561-245-8544 and US mail

Christine P. Yates
Tipp Scott
110 Southeast 5 Street
Fort Lauderdale, FL 33301

Sent via fax to 954-761-8475 and US Mail

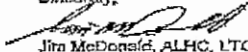
Re: Simon Bernstein, Dec's
Policy # 1009208

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,



Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

Fax Call Report	HP LaserJet M4345 MFP Series Page 1
------------------------	--

Fax Header Information

SWISS RE
972-776-8587
06-May-2013 14:36

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1630	06-May-2013 14:35	Send	9915612458644	0:12	0	Fail Busy (0)

Reassure America Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President
12750 Mehl Drive
Suite 600
Dallas, TX 75201
Telephone (972) 778-8533
Fax (260) 435-3773

May 6, 2013

Mr. Eliot Bernstein
2753 N.W. 34th St.
Boca Raton, FL 33434-9459

Sent via fax to 561-245-6644 and US mail

Christine P. Yates
Tripp Scott
110 Southeast 6 Street
Fort Lauderdale, FL 33301

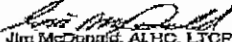
Sent via fax to 954-761-8475 and US Mail

Re: Simon Bernstein, Dec's
Policy # 1009200

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,

Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

Fax Call Report	HP LaserJet M4345 MFP Series Page 1
------------------------	---

Fax Header Information

SWISS RE
972-776-8587
06-May-2013 13:08

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1628	06-May-2013 13:06	Send	919547633665	1:15	0	No answer (0)

Reassure America Life
Insurance Company

J.L. McDonald, ALHC, LTCP
Vice President
12750 North Drive
Suite 800
Dallas, TX 75251
Telephone (972) 778-0532
Fax (214) 423-3773

May 6, 2013

Mr. Eliot Bernstein
2753 N. W. 34th St.
Boca Raton, FL 33434-3459

Sent via fax to 591-245-8644 and US mail

Christine P. Yates
Tripp-Scott
110 Southeast 6 Street
Fort Lauderdale, FL 33301

Sent via fax to 854-783-3665 and US Mail


Re: Simon Bernstein, Dec's
Policy # 1009208

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,


 J.L. McDonald, ALHC, LTCP
 Vice President
 Claims Oversight

Fax Call Report	HP LaserJet M4345 MFP Series Page 1
------------------------	---

Fax Header Information

SWISS RE
972-776-8587
06-May-2013 13:06

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1627	06-May-2013 13:04	Send	915612458644	1:16	0	No answer (0)

Reassure Americas Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President

12750 Merit Drive
Suite 500
Dallas, TX 75251

Telephone (972) 776-8525
Fax (281) 496-8772

May 6, 2013

Mr. Eliot Bernstein
2753 N. W. 24th St
Boca Raton, FL 33434-3459

Sent via fax to 561-245-8644 and US mail

Christian P. Yates
Tipp Scott
110 Southeast 6 Street
Fort Lauderdale, FL 33301

Sent via fax to 554-763-8668 and US Mail

Re: Simon Bernstejn, Dec's
Policy # 1008205

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,


 J. L. McDonald, ALHC, LTCP
 Vice President
 Claims Oversight

Fax Call Report	HP LaserJet M4345 MFP Series Page 1
------------------------	---

Fax Header information

SWISS RE
972-776-8587
05-May-2013 12:25

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1625	06-May-2013 12:23	Send	919547632665	1:15	0	No answer (0)

Reassure America Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President
12750 Mark Drive
Suite 500
Dallas, TX 75224
Telephone (972) 778-8538
Fax (972) 438-8773

May 6, 2013

Mr. Elliot Bernstein
2733 N. W. 34th St
Boca Raton, FL 33434-3459

Sent via fax to 561-245-8844 and US mail

Christine P. Yates
Tipp Scott
110 Southeast 6 Street
Fort Lauderdale, FL 33301

Sent via fax to 954-768-3665 and US Mail

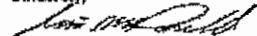
Re: Simon Bernstein, Dec's
Policy # 1009208

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,


Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

Fax Call Report

HP LaserJet M4345 MFP Series

Page 1

Fax Header Information

SWISS RE
972-776-8587
06-May-2013 12:20

Job	Date/Time	Type	Identification	Duration	Pgs	Result
1624	06-May-2013 12:18	Send	915612458644	1:15	0	No answer (0)

Reassure America Life
Insurance Company

J. L. McDonald, ALHC, LTCP
Vice President

12750 Mark Drive
Suite 800
Dallas, TX 75257

Telephone (972) 776-8585
Fax (972) 435-8773

May 6, 2013

Mr. Elliot Bernstein
2753 N. W. 34th St
Boca Raton, FL 33434-3459

Sent via fax to 561-245-8644 and US mail

Christine P. Yates
Tipp Scott
110 Southeast 8 Street
Fort Lauderdale, FL 33301

Sent via fax to 954- 763-3665 and US Mail

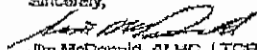
Re: Simon Bernstein, Dec's
Policy # 1009268

Dear Mr. Bernstein:

Your letter dated May 3, 2013 received via facsimile and your voice message of the same date are hereby acknowledged.

Your letter and message have been referred to legal counsel for handling and response.

Sincerely,



Jim McDonald, ALHC, LTCP
Vice President
Claims Oversight

