ANNUAL REPORT

Policyowner:

Insured: Policy No.: Plan: Premium Mode: Each Payment: SIMON BERNSTEIN 1009208 CURRENT VALUE LIFE QUARTERLY \$21,634,50

SIMON BERNSTEIN 7020 LIONS HEAD BCCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

		Projection For
	Current Policy	Next Policy
	Year Ending	Year Ending
	Dec 27, 2003	Dec 27, 3004
CORRENT PATE BASIS INTEREST	5.00%	5.00%
SOM INSURED	\$1,689,070.00	\$1,589,070.03
POLICY PREMIUNS:		
BASE POLICY	\$41,334.20	\$87,338.00
RIDERS	\$0.00	\$3.00
CASH VALUE:		
INCREASE	6,582.54	46, 323, 79
TOTAL	198,931.98	245, 255.67
POLICY LOAMS	, o.10	£_63
CURRENT VARIABLE LOAMS	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 Gharanteed 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 lister below, or contact your agent.

PO BOX 1147 JACKSONVILLE II. 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

ANNUAL REPORT

Policyowner:

Insured: Policy No.: Plan: Premium Mode: Each Payment:

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496 SIMON BERNSTEIN 1009208 CURRENT VALUE TIFE QUARTERLY \$21,852.50

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STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

, and the second	Current Policy Year Ending Dec 27, 2003	Projection For Next Policy Year Ending Dec 27, 2004
CURRENT RATE BASIS INTEREST	5.00%	5.00%
SOM INSURED	\$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS: BASE POLICY RIDERS	\$41,334.20 \$0.00	\$87,338.00 \$0.00
CASH VALUE: INCREASE TOTAL	6,582.54 198,931.98	45,323.09 245,255.07
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 217-245-1922

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: Agent Number:

Policy Number: 1.009208

Insured's Last Name: BERNSTEIN

Printed on Tuesday, May 07, 2013 at 1:18:00PM

Begin Date: Begin Time: User Id:

2004-11-27 01:25:27 AWDBATCH Workstation Id: AWDBATCH

JLIFE

Flags: DTM Job Name: DTM Return Code: DTM Task Name:

Business Area: Type: Status:

ANNST PROCESSED END

End Date: End Time:

Queue: User Name:

Batch Station & User, BATCH

DTM Description:

Comments:

Begin Date:

2004-11-26 Begin Time: 08:52:00 User Id: JSANDTL, Workstation Id: AWD NT Business Area: JLIFE Type: ANNST Status: Queue:

PROCESSED CSQC CLARK, TARA S

User Name: DTM Description:

Comments:

Begin Date: 2004-11-26 Begin Time: 08:47:22 JSANDTL

User Id: Workstation Id: Business Area: Type: Status:

Queue: User Name: DTM Description:

CLARK, TARA S

ANNST

CREATED

cyberlife

Comments:

Begin Date: 2004-11-26 08:46:53 Begin Time: User Id: JSANDTL Workstation Id: AWD NT Business Area: JLIFE

Type: Status: 2500NO

DTM Next Task:

2004-11-27 01:25:27

Flags: 2505Y1

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: End Time:

2004-11-26

08:52:16

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: 2004-11-26

End Time: 08:47:22

Flags: 9990N0

Sent CVL (current value life) annual statement to PO at mailing address on

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

End Date: 2004-11-26 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
rity Num: Policy Number: 1009208

r: Insured's Last Name: BERNSTEIN

Social Security Num: Agent Number:

Printed on Tuesday, May 07, 2013 at 1:18:00PM

User Name:

CSPROC CLARK, TARA S

DTM Description:

Comments:

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

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 RIDERS	\$65,503.50 \$0.00	\$92,818.80 \$0.00
CASH VALUE: INCREASE TOTAL	26,574.50 225,506.48	48,760.72 274,267.20
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

ANNUAL REPORT

Policyowner:

Insured: Policy No.: Plan: Premium Mode: Each Payment:

SIMON BERNSTRIN 1009208 CURRENT VALUE DEFE QUARTERLY \$23,204-70

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SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR

s.	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 RIDERS	\$65,503.50 \$0.00	\$92,818.80 \$0.00
CASH VALUE: INCREASE TOTAL	26,574.50 225,506.48	48,760.72 274,267.20
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

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 ______ Begin Date: 2005-11-22 Flags: Begin Time: 11:47:13 DTM Job Name: DTM Return Code: User Id: **JGRAHSS** 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: 2506NO Begin Time: User Id: 11:46:53 DTM Job Name:

JGRAHSS DTM Return Code: Workstation Id: AWD NT Business Area: JLIFE DTM Task Name: 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:

2005-11-22 Flags: 2506N2

Begin Date: 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:

ANNUAL REPORT

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN 1009208 CURRENT VALUE LIFE QUARTERLY \$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 RIDERS	\$0.00 \$0.00	\$103,411.00 \$0.00
CASH VALUE: INCREASE TOTAL	-35,831.42 189,675.06	51,946.82 241,621.88
POLICY LOANS	0.00	. 0.00
CURRENT VARIABLE LOANS	132.210.89	4

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

ANNUAL REPORT

Policyowner:

Insured:
Policy No.:

Plan:

Premium Mode: Each Payment:

SIMON BERNSTEIN
100£208
CURRENT VALUE LIFE

QUARTERLY \$25,852.75

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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 RIDERS	\$0.00 \$0.00	\$103,411.00 \$0.00
CASH VALUE: INCREASE TOTAL	-35,831.42 189,675.06	51,946.82 241,621.88
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 808-825-8003 FAX 217-245-1922

AWD History for Work object key 2006-11-22-15.26.47.512281T01

Flags:

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

Social Security Num:

Policy Number: 1009208

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

DTM Job Name:

DTM Task Name:

DTM Next Task:

End Date:

End Time:

Flags:

End Date:

End Time:

DTM Job Name:

DTM Return Code: DTM Task Name: DTM Next Task:

DTM Return Code:

Flags:

DTM Return Code:

2500NO

2006-11-22

15:35:19

2006-11-22

15:28:07

9990NO

2006-11-22

15:26:47

Agent Number: Insured's Last Name: BERNSTEIN Printed on Tuesday, May 07, 2013 at 1:22:22PM

0 =

Begin Date:

Begin Time: User Id:

Workstation Id: Business Area:

Type: Status:

Queue: User Name:

DTM Description: Comments:

Begin Date:

2006-11-22 15:28:07

JSANDTL

2006-11-22

15:35:03

JSANDTL

PROCESSED

CLARK, TARA S

STATE

ANNST

END

Begin Time: User Id: Workstation Id:

Business Area: Type: Status:

Queue: User Name:

DTM Description:

Comments:

Begin Date:

Begin Time:

Workstation Id: Business Area:

User Id:

CLARK, TARA S

Sent CVL (current value life) annual statement to PO at mailing address on cyberlife

2006-11-22 15:26:47 **JSANDTL**

ANNST

Type: Status: CREATED Queue: CSPROC User Name: DTM Description: Comments:

CLARK, TARA S

JCK001131

ANNUAL REPORT

Policyowner:

Insured:

Policy No.:

Plan:

Premium Mode: Each Payment: SIMON BERNSTEIN

1009208

CURRENT VALUE LIFE QUARTERLY

\$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 Folicy 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 RIDERS	\$21,400.00 \$0.00	\$213,103.20 \$0.00
CASH VALUE: INCREASE TOTAL	-22,801.41 166,873.65	54,434.54 221,308.19
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

AWD History for Work object key 2007-11-21-11.44.27.621281T01

JLIFE - ANNST - PROCESSED - END - Updateable

- 1009208 - - - - 19
rity Num: Policy Number: 1009208

Frinted on Tuesday, May 07, 2013 at 1:24:57PM

Social Security Num:

Agent Number:

Begin Date: Begin Time: 2007-11-21 11:44:30

2500N0

User Id: Workstation Id: Business Area:

JSANDTL JLIFE ANNST

Flags: DTM Job Name: DTM Return Code: DTM Task Name:

Type: Status: Oueue:

DTM Next Task: End Date: 2007-11-21 End Time: 11:44:33

User Name:

PROCESSED END CLARK, TARA S

DTM Description:

Comments:

Begin Date: Begin Time: User Id:

2007-11-21 11:44:29 JSANDTL

Flags: DTM Job Name: DTM Return Code: DTM Task Name:

Workstation Id: Business Area: Type:

DTM Next Task: End Date: End Time:

2007-11-21 11:44:29

9990N0

Status: 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: Begin Time: User Id: 2007-11-21 11:44:20 JSANDTL

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

Workstation Id: Business Area: Type: Status:

ANNST CREATED CSPROC CLARK, TARA S

JLIFE.

End Date: End Time: 2007-11-21 11:44:27

Queue: User Name: DTM Description:

Comments:

JCK001133

ANNUAL REPORT

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode:
Each Payment:

SIMON BERNSTEIN 1009208 CURRENT VALUE LIFE QUARTERLY \$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%
	\$II	
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.

POBOX 1147 JACKSONVILLE IL 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

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: Begin Time:

2008-11-21 15:10:19

9990NO

User Id:

DTM Job Name:

Workstation Id:

JSTEWJ

DTM Return Code: DTM Task Name: DTM Next Task:

Business Area: Type:

ANNST NOACTION

End Date: End Time:

2008-11-21

Status: Queue:

END

15:10:38

User Name:

Flags:

DTM Description:

Comments:

STEWART, JACQUELINE

Begin Date: Begin Time:

2008-11-21

15:06:23 JSTEWJ

Flags: DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

User Id: Workstation Id: Business Area: Type:

End Date: End Time:

2008-11-21 15:06:23

Status: Queue:

User Name:

DTM Description:

STEWART, JACQUELINE

STEWART, JACQUELINE

Comments:

Sent CVL (current value life) annual statement to PO at mailing address on

cyberlife.

Begin Date:

2008-11-21

Flags:

9990N0

Begin Time: User Id:

14:58:57 **JSTEWJ**

DTM Job Name: DTM Return Code:

Workstation Id: Business Area:

DTM Task Name: JLIFE DTM Next Task: End Date:

Type: Status:

ANNST CREATED CSPROC

End Time:

2008-11-21

User Name: DTM Description:

Comments:

Queue:

ANNUAL REPORT

Policyowner:

Insured: Policy No.:

Plan:

Premium Mode: Each Payment: SIMON BERNSTEIN 100 9208

CURRENT VALUE LIFE

QUARTERLYCO

\$32,526.65 UI H

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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, 2008	Projection For Next Policy Year Ending Dec 27, 2009
CURRENT RATE BASIS INTERES	T 4.50%	4.50% . "
SUM INSURED	.1 \$1,689,070.00	\$1,689,070.00
POLICY PREMIUMS: BASE POLICY RIDERS	\$80,652.87 \$0.00	\$130,106.60 \$0.00
CASH VALUE: INCREASE TOTAL	23,965.79 153,436.48	58,145.76 211,582.24
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
rity Num: Policy Number: 1009208

Social Security Num:

Agent Number:

Insured's Last Name:

Printed on Tuesday, May 07, 2013 at 1:32:38PM

Begin Date: Begin Time: 2009-11-25 15:37:06

Flags:

User Id: Workstation Id: JSTEWJ

DTM Job Name: DTM Return Code: DTM Task Name:

Business Area:

DTM Next Task:

Type: Status: End Date:

End Time:

2009-11-25 15:37:06

Queue:

User Name:

STEWART, JACQUELINE

DTM Description: Comments:

sent annual statement for CVL policy.

Begin Date: Begin Time: User Id:

2009-11-25 15:37:02

Flags: DTM Job Name:

Workstation Id: Business Area:

JSTEWJ DTM Return Code: DTM Task Name: DTM Next Task: JLI FE.

Type: ANNST Status: NOACTION End Date: End Time:

2009-11-25

9990NO

Queue: User Name:

END

15:37:19

DTM Description:

Comments:

STEWART, JACQUELINE

Begin Date: Begin Time: 2009-11-25 14:25:31 User Id: Workstation Id: JSTEWJ

JLIFE ANNST

Business Area: Type: Status: CREATED Queue: CSPROC

User Name: DTM Description:

Comments:

999010

DTM Job Name: DTM Return Code: DTM Task Name: DTM Next Task:

Flags:

End Date: 2009-11-25 End Time: 14:25:31

STEWART, JACQUELINE

CA Only: dba Annuity & Life Reassurance America, Inc.,

ANNUAL REPORT

Policyowner:

Insured:
Policy No.:
Plan:
Premium Mode

Premium Mode: Each Payment: SIMON BERNSTEIN 1009208 CURRENT VALUE LIFE QUARTERLY \$34,397.20

SIMON BERNSTEIN 7020 LIONS HEAD BOCA RATON FL 33496

STATEMENT OF POLICY COSTS AND BENEFITS FOR CURRENT YEAR AND NEXT YEAR.

9	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 RIDERS	575,539.46 \$0.00	\$137,588.8C \$0.00
CASH VALUE: INCREASE TOTAL	6,554.42 159,990.90	59,489.14 219,480.04
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 change:

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 II. 62651-1147 PHONE 800-825-0003 FAX 217-245-1922

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

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 E

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.

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 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.

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

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.

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 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

December 01, 2011

Simon Bernstein 7020 Lions Head Boca Raton FL 33496

מחחה

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 firnits 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.

Simon Bemstein

Re: Insured: Simon Be 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.

Sincerety,

Client Services

V0620100205 //APFLGRPD

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

RF:

Insured: Sim

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.

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

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 V02111022101-C044L

Policy Number 1009208

Billing Notices

ANNUITY & LIFE REASSURANCE, INC. PO Box 1147 Jacksonville, IL 62651-1147 1-800-825-0003

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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 LOAN INTEREST

\$132,210.89 \$6,888.19

LOAN BALANCE

\$139,099.08

SEE REVERSE SIDE FOR OUR PRIVACY POLICY

RETAIN THIS PORTION FOR YOUR RECORDS

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN	
MAKE CHECK PAYABLE TO	DANNUITY & LIFE REASSURANCE, INC.	•
Making multiple full pa	avments	
waxing multiple iuli pa	aymonto.	

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	\$ 25 010000
Less Dividend Reduction	on \$0.00	\$ 200
Loan Repayment	\$6,888.19	\$
Total Amount Due	\$6,888.19	\$
Additional Payment		\$
Total Amount Enclos	ed	\$ 200

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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, 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.

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?

- 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 you are entitled to. This privacy notice supersedes all prior notices we may have provided to you.

CHANGE OF ADDRESS - DI FASE DRINT

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

	CHECK BOX FOR ADDRESS TO BE CHANGED	
PAYOR		
INSURE	.D	
OWNER	3	
	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	12/27/05	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	TOANNUITY & LIFE REASSURANCE, INC.
Making multiple full	payments.
_ │ Mailing address cha	nge indicated on back.
England value payme	ent with this coupon and send to:

ANNUITY & LIFE REASSURANCE, INC. PO Box 830043 Baltimore, MD 21283-0043

Amount Due on	\$25,852.75	
Premium Payment	\$25,852.75	\$ 25 25 25
Less Dividend Redu	ction \$0.00	\$
Loan Repayment	\$0.00	\$ 200
Total Amount Due	\$25,852.75	\$ 77.604
Additional Payment		\$
Total Amount Enc	losed	\$ 25 7 7

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 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?

- 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 civit 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 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, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

	CH	HECK BOX FOR ADDRESS TO BE CHANGED
PAY	OR	
INSL	IRED	
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CHANGE OF ADDRESS - PLEASE PRINT

ANNUITY & LIFE REASSURANCE, INC. PO Box 1147 Jacksonville, IL 62651-1147 1-800-825-0003

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SIMON BERNSTEIN 7020 LIONS HEAD **BOCA RATON FL 33496**

POLICY NO.			DESCRIPTION	AMOUNT	
1009208	SIMON BERNSTEIN	03/27/06	QUARTERLY PREMIUM DUE	\$25,852.75	

AMOUNT DUE

\$25,852.75

IMPORTANT INFORMATION:

PO Box 830043

Baltimore, MD 21283-0043

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

POLICY NUMBER 1009208	INSURED'S NAME SIMON BERNSTEIN	Amount Due on 03/27/06	\$25,852.75
MAKE CHECK PAYABLE TO	NNUITY & LIFE REASSURANCE, INC.	Premium Payment \$25,852.75	\$ 25 25 34
Making multiple full pay	ments.	Less Dividend Reduction \$0.00	\$ 62
Mailing address change	indicated on back.	Loan Repayment \$0.00	\$ 22.44
-		Total Amount Due \$25,852.75	\$ 76.00
Enclose your payment with this coupon and send to:		Additional Payment	\$ 0.26 (1.26)
		Total Amount Enclosed	\$ 222
ANNUITY & LIFE I	REASSURANCE, INC.	L	

OUR PRIVACY POLICY

Required by the federal Gramm-Leach-Billey 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:

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?

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 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, Inc, 1275 Sandusky Road, Jacksonville, IL 62650.

03/04 Privacy Notice

	CHANGE OF ADDRESS - PLEASE PRINT CHECK BOX FOR ADDRESS TO BE CHANGED
PAYOR	
INSURED	
OWNER	
 1	ZIP .

ANNUITY & LIFE REASSURANCE, INC. PO Box 1147 Jacksonville, IL 62651-1147 1-800-825-0003

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SIMON BERNSTEIN 7020 LIONS HEAD **BOCA RATON FL 33496**

INSURED	DUE DATE	DESCRIPTION	TNUOMA
MON 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	DANNUITY & LIFE REASSURANCE, INC.
Making multiple full pa	avments.
Mailing address chang	ge indicated on back.
maining address chang	
maning address chang	

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	\$ 2 2 2 2
Less Dividend Redu	ction \$0.00	\$ 62.000
Loan Repayment	\$0.00	\$ 200
Total Amount Due	\$25,852.75	\$ 22.5
Additional Payment		\$ 7000
Total Amount Encl	losed	\$ 4.50

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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, 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 policles with us or our affillates (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 NP! 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?

- 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 you are entitled to. This privacy notice supersedes all prior notices we may have provided to you.

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	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:

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.

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RETAIN THIS PORTION FOR YOUR RECORDS

PAYMENT

SIMON BERNSTEIN
ANNUITY & LIFE REASSURANCE, INC
yments. e indicated on back.

ANNUITY & LIFE REASSURANCE, INC. PO Box 830043 Baltimore, MD 21283-0043

\$25,852.75 Amount Due on 09/27/06 Premium Payment \$25,852.75 Less Dividend Reduction \$0.00 Loan Repayment \$0.00 \$25,852.75 **Total Amount Due** Additional Payment **Total Amount Enclosed**

19313030393230384040400000000000009270603025852750630202585275000000001

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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.

- 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.)

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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.

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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.
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