

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:

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 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		\$

19313030393230384040400000000000012270603028275800702802827580000000003

JCK001165

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:

- 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

<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	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?

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

<input type="checkbox"/>	PAYOR	
<input type="checkbox"/>	INSURED	
<input type="checkbox"/>	OWNER	
		ZIP

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:

- 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

<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:

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 06/27/07		\$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		\$

193130303932303840404000000000000006270703028275800721002827580000000004

JCK001171

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:

- 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

<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**

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 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		\$

193130303932303840404000000000000009270703028275800730202827580000000006

JCK001173

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:

- 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

<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.

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 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

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?

- 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 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	12/27/07	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 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		\$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		\$

193130303932303840404000000000000012270700000000000802800688819000000006

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?

- 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 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"/> <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	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.

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 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

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?

- 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 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		\$

19313030393230384040400000000000006270803031131250821103113125000000001

JCK001183

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 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		\$

19313030393230384040400000000000009270803031131250830303113125000000003

JCK001185

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 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	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 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		\$

1931303039323038404040000000000001227080303252665090280325266500000008

JCK001187

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 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.

01/05 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	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:

- 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?

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	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		\$

19313030393230384040400000000000003270903032526650911803252665000000007

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.
- 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?

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		\$

19313030393230384040400000000000006270903032526650921003252665000000009

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).
- 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: 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	09/27/09	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 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		\$

193130303932303840404000000000000009270903032526650930203252665000000001

JCK001195

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 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

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	\$

1931303039323038404040000000000001227090000000001002800726679000000002

JCK001197

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?

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

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 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		\$

19313030393230384040400000000000012270903034397201002803439720000000009

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?

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

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?

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
 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
---------------------------------	--

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		\$

1931303039323038404040000000000000062710030343972010210034397200000000008

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?

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
 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
---------------------------------	--

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		\$

19313030393230384040400000000000009271003034397201030203439720000000000



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
 1-800-825-0003
 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	10/27/10	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.

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 10/27/10		\$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		\$

19313030393230384040400000000000010271012031831001033203183100000000000

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.

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
 1-800-825-0003
 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

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

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
 1-800-825-0003
 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:

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.

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		\$

1931303039323038404040000000000001227110000000001202800304274000000006

JCK001213



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
 1-800-825-0003
 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

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		\$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		\$

193130303932303840404000000000000012271112008927001202800892700000000007

JCK001215



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
 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	03/27/12	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.

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 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 03/27/12		\$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		\$

193130303932303840404000000000000003271203027238001211902723800000000008

JCK001217



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
 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.

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.

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		\$

1931303039323038404040000000000000627120302723800122110272380000000000

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