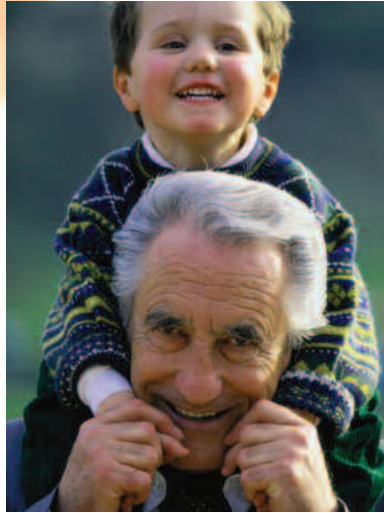


SENIOR LIFE

- **Guaranteed Level Death Benefit**
- **Guaranteed Cash Value**
- **Premiums Never Increase**
- **Simple Underwriting**



**POLICY
SERIES
L9190**

***Whole Life* Insurance Policy**

CONTINENTAL GENERAL INSURANCE COMPANY

CGBSRLTN R 6/04



SENIOR LIFE

**POLICY
SERIES
L9190**



Whole Life Insurance Policy

Whether you are concerned about paying for your final expenses, paying the mortgage or other financial obligations, caring for your spouse, or just leaving something for your family or favorite charity, a CGI Senior Life Policy is an excellent choice. It is easy to apply for, and usually requires no medical examinations. Senior Life provides the value, security and guarantees that most families are looking for.

Non Cancelable:

Your policy can never be cancelled, except for non-payment of premiums.

Cash Value:

Your policy builds cash values which may be accessed through policy loans or cash surrender.

Premiums:

Payable on an annual, semi-annual, quarterly, or monthly bank draft basis. Premiums are guaranteed never to increase.

Issue Ages:

Ages 50–85, at birthday nearest to the effective date.

Available Benefit Amounts:

\$2,500 minimum on all policies. Maximums vary by age and underwriting class as shown here:

AGE	BENEFIT MAXIMUM
50 – 75	\$25,000
76 – 80	\$15,000
81 – 85	\$10,000

Simple Underwriting:

Most policies will be underwritten using only answers provided to the medical questions on the application (questions 9-16), followed by a phone interview. In few cases, a medical exam may be required.

Endowment Age:

If your policy is in force on the policy anniversary nearest your 100th birthday, the death benefit will be paid directly to you, less any policy loans.

Annual Premium Rates Per \$1,000 Death Benefit \$25.00 Annual Policy Fee – Age Nearest Birthday Minimum Premium \$100 – Bank Draft Minimum Premium \$10				
Age Nearest Birthday	BASIC		NON TOBACCO USER	
	MALE	FEMALE	MALE	FEMALE
50	\$ 33.00	\$ 29.00	\$ 29.70	\$ 26.10
51	34.18	30.11	30.76	27.10
52	35.45	31.31	31.90	28.18
53	36.84	32.61	33.16	29.35
54	38.35	34.02	34.52	30.62
55	40.00	35.56	36.00	32.00
56	42.18	37.22	37.96	33.50
57	44.50	39.04	40.05	35.14
58	46.96	41.00	42.26	36.90
59	49.59	43.14	44.63	38.83
60	52.38	45.44	47.14	40.90
61	55.36	47.94	49.82	43.15
62	58.52	50.63	52.67	45.57
63	61.87	53.53	55.68	48.18
64	65.40	56.65	58.86	50.99
65	69.14	60.00	62.23	54.00
66	73.09	63.59	65.78	57.23
67	77.29	67.43	69.56	60.69
68	81.76	71.53	73.58	64.38
69	86.56	75.90	77.90	68.31
70	91.68	80.56	82.51	72.50
71	97.16	85.50	87.44	76.95
72	102.96	90.76	92.66	81.68
73	109.08	96.32	98.17	86.69
74	115.49	102.22	103.94	92.00
75	122.44	108.44	110.20	97.60
76	130.07	115.02	117.06	103.52
77	138.12	121.95	124.31	109.76
78	146.62	129.25	131.96	116.33
79	155.57	136.93	140.01	123.24
80	165.00	145.00	148.50	130.50
81	174.85	153.68	157.36	138.31
82	186.13	162.79	167.57	146.51
83	198.80	172.35	178.92	155.12
84	211.94	182.37	190.75	164.13
85	224.44	192.86	202.00	173.57
Modal Factors				
Semi-Annual: .52		Monthly Bank Draft: .085		Quarterly: .27

Guaranteed Cash Values Per \$1000 — Male										Guaranteed Cash Values Per \$1000 — Female									
Age	5th Year	10th Year	20th Year	Age 65	Age	5th Year	10th Year	20th Year	Age 65	Age	5th Year	10th Year	20th Year	Age 65	Age	5th Year	10th Year	20th Year	Age 65
50	\$ 50.99	\$148.97	\$367.15	\$255.96	68	\$115.87	\$279.80	\$ 552.47	\$.00	50	\$ 36.74	\$115.90	\$315.94	\$210.24	68	\$105.09	\$275.87	\$ 579.26	\$.00
51	53.20	154.98	378.87	242.70	69	121.25	286.97	559.93	.00	51	38.75	122.08	329.95	199.68	69	113.76	287.98	592.20	.00
52	55.39	161.15	390.66	228.55	70	125.98	294.04	567.61	.00	52	40.88	128.68	344.53	188.45	70	121.50	300.00	605.03	.00
53	57.62	167.44	402.40	213.46	71	129.99	301.06	576.18	.00	53	43.22	135.64	359.52	176.52	71	128.69	311.88	618.19	.00
54	59.94	173.82	413.91	197.39	72	133.41	308.01	586.50	.00	54	45.88	142.90	374.77	163.85	72	135.37	323.55	632.30	.00
55	62.40	180.28	425.10	180.28	73	136.54	314.73	599.81	.00	55	48.88	150.37	390.09	150.37	73	141.81	334.88	648.27	.00
56	64.99	186.78	435.91	162.05	74	139.90	321.04	617.78	.00	56	52.22	158.06	405.40	135.99	74	148.37	345.72	667.29	.00
57	67.69	193.36	446.34	142.60	75	143.82	326.82	642.05	.00	57	55.83	165.97	420.64	120.61	75	155.37	356.04	690.73	.00
58	70.40	200.01	456.46	121.78	76	148.43	332.05	673.86	.00	58	59.58	174.15	435.83	104.05	76	162.86	365.83	719.68	.00
59	73.03	206.77	466.42	99.47	77	153.57	336.82	713.95	.00	59	63.25	182.70	451.00	86.16	77	170.70	375.16	754.62	.00
60	75.49	213.64	476.29	75.49	78	158.75	341.31	760.31	.00	60	66.76	191.66	466.19	66.76	78	178.47	384.12	794.79	.00
61	78.07	220.84	486.25	50.03	79	163.25	345.78	810.05	.00	61	70.07	201.03	481.34	45.70	79	185.64	392.90	837.40	.00
62	82.89	230.02	497.34	25.17	80	166.56	350.77	1,000.00	.00	62	73.27	210.79	496.35	22.87	80	191.84	401.91	1,000.00	.00
63	87.80	239.14	508.12	.00	81	168.56	357.23	.00	.00	63	76.56	220.81	511.08	.00	81	197.01	411.84	.00	.00
64	92.94	248.04	518.35	.00	82	169.49	366.59	.00	.00	64	80.24	231.01	525.35	.00	82	201.34	423.81	.00	.00
65	98.40	256.59	527.88	.00	83	170.03	380.97	.00	.00	65	84.47	241.24	539.05	.00	83	205.34	439.44	.00	.00
66	104.15	264.72	536.67	.00	84	171.23	403.28	.00	.00	66	89.28	251.40	552.14	.00	84	209.79	460.97	.00	.00
67	110.05	272.44	544.81	.00	85	174.29	436.37	.00	.00	67	97.29	263.67	565.95	.00	85	215.53	490.91	.00	.00

BANK AUTHORIZATION

Authorization to honor checks drawn by Continental General Insurance Company, Mission, KS.

to

_____ (name of bank depositor)

_____ (name of bank and branch name, if any)

_____ (account no.)

_____ (address of bank or branch where account is maintained)

As a convenience to me, I hereby request and authorize you to pay and charge to my account checks drawn by Continental General Insurance Company to its own order. This authorization will remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring any such check.

I agree that your treatment of each such check, and your rights in respect to it, shall be the same as if it were signed personally by me. I further agree that if any such check be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Continental General Insurance Company is instructed to forward this authorization to you.

_____ date

X _____ (signature of bank depositor—as shown on bank records for the account to which this authorization is applicable)

INDEMNIFICATION AGREEMENT

TO: The Bank named shown above

In consideration of your participating in a plan which the CONTINENTAL GENERAL INSURANCE COMPANY has put in effect by which amounts for premiums due on policies of insurance are collected by drafts drawn by the Company on the accounts of persons who have made themselves responsible for these payments, the Company does hereby agree that subject to the terms and provisions of such insurance policies without varying, extending or altering the terms thereof:

- (1) It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn by the Company on the account of such person, or arising out of the dishonor by you, whether with or without cause or intentionally or inadvertently, of any such checks drawn by the Company, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a policy of insurance, the premium on which is sought to be collected by the Company by any such check; and
- (2) It will refund to you any amount erroneously paid by you on any such check of claim for the amount of such erroneous payment is made by you within a reasonable time from the date of the check on which such erroneous payment was made.

PLEASE NOTE: A VOIDED CHECK MUST ACCOMPANY THE AUTHORIZATION



Application for Senior Life Insurance - CONTINENTAL GENERAL INSURANCE COMPANY -
6201 Johnson Drive – P. O. Box 29136 – Mission, KS 66201-9136



1. Name of Proposed Insured (Print)			Sex	Birthdate			Age	Social Security No.			
Last	First	Initial		Mo.	Day	Year	Nearest Birthday				
Street Address		City		State	Zip		Birth Place State	Telephone No.			
2. Death Benefit		3. Premium		Premium Payable:							
\$ _____		\$ _____		<input type="checkbox"/> Annual			<input type="checkbox"/> Semi-Annual				
				<input type="checkbox"/> Quarterly			<input type="checkbox"/> Monthly Bank Draft (BOM)				
4. Primary Beneficiary				Relationship				Contingent Beneficiary			
								Relationship			
5. Owner, if other than the Proposed Insured				Name				Relationship			
Address								Social Security No.			
6. Will the proposed insurance replace any existing policy or annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If yes: Insurance Company Name and Address											
7. Telephone Verification of Your Application											
To assure that we have all the information needed to process your application you will be contacted by telephone shortly after your agent submits your application. We will ask you a number of questions to be sure that all information on your application is complete and correct.											
Please indicate the best day/time to call you: _____											
Telephone Number: _____											
8. Tobacco Question. Have you used tobacco in any form within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Medical Questions. If the answer to any of the following questions is Yes, the Proposed Insured will not be eligible for coverage:											
								Yes	No		
9. Have you ever received medical advice, treatment, been advised to have treatment or surgery, or taken medication for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or have you tested positive for the Human Immunodeficiency Virus?								<input type="checkbox"/>	<input type="checkbox"/>		
10. Have you ever been diagnosed with or treated for a terminal illness?								<input type="checkbox"/>	<input type="checkbox"/>		
11. Have you been hospitalized within the last 30 days or been hospitalized two or more times in the last two years or been confined to a nursing facility in the last two years?								<input type="checkbox"/>	<input type="checkbox"/>		
12. Do you have now, or within the past 2 years, have you received medical advice, treatment, been advised to have treatment or surgery, or taken medication for:											
a) Heart Attack, Heart or Heart Valve Surgery, Angina, Cardiomyopathy, Congestive Heart Failure, Cardiac Pacemaker or Defibrillating Device?								<input type="checkbox"/>	<input type="checkbox"/>		
b) Stroke, Transient Ischemic Attack (TIA), Cerebrovascular Blockage or Insufficiency, Vascular Aneurysm, or high blood pressure not under adequate control?								<input type="checkbox"/>	<input type="checkbox"/>		
c) Internal Cancer, Melanoma, Leukemia, Hodgkin's Disease or Lymphoma?								<input type="checkbox"/>	<input type="checkbox"/>		
d) Chronic Lung Disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), or any Chronic Pulmonary Disease requiring the use of oxygen?								<input type="checkbox"/>	<input type="checkbox"/>		
e) Chronic Kidney Disease, Renal Failure, Renal Insufficiency, Chronic Liver Disease, Hepatitis, Cirrhosis, Disease of the Pancreas, or Organ Transplant?								<input type="checkbox"/>	<input type="checkbox"/>		

