

Underwritten By

TEXASLIFE INSURANCE
COMPANY

Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830

PURELIFE-PLUS

*Flexible Premium Life Insurance
to Age 121*

Portable, Permanent Individual Life Insurance for the Employee and Family

Policy Form: PRFNG-NI-10

Product Highlights

Permanent Life Insurance
to Age 121

Minimal Cash Value
Premiums Dedicated Primarily
to Purchase Life Insurance

Level Premium Guarantees
Coverage for a Significant
Period of Time

Unique Limited Right to Partial
Refund of Premium if Future
Premium Required to
Continue Coverage Increases

No Surrender Charges Apply

Accelerated Death Benefit Due
to Terminal Illness Included

Convenient Premium Payments
Through Payroll Deduction

Portable When You Leave
Employment

Accidental Death Benefit
Included for Selected Ages

For the eligible employees of
DEKALB ISD

Application for Life Insurance

Express Issue | Monthly Pay

FOR USE ONLY IN

*Alaska, Colorado, Hawaii, Iowa, Kentucky,
Nebraska, Texas and Utah*

Portable, Permanent, Individual Life Insurance for Employees and Their Families

As an employee, you can apply for valuable life insurance protection on you and your family under eligibility guidelines established for your employer. Your employer has conveniently agreed to permit you to pay premiums through payroll deduction. This is a summary only. Policy provisions prevail. This brochure is not a contract or an offer to contract.

Minimal Cash Values Buy this policy for its life insurance protection, not its cash value. The primary benefit is life insurance. Payment of the Table Premium produces a small cash value (Benchmark Cash Value).

Permanent Life Insurance Coverage Unlike group term life insurance, PureLife-plus is a personally owned, permanent individual life insurance policy to age 121 that can never be canceled or reduced as long as you pay the necessary premiums, even if your health changes.

Guaranteed Period Continuous, timely, and uninterrupted payment of the Table Premium guarantees coverage for the Guaranteed Period shown. Texas Life (We) cannot legally predict the premium required to continue coverage after the Guaranteed Period. It may be lower, the same, or higher than the Table Premium. However, if the premium to continue coverage is ever higher, We guarantee a limited right to a partial refund of premium (described below).

Guaranteed Limited Right to Partial Refund of Premium If a premium higher than the Table Premium is ever required to continue coverage after the Guaranteed Period, you have the choice to:

- a. Pay the higher premium(s) required to continue coverage; or,
- b. Surrender the policy and receive a partial refund of premium equal to 120 times the minimum monthly premium due at issue (ten years worth of Table Premium). You are eligible for this refund if the actual cash value equals or exceeds the Benchmark Cash Value and you have taken no prior partial surrenders.

Portable Once issued, continued employment is not a condition to continue coverage. Coverage is guaranteed as long as required premiums are paid, even after you retire or terminate employment. When employment ends, you can pay equivalent monthly premiums directly or by bank draft (for monthly direct payments we add a monthly fee not to exceed \$2.00). Other modes are available.

Accelerated Death Benefit Due to Terminal Illness For no added premium, the policy includes an Accelerated Death Benefit Due to Terminal Illness Rider (Form ICCo7-ULABR-07). If the insured becomes terminally ill you may elect to claim an accelerated benefit while the insured is still alive in lieu of the insurance proceeds otherwise payable at death. The single sum benefit is 92% of the insurance proceeds less an administrative fee of \$150. This is not a long-term care benefit. Terminal Illness is an injury or sickness diagnosed and certified by a qualifying physician that, despite appropriate medical care, is reasonably expected to result in death within 12 months. Other conditions and limitations apply. The right to accelerate benefits under this rider does not extend to any Child Term Life Insurance Rider. However, if the Accelerated benefit is paid, the Child Rider is paid-up term insurance as if the insured had died. Payment of the Accelerated Death Benefit terminates the policy and all other optional benefits/riders without further

value.

Individual and Family Coverage is Easy to Apply For Subject to age and amount restrictions, you may apply for an individual policy on your life or your spouse's life (see chart next page for spouse's minimum/maximum amounts). An individual policy for \$ 25,000 is also available on each of your children ages 15 days — 26, and even on each of your grandchildren ages 15 days — 18. (You may cover children ages 18 and younger under the Child Term Life Insurance Rider in lieu of individual policies.) Proof of insurability is required. Most policies are issued based upon the answers to three work and health related application questions.

Optional Benefits According to the guidelines established for your employer, your application will include the following benefit for an additional cost depending upon your issue age.

Accidental Death Benefit This benefit to age 65 (Issue Ages 17-59) doubles the coverage when death occurs by accidental bodily injury within 90 days of an accident. Maximum in-force limits and exclusions apply. (Form ICCo7-ULCL-ADB-07).

Child Term Life Insurance Rider In lieu of an individual policy on each child, if the primary insured is age 59 or less you may apply for a Child Term Life Insurance Rider for \$10,000. It insures the primary insured's children and step-children who are ages 15 days through age 18 at the time of the application. Children thereafter born to or adopted by the primary insured are covered 15 days after birth. Coverage continues to age 25. Coverage terminates at the primary insured's age 65. Coverage on a step-child ceases upon the primary insured's divorce from the step-child's natural or adoptive parent. If the primary insured dies, coverage is paid-up to the earlier of the insured child's age 25 or the Contract Anniversary Date on which the primary insured's Attained Age would have been 65. (Form ICCo7-ULCL-CIR-07).

Policy Mechanics and Other Important Details Premiums are flexible. However, we highly recommend payment of the Table Premium during the Guaranteed Period, and no partial surrenders or policy loans. Table Premium produces a small cash value (Benchmark Cash Value). Paying a lesser premium results in an actual cash value which is less than Benchmark Cash Value, causing the policy to lapse. Premiums less a premium load create cash value to pay monthly administrative loads and cost of insurance. Cash value is currently credited the guaranteed interest rate of 4.00% per annum. We may, at any time, credit higher than the guaranteed interest rate. Likewise, We may charge cost of insurance rates which are less than the policy's maximum rates, but only when actual cash value equals or exceeds Benchmark Cash Value. No surrender charges apply. Loads include 4.00% of premium, \$ 1.50 per month and monthly administrative loads. Two year suicide and contestable clauses apply (one year suicide clause in Colorado). The policy loan rate is 7.40% in advance. Surrenders and loans may be deferred for up to six months.

IMPORTANT NOTICES | PLEASE READ THE FOLLOWING NOTICES REGARDING ACCELERATED DEATH BENEFITS CAREFULLY

Important Notice The insurance proceeds, cash values, and loan values will all be reduced to zero and will no longer be payable if Texas Life pays the Accelerated Death Benefit.

determine the effect on you. Neither Texas Life nor its agents are authorized to give tax or legal advice.

Important Tax Notice The Accelerated Death Benefit under this rider is intended to qualify for favorable income tax treatment under the Internal Revenue Code of 1986. If the Accelerated Death Benefit qualifies for such favorable tax treatment, the benefit will be excludable from your income and not subject to federal income taxation. Tax laws relating to acceleration of life insurance benefits are complex. You should consult a qualified tax or legal advisor to

Public Assistance Program Notice Receipt of the Accelerated Death Benefit may affect your, your spouse's or your family's eligibility for medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You should consult a qualified tax or legal advisor and social services agencies concerning how receipt of such payment will affect your, your spouse's and your family's eligibility for public assistance.

INTERIM INSURANCE: Interim insurance will be in force on the application date if these conditions are met: (1) the insurance is purchased through payroll deduction; (2) the Salary Deduction Authorization is signed; and, (3) the proposed insured is insurable at standard rates under Our rules and usual practice. Interim insurance remains in effect until the earlier of: (a) the Policy Date; (b) the date We decline the application; (c) the date We notify the applicant that s/he is ineligible for interim insurance; or, (d) the 180th day after the application date. In Kansas, clauses (3) and (d) do not apply, and clauses (b) and (c) apply only when We refund all premiums.

OPTIONAL BENEFITS MONTHLY COST:
 Accidental Death Benefit \$ 0.08 per \$1,000 of Face Amount
 Children's Term Life Insurance Rider Add \$ 5.00 for \$10,000

EXPRESS ISSUE AMOUNTS OF COVERAGE AVAILABLE ON SPOUSE

Spouse's Issue Age	Minimum Face Amount	Maximum Face Amount
17-34	\$25,000	\$50,000
35-39	15,000	50,000
40-49	10,000	50,000
50-60	10,000	25,000
61 & Older	N/A	N/A

**Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown
(NON-TOBACCO CLASS)**

Issue Age →	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Highest Load	0.2217	0.2225	0.2225	0.2225	0.2225	0.2217	0.2209	0.2209	0.2200	0.2200	0.2167	0.2217	0.2175	0.2084	0.1992
Lowest Load	0.0409	0.0092	0.2034	0.0009	0.0100	0.0225	0.0359	0.0525	0.0742	0.1009	0.1359	0.1309	0.1817	0.0484	0.1025
Zero After Year	6	6	5	6	6	6	6	6	6	6	6	6	6	7	7

Issue Age →	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Highest Load	0.1909	0.1842	0.1809	0.1792	0.1784	0.1784	0.1867	0.1859	0.1950	0.1934	0.1900	0.1992	0.2092	0.2092	0.2184
Lowest Load	0.1484	0.0017	0.0309	0.0559	0.0784	0.1042	0.0684	0.0959	0.0534	0.0800	0.1059	0.0692	0.0267	0.0559	0.0275
Zero After Year	7	8	8	8	8	8	8	8	8	8	8	8	8	8	8

Issue Age →	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Highest Load	0.2284	0.2267	0.2434	0.2592	0.2742	0.2975	0.3109	0.3242	0.3467	0.3767	0.4050	0.4434	0.4975	0.5509	0.6017
Lowest Load	0.2117	0.0509	0.1934	0.1384	0.0950	0.2500	0.2234	0.2075	0.1517	0.0642	0.3175	0.2325	0.0917	0.4225	0.3392
Zero After Year	7	8	7	7	7	6	6	6	6	6	5	5	5	4	4

Issue Age →	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59
Highest Load	0.6609	0.7192	0.7709	0.8334	0.9017	0.9859	1.0842	1.2059	1.3234	1.4317	1.5159	1.5592	1.5750	1.6000	1.6367
Lowest Load	0.2300	0.1225	0.7292	0.6834	0.6309	0.5567	0.4625	0.3300	0.2159	0.1192	1.4200	1.4867	0.1850	0.2650	0.0884
Zero After Year	4	4	3	3	3	3	3	3	3	3	2	2	3	3	3

Issue Age →	60	61	62	63	64	65	66	67	68	69	70
Highest Load	1.7100	1.8459	2.0167	2.2084	2.4900	2.6525	2.8025	2.9167	3.0325	3.1534	3.2684
Lowest Load	0.3584	0.2759	1.8684	1.8642	1.7909	1.8325	1.8967	1.9259	1.8034	1.6750	1.5534
Zero After Year	3	3	2	2	2	2	2	2	2	2	2

**Monthly Administrative Loads Per \$1,000 of Face Amount for Issue Ages Shown
(TOBACCO CLASS)**

Issue Age →	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Highest Load	0.3267	0.3209	0.3150	0.3100	0.3250	0.3192	0.3417	0.3359	0.3292	0.3334	0.3425	0.3517	0.3600	0.4350	0.4317
Lowest Load	0.1200	0.1625	0.2017	0.2417	0.2150	0.2575	0.1967	0.2434	0.2850	0.2909	0.2875	0.2800	0.2825	0.0425	0.0917
Zero After Year	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5

Issue Age →	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46
Highest Load	0.4450	0.4484	0.4500	0.4884	0.5067	0.5434	0.5592	0.6025	0.6709	0.7175	0.7792	0.8834	0.9267	0.9984	1.0592
Lowest Load	0.0775	0.1067	0.1484	0.0500	0.4717	0.4234	0.4350	0.3784	0.2592	0.2042	0.1109	0.6542	0.6450	0.5900	0.5534
Zero After Year	5	5	5	5	4	4	4	4	4	4	4	3	3	3	3

Issue Age →	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61
Highest Load	1.1234	1.1925	1.3125	1.3775	1.4884	1.6284	1.7200	1.8375	1.8925	1.9234	1.9317	2.0192	2.0650	2.1209	2.2300
Lowest Load	0.5142	0.4800	0.3584	0.3484	0.2617	1.5542	1.5892	1.6075	1.6875	1.7950	0.2592	0.2659	0.3650	0.4642	0.4175
Zero After Year	3	3	3	3	3	2	2	2	2	2	3	3	3	3	3

Issue Age →	62	63	64	65	66	67	68	69	70
Highest Load	2.3867	2.5434	2.7267	2.7975	2.8867	2.9775	3.0967	3.2059	3.3275
Lowest Load	0.1092	2.3142	2.1275	2.0525	1.9584	1.7784	1.7367	1.5367	1.4917
Zero After Year	3	2	2	2	2	2	2	2	2

TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-10			7.75							75
11-16			8.00							70
17-20			10.00	15.10	18.50	27.00	35.50	44.00	52.50	66
21			10.25	15.50	19.00	27.75	36.50	45.25	54.00	66
22			10.25	15.50	19.00	27.75	36.50	45.25	54.00	65
23-25			10.50	15.90	19.50	28.50	37.50	46.50	55.50	63
26			10.75	16.30	20.00	29.25	38.50	47.75	57.00	63
27			11.00	16.70	20.50	30.00	39.50	49.00	58.50	63
28			11.00	16.70	20.50	30.00	39.50	49.00	58.50	62
29			11.25	17.10	21.00	30.75	40.50	50.25	60.00	62
30-31			11.50	17.50	21.50	31.50	41.50	51.50	61.50	60
32			12.00	18.30	22.50	33.00	43.50	54.00	64.50	61
33			12.50	19.10	23.50	34.50	45.50	56.50	67.50	62
34			13.00	19.90	24.50	36.00	47.50	59.00	70.50	62
35			13.75	21.10	26.00	38.25	50.50	62.75	75.00	64
36			14.25	21.90	27.00	39.75	52.50	65.25	78.00	64
37			14.75	22.70	28.00	41.25	54.50	67.75	81.00	64
38			15.50	23.90	29.50	43.50	57.50	71.50	85.50	65
39			16.50	25.50	31.50	46.50	61.50	76.50	91.50	66
40			17.50	27.10	33.50	49.50	65.50	81.50	97.50	67
41			18.75	29.10	36.00	53.25	70.50	87.75	105.00	68
42			20.50	31.90	39.50	58.50	77.50	96.50	115.50	70
43			22.25	34.70	43.00	63.75	84.50	105.25	126.00	72
44			24.00	37.50	46.50	69.00	91.50	114.00	136.50	73
45			26.00	40.70	50.50	75.00	99.50	124.00	148.50	74
46			28.00	43.90	54.50	81.00	107.50	134.00	160.50	75
47			29.75	46.70	58.00	86.25	114.50	142.75	171.00	76
48			31.75	49.90	62.00	92.25	122.50	152.75	183.00	77
49			34.00	53.50	66.50	99.00	131.50	164.00	196.50	78
50	15.60	22.65	36.75	57.90	72.00	107.25				79
51	16.90	24.60	40.00	63.10	78.50	117.00				80
52	18.50	27.00	44.00	69.50	86.50	129.00				82
53	20.10	29.40	48.00	75.90	94.50	141.00				83
54	21.70	31.80	52.00	82.30	102.50	153.00				85
55	23.10	33.90	55.50	87.90	109.50	163.50				86
56	24.10	35.40	58.00	91.90	114.50	171.00				85
57	24.80	36.45	59.75	94.70	118.00	176.25				84
58	25.60	37.65	61.75	97.90	122.00	182.25				84
59	26.60	39.15	64.25	101.90	127.00	189.75				84
60	27.30	40.20	66.00	104.70	130.50	195.00				84
61	29.60	43.65	71.75	113.90	142.00	212.25				85
62	32.40	47.85	78.75	125.10	156.00	233.25				87
63	35.50	52.50	86.50	137.50	171.50	256.50				89
64	39.60	58.65	96.75	153.90	192.00	287.25				93
65	42.50	63.00	104.00	165.50	206.50	309.00				94
66	45.30									95
67	47.80									96
68	50.40									96
69	53.20									96
70	56.20									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$25,000	\$40,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	
15D-10										
11-16										
17-20			14.25	21.90	27.00	39.75	52.50	65.25	78.00	66
21			14.75	22.70	28.00	41.25	54.50	67.75	81.00	66
22			14.75	22.70	28.00	41.25	54.50	67.75	81.00	65
23-25			15.50	23.90	29.50	43.50	57.50	71.50	85.50	63
26			15.75	24.30	30.00	44.25	58.50	72.75	87.00	63
27			16.00	24.70	30.50	45.00	59.50	74.00	88.50	63
28			16.25	25.10	31.00	45.75	60.50	75.25	90.00	62
29			16.50	25.50	31.50	46.50	61.50	76.50	91.50	62
30-31			18.50	28.70	35.50	52.50	69.50	86.50	103.50	60
32			19.00	29.50	36.50	54.00	71.50	89.00	106.50	61
33			19.25	29.90	37.00	54.75	72.50	90.25	108.00	62
34			19.50	30.30	37.50	55.50	73.50	91.50	109.50	62
35		13.05	20.75	32.30	40.00	59.25	78.50	97.75	117.00	64
36		13.50	21.50	33.50	41.50	61.50	81.50	101.50	121.50	64
37		14.25	22.75	35.50	44.00	65.25	86.50	107.75	129.00	64
38		14.70	23.50	36.70	45.50	67.50	89.50	111.50	133.50	65
39		15.60	25.00	39.10	48.50	72.00	95.50	119.00	142.50	66
40	11.80	16.95	27.25	42.70	53.00	78.75	104.50	130.25	156.00	67
41	12.50	18.00	29.00	45.50	56.50	84.00	111.50	139.00	166.50	68
42	13.40	19.35	31.25	49.10	61.00	90.75	120.50	150.25	180.00	70
43	14.80	21.45	34.75	54.70	68.00	101.25	134.50	167.75	201.00	72
44	15.60	22.65	36.75	57.90	72.00	107.25	142.50	177.75	213.00	73
45	16.70	24.30	39.50	62.30	77.50	115.50	153.50	191.50	229.50	74
46	17.70	25.80	42.00	66.30	82.50	123.00	163.50	204.00	244.50	75
47	18.70	27.30	44.50	70.30	87.50	130.50	173.50	216.50	259.50	76
48	19.70	28.80	47.00	74.30	92.50	138.00	183.50	229.00	274.50	77
49	21.30	31.20	51.00	80.70	100.50	150.00	199.50	249.00	298.50	78
50	22.40	32.85	53.75	85.10	106.00	158.25				79
51	24.10	35.40	58.00	91.90	114.50	171.00				80
52	26.20	38.55	63.25	100.30	125.00	186.75				82
53	27.90	41.10	67.50	107.10	133.50	199.50				83
54	30.00	44.25	72.75	115.50	144.00	215.25				85
55	31.50	46.50	76.50	121.50	151.50	226.50				86
56	32.80	48.45	79.75	126.70	158.00	236.25				85
57	33.80	49.95	82.25	130.70	163.00	243.75				84
58	35.60	52.65	86.75	137.90	172.00	257.25				84
59	37.10	54.90	90.50	143.90	179.50	268.50				84
60	38.10	56.40	93.00	147.90	184.50	276.00				84
61	40.70	60.30	99.50	158.30	197.50	295.50				85
62	44.00	65.25	107.75	171.50	214.00	320.25				87
63	47.40	70.35	116.25	185.10	231.00	345.75				89
64	51.10	75.90	125.50	199.90	249.50	373.50				93
65	53.60	79.65	131.75	209.90	262.00	392.25				94
66	56.40									95
67	59.20									96
68	62.30									96
69	65.50									96
70	69.00									95

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TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

PureLife-plus – Standard Risk Table Premiums – Non-Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								Includes Added Cost for Accidental Death Benefit (Ages 17-59)	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		\$18.00	\$20.00	\$24.00	\$28.00	\$30.00	\$32.00	\$35.00	\$40.00		
15D-15											75
16											70
17-20		48,500	54,382	66,147	77,912	83,794	89,676	98,500	113,206		66
21		47,114	52,829	64,257	75,686	81,400	87,114	95,686	109,971		66
22		47,114	52,829	64,257	75,686	81,400	87,114	95,686	109,971		65
23-25		45,806	51,361	62,472	73,583	79,139	84,694	93,028	106,917		63
26		44,568	49,973	60,784	71,595	77,000	82,405	90,514	104,027		63
27		43,395	48,658	59,184	69,711	74,974	80,237	88,132	101,289		63
28		43,395	48,658	59,184	69,711	74,974	80,237	88,132	101,289		62
29		42,282	47,410	57,667	67,923	73,051	78,179	85,872	98,692		62
30-31		41,225	46,225	56,225	66,225	71,225	76,225	83,725	96,225		60
32		39,262	44,024	53,548	63,071	67,833	72,595	79,738	91,643		61
33		37,477	42,023	51,114	60,205	64,750	69,295	76,114	87,477		62
34		35,848	40,196	48,891	57,587	61,935	66,283	72,804	83,674		62
35		33,653	37,735	45,898	54,061	58,143	62,224	68,347	78,551		64
36		32,333	36,255	44,098	51,941	55,863	59,784	65,667	75,471		64
37		31,113	34,887	42,434	49,981	53,755	57,528	63,189	72,623		64
38		29,446	33,018	40,161	47,304	50,875	54,446	59,804	68,732		65
39		27,483	30,817	37,483	44,150	47,483	50,817	55,817	64,150		66
40		25,766	28,891	35,141	41,391	44,516	47,641	52,328	60,141		67
41			26,797	32,594	38,391	41,290	44,188	48,536	55,783		68
42				29,592	34,855	37,487	40,118	44,066	50,645		70
43				27,096	31,916	34,325	36,735	40,349	46,373		72
44					29,433	31,656	33,878	37,211	42,767		73
45					27,031	29,071	31,112	34,173	39,276		74
46						26,877	28,764	31,594	36,311		75
47						25,212	26,982	29,637	34,062		76
48							25,198	27,678	31,810		77
49								25,762	29,608		78
50	15.60	11,695	13,113	15,950	18,787	20,206	21,624	23,752	27,298		79
51	16.90	10,708	12,006	14,604	17,201	18,500	19,799	21,747	24,994		80
52	18.50		10,876	13,229	15,582	16,759	17,935	19,700	22,641		82
53	20.10			12,091	14,242	15,317	16,392	18,005	20,694		83
54	21.70			11,134	13,114	14,104	15,094	16,579	19,054		85
55	23.10			10,412	12,264	13,190	14,116	15,505	17,819		86
56	24.10				11,721	12,606	13,491	14,819	17,031		85
57	24.80				11,369	12,227	13,086	14,373	16,519		84
58	25.60				10,992	11,822	12,651	13,896	15,971		84
59	26.60				10,554	11,351	12,147	13,343	15,335		84
60	27.30				10,267	11,043	11,818	12,981	14,919		84
61	29.60					10,139	10,851	11,918	13,698		85
62	32.40							10,838	12,456		87
63	35.50								11,321		89
64	39.60								10,102		93
65	42.50										94
66	45.30										95
67	47.80										96
68	50.40										96
69	53.20										96
70	56.20										95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

TEXASLIFE INSURANCE COMPANY MONTHLY PREMIUMS

PureLife-plus – Standard Risk Table Premiums – Tobacco – Express Issue

Issue Age (ALB)	Prem For \$10,000 Face	Life Insurance Face Amounts for Monthly Premiums Shown								GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
		Includes Added Cost for Accidental Death Benefit (Ages 17-59)								
		\$26.00	\$28.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00	\$55.00	
15D-15										
16										
17-20		48,020	51,941	55,863	65,667	75,471	85,275	95,078	104,882	66
21		46,208	49,981	53,755	63,189	72,623	82,057	91,491	100,925	66
22		46,208	49,981	53,755	63,189	72,623	82,057	91,491	100,925	65
23-25		43,732	47,304	50,875	59,804	68,732	77,661	86,589	95,518	63
26		42,965	46,474	49,982	58,754	67,526	76,298	85,070	93,842	63
27		42,224	45,672	49,121	57,741	66,362	74,983	83,603	92,224	63
28		41,508	44,898	48,288	56,763	65,237	73,712	82,186	90,661	62
29		40,817	44,150	47,483	55,817	64,150	72,483	80,817	89,150	62
30-31		36,015	38,956	41,897	49,250	56,603	63,956	71,309	78,662	60
32		34,986	37,843	40,700	47,843	54,986	62,129	69,271	76,414	61
33		34,493	37,310	40,127	47,169	54,211	61,254	68,296	75,338	62
34		34,014	36,792	39,569	46,514	53,458	60,403	67,347	74,292	62
35		31,805	34,403	37,000	43,494	49,987	56,481	62,974	69,468	64
36		30,612	33,113	35,613	41,863	48,113	54,363	60,613	66,862	64
37		28,812	31,165	33,518	39,400	45,282	51,165	57,047	62,929	64
38		27,830	30,102	32,375	38,057	43,739	49,420	55,102	60,784	65
39		26,053	28,181	30,309	35,628	40,947	46,266	51,585	56,904	66
40	11.80	23,777	25,718	27,660	32,515	37,369	42,223	47,078	51,932	67
41	12.50	22,264	24,082	25,900	30,445	34,991	39,536	44,082	48,627	68
42	13.40	20,580	22,261	23,941	28,143	32,345	36,546	40,748	44,950	70
43	14.80	18,414	19,917	21,421	25,180	28,940	32,699	36,459	40,218	72
44	15.60	17,369	18,787	20,206	23,752	27,298	30,844	34,390	37,936	73
45	16.70	16,112	17,428	18,743	22,033	25,322	28,612	31,901	35,191	74
46	17.70	15,117	16,352	17,586	20,673	23,759	26,846	29,932	33,019	75
47	18.70	14,238	15,401	16,564	19,471	22,378	25,285	28,192	31,099	76
48	19.70	13,456	14,555	15,654	18,401	21,148	23,896	26,643	29,390	77
49	21.30	12,369	13,379	14,389	16,914	19,439	21,965	24,490	27,015	78
50	22.40	11,718	12,675	13,632	16,024	18,416	20,809	23,201	25,593	79
51	24.10	10,836	11,721	12,606	14,819	17,031	19,243	21,456	23,668	80
52	26.20		10,725	11,534	13,559	15,583	17,607	19,632	21,656	82
53	27.90		10,034	10,792	12,686	14,580	16,473	18,367	20,261	83
54	30.00				11,751	13,505	15,260	17,014	18,768	85
55	31.50				11,163	12,830	14,497	16,163	17,830	86
56	32.80				10,700	12,297	13,895	15,492	17,089	85
57	33.80				10,368	11,916	13,464	15,012	16,560	84
58	35.60					11,287	12,754	14,220	15,686	84
59	37.10					10,812	12,216	13,621	15,025	84
60	38.10					10,516	11,883	13,249	14,615	84
61	40.70						11,094	12,370	13,645	85
62	44.00						10,233	11,409	12,586	87
63	47.40							10,564	11,654	89
64	51.10								10,784	93
65	53.60								10,267	94
66	56.40									95
67	59.20									96
68	62.30									96
69	65.50									96
70	69.00									95

PureLife-plus is permanent life insurance to Attained Age 121 that can never be cancelled as long as you pay the necessary premiums. After the Guaranteed Period, the premiums can be lower, the same, or higher than the Table Premium. See the brochure under "Permanent Coverage".

1st Deduction Date: _____ Employer: _____

Proposed Insured(s)	Sex	Birth Date	Age ¹	Within the past 12 months has the Proposed Insured age 17 or older used tobacco in any form?	Face Amount ²	Premium
Employee Name						
Last	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First		MI				
Social Sec No						
Hire Date						
Beneficiary (Spouse is beneficiary unless otherwise stated here)				Relationship:		
Spouse Name						
Last	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
First		MI				
Social Sec No						
Current Occupation						
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:		
Children's Names (not required if applying only for Child Term Rider)						
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:		
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:		
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:		
	M/F			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Sec No						
Beneficiary (Employee is beneficiary unless otherwise stated here)				Relationship:		
Select Riders to be added:						
				Add Child Term Rider premium, if applied for: \$		
Child Term for \$10,000 added to policy of: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse				Total premium: \$		
<input type="checkbox"/> Accidental Death ³ <input type="checkbox"/> Waiver Premium ³						
Payroll is per: <input type="checkbox"/> Week <input type="checkbox"/> Bi-Week <input type="checkbox"/> Semi-Month <input type="checkbox"/> Month <input type="checkbox"/> Skip _____						
Home Address						
Street/P.O. Box: _____		City: _____		State: _____		Zip: _____
Phone — Day: () _____		Evening: () _____		Personal E-mail Address: _____		
Will proposed coverage replace or change any existing insurance or annuity policy? (If "Yes", identify and complete replacement form.) Company: _____ Policy No: _____						<input type="checkbox"/> Yes <input type="checkbox"/> No

(1) Age as of Issue Date. (2) or Face Amount purchased by premium shown, if less. (3) For issue ages 17-59.

CONTINUE AND SIGN ON REVERSE SIDE

Applicant and Agent Statement on Existing Insurance

Does any Proposed Insured have existing insurance or annuities (*including coverage with Texas Life*)? Yes No If "Yes", complete the Existing Insurance Form even if replacement is not contemplated. "Existing Insurance" does not include group term policies paid entirely by the employer or any non-renewable term policy due to expire within 5 years.

X _____
Applicant Signature Date

X _____
Enroller/Agent Signature Print Enroller/Agent Name Agt No.

Agent Certification

AGENT STATEMENT

I certify that I have: (a) delivered to the Applicant the Sales Brochure Series form 10M014-rpltic EXP-A-M-1AD R 05-01-13 and the Privacy Notice; and, (b) presented only guaranteed policy benefits and costs. Below list any other sales material used, if any (include form no).

X _____
Enroller/Agent Signature Date

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Sample For Review

Supplement to Application from (Employee): _____

Employee Social Security: _____ Application Date: _____

2. Within the past five years, has any proposed insured: a. Consulted a physician, been observed at a hospital or clinic, or been advised to have a surgical operation? b. Had an X-ray, EKG, lab test, blood test, or any other medical test or study? c. Used heroin, cocaine, marijuana, PCP, or any other narcotic, hallucinogenic, sedative or legally controlled substance, except as prescribed by a physician? d. Been diagnosed or treated by a member of the medical profession as having AIDS (Acquired Immune Deficiency Syndrome) or the HIV (Human Immunodeficiency Virus) infection?	Employee		Spouse		Children	
	Yes	No	Yes	No	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past ten years, has any proposed insured been diagnosed with or been treated for: a. Heart or circulatory disease or abnormality, chest pain, shortness of breath, murmur, stroke, or high blood pressure? b. Alcohol or drug abuse, or disorder of the stomach, liver, intestines, or kidneys? c. Cancer, tumor, diabetes, or disorder of the blood? d. Asthma, lung disease, seizure, depression, or mental, psychiatric, or neurologic disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any proposed insured taking any prescribed medication at regular intervals? If "Yes", indicate name of medication in Details below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is the height, weight, and birth state of each proposed insured?	First Name	Hgt. Wgt.	Birth State
6. Personal physician for each proposed insured (if none, enter "None") Proposed Insured Physician Address City, State			

7. Details, including date, diagnosis, type of treatment, and current condition			Name, address and phone # of physician(s)
Ques No.	Proposed Insured	Details	

REPRESENTATIONS: I represent to the best of my knowledge and belief that all statements and answers in this Supplement to Application are complete, true and correctly recorded, and are made as a consideration for the insurance applied for. I understand that Texas Life Insurance Company will rely on my statements and answers as being true and complete in deciding whether to issue insurance on the proposed insured(s). Insurance is effective under the policy only when it is delivered to the owner, if the full first premium is paid in cash and all of the statements in the application and this Supplement to Application remain correct and complete.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

X _____ X _____
 Employee (and policyowner) Signature Spouse Signature (or Child over 18) if to be insured

X _____
 Enroller/Agent Signature Print Enroller/Agent Name Agt No. Date City State

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Sample For Review

Authorization to Release Information

Two pages

AUTHORIZATION

For underwriting and claim settlement purposes regarding me or any child(ren) under the age of 18 named below, I authorize:

- Any medical practitioner; any medical facility; any pharmacy, pharmacy benefits manager or other pharmacy related services organization; any other medical entity; any insurer; any consumer reporting agency; and MIB, Inc. ("MIB") to give Texas Life Insurance Company ("Company") information about me or such child(ren) including:
 - personal information and data;
 - entire medical file for the last ten (10) years, including medical information, records and data (such as: office visits; out-patient treatment; hospitalization; drugs prescribed; medical test results; information about sexually transmitted diseases; and other similar information);
 - information related to alcohol and drug abuse and treatment;
 - information, records and data relating to Acquired Immune Deficiency Syndrome(AIDS) or AIDS related conditions, including Human Immuno-deficiency Virus (HIV) test results; and
 - information, records and data relating to mental illness.
- The Company to redisclose information received pursuant to this Authorization as authorized by me in writing or as otherwise permitted by applicable law.
- The Company, or its reinsurers, to make a brief report of my personal health information to MIB.
- The Company to request and obtain: consumer investigation; or motor vehicle reports.
- Any employer, business associate, financial institution, or government agency to give the Company any information or data that it may have about: occupations; avocations; driving record; finances; character; reputation; and aviation activities.

I understand that:

- Information, records and data received that the Company receives pursuant to this Authorization will be used and maintained by the Company as described in the Company Consumer Privacy Notice, a copy of which was given to me.
- All or part of the information, records and data that the Company receives pursuant to the Authorization may be disclosed to MIB. Such information may also be disclosed to and used by: any reinsurer; any Company employee; or any affiliate or independent contractor who performs a business service for the Company on the insurance applied for or on existing insurance with the Company. Information may also be disclosed as otherwise required or permitted by applicable laws.
- Information related to alcohol and drug abuse that has been disclosed to the Company may be protected by Federal Regulations 42 CFR part 2. This information may be redisclosed as provided in this Authorization.

- Medical information, records and data disclosed may have been subject to federal and state laws or regulations, including federal rules issued by Health and Human Services, 45 CFR Parts 160-164. These rules set forth standards for the use, maintenance and disclosure of such information by health care providers and health plans. Once disclosed to the Company, this information may no longer be subject to those laws or regulations.
- Information obtained pursuant to this Authorization about me or such child(ren) may be used, to the extent permitted by law, to determine the insurability of other family members.
- If underwriting determines that an investigative consumer report is needed, I will be contacted by the consumer reporting agency and interviewed in connection with its preparation.
- This Authorization will end 24 months from the date on this form or sooner if prescribed by law. I may revoke it at anytime by writing to the Company and advising it that I have revoked this Authorization. Any action taken before the Company has received my revocation will be valid.
- I have a right to receive a copy of this form.

A photocopy of this form is as valid as the original form.

SIGNATURES

(Parent or Guardian, if a proposed insured is under age 18, sign on line for proposed insured.)

Proposed Insured # 1 *Date:*

 Print Name of Proposed Insured # 1

Proposed Insured # 2 *Date:*

 Print Name of Proposed Insured # 2

Witness *Date:*

I do not want this notice read aloud to me. (Applicants must initial only if they do not want the notice read aloud.)

Note: The law requires we give you the option to have this notice read to you aloud. If an agent is not present, but you would like the notice read aloud, call your agent, or call the Home Office at 1-800-283-9233, extension 6814.

Section I. Existing Insurance or Annuities

Replacement of Life Insurance or Annuities

Important Notice -- Four pages

This document must be signed by the applicant and the producer and a copy left with the applicant

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financial purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy or contract and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

<input type="checkbox"/> Yes <input type="checkbox"/> No Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contracts?

If you answered "No" to BOTH questions, skip Section II and complete Section III.

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS

Are they affordable?

Could they change?

You're older—are premiums higher for the proposed new policy?

How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES

New policies usually take longer to build cash values and to pay dividends.

Acquisition costs for the old policy may have been paid, you will incur costs for the new one.

What surrender charges do the policies have?

What expense and sales charge will you pay on the new policy?

Does the new policy provide more insurance coverage?

INSURABILITY

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.

You may need a medical exam for a new policy.

Claims on most new policies for up to the first two years can be denied based on inaccurate statements.

Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY

How are premiums for both policies being paid?

How will the premiums on your existing policy be affected?

Will a loan be deducted from death benefits?

What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST-SENSITIVE LIFE PRODUCT

Will you pay surrender charges on your old contract?

What are the interest rate guarantees for the new contract?

Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL REPLACEMENTS

What are the tax consequences of buying the new policy?

Is this a tax free exchange? (See your tax advisor.)

Is there a benefit from favorable grandfathered treatment of the old policy under the federal tax code?

Will the existing insurer be willing to modify the old policy?

How does the quality and financial stability of the new company compare to the present company?

Privacy Notice - Two pages

Thank you for your interest in our products and services. We will review what you told us and may get further information if needed.

READ THIS NOTICE CAREFULLY

It describes in broad terms how we learn about you and anyone else who is to be insured under the policy you applied for. It tells how we treat that information. If anyone else is to be insured under the policy you applied for, what we say here also applies to information about him or her. We are required by law to give you this notice.

WHY WE NEED INFORMATION

We need to know about you (and anyone else to be insured) to provide the insurance and other products and services you've asked for. We may also need it to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to prevent money laundering and terrorism.

We need to know your address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, or with other companies.

HOW WE GET INFORMATION

What we know about you (and anyone else to be insured) we get mostly from you. But we may also have to find out more from others in order to make sure that what we know is correct and complete. This personal information may be collected from persons other than you, and may be disclosed in certain circumstances to third parties without your authorization. Other sources may include adult relatives, employers, consumer reporting agencies, health care providers and others. Some sources may give us reports and may disclose what they know to others. We may ask for medical information about you. The Authorization you signed when you applied for insurance permits these sources to tell us about you. So we may, for instance, at our expense:

- Ask for a medical exam — Ask for blood and urine tests
- Ask health care providers to give us health data, including information about alcohol or drug abuse

This will help us decide eligibility for insurance from us and what we should charge for it. We may also ask a consumer reporting agency for a "consumer report" about you (or anyone else to be insured). Consumer reports may tell us about a lot of things, like:

- Work and work history— Mode of living— Finances— Reputation— Dangerous sports activity— Driving record

If we ask an agency for an "investigative" report about you - which means that they will ask others about you - we will ask them to contact you as well. The information may be kept by the consumer reporting agency and given to others as permitted by law. The agency will give you a copy of the report it provides to us, if you ask the agency and can provide adequate identification. If you write to us, we will tell you if we have asked for a consumer report about you, and give you the name, address and phone number of the consumer reporting agency.

MIB, Inc. ("MIB") is a commonly used source of information. It is a nonprofit association of life insurance companies. We and our reinsurers may give MIB health or other information about you. If you apply for life or health coverage from a member of MIB, or claim benefits from a member company, MIB may give that company any information it has about you. If you contact MIB, it will tell you what it knows about you. You have the right to ask MIB to correct its information about you. You may write to MIB, Inc., 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, call MIB at (866) 692-6901 (TTY (866) 346-3642 for the hearing impaired) or contact MIB at www.mib.com.

HOW WE PROTECT WHAT WE KNOW

Because you entrust us with your personal information, we treat what we know about you confidentially. We tell our employees to carefully handle your information. They may get your information only with a good reason. We take steps to secure our computer databases and safeguard the information we have.

HOW WE USE AND DISCLOSE WHAT WE KNOW ABOUT YOU

We may use what we know about you to help us serve you better. We may use it, and disclose it to our affiliates and others, for any purpose allowed by law; for example, to:

- Help us evaluate your request for a product
- Help us run our business
- Confirm or correct what we know about you
- Help us process claims and other transactions
- Process information for us
- Help us comply with the law
- Help us prevent fraud and other crimes
- Perform research for us
- Audit our business

When we disclose information to others to perform business services for us, they must take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company
- Giving information to the government so that it can decide whether you may get government-paid benefits
- Telling your health care provider about a medical problem that you have but may not be aware of
- Giving your information to a peer review organization if you have health insurance with us
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your policy

Generally, we will disclose only the information we consider reasonably necessary to disclose and no more. We may use what we know about you in order to offer you our other products and services.

YOU CAN SEE AND CORRECT YOUR INFORMATION

Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement when we give your information to anyone outside our company or affiliate.

YOU CAN GET OTHER MATERIAL FROM US

In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our website, www.texaslife.com, or write to us, c/o Texas Life Privacy Officer, PO Box 830, Waco, Texas 76703.

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