

Response to Request for Additional Information as Required by Regulation 194

Description of Alternative Quotes Presented - Life & Annuities

Purchaser Name _____

Effective Date of Coverage _____

LIFE

INSURER	FACE AMOUNT (Level, increasing, decreasing)	PREMIUM	RIDERS (W, ADD, etc)	EXPIRATION OF POLICY/ PREMIUM CHANGE DATE

Estimated Compensation

Unlike other kinds of insurance, life insurance policies and annuity contracts last for a number of years. The insurer will pay me, or any parent, subsidiary, or affiliate, ____% of the total premium you pay on this policy if you keep the policy in place for ____ years, which is the average duration for this type of policy or contract. Most of that compensation will be paid in the first year.

Signature of Purchaser _____ Date _____