

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

STATEMENT OF HEALTH

This has been completed as a condition to the Delivery or Change of:

Policy Number(s)

Proposed Insured (Printed)

Since the first application date, the proposed insured and any proposed insured family member has:

- **Not** submitted another application(s) for insurance to any other company.
- **Not** received notice that any application(s) for insurance has been declined, postponed or modified.
- Had **no** change in health or insurability as a life insurance risk because of any event or circumstance.
- **Not** consulted or been examined by a doctor or other medical professional.
- Remained in good health.

Any changes to the above statements should be given here:

There are no changes to the above statements.

The proposed insured (and the applicant if other than the proposed insured) acknowledges:

- That all changes have been stated.
- The above statements are true and complete.
- The company can rescind the policy if a material fact is misrepresented on this form.
- Any insurance will not take effect until the company approves these statements, the policy is delivered to the applicant while alive, the first premium is paid and any amendments signed and returned. However, if the full first premium was paid along with the initial application for insurance and a Conditional Receipt/Temporary Life Receipt was signed, the terms of the Conditional Receipt/Temporary Life Receipt will apply.

CALIFORNIA ONLY - For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Date

Signature of Proposed Insured

Date

Witness

Date

Signature of Applicant (if other than Insured)

Copy To Be Returned To Company After Completion