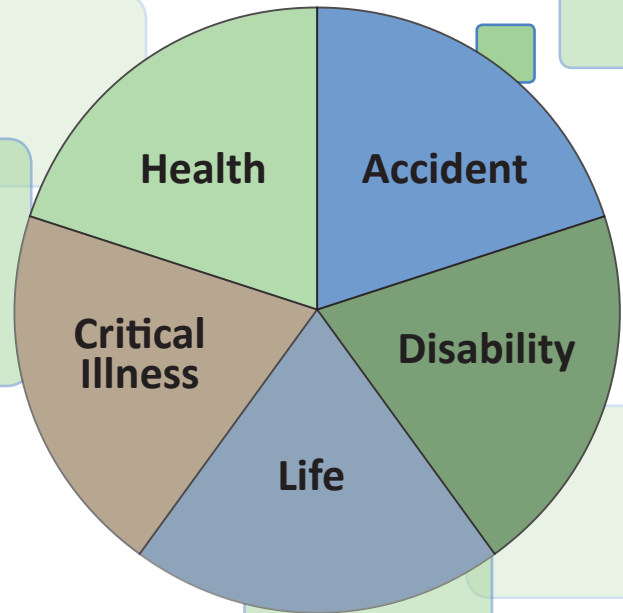


MedLife

Circle of Protection



The MedLife Circle of Protection Plans offer affordable solutions for everyday insurance needs . . . Health, Life, Critical Illness, Accident and Disability. You can select one or combine all of these plans to design a complete insurance package that will protect you and the people you love.

Health Insurance

The Right Plans for the Right Times

For today's medical uncertainties, people want a product to give them the Peace-of-Mind needed to plan for tomorrow. With a long history of strong finances and policies featuring cash benefits, Central United Life just might have the edge in delivering that feeling.

Affordability - Choose from 4 plan options to find the one that fits your budget and lifestyle.

Accessibility - With only a few medical questions, it's easy to apply.

Flexibility - Keep your own doctors; choose from individual or family coverage.

Versatility - These plans cover health services, such as doctor's office visits, immunizations and lab work. In addition, our plans provide you with hospital and surgical benefits, should you need them.

Affordable Healthcare

The Medlife health option pays a specified cash amount when you receive a particular service, regardless of what your provider charges you. Cash is paid to you or your provider if you assign the benefits.

Outpatient Benefits - **No Deductible**

Inpatient Benefits - **No Deductible**

Surgical Benefits - **Both Inpatient and Outpatient Facilities**

Hospital Admission Benefit

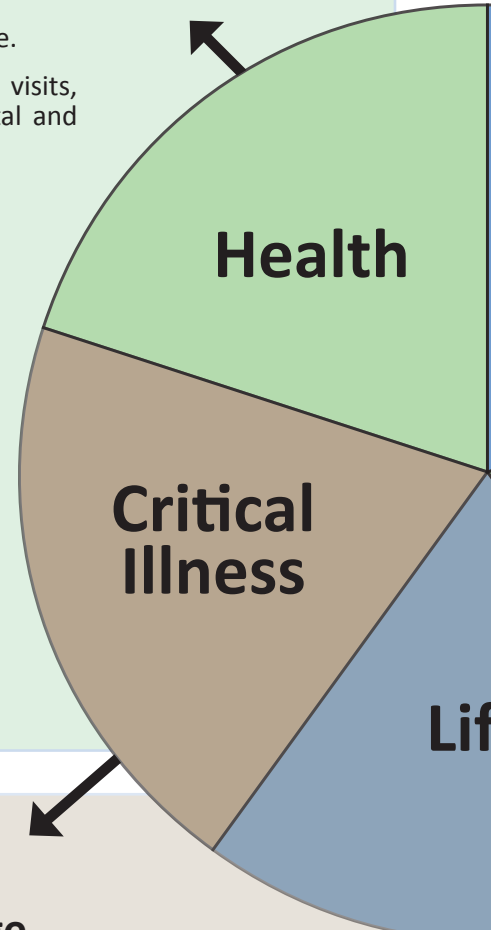
Ground or Air Ambulance

Allergy Shots and Immunizations

2 Million Dollars Maximum Lifetime Benefit

All Benefits are per Covered Person

4 Plans to Choose From



Critical Illness Insurance With and Without Cancer Coverage

Covered Events:

Heart Attack	End Stage Renal Failure
Stroke	Paralysis
Major Third Degree Burns	Coronary Artery Bypass Surgery

Cancer Coverage can be added as a Covered Event to each of the above plans.

While health plans may cover these events, most health plans do not cover financial loss from: **income rehabilitation, lodging during treatment, prescription drugs, private nursing home and more.** These Critical Illness benefits can be paid directly to you and be used to pay for these expenses.

Plan I	Plan II	Plan III
\$5,000 First Occurrence Benefit	\$7,500 First Occurrence Benefit	\$10,000 First Occurrence Benefit
\$500 x 12 Monthly Income	\$750 x 12 Monthly Income	\$1,000 x 12 Monthly Income
\$2,500 Reoccurrence	\$3,750 Reoccurrence	\$5,000 Reoccurrence
All Plans Pay: Ambulance: Ground = \$250; Air = \$1,000 Transportation: \$.50 per mile or commercial		Hospital Confinement: \$300 per day Lodging and Waiver of Premium

24 Hour Accident Insurance

Accident Injury Facts

Approximately 1 in 9 people sought medical attention for an injury in 2005.*

Accidents happen when you least expect them - at home at work, while playing or while traveling.

You can't plan **on** them but you can plan **for** them.

* National Safety Council Injury Facts, 2007.

Enhanced Accident Plan Features

- One unit of \$2,000 or two units of \$4,000 accident coverage
- Issue Ages 0 - 74
- Guaranteed renewable to age 80
- \$25,000 or \$50,000 of Accidental Death Benefit
- Pays in addition to any other insurance
- Individual, Individual and Spouse, Single Parent, Family, and Children Only coverage available
- Optional Accidental Disability Income Benefit for the Primary Insured
- Pays on the job or off the job accidents

Accident

Disability

24 Hour Accident Insurance Plus Optional Accident Disability Income

The economic impact of unintentional injuries amounted to \$625.5 billion in 2005. This is equivalent to about \$5,500 per household.*

- If the primary Insured incurs an accident disability, we will pay monthly disability benefit after 31 days, to a maximum benefit period of 12 months or 24 months. This benefit applies only to the Primary Insured and pays a maximum 60% of the insured's gross monthly income.
- 1 unit - \$1,000 for 12 or 24 months
- 2 units - \$2,000 for 12 or 24 months

* National Safety Council Injury Facts, 2007.

20 Year Level Term with Return of Premium Benefit

Plan A

Life - \$25,000

Return of Premium**

Plan B

Life - \$35,000

Return of Premium**

Plan C

Life - \$50,000

Return of Premium**

Critical Illness Option*

Critical Illness - \$12,500

Critical Illness - \$17,500

Critical Illness - \$25,000

*Critical Illness Option is not available in OK or PA.

**Return of Premiums Benefit is not available in PA.

Health Insurance

Right to Examine Policy for 10 Days

If you are not satisfied, return the Policy to Us or Our agent within 10 days after You have received it. All premiums will be refunded and Your coverage will be void from the Effective Date.

Pre-Existing Conditions Limitation (varies by state)

We will not pay benefits for events that result from or are related to a pre-existing condition, or its complications, until the covered person has been continuously insured under this plan for 12 months. After this period, benefits will be available for covered events resulting from or related to a pre-existing condition, or its complications, provided that the covered event occurs while this plan is in force. Pregnancy that exists on the covered person's effective date will be considered a Pre-Existing Condition.

Termination

The Policyholder may cancel this policy at any time by sending Us written notice.

The Policy will terminate at 12:01 a.m. local time at the Policyholder's state of residence on the earliest of the following date:

- The end of the month the Policyholder attains age 65.
- The date We receive a request in writing to terminate this plan on or a later date that is requested by the Policyholder.
- The date We receive a request in writing to terminate coverage for a Covered Dependent or on a later requested date.
- The date this plan lapses for nonpayment of premium, subject to the Grace Period provision in the Premium Provision section.
- The date all policies the same as this one are non-renewed in the state in which this Policy was issued or the state in which the Policyholder presently resides.
- The date We terminate or nonrenew all individual market hospital-indemnity insurance policies in the state in which the Policy was issued or the state in which the Policyholder presently resides. We will give the Policyholder advance notice, as required by state law, of the termination of their coverage.
- The date the Policyholder moves to a state where We do not provide insurance under a policy with the same policy design as the Policy, We reserve the right to terminate this coverage.

Coverage for a Dependent will terminate:

- The date We receive a request in writing to terminate this plan on or a later date that is requested by the Policyholder.
- The date of Covered Dependent no longer meets the Dependent definition in the plan. We will pay benefits to the end of the time for which We have accepted premiums.

Exclusions

We will not pay benefits for claims resulting, whether directly or indirectly, from Events or loss related to or resulting from any of the following:

1. A Sickness or Injury that is the result of a work-related condition that is eligible for benefits under Workers' Compensation, Employers' Liability or similar laws even when the Covered Person does not file a claim for benefits. This exclusion will not apply to a Covered Person who is not required to have coverage under any Workers' Compensation, Employers' Liability or similar law and does not have such coverage. However, the Covered Person must receive services in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
2. War or any act of war, whether declared or undeclared.
3. Participation in the military service of any country or international organization.
4. Treatment, services or supplies that: a. Are not part of a specifically listed Covered Event shown on the Benefit of Schedules. b. Are due to complications of a non-covered service. c. Are incurred before the Covered Person's Effective Date or after the termination date of coverage, except as provided under the Extension of Benefits provision in the Other Provisions section. d. Are provided in a student health center or by or through a school system.
5. Glasses, contact lenses, vision therapy, exercise or training, surgery including any complications arising therefrom to correct visual acuity including, but not limited to, lasik and other laser surgery, radial keratotomy services or surgery to correct astigmatism, nearsightedness (myopia) and/or farsightedness (presbyopia); vision care that is routine.
6. Hearing care that is routine; any artificial hearing device, cochlear implant, auditory prostheses or other electrical, digital, mechanical or surgical means of enhancing, creating or restoring auditory comprehension.

7. Treatment for foot conditions including, but not limited to: a. Flat foot conditions. b. Foot supportive devices, including orthotics and corrective shoes. c. Foot subluxation treatment. d. Corns, bunions, calluses, toenails, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. e. Hygienic foot care that is routine.
8. Dental treatment, dental care that is routine, bridges, crowns, caps, dentures, dental implants or other dental prostheses, dental braces or dental appliances, extraction of teeth, orthodontic treatment, odontogenic cysts, any other treatment or complication of teeth and gum tissue, except as otherwise covered for an Accidental Injury.
9. Treatment of Temporomandibular Joint Dysfunction and Craniomandibular Joint Dysfunction; any appliance, medical or surgical treatment for malocclusion (teeth that do not fit together properly which creates a bite problem), protrusion or recession of the mandible (a large chin which causes an underbite or a small chin which causes an overbite), maxillary or mandibular hyperplasia (excess growth of the upper or lower jaw) or maxillary or mandibular hypoplasia (undergrowth of the upper or lower jaw).
10. Treatment of Mental/Nervous Disorders or Substance Abuse, whether organic or non-organic, chemical or non-chemical, biological or non-biological in origin and irrespective of cause, basis or inducement, including, but not limited to, drugs and medicines for Inpatient or Outpatient treatment of Mental/Nervous Disorders or Substance Abuse.
11. Any treatment, services, supplies, diagnosis, drugs, medications or regimen, whether medical or surgical, for purposes of controlling the Covered Person's weight or related to obesity or morbid obesity, whether or not weight reduction is Medically Necessary or appropriate or regardless of potential benefits for co-morbid conditions, weight reduction or weight control surgery, treatment or programs, any type of gastric bypass surgery, suction lipectomy, physical fitness programs, exercise equipment or exercise therapy, including health club membership visits or services; nutritional counseling.
12. Organ, tissue or cellular material donation by a Covered Person, including administrative visits for registry, computer search for donor matches, preliminary donor typing, donor counseling, donor identification and donor activation.
13. Chemical peels, reconstructive or plastic surgery that does not alleviate a functional impairment and other confinement or treatment visits that are primarily for a Cosmetic Service as determined by Us.
14. Capsular contraction, augmentation or reduction mammoplasty, except for all stages and revisions of reconstruction of the breast following a Medically Necessary mastectomy for treatment of cancer, including reconstruction of the other breast to produce a symmetrical appearance and treatment of lymphedemas.
15. Removal or replacement of a prosthesis, Durable Medical Equipment or Personal Medical Equipment, except for internal breast prostheses following a Medically Necessary mastectomy for treatment of cancer and services are received in accordance with the Hospital Confinement and Other Fixed Indemnity Benefits section.
16. Prophylactic treatment, services or surgery including, but not limited to, prophylactic mastectomy or any other treatment, services or surgery to prevent a disease process from becoming evident in the organ or tissue at a later date.
17. Treatment, services, and supplies for: a. Home Health Care. b. Hospice Care. c. Skilled Nursing Facility care, Inpatient rehabilitation services. d. Custodial Care, respite care, rest care, supportive care, homemaker services. e. Phone, facsimile, internet or e-mail consultation, compressed digital interactive video, audio or clinical data transmission using computer imaging by way of still-image capture and store forward; f. Treatment, services or supplies that are furnished primarily for the personal comfort or convenience of the Covered Person, Covered Person's family, a Health Care Practitioner or provider. g. Treatment or services provided by a standby Health Care Practitioner. h. Treatment or services provided by a masseur, masseuse or massage therapist, massage therapy, a rolfer.
18. Treatment, services, and supplies for growth hormone therapy, including growth hormone medication and its derivatives or other drugs used to stimulate, promote or delay growth or to delay puberty to allow for increased growth.
19. Treatment, services and supplies related to the following conditions, regardless of underlying causes: sex transformation, gender dysphoric disorder, gender reassignment, and treatment of sexual function, dysfunction or inadequacy, treatment to enhance, restore or improve sexual energy, performance or desire.
20. Treatment, services and supplies related to: maternity, pregnancy (except Complications of Pregnancy), routine well newborn care at birth including nursery care, abortion.
21. Any prescription drugs whether purchased, dispensed or received from a physician, pharmacy, hospital, emergency room or any other medical facility, including contraceptive drugs or devices.
22. Contraceptive procedures, contraceptive drugs or devices, not dispensed from a pharmacy, including, but not limited to, contraceptive patches, contraceptive vaginal rings, diaphragms, injectable contraceptives and contraceptive implants.
23. Treatment for or treatment use of: a. Genetic testing or counseling, genetic services and related procedures for screening purposes including, but not limited to, amniocentesis and chronic villi testing. b. Services, drugs or medicines used to treat males or females for an infertility diagnosis regardless of intended use including, but not limited to: artificial insemination, in vitro fertilization, reversal of reproductive sterilization, any treatment to promote conception. c.

- Sterilization. d. Cryopreservation of sperm or eggs. e. Surrogate pregnancy. f. Fetal surgery, treatment or services. g. Umbilical cord stem cell or other blood component harvest and storage in the absence of a Sickness or an Injury. h. Circumcision.
24. Spinal and other adjustments, manipulations, subluxation treatment and/or services.
 25. Treatment for: behavior modification or behavioral (conduct) problems; learning disabilities, developmental delays, attention deficit disorders, hyperactivity, educational testing, training or materials, memory improvement, cognitive enhancement or training, vocational or work hardening programs, transitional living, except for Outpatient diabetes self-management training and education for treatment of a Covered Person with diabetes.
 26. Treatment for or through use of: a. Non-medical items, self-care or self-help programs. b. Aroma therapy. c. Meditation or relaxation therapy. d. Naturopathic medicine. e. Treatment of hyperhidrosis (excessive sweating). f. Acupuncture, biofeedback, neurotherapy, electrical stimulation. g. Inpatient treatment of chronic pain disorders. h. Treatment of spider veins. i. Family or marriage counseling. j. Applied behavior therapy treatment for autistic spectrum disorders. k. Smoking deterrence or cessation. l. Snoring or sleep disorders. m. Change in skin coloring or pigmentation. n. Stress Management.
 27. A Sickness or Injury resulting from abuse or overdoes of any illegal or controlled substance, except when administered in accordance with the advice of the Covered Person's Health Care Practitioner.
 28. Treatment of Sickness or an Injury when a contributing cause of the condition was the Covered Person's voluntary attempt to commit or participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person being under the influence of any illegal or non-prescribed controlled substance while committing a felony.
 29. Services ordered, directed or performed by a Health Care Practitioner or supplies purchased from a Medical Supply Provider who is a Covered Person, an Immediate Family Member, employer of a Covered Person or a person who ordinarily resides with a Covered Person.
 30. Any amount in excess of the Maximum Lifetime Benefit or any other Maximum Benefit limitation for covered Scheduled Benefits.
 31. Treatment that does not meet the definition of a Covered Event in this Policy including, but not limited to, treatment that is not Medically Necessary.
 32. Treatment, services and supplies for Experimental or Investigational Services.
 33. Treatment incurred outside of the United States.
 34. Sickness or Injury caused or aggravated by suicide, attempted suicide, or self-inflicted Sickness or Injury.

Policy Form Number: CHCS11 (including state variations)

Underwritten by Central United Life Insurance Company

Critical Illness Insurance

Insured's Right to Examine Policy

If you are not satisfied with the Policy, you may return it for a full refund of premium. You may return the Policy by delivering it or mailing it to: (1) the agent who took your application; or, (2) Central United Life Insurance Company at 10700 Northwest Freeway, Houston, Texas 77092. You must do this within 10 days after you receive the Policy. Immediately upon such delivery or mailing, the Policy will be deemed void from the beginning. Any premium you have paid will be refunded. (In OK, if we fail to refund any premiums paid within 30 days from the date of receipt of cancellation, we will pay the interest on the proceeds.) When returning the Policy under this provision, you should state: "The Policy is returned for cancellation and refund of premium".

Pre-Existing Condition Limitation

During the first 12 months following the Effective Date of the Policy, any Specified Health Event that occurs due to a Pre-Existing Condition is not covered and no benefits will be payable under the Policy in connection with such Specified Health Event. However, after the first 12 months following the Effective Date of the Policy, benefits will be provided in connection with all Covered Specified Health Events other than a Specified Health Event that occurred due to a Pre-Existing Condition during the first 12 months following the Effective Date of the Policy.

In PA, during the first 12 months following the Effective Date of this Policy, any Specified Health Event that occurs due to a Pre-Existing Condition is not covered. In addition, any Specified Health Event that occurs due to a Pre-Existing Condition will not be covered if: (1) the Pre-Existing Condition revealed in the application; or (2) we have specifically excluded the Pre-Existing condition by name or specific description. However, subject to the provisions of the Policy, a claim for a Specified Health Event that occurs after 12 months from the Effective Date due to a Pre-Existing Condition will be covered.

Exclusions

We will not pay benefits for loss resulting from or in connection with the following:

1. except in PA, a Specified Health Event occurring prior to the Effective Date;
2. except in OK, participation in any activity or event, including the operation of a vehicle, while under the influence of a controlled substance (unless administered by a Physician or taken according to the Physician's instructions) or while intoxicated as defined by the law of the jurisdiction in which the cause of the Loss occurs;
3. except OK, participating in any sport or sporting activity for wage, compensation or profit;
4. intentionally self-inflicting bodily injury or attempted suicide;
5. war or any act of war, whether declared or undeclared, while serving in the military service;
6. travel in or descent from (In OK, "or descent from" is excluded.) an aircraft, except while a fare-paying passenger;
7. committing or attempting to commit a felony;
8. engaging in an illegal occupation;
9. an Experimental Major Human Organ Transplant ; or
10. in OK, alcoholism or drug addiction.

Guaranteed Renewable/Termination

The Policy will automatically terminate at the end of a grace period if the premium is not paid. Your policy cannot be canceled regardless of any changes in your health, the number of times you receive benefit payments, or your advancing age. The only way your policy can be canceled is for failure to pay your premium or by your written request. The Policy is guaranteed renewable for life subject to the Company's right to change rates on all policies of this class in your entire state. Coverage of an insured child ends on the premium due date following: the attainment of age 21 if enrolled full-time in an accredited college or university); or marriage, whichever occurs first (In TX, coverage ends upon the attainment of age 25 regardless of college).

Benefit exclusions and limitations may apply to the policy. For costs or complete details of coverage, contact your agent or the Company.

Policy Form Number: CI-A, CI-B, CI-A-LA, CI-B-LA, CI-A-OK, CI-B-OK, CI-A-TX, CI-B-TX (including state variations)

Underwritten by Central United Life Insurance Company

24 Hour Accident Insurance Plus Optional Accident Disability Income

Notice of 10 Day Right to Examine Policy

If the Policy for any reason is unsatisfactory, and within 10 days following receipt thereof it is returned to the Company's Administrative Office in Houston, Texas, the premium paid will be refunded.

Exclusions and Limitations

Benefits otherwise provided by this Policy will not be payable for services or expenses or any such Loss resulting from or in connection with:

1. sickness, illness or bodily infirmity;
2. suicide, attempted suicide or intentional self-inflicted Injury, whether sane or insane (in PA, suicide or intentional self inflicted injury);
3. dental care or treatment due to accidental Injury to natural teeth;
4. war or any act of war (whether declared or undeclared) or participating in a riot or felony. In OK, war or any act of war (whether declared or undeclared) while serving in the military service or auxiliary unit attached to the military or working

in an area of war whether voluntary or as required by an employer; participating in a riot, felony or insurrection; service in the armed forces or units auxiliary thereto);

5. alcoholism or drug addiction;
6. travel or flight in any aircraft or device which can fly above the earth's surface in any capacity other than as a fare paying passenger on a regularly scheduled airline;
7. the Insured's commission or attempt to commit a felony or to which a contributing cause was the Insured's being engaged in an illegal occupation;
8. except in OK, the Insured Person's being intoxicated or under the influence of any narcotic or controlled or uncontrolled substance;
9. charges incurred outside the U.S. if an Insured traveled to the location for the purpose of receiving medical services, drugs or supplies;
10. except in AR, OK, and PA, hernia.

Policy Form Numbers: EAP, EAP-LA, EAP-OK, EAP-TX (including state variations)

Underwritten by Central United Life Insurance Company

20 Year Level Term

Notice of Your Rights to Examine Policy for 20 Days

You may cancel this policy by delivering or mailing it with a written notice or telegram to Family Life Insurance Company, 10700 Northwest Freeway, Houston, Texas 77092 or to the agent from whom you purchased it before midnight of the twentieth day after the date you receive the policy. Notice given by mail and return of the policy or contract by mail are effective on being postmarked, properly addressed and postage prepaid. The Company must return all payments made for this policy within ten days after it receives notice of cancellation and the returned policy -- and notification that the initial payment has cleared our bank. The policy will be void from the beginning.

Suicide Exclusion

Suicide of the Insured, whether sane or insane, within two years of the Date of Issue or the date of any reinstatement, is not covered. In such event, we will refund all premiums paid for the policy.

CRITICAL ILLNESS ACCELERATED BENEFIT RIDER

Exclusions

We do not cover any Critical Illness resulting from:

1. War, declared or undeclared or any act of war, riot or insurrection.
2. An intentionally self-inflicted injury or an attempted suicide.
3. The Covered Insured committing or attempting to commit a felony or being engaged in an illegal occupation.
4. The Covered Insured being under the influence of alcohol (in LA, intoxicants) or drugs (In LA, narcotics), excluding those drugs (In LA, narcotics) that were prescribed by a Physician and taken in the dosage and manner prescribed.
5. Cosmetic surgery, other than from a cosmetic surgery for the reconstruction or repair of damage from an injury or illness.
6. The Covered Insured operating, riding in or descending from any aircraft. This does not apply while the Covered Insured is a passenger on a licensed, commercial, non-military aircraft regularly offered over an established passenger route.
7. The Covered Insured participating in hazardous activities such as parachuting, hang gliding sports, bungee jumping, rock climbing, or any motorized race or speed contest.
8. A Critical Illness that occurs during the Waiting Period.

Policy Form Number: FGAP02, FGROP20, CIABR02, CIABR02-LA (including state variations)

Underwritten by Family Life Insurance Company

Distributed nationally by:
URL Financial Group
800-926-8875

