

EG-10 SELECT PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
\$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.35	.34	.33	18-25	.34	.33	.32
.35	.34	.33	26	.34	.33	.32
.35	.34	.33	27	.34	.33	.32
.35	.34	.33	28	.34	.33	.32
.35	.34	.33	29	.34	.33	.32
.35	.34	.33	30	.34	.33	.32
.35	.34	.33	31	.34	.33	.32
.35	.34	.33	32	.34	.33	.32
.35	.34	.33	33	.34	.33	.32
.35	.34	.33	34	.34	.33	.32
.36	.35	.34	35	.35	.34	.33
.38	.37	.36	36	.37	.36	.34
.40	.39	.38	37	.39	.38	.36
.44	.41	.39	38	.43	.40	.38
.48	.45	.43	39	.47	.43	.42
.53	.50	.48	40	.51	.49	.46
.59	.55	.53	41	.57	.54	.50
.66	.61	.58	42	.62	.60	.56
.71	.67	.64	43	.68	.66	.60
.80	.75	.71	44	.73	.72	.66
.91	.83	.78	45	.78	.77	.70
1.01	.89	.85	46	.85	.82	.75
1.11	.95	.93	47	.88	.87	.80
1.24	1.02	1.01	48	.95	.94	.85
1.36	1.12	1.11	49	1.01	1.00	.91
1.46	1.25	1.22	50	1.10	1.09	.98
1.56	1.40	1.35	51	1.20	1.19	1.06
1.74	1.58	1.50	52	1.27	1.26	1.13
1.90	1.75	1.67	53	1.39	1.38	1.23
2.09	1.95	1.85	54	1.49	1.48	1.33
2.35	2.15	2.05	55	1.60	1.59	1.43
2.61	2.38	2.27	56	1.82	1.78	1.51
2.88	2.63	2.50	57	2.13	1.99	1.61
3.19	2.91	2.76	58	2.37	2.22	1.73
3.49	3.23	3.05	59	2.65	2.47	1.86
3.71	3.52	3.34	60	3.02	2.78	2.03
3.91	3.75	3.51	61	3.40	3.10	2.21
4.46	4.29	4.02	62	3.77	3.45	2.42
5.10	4.92	4.56	63	4.11	3.82	2.66
5.71	5.49	5.02	64	4.42	4.20	2.92
6.70	6.13	5.44	65	4.81	4.54	3.16
7.59	6.73	5.80	66	4.93	4.62	3.40
8.51	7.43	6.22	67	5.26	4.76	3.69
9.52	8.24	6.81	68	5.63	5.03	4.10
10.61	9.17	7.64	69	6.05	5.54	4.75
12.12	10.18	8.72	70	6.93	6.28	5.61
13.64	11.25	10.00	71	8.14	7.09	6.58
15.20	12.48	11.55	72	9.36	8.16	7.77
15.84	14.03	13.43	73	10.63	9.43	9.17
17.38	16.01	15.69	74	11.91	10.90	10.76
21.19	18.52	18.39	75	13.87	12.54	12.53
25.36	21.68	21.44	76	17.19	14.48	14.40
29.59	25.53	24.53	77	19.72	16.59	16.43
31.99	29.10	28.04	78	22.26	18.88	18.58
36.15	33.14	32.03	79	24.94	21.35	20.86
40.38	37.68	36.55	80	27.77	23.98	23.26
46.44	43.33	42.03	81	31.89	27.58	26.75
53.41	49.83	48.33	82	36.64	31.72	30.76
61.42	57.30	55.58	83	42.09	36.48	35.37
70.63	65.90	63.92	84	48.38	41.95	40.68
81.22	75.79	73.51	85	n/a	n/a	n/a

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-10 PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
\$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.42	.36	.35	18-25	.37	.34	.33
.42	.36	.35	26	.37	.34	.33
.42	.36	.35	27	.37	.34	.33
.42	.36	.35	28	.37	.34	.33
.42	.36	.35	29	.37	.34	.33
.42	.36	.35	30	.37	.34	.33
.42	.36	.35	31	.37	.34	.33
.42	.36	.35	32	.37	.34	.33
.43	.36	.35	33	.37	.34	.33
.43	.36	.35	34	.37	.34	.33
.43	.36	.35	35	.37	.34	.33
.43	.36	.35	36	.39	.37	.35
.45	.38	.37	37	.39	.37	.35
.49	.40	.39	38	.43	.41	.38
.52	.43	.42	39	.45	.44	.40
.54	.47	.45	40	.49	.48	.43
.61	.51	.49	41	.52	.50	.47
.65	.56	.54	42	.58	.55	.52
.74	.62	.59	43	.63	.61	.58
.82	.68	.65	44	.69	.67	.64
.91	.76	.72	45	.77	.75	.71
1.02	.84	.79	46	.84	.83	.78
1.11	.93	.86	47	.92	.91	.84
1.23	1.03	.94	48	1.01	1.00	.89
1.35	1.14	1.02	49	1.07	1.06	.95
1.49	1.25	1.12	50	1.17	1.16	1.02
1.65	1.38	1.23	51	1.27	1.26	1.12
1.81	1.51	1.36	52	1.37	1.36	1.20
1.97	1.64	1.51	53	1.47	1.46	1.30
2.14	1.79	1.68	54	1.57	1.56	1.39
2.35	1.96	1.86	55	1.71	1.69	1.52
2.57	2.16	2.07	56	1.83	1.82	1.63
2.91	2.39	2.29	57	2.10	2.04	1.80
3.24	2.65	2.54	58	2.36	2.27	1.97
3.62	2.95	2.81	59	2.72	2.51	2.17
4.06	3.27	3.12	60	2.97	2.78	2.38
4.52	3.64	3.47	61	3.32	3.07	2.63
4.98	4.02	3.87	62	3.70	3.39	2.89
5.41	4.32	4.21	63	4.14	3.73	3.20
6.17	4.93	4.80	64	4.57	4.11	3.54
7.03	5.51	5.35	65	5.03	4.51	3.90
7.72	6.14	5.97	66	5.37	4.94	4.30
8.61	6.83	6.63	67	5.59	5.13	4.57
9.61	7.58	7.33	68	5.86	5.31	4.81
10.66	8.44	8.14	69	6.22	5.55	5.12
11.76	9.47	9.10	70	6.69	5.93	5.57
13.00	10.72	10.28	71	7.22	6.56	6.26
15.05	12.20	11.68	72	8.79	7.44	7.19
16.17	13.89	13.29	73	10.30	8.56	8.38
18.18	15.83	15.13	74	11.97	9.91	9.78
20.23	18.06	17.26	75	13.70	11.46	11.40
22.31	20.62	19.73	76	14.54	13.20	13.19
26.69	23.54	22.57	77	18.22	15.24	15.16
31.15	26.87	25.82	78	20.71	17.46	17.29
33.67	30.63	29.52	79	23.38	19.87	19.56
38.05	34.88	33.72	80	26.21	22.47	21.96
42.51	39.66	38.47	81	29.19	25.24	24.48
48.89	45.61	44.24	82	33.53	29.03	28.15
56.22	52.45	50.88	83	38.53	33.38	32.37
64.65	60.32	58.51	84	44.28	38.39	37.23
74.35	69.37	67.29	85	50.90	44.15	42.81
85.50	79.78	77.38	n/a	n/a	n/a	n/a

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-10 Non-Smoker						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.63	.51	.50	18-25	.54	.50	.47
.63	.51	.50	26	.54	.50	.47
.63	.52	.51	27	.54	.51	.48
.63	.52	.51	28	.54	.51	.49
.63	.53	.52	29	.54	.52	.50
.63	.53	.52	30	.54	.52	.50
.63	.53	.52	31	.54	.52	.50
.63	.54	.53	32	.54	.53	.51
.63	.54	.53	33	.54	.53	.52
.63	.55	.54	34	.55	.54	.53
.63	.55	.54	35	.55	.54	.53
.66	.58	.55	36	.57	.56	.53
.71	.62	.57	37	.62	.59	.56
.78	.69	.62	38	.67	.65	.60
.85	.76	.66	39	.76	.70	.65
.95	.85	.73	40	.83	.78	.71
1.03	.93	.80	41	.91	.86	.77
1.13	1.02	.86	42	1.00	.93	.84
1.25	1.13	.95	43	1.09	1.03	.92
1.38	1.24	1.04	44	1.20	1.13	1.02
1.52	1.37	1.15	45	1.29	1.25	1.12
1.66	1.45	1.25	46	1.39	1.33	1.18
1.81	1.54	1.36	47	1.46	1.41	1.26
1.97	1.66	1.50	48	1.57	1.51	1.35
2.16	1.79	1.65	49	1.65	1.60	1.43
2.37	1.93	1.81	50	1.77	1.72	1.53
2.59	2.08	1.99	51	1.89	1.82	1.62
2.82	2.24	2.17	52	2.00	1.94	1.73
3.06	2.42	2.37	53	2.15	2.07	1.85
3.32	2.61	2.58	54	2.29	2.20	1.98
3.62	2.82	2.81	55	2.45	2.36	2.12
4.09	3.10	3.09	56	2.81	2.67	2.36
4.57	3.39	3.38	57	3.17	2.96	2.60
5.09	3.70	3.69	58	3.54	3.27	2.84
5.64	4.04	4.03	59	3.95	3.60	3.12
6.26	4.45	4.44	60	4.38	3.97	3.42
6.96	4.93	4.92	61	4.88	4.40	3.78
7.76	5.49	5.48	62	5.46	4.88	4.21
8.65	6.14	6.13	63	6.11	5.43	4.69
9.63	6.87	6.86	64	6.81	6.04	5.25
10.71	7.68	7.67	65	7.58	6.68	5.82
11.53	8.56	8.55	66	8.13	7.17	6.26
12.32	9.41	9.40	67	8.66	7.61	6.67
13.12	10.26	10.25	68	9.17	8.06	7.07
14.08	11.26	11.25	69	9.77	8.56	7.54
15.43	12.58	12.57	70	10.57	9.26	8.19
17.36	14.42	14.41	71	11.68	10.22	9.11
19.98	16.87	16.86	72	13.13	11.48	10.33
23.33	19.92	19.91	73	14.89	13.00	11.81
27.24	23.49	23.48	74	16.96	14.79	13.56
31.55	27.40	27.39	75	19.34	16.85	15.58
36.28	31.51	31.50	76	21.94	19.11	17.97
41.16	35.75	35.74	77	24.87	21.64	20.62
46.20	40.13	40.12	78	28.12	24.47	23.58
51.31	44.57	44.56	79	31.74	27.61	26.84
56.40	49.01	49.00	80	35.72	31.06	30.42
64.86	56.36	56.35	81	40.84	35.49	34.98
74.59	64.81	64.80	82	46.76	40.62	40.23
85.78	74.53	74.52	83	53.57	46.53	46.27
98.65	85.71	85.70	84	61.44	53.35	53.21
113.45	98.57	98.56	85	n/a	n/a	n/a

EG-10 Tobacco						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.06	0.89	0.88	18-25	.87	.73	.72
1.06	0.91	0.89	26	.87	.73	.72
1.06	0.91	0.90	27	.87	.73	.72
1.07	0.92	0.90	28	.88	.74	.73
1.08	0.93	0.92	29	.88	.74	.73
1.09	0.96	0.94	30	.89	.74	.73
1.09	0.97	0.94	31	.89	.74	.73
1.09	0.97	0.95	32	.89	.74	.73
1.09	0.98	0.95	33	.89	.74	.73
1.09	0.98	0.96	34	.89	.74	.73
1.13	1.02	0.99	35	.91	.76	.75
1.18	1.06	1.04	36	.97	.81	.80
1.27	1.13	1.10	37	1.05	.88	.87
1.36	1.21	1.19	38	1.15	.97	.96
1.49	1.32	1.29	39	1.27	1.07	1.06
1.62	1.43	1.41	40	1.37	1.16	1.15
1.79	1.55	1.54	41	1.49	1.27	1.26
1.99	1.72	1.70	42	1.61	1.37	1.36
2.21	1.90	1.89	43	1.75	1.49	1.48
2.45	2.11	2.09	44	1.89	1.62	1.61
2.70	2.32	2.31	45	2.04	1.75	1.74
2.99	2.62	2.57	46	2.26	1.97	1.93
3.30	2.95	2.85	47	2.48	2.22	2.14
3.63	3.30	3.15	48	2.72	2.47	2.36
3.98	3.64	3.44	49	2.97	2.71	2.57
4.32	3.99	3.75	50	3.21	2.98	2.80
4.65	4.33	4.05	51	3.46	3.24	3.03
4.98	4.67	4.34	52	3.73	3.50	3.26
5.32	5.02	4.64	53	3.99	3.77	3.50
5.71	5.41	4.98	54	4.26	4.06	3.75
6.15	5.84	5.37	55	4.54	4.34	4.00
7.01	6.55	5.96	56	5.10	4.81	4.40
7.89	7.29	6.59	57	5.63	5.27	4.80
8.86	8.08	7.27	58	6.18	5.76	5.20
9.90	8.96	8.02	59	6.79	6.29	5.67
11.09	9.95	8.90	60	7.50	6.89	6.20
12.33	11.00	9.83	61	8.29	7.58	6.83
13.65	12.11	10.82	62	9.16	8.34	7.52
15.14	13.36	11.95	63	10.13	9.18	8.28
16.88	14.83	13.32	64	11.16	10.08	9.11
18.96	16.62	14.98	65	12.27	11.03	10.00
20.78	18.19	16.71	66	13.24	11.32	10.39
23.09	20.17	18.85	67	14.24	11.63	10.81
25.71	22.43	21.28	68	15.38	12.06	11.33
28.48	24.82	23.83	69	16.73	12.66	12.04
31.23	27.20	26.38	70	18.35	13.52	13.00
34.02	29.62	28.96	71	20.35	14.69	14.27
36.97	32.17	31.67	72	22.73	16.21	15.89
40.05	34.83	34.50	73	25.45	18.00	17.78
43.21	37.55	37.38	74	28.32	19.94	19.82
46.36	40.29	40.28	75	31.22	21.90	21.89
49.89	43.35	43.34	76	33.32	24.24	24.23
53.38	46.39	46.38	77	35.36	26.54	26.53
56.82	49.38	49.37	78	37.32	28.76	28.75
60.17	52.30	52.29	79	39.08	30.83	30.82
63.41	55.11	55.10	80	40.63	32.68	32.67
72.92	63.38	63.37	81	45.66	37.58	37.57
83.86	72.89	72.88	82	51.56	43.22	43.21
96.44	83.82	83.81	83	58.41	49.70	49.69
110.91	96.39	96.38	84	66.40	57.16	57.15
127.55	110.85	110.84	85	75.66	65.73	65.72

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

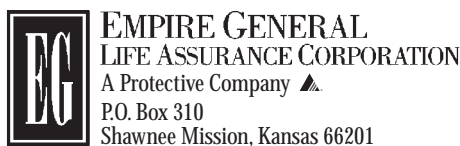
*In Montana, unisex rates apply - Females use Male rates and issue ages.



EMPIRE GENERAL
LIFE ASSURANCE CORPORATION
A Protective Company ▲
P.O. Box 310
Shawnee Mission, Kansas 66201

EG-10 SMOKER						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.36	1.27	1.13	18-25	1.12	1.07	0.93
1.37	1.29	1.16	26	1.12	1.08	0.93
1.37	1.29	1.17	27	1.12	1.08	0.93
1.38	1.31	1.20	28	1.13	1.10	0.94
1.39	1.33	1.22	29	1.13	1.10	0.94
1.40	1.35	1.25	30	1.14	1.11	0.94
1.40	1.35	1.27	31	1.14	1.11	0.94
1.40	1.36	1.28	32	1.14	1.12	0.94
1.40	1.37	1.30	33	1.14	1.12	0.94
1.40	1.37	1.31	34	1.14	1.13	0.94
1.45	1.42	1.37	35	1.17	1.16	0.97
1.52	1.49	1.42	36	1.24	1.22	1.03
1.63	1.58	1.50	37	1.35	1.32	1.12
1.75	1.70	1.59	38	1.48	1.44	1.25
1.92	1.84	1.72	39	1.63	1.57	1.38
2.09	1.99	1.85	40	1.76	1.69	1.49
2.30	2.18	2.02	41	1.92	1.83	1.63
2.56	2.40	2.23	42	2.07	1.96	1.76
2.84	2.65	2.45	43	2.25	2.12	1.93
3.15	2.92	2.71	44	2.43	2.29	2.09
3.47	3.20	2.97	45	2.63	2.46	2.26
4.01	3.70	3.43	46	3.02	2.83	2.61
4.58	4.24	3.95	47	3.43	3.22	2.97
5.17	4.79	4.46	48	3.85	3.62	3.36
5.79	5.34	4.99	49	4.29	4.02	3.74
6.40	5.91	5.52	50	4.72	4.43	4.13
6.99	6.47	6.03	51	5.16	4.83	4.51
7.58	7.01	6.55	52	5.62	5.27	4.92
8.19	7.58	7.08	53	6.08	5.69	5.34
8.85	8.18	7.66	54	6.55	6.13	5.74
9.59	8.86	8.30	55	7.02	6.57	6.17
10.98	10.05	9.30	56	7.91	7.30	6.77
12.42	11.27	10.34	57	8.77	8.02	7.36
13.93	12.58	11.46	58	9.65	8.77	7.96
15.58	13.98	12.68	59	10.61	9.58	8.64
17.39	15.53	14.05	60	11.69	10.47	9.40
19.28	17.16	15.49	61	12.87	11.48	10.28
21.28	18.87	17.01	62	14.18	12.59	11.26
23.48	20.76	18.72	63	15.59	13.78	12.30
26.00	22.94	20.71	64	17.09	15.07	13.46
28.98	25.50	23.09	65	18.68	16.41	14.67
31.32	27.43	25.00	66	20.37	17.84	15.98
34.27	29.90	27.55	67	22.11	19.31	17.33
37.65	33.74	30.42	68	23.99	20.90	18.79
41.21	35.73	33.43	69	26.16	22.75	20.51
44.77	38.71	36.45	70	28.69	24.05	22.55
48.35	41.72	39.49	71	31.70	26.63	24.99
52.14	44.92	42.71	72	35.21	29.69	27.88
56.11	48.26	46.08	73	39.12	33.24	31.11
60.15	51.72	49.54	74	43.25	37.40	34.54
64.22	55.12	53.00	75	47.43	40.98	38.00
68.29	58.73	56.82	76	49.38	42.71	40.03
72.32	62.30	60.60	77	51.29	44.39	42.00
76.28	65.81	64.33	78	53.07	45.95	43.87
80.13	69.23	67.96	79	54.62	47.33	45.54
83.84	72.52	71.46	80	55.88	48.43	46.94
95.60	82.82	81.96	81	61.63	53.45	52.25
109.20	94.71	94.06	82	68.47	59.42	58.52
124.91	108.43	108.00	83	76.57	66.47	65.87
143.05	124.27	124.05	84	86.11	74.78	74.48
157.00	142.53	142.52	85	97.30	84.53	84.52

Level Annual Premiums Per \$1,000
 Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3
 *In Montana, unisex rates apply - Females use Male rates and issue ages.



EG-15 SELECT PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
\$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.40	.39	.38	18-25	.35	.34	.33
.41	.40	.38	26	.36	.34	.33
.41	.40	.39	27	.36	.34	.33
.42	.41	.39	28	.37	.36	.35
.42	.41	.40	29	.37	.36	.35
.44	.43	.40	30	.39	.38	.36
.44	.43	.40	31	.39	.38	.36
.45	.44	.41	32	.40	.39	.37
.45	.44	.41	33	.40	.39	.38
.46	.45	.42	34	.42	.41	.39
.46	.45	.43	35	.42	.41	.40
.48	.47	.44	36	.45	.44	.42
.52	.49	.45	37	.48	.47	.44
.55	.50	.48	38	.50	.49	.47
.63	.53	.51	39	.54	.52	.50
.70	.60	.56	40	.60	.59	.55
.80	.68	.64	41	.65	.64	.60
.90	.76	.70	42	.72	.71	.67
1.05	.86	.80	43	.76	.75	.70
1.15	.95	.91	44	.82	.81	.78
1.24	1.05	1.00	45	.88	.87	.83
1.34	1.20	1.14	46	.99	.97	.89
1.48	1.34	1.27	47	1.06	1.05	.99
1.62	1.49	1.43	48	1.17	1.15	1.07
1.80	1.66	1.59	49	1.27	1.25	1.17
1.93	1.84	1.73	50	1.37	1.35	1.25
2.12	1.99	1.91	51	1.48	1.45	1.33
2.34	2.20	2.09	52	1.56	1.54	1.42
2.53	2.44	2.29	53	1.70	1.68	1.52
2.72	2.71	2.51	54	1.84	1.83	1.67
2.98	2.97	2.75	55	2.02	2.01	1.84
3.28	3.21	2.96	56	2.33	2.25	1.99
3.60	3.50	3.21	57	2.66	2.53	2.11
3.97	3.77	3.49	58	3.03	2.84	2.30
4.41	4.12	3.85	59	3.39	3.16	2.48
4.81	4.57	4.18	60	3.81	3.56	2.74
5.20	4.91	4.50	61	4.25	3.97	3.03
6.07	5.59	5.31	62	4.75	4.43	3.36
6.91	6.46	6.03	63	5.33	4.97	3.78
7.72	7.29	6.84	64	5.81	5.42	4.10
9.02	8.25	7.78	65	6.49	6.06	4.62
10.81	9.35	8.91	66	7.35	6.70	5.37
11.97	10.65	10.22	67	8.18	7.23	6.03
13.76	12.16	11.71	68	9.04	7.84	6.77
15.63	13.92	13.43	69	9.87	8.55	7.61
17.80	15.91	15.44	70	11.12	9.56	8.75
20.34	18.21	17.76	71	12.55	10.74	10.06
23.29	20.87	20.42	72	14.20	12.13	11.57
26.70	23.93	23.48	73	16.10	13.74	13.31
30.62	27.47	27.00	74	18.28	15.62	15.31
35.14	31.53	31.05	75	20.79	17.80	17.61
40.41	36.26	35.71	76	23.54	20.47	20.25
46.47	41.70	41.07	77	26.73	23.54	23.29

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-15 PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
\$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.54	.46	.44	18-25	.46	.40	.36
.54	.46	.44	26	.46	.40	.37
.54	.46	.44	27	.46	.41	.37
.54	.46	.44	28	.46	.42	.38
.54	.46	.44	29	.46	.42	.39
.54	.46	.44	30	.46	.43	.40
.54	.46	.44	31	.46	.43	.41
.54	.46	.44	32	.46	.43	.41
.54	.46	.44	33	.46	.44	.42
.54	.46	.44	34	.46	.45	.42
.54	.46	.44	35	.46	.45	.43
.56	.48	.45	36	.50	.46	.44
.61	.50	.48	37	.54	.49	.47
.66	.52	.51	38	.58	.51	.50
.72	.57	.56	39	.62	.56	.55
.80	.63	.62	40	.68	.62	.61
.87	.70	.69	41	.74	.69	.68
1.00	.77	.76	42	.80	.76	.74
1.11	.87	.86	43	.88	.86	.82
1.23	.97	.96	44	.96	.95	.88
1.35	1.08	1.07	45	1.05	1.04	.97
1.51	1.21	1.19	46	1.17	1.16	1.08
1.62	1.35	1.33	47	1.30	1.25	1.16
1.78	1.50	1.48	48	1.41	1.35	1.25
1.94	1.67	1.64	49	1.48	1.43	1.32
2.11	1.85	1.81	50	1.61	1.55	1.43
2.28	2.00	1.96	51	1.73	1.66	1.52
2.50	2.21	2.18	52	1.83	1.78	1.64
2.77	2.45	2.41	53	1.95	1.91	1.75
3.06	2.74	2.64	54	2.07	2.06	1.90
3.33	3.01	2.90	55	2.26	2.25	2.07
3.67	3.22	3.16	56	2.77	2.54	2.29
4.11	3.51	3.42	57	3.13	2.82	2.49
4.53	3.78	3.72	58	3.48	3.14	2.75
5.02	4.13	4.09	59	3.87	3.51	3.03
5.54	4.58	4.55	60	4.29	3.89	3.34
6.15	5.06	5.02	61	4.74	4.31	3.69
6.82	5.60	5.57	62	5.25	4.80	4.09
7.85	6.51	6.43	63	5.80	5.32	4.55
8.91	7.42	7.37	64	6.46	5.96	5.10
10.11	8.50	8.44	65	7.06	6.57	5.64
11.93	9.79	9.72	66	8.02	7.28	6.46
13.09	11.30	11.23	67	9.04	7.85	7.13
14.98	13.07	13.01	68	10.14	8.56	7.91
16.96	15.13	15.08	69	11.28	9.43	8.84
19.04	17.51	17.48	70	11.88	10.49	9.95
21.67	20.14	20.10	71	13.36	11.76	11.31
24.71	23.16	23.12	72	15.08	13.27	12.89
28.23	26.63	26.59	73	17.06	15.03	14.71
32.30	30.62	30.58	74	19.36	17.07	16.82
37.00	35.21	35.17	75	22.00	19.45	19.25
42.55	40.49	40.45	76	25.02	22.37	22.14
48.93	46.56	46.52	77	28.51	25.73	25.46

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-15 Non-Smoker						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.85	.66	.65	18-25	.75	.61	.60
.85	.66	.65	26	.75	.61	.60
.85	.66	.65	27	.75	.61	.60
.85	.66	.65	28	.75	.61	.60
.85	.66	.65	29	.75	.61	.60
.85	.66	.65	30	.75	.62	.61
.85	.66	.65	31	.75	.62	.61
.85	.66	.65	32	.75	.62	.61
.85	.66	.65	33	.75	.62	.61
.85	.66	.65	34	.75	.62	.61
.85	.67	.66	35	.75	.62	.61
.87	.70	.67	36	.76	.65	.63
.91	.75	.70	37	.80	.70	.68
.96	.83	.75	38	.86	.75	.74
1.04	.92	.82	39	.93	.82	.81
1.13	1.01	.89	40	1.01	.89	.88
1.24	1.12	.98	41	1.09	.98	.96
1.38	1.25	1.09	42	1.18	1.09	1.05
1.54	1.42	1.23	43	1.28	1.23	1.14
1.72	1.59	1.38	44	1.38	1.36	1.24
1.91	1.78	1.55	45	1.49	1.48	1.35
2.11	1.95	1.73	46	1.60	1.59	1.46
2.31	2.13	1.90	47	1.73	1.72	1.56
2.51	2.30	2.08	48	1.86	1.85	1.69
2.73	2.49	2.27	49	2.00	1.99	1.80
2.97	2.69	2.47	50	2.13	2.12	1.93
3.25	2.93	2.72	51	2.27	2.26	2.06
3.55	3.19	2.98	52	2.43	2.42	2.21
3.89	3.47	3.27	53	2.57	2.56	2.33
4.27	3.79	3.58	54	2.74	2.73	2.49
4.70	4.14	3.94	55	2.95	2.94	2.68
5.21	4.49	4.30	56	3.29	3.23	2.94
5.76	4.86	4.70	57	3.76	3.63	3.29
6.35	5.27	5.12	58	4.33	4.13	3.76
7.00	5.73	5.61	59	4.98	4.69	4.27
7.77	6.30	6.19	60	5.69	5.30	4.84
8.68	7.01	6.92	61	6.39	5.91	5.41
9.71	7.86	7.79	62	7.11	6.53	6.00
10.86	8.70	8.65	63	7.84	7.18	6.60
12.17	9.94	9.91	64	8.65	7.87	7.26
13.73	11.28	11.27	65	9.52	8.62	7.96
15.56	12.97	12.96	66	10.43	9.37	8.78
17.77	14.99	14.98	67	11.43	10.21	9.68
20.44	17.38	17.37	68	12.58	11.17	10.70
23.60	20.22	20.21	69	13.85	12.23	11.83
27.35	23.54	23.53	70	15.30	13.45	13.11
31.37	27.07	27.06	71	17.53	15.35	15.08
36.01	31.13	31.12	72	20.11	17.54	17.34
41.35	35.80	35.79	73	23.09	20.08	19.94
47.49	41.17	41.16	74	26.50	23.01	22.93
54.57	47.35	47.34	75	30.44	26.38	26.37
62.76	54.45	54.44	76	35.01	30.34	30.33
72.17	62.62	62.61	77	40.26	34.89	34.88

EG-15 Tobacco						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.23	1.04	1.03	18-25	.98	.83	.82
1.27	1.07	1.06	26	1.01	.85	.84
1.30	1.10	1.09	27	1.02	.86	.85
1.34	1.13	1.12	28	1.06	.90	.89
1.39	1.18	1.17	29	1.09	.92	.91
1.41	1.20	1.19	30	1.11	.94	.93
1.45	1.23	1.22	31	1.13	.96	.95
1.46	1.24	1.23	32	1.16	.98	.97
1.48	1.26	1.25	33	1.18	.99	.98
1.51	1.28	1.27	34	1.22	1.03	1.02
1.57	1.34	1.33	35	1.27	1.07	1.06
1.66	1.41	1.40	36	1.35	1.15	1.14
1.78	1.52	1.51	37	1.46	1.24	1.23
1.92	1.64	1.63	38	1.60	1.36	1.35
2.09	1.79	1.78	39	1.73	1.48	1.47
2.27	1.95	1.94	40	1.87	1.60	1.59
2.49	2.14	2.13	41	2.02	1.72	1.71
2.74	2.35	2.34	42	2.16	1.86	1.85
3.00	2.58	2.57	43	2.34	2.00	1.99
3.31	2.85	2.84	44	2.51	2.16	2.15
3.63	3.13	3.12	45	2.70	2.32	2.31
3.98	3.47	3.43	46	2.95	2.52	2.51
4.36	3.83	3.76	47	3.22	2.74	2.73
4.77	4.20	4.11	48	3.50	2.97	2.96
5.22	4.62	4.50	49	3.80	3.21	3.20
5.66	5.03	4.88	50	4.10	3.44	3.43
6.10	5.45	5.27	51	4.39	3.68	3.67
6.55	5.87	5.66	52	4.67	3.90	3.89
7.04	6.31	6.08	53	4.96	4.14	4.13
7.57	6.81	6.55	54	5.28	4.40	4.39
8.20	7.39	7.10	55	5.64	4.70	4.69
8.97	8.08	7.71	56	6.23	5.40	5.32
9.78	8.82	8.38	57	6.85	6.15	6.01
10.73	9.66	9.14	58	7.52	6.93	6.72
11.79	10.61	10.02	59	8.23	7.75	7.47
13.04	11.73	11.06	60	9.01	8.62	8.28
14.47	12.99	12.25	61	9.81	9.51	9.11
16.05	14.39	13.58	62	10.68	10.47	9.99
17.85	15.98	15.09	63	11.60	11.47	10.93
19.91	17.80	16.84	64	12.58	12.54	11.93
22.30	19.90	18.86	65	13.68	13.67	13.00
24.92	22.14	21.20	66	14.45	14.18	13.57
27.97	24.73	23.90	67	15.36	14.77	14.23
31.47	27.72	26.99	68	16.35	15.47	14.99
35.48	31.14	30.52	69	17.50	16.27	15.87
40.03	35.06	34.53	70	18.78	17.21	16.87
45.93	40.14	39.71	71	21.23	19.16	18.88
52.74	45.99	45.67	72	24.09	21.46	21.25
60.57	52.74	52.52	73	27.40	24.16	24.02
69.59	60.51	60.40	74	31.25	27.32	27.24
79.96	69.47	69.46	75	35.70	31.00	30.99
88.25	79.89	79.88	76	41.06	35.65	35.64
95.67	88.00	87.99	77	47.22	41.00	40.99

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.



EMPIRE GENERAL
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EG-15 SMOKER						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.58	1.33	1.32	18-25	1.26	1.08	1.05
1.63	1.39	1.38	26	1.30	1.11	1.08
1.67	1.43	1.41	27	1.31	1.14	1.10
1.72	1.49	1.47	28	1.37	1.18	1.14
1.78	1.55	1.52	29	1.40	1.21	1.17
1.82	1.61	1.57	30	1.43	1.24	1.20
1.86	1.65	1.61	31	1.46	1.26	1.22
1.87	1.67	1.62	32	1.49	1.29	1.25
1.91	1.71	1.66	33	1.51	1.31	1.27
1.94	1.75	1.69	34	1.57	1.36	1.31
2.02	1.83	1.77	35	1.63	1.42	1.37
2.13	1.93	1.86	36	1.74	1.54	1.47
2.29	2.07	1.99	37	1.87	1.66	1.58
2.47	2.23	2.14	38	2.05	1.84	1.74
2.68	2.43	2.33	39	2.22	2.01	1.89
2.92	2.63	2.52	40	2.40	2.18	2.04
3.20	2.88	2.76	41	2.59	2.35	2.20
3.52	3.16	3.03	42	2.78	2.55	2.38
3.86	3.46	3.32	43	3.01	2.75	2.56
4.26	3.81	3.66	44	3.23	2.96	2.76
4.67	4.17	4.01	45	3.47	3.20	2.98
5.29	4.76	4.55	46	3.94	3.64	3.39
5.93	5.38	5.11	47	4.42	4.10	3.84
6.63	6.04	5.71	48	4.92	4.60	4.30
7.37	6.74	6.35	49	5.43	5.08	4.77
8.10	7.42	6.98	50	5.95	5.58	5.24
8.83	8.11	7.62	51	6.46	6.07	5.69
9.57	8.81	8.26	52	6.96	6.53	6.14
10.37	9.55	8.94	53	7.47	7.04	6.61
11.21	10.35	9.68	54	8.01	7.55	7.11
12.19	11.25	10.53	55	8.62	8.13	7.66
13.54	12.40	11.48	56	9.70	9.06	8.43
14.96	13.62	12.50	57	10.81	10.04	9.25
16.53	14.95	13.65	58	11.99	11.07	10.12
18.27	16.46	14.95	59	13.23	12.16	11.04
20.25	18.15	16.45	60	14.54	13.30	12.02
22.43	20.04	18.14	61	15.89	14.46	13.03
24.84	22.12	20.01	62	17.32	15.71	14.11
27.51	24.41	22.12	63	18.82	17.03	15.27
30.55	27.03	24.54	64	20.41	18.41	16.49
33.97	29.81	27.30	65	22.13	19.91	17.83
36.82	32.43	30.00	66	24.03	20.58	18.70
40.21	35.32	33.17	67	26.08	21.36	19.69
44.17	38.72	36.83	68	28.27	22.27	20.81
48.79	42.69	41.07	69	30.63	23.32	22.07
54.12	47.01	45.93	70	33.17	24.54	23.49
61.19	53.36	52.28	71	37.22	27.05	26.14
69.41	60.45	59.64	72	41.79	30.03	29.39
75.94	68.69	68.14	73	46.96	33.51	33.09
80.95	78.24	77.97	74	52.80	37.59	37.37
84.07	81.06	81.05	75	59.42	42.34	42.33
89.25	88.65	88.64	76	64.96	48.07	48.06
96.25	96.24	96.23	77	71.53	54.69	54.68

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.



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Shawnee Mission, Kansas 66201

EG-20 SELECT PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above \$250.00 minimum annualized premium						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.61	.46	.44	18-25	.46	.38	.35
.61	.47	.45	26	.46	.39	.36
.61	.48	.46	27	.46	.39	.36
.61	.50	.48	28	.46	.40	.37
.61	.51	.49	29	.46	.40	.38
.61	.52	.50	30	.46	.42	.39
.61	.53	.51	31	.46	.43	.39
.61	.54	.52	32	.46	.43	.40
.61	.56	.54	33	.46	.44	.42
.61	.57	.55	34	.46	.44	.42
.66	.60	.58	35	.48	.45	.44
.72	.62	.59	36	.54	.47	.46
.77	.65	.62	37	.58	.49	.48
.81	.68	.65	38	.63	.55	.53
.84	.73	.70	39	.68	.60	.58
.93	.80	.78	40	.76	.66	.64
1.04	.90	.88	41	.82	.73	.69
1.16	1.01	.99	42	.89	.81	.77
1.30	1.12	1.11	43	.96	.92	.85
1.41	1.24	1.23	44	1.04	1.00	.93
1.53	1.36	1.35	45	1.10	1.06	.99
1.71	1.52	1.51	46	1.23	1.17	1.08
1.90	1.70	1.69	47	1.34	1.27	1.16
2.11	1.87	1.86	48	1.45	1.37	1.24
2.34	2.06	2.05	49	1.59	1.51	1.35
2.49	2.19	2.13	50	1.75	1.67	1.48
2.74	2.41	2.37	51	1.91	1.83	1.63
3.01	2.67	2.63	52	2.09	2.03	1.79
3.29	2.92	2.89	53	2.25	2.22	1.98
3.61	3.22	3.20	54	2.42	2.40	2.15
3.95	3.56	3.55	55	2.64	2.63	2.37
4.24	3.87	3.82	56	2.97	2.92	2.57
4.58	4.22	4.16	57	3.36	3.23	2.85
4.95	4.60	4.53	58	3.74	3.57	3.13
5.45	5.12	5.04	59	4.21	3.97	3.48
6.10	5.75	5.67	60	4.73	4.45	3.88
6.89	6.54	6.42	61	5.37	5.02	4.35
8.00	7.51	7.33	62	6.10	5.69	4.94
9.23	8.70	8.44	63	6.90	6.43	5.62
10.41	10.08	9.78	64	7.65	7.13	6.27
11.93	11.57	11.38	65	8.72	8.13	7.20
13.71	13.31	13.09	66	9.74	9.15	8.28
15.75	15.31	15.05	67	10.95	10.33	9.52
18.11	17.61	17.31	68	12.33	11.69	10.95

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-20 PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above \$250.00 minimum annualized premium						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.77	.62	.58	18-25	.61	.49	.46
.77	.62	.58	26	.61	.49	.46
.77	.62	.58	27	.61	.49	.46
.77	.62	.58	28	.61	.49	.46
.77	.63	.58	29	.61	.49	.46
.77	.63	.58	30	.61	.49	.48
.77	.63	.58	31	.63	.50	.49
.77	.63	.58	32	.65	.52	.50
.77	.63	.58	33	.68	.53	.52
.77	.64	.59	34	.69	.56	.53
.77	.65	.61	35	.69	.56	.53
.80	.67	.64	36	.71	.58	.56
.85	.68	.64	37	.78	.63	.59
.91	.74	.73	38	.83	.67	.65
.98	.79	.78	39	.86	.71	.67
1.09	.86	.85	40	.94	.79	.74
1.20	.95	.94	41	.99	.86	.82
1.33	1.05	1.04	42	1.05	.94	.89
1.45	1.17	1.16	43	1.14	1.04	.99
1.56	1.31	1.30	44	1.23	1.15	1.07
1.70	1.45	1.44	45	1.32	1.25	1.16
1.90	1.58	1.57	46	1.43	1.35	1.26
2.14	1.76	1.75	47	1.56	1.48	1.37
2.40	1.94	1.93	48	1.70	1.62	1.47
2.67	2.14	2.13	49	1.83	1.75	1.60
2.97	2.37	2.36	50	1.98	1.91	1.75
3.23	2.57	2.56	51	2.11	2.06	1.85
3.54	2.78	2.77	52	2.27	2.22	2.01
3.79	2.99	2.98	53	2.45	2.42	2.17
4.12	3.26	3.25	54	2.63	2.61	2.36
4.50	3.57	3.56	55	2.87	2.86	2.60
4.82	3.90	3.83	56	3.23	3.16	2.81
5.19	4.29	4.19	57	3.69	3.55	3.11
5.60	4.71	4.61	58	4.06	3.85	3.37
6.14	5.27	5.17	59	4.55	4.27	3.73
6.83	5.96	5.85	60	5.12	4.77	4.14
7.68	6.81	6.66	61	5.82	5.41	4.71
8.85	7.85	7.64	62	6.57	6.10	5.35
10.18	9.12	8.84	63	7.47	6.92	6.08
11.52	10.63	10.27	64	8.40	7.79	6.89
13.23	12.43	11.98	65	9.35	8.66	7.65
15.09	14.29	13.78	66	10.41	9.73	8.80
17.22	16.43	15.85	67	11.66	10.96	10.12
19.69	18.89	18.23	68	13.10	12.40	11.64

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-20 Non-Smoker						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.07	0.85	0.84	18-25	.84	.69	.68
1.07	0.85	0.84	26	.84	.69	.68
1.07	0.85	0.84	27	.84	.69	.68
1.07	0.85	0.84	28	.84	.69	.68
1.07	0.86	0.85	29	.84	.69	.68
1.07	0.86	0.85	30	.84	.69	.68
1.07	0.87	0.86	31	.84	.69	.68
1.08	0.87	0.86	32	.86	.70	.69
1.09	0.87	0.86	33	.89	.73	.72
1.10	0.88	0.87	34	.92	.76	.75
1.11	0.89	0.88	35	.97	.79	.78
1.13	0.92	0.91	36	1.02	.86	.84
1.18	0.97	0.96	37	1.07	.93	.89
1.26	1.04	1.03	38	1.14	1.01	.97
1.36	1.12	1.11	39	1.21	1.09	1.04
1.47	1.22	1.21	40	1.30	1.18	1.11
1.62	1.34	1.33	41	1.38	1.28	1.20
1.77	1.47	1.46	42	1.48	1.38	1.29
1.97	1.65	1.64	43	1.57	1.50	1.41
2.19	1.84	1.83	44	1.69	1.63	1.52
2.41	2.03	2.02	45	1.81	1.77	1.65
2.65	2.23	2.22	46	1.95	1.90	1.77
2.87	2.42	2.41	47	2.11	2.04	1.90
3.10	2.62	2.61	48	2.29	2.20	2.03
3.32	2.83	2.82	49	2.49	2.38	2.20
3.62	3.07	3.06	50	2.70	2.57	2.38
3.98	3.39	3.38	51	2.92	2.77	2.58
4.43	3.75	3.74	52	3.16	2.98	2.77
4.96	4.17	4.16	53	3.40	3.18	2.95
5.57	4.64	4.63	54	3.67	3.42	3.17
6.21	5.15	5.14	55	4.00	3.69	3.44
6.92	5.72	5.71	56	4.40	4.02	3.80
7.63	6.31	6.30	57	4.86	4.40	4.20
8.35	6.91	6.90	58	5.38	4.83	4.65
9.12	7.57	7.56	59	5.98	5.33	5.17
10.11	8.40	8.39	60	6.70	5.93	5.80
11.38	9.44	9.43	61	7.60	6.68	6.58
13.00	10.78	10.77	62	8.68	7.60	7.52
15.00	12.42	12.41	63	9.99	8.71	8.65
17.48	14.45	14.44	64	11.54	10.05	10.01
20.49	16.90	16.89	65	13.37	11.61	11.60
23.56	19.44	19.43	66	15.38	13.35	13.34
27.09	22.36	22.35	67	17.69	15.35	15.34
31.15	25.71	25.70	68	20.34	17.65	17.64

EG-20 Tobacco						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999						
Band 3 - \$1,000,000 and above						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.52	1.30	1.29	18-25	1.06	0.89	0.88
1.52	1.30	1.29	26	1.09	0.92	0.91
1.54	1.31	1.30	27	1.13	0.95	0.94
1.55	1.32	1.31	28	1.18	0.99	0.98
1.58	1.34	1.33	29	1.23	1.04	1.03
1.62	1.39	1.38	30	1.28	1.09	1.08
1.70	1.45	1.44	31	1.33	1.13	1.12
1.79	1.53	1.52	32	1.37	1.16	1.15
1.90	1.62	1.61	33	1.41	1.20	1.19
2.02	1.72	1.71	34	1.48	1.26	1.25
2.14	1.83	1.82	35	1.57	1.34	1.33
2.26	1.94	1.93	36	1.69	1.44	1.43
2.38	2.04	2.03	37	1.84	1.58	1.57
2.53	2.17	2.16	38	2.02	1.72	1.71
2.70	2.32	2.31	39	2.19	1.88	1.87
2.95	2.53	2.52	40	2.37	2.03	2.02
3.28	2.82	2.81	41	2.54	2.18	2.17
3.68	3.17	3.16	42	2.72	2.34	2.33
4.13	3.56	3.55	43	2.90	2.49	2.48
4.61	3.98	3.97	44	3.11	2.67	2.66
5.10	4.40	4.39	45	3.33	2.87	2.86
5.58	4.82	4.81	46	3.58	3.15	3.09
6.08	5.26	5.25	47	3.86	3.44	3.35
6.62	5.73	5.72	48	4.15	3.75	3.61
7.18	6.22	6.21	49	4.47	4.08	3.91
7.78	6.73	6.72	50	4.81	4.43	4.21
8.41	7.29	7.28	51	5.15	4.77	4.52
9.11	7.89	7.88	52	5.52	5.15	4.86
9.82	8.51	8.50	53	5.92	5.55	5.22
10.58	9.17	9.16	54	6.34	5.97	5.60
11.35	9.84	9.83	55	6.78	6.41	6.00
12.11	10.58	10.51	56	7.69	7.21	6.74
12.85	11.29	11.18	57	8.61	8.03	7.51
13.63	12.05	11.88	58	9.24	8.90	8.31
14.54	12.90	12.68	59	10.27	9.80	9.16
15.67	13.96	13.69	60	11.71	10.78	10.07
17.05	15.24	14.91	61	12.89	11.83	11.06
18.75	16.78	16.40	62	14.18	12.96	12.14
20.80	18.66	18.22	63	15.57	14.19	13.30
23.28	20.88	20.40	64	17.09	15.53	14.59
26.26	23.54	23.00	65	18.76	17.00	16.00
30.19	26.88	26.40	66	20.50	18.43	17.53
34.70	30.74	30.30	67	22.56	20.15	19.34
39.90	35.18	34.80	68	25.00	22.19	21.49

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-20 SMOKER						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.95	1.67	1.66	18-25	1.36	1.14	1.13
1.95	1.67	1.66	26	1.40	1.19	1.17
1.98	1.68	1.67	27	1.45	1.23	1.21
2.00	1.70	1.69	28	1.51	1.30	1.28
2.03	1.73	1.72	29	1.58	1.36	1.34
2.09	1.78	1.77	30	1.65	1.43	1.40
2.19	1.86	1.85	31	1.71	1.48	1.45
2.30	1.96	1.95	32	1.76	1.53	1.49
2.44	2.09	2.08	33	1.82	1.59	1.56
2.59	2.21	2.20	34	1.91	1.67	1.63
2.75	2.36	2.35	35	2.02	1.77	1.73
2.91	2.49	2.48	36	2.18	1.93	1.87
3.06	2.63	2.62	37	2.37	2.14	2.05
3.25	2.79	2.78	38	2.59	2.35	2.24
3.47	2.99	2.98	39	2.82	2.58	2.45
3.79	3.26	3.25	40	3.04	2.81	2.66
4.21	3.63	3.62	41	3.27	3.03	2.86
4.73	4.08	4.07	42	3.50	3.26	3.07
5.31	4.58	4.57	43	3.73	3.48	3.27
5.93	5.12	5.11	44	4.00	3.75	3.51
6.55	5.66	5.65	45	4.28	4.03	3.77
7.17	6.29	6.19	46	4.79	4.52	4.22
7.82	6.94	6.76	47	5.34	5.02	4.68
8.51	7.62	7.35	48	5.90	5.56	5.18
9.23	8.34	7.98	49	6.50	6.12	5.69
10.00	9.10	8.65	50	7.12	6.70	6.23
10.82	9.89	9.36	51	7.74	7.27	6.76
11.71	10.75	10.13	52	8.41	7.90	7.35
12.63	11.64	10.93	53	9.10	8.54	7.94
13.60	12.57	11.78	54	9.84	9.21	8.58
14.60	13.52	12.64	55	10.59	9.91	9.23
15.94	14.71	13.66	56	11.78	10.95	10.10
17.26	15.86	14.65	57	13.01	12.05	11.00
18.63	17.07	15.70	58	14.29	13.17	11.95
20.18	18.42	16.88	59	15.63	14.37	12.95
21.99	20.02	18.31	60	17.09	15.63	14.04
24.14	21.89	20.03	61	18.64	17.00	15.23
26.70	24.12	22.09	62	20.33	18.49	16.52
29.71	26.76	24.57	63	22.14	20.08	17.94
33.27	29.86	27.51	64	24.14	21.84	19.50
37.46	33.52	31.00	65	26.32	23.75	21.24
42.15	37.49	35.22	66	28.33	25.41	23.15
47.59	42.11	40.10	67	30.76	27.42	25.41
53.91	47.50	45.73	68	33.67	29.86	28.10

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.



EMPIRE GENERAL
LIFE ASSURANCE CORPORATION
A Protective Company ▲
P.O. Box 310
Shawnee Mission, Kansas 66201

EG-30 SELECT PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above \$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
.93	.77	.75	18-25	.65	.56	.55
.95	.78	.76	26	.69	.59	.57
.96	.80	.78	27	.72	.62	.60
1.00	.82	.79	28	.76	.65	.63
1.01	.84	.81	29	.78	.67	.64
1.03	.86	.82	30	.79	.68	.65
1.06	.87	.83	31	.81	.68	.65
1.10	.90	.85	32	.83	.70	.69
1.16	.93	.88	33	.84	.72	.70
1.18	.97	.92	34	.84	.72	.70
1.26	1.03	.98	35	.89	.76	.73
1.33	1.09	1.05	36	.94	.80	.76
1.43	1.18	1.14	37	1.01	.86	.83
1.55	1.28	1.23	38	1.08	.91	.87
1.60	1.37	1.34	39	1.16	.97	.92
1.78	1.55	1.50	40	1.24	1.06	1.02
1.95	1.72	1.67	41	1.34	1.19	1.16
2.15	1.92	1.86	42	1.45	1.32	1.27
2.36	2.13	2.06	43	1.54	1.43	1.37
2.57	2.34	2.25	44	1.65	1.56	1.50
2.80	2.57	2.52	45	1.88	1.74	1.67
2.95	2.72	2.67	46	2.09	1.86	1.81
3.09	2.86	2.79	47	2.21	1.98	1.93
3.33	3.11	3.03	48	2.31	2.08	2.02
3.73	3.51	3.41	49	2.40	2.16	2.09
4.24	4.01	3.97	50	2.76	2.48	2.40
4.88	4.61	4.57	51	3.17	2.85	2.76
5.61	5.30	5.26	52	3.65	3.28	3.17
6.45	6.10	6.05	53	4.20	3.77	3.65
7.42	7.02	6.96	54	4.83	4.34	4.20
8.53	8.07	8.00	55	5.55	4.99	4.83
9.81	9.28	9.20	56	6.38	5.74	5.55

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-30 PREFERRED						
Band 1 - \$100,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above \$250.00 minimum annualized premium						
MALE			FEMALE*			
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
1.25	1.02	0.98	18-25	.92	.77	.76
1.25	1.03	0.99	26	.93	.77	.76
1.25	1.03	1.01	27	.94	.77	.76
1.26	1.04	1.02	28	.96	.77	.76
1.26	1.05	1.04	29	.97	.77	.76
1.26	1.06	1.05	30	.98	.77	.76
1.28	1.06	1.05	31	.98	.78	.77
1.30	1.06	1.05	32	.99	.81	.79
1.32	1.06	1.05	33	1.00	.84	.79
1.32	1.06	1.05	34	1.01	.85	.80
1.35	1.10	1.08	35	1.02	.86	.80
1.44	1.17	1.14	36	1.06	.90	.84
1.54	1.26	1.23	37	1.12	.96	.90
1.64	1.38	1.34	38	1.21	1.02	.97
1.75	1.51	1.45	39	1.30	1.08	1.04
1.87	1.63	1.58	40	1.39	1.15	1.10
2.05	1.81	1.76	41	1.51	1.27	1.23
2.26	2.02	1.98	42	1.64	1.42	1.37
2.48	2.24	2.19	43	1.79	1.56	1.52
2.70	2.46	2.42	44	1.94	1.70	1.67
2.95	2.71	2.68	45	2.12	1.88	1.86
3.10	2.86	2.81	46	2.26	2.02	1.99
3.25	3.01	2.94	47	2.42	2.18	2.14
3.51	3.27	3.19	48	2.58	2.34	2.27
3.93	3.69	3.59	49	2.76	2.52	2.42
4.46	4.22	4.18	50	2.95	2.71	2.62
5.13	4.85	4.81	51	3.39	3.12	3.01
5.90	5.58	5.53	52	3.90	3.59	3.46
6.79	6.42	6.36	53	4.49	4.13	3.98
7.81	7.38	7.31	54	5.16	4.75	4.58
8.98	8.49	8.41	55	5.93	5.46	5.27
10.33	9.76	9.67	56	6.82	6.28	6.06

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-30 Non-Smoker						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE			Issue Age	FEMALE*		
Band 1	Band 2	Band 3		Band 1	Band 2	Band 3
1.65	1.43	1.42	18-25	1.19	1.04	1.03
1.66	1.44	1.43	26	1.19	1.04	1.03
1.69	1.46	1.45	27	1.22	1.06	1.05
1.73	1.48	1.47	28	1.26	1.10	1.09
1.78	1.50	1.49	29	1.30	1.13	1.12
1.83	1.52	1.51	30	1.33	1.16	1.15
1.86	1.54	1.53	31	1.37	1.18	1.17
1.88	1.56	1.55	32	1.38	1.20	1.19
1.88	1.56	1.55	33	1.39	1.20	1.19
1.88	1.57	1.56	34	1.39	1.20	1.19
1.90	1.61	1.60	35	1.40	1.22	1.21
1.96	1.67	1.66	36	1.47	1.27	1.26
2.09	1.78	1.77	37	1.58	1.37	1.36
2.26	1.93	1.92	38	1.72	1.49	1.48
2.48	2.11	2.10	39	1.90	1.65	1.64
2.71	2.31	2.30	40	2.08	1.81	1.80
2.96	2.52	2.51	41	2.26	1.96	1.95
3.23	2.74	2.73	42	2.43	2.11	2.10
3.50	2.97	2.96	43	2.58	2.24	2.23
3.80	3.22	3.21	44	2.75	2.39	2.38
4.16	3.52	3.51	45	2.95	2.56	2.55
4.58	3.86	3.85	46	3.19	2.77	2.76
5.07	4.28	4.27	47	3.49	3.03	3.02
5.65	4.77	4.76	48	3.85	3.35	3.34
6.32	5.34	5.33	49	4.29	3.73	3.72
7.10	6.02	6.01	50	4.82	4.19	4.18
8.17	6.92	6.91	51	5.54	4.82	4.81
9.40	7.96	7.95	52	6.37	5.54	5.53
10.81	9.15	9.14	53	7.33	6.37	6.36
12.43	10.52	10.51	54	8.43	7.33	7.32
14.29	12.10	12.09	55	9.69	8.43	8.42
16.43	13.92	13.91	56	11.14	9.69	9.68

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-30 Tobacco						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE			Issue Age	FEMALE*		
Band 1	Band 2	Band 3		Band 1	Band 2	Band 3
2.50	2.17	2.16	18-25	1.84	1.60	1.59
2.57	2.23	2.22	26	1.91	1.66	1.65
2.65	2.30	2.29	27	1.99	1.73	1.72
2.75	2.39	2.38	28	2.08	1.81	1.80
2.86	2.49	2.48	29	2.18	1.89	1.88
2.98	2.59	2.58	30	2.27	1.97	1.96
3.09	2.69	2.68	31	2.36	2.05	2.04
3.20	2.78	2.77	32	2.46	2.14	2.13
3.33	2.89	2.88	33	2.56	2.22	2.21
3.47	3.02	3.01	34	2.67	2.32	2.31
3.66	3.19	3.18	35	2.82	2.45	2.44
3.87	3.37	3.36	36	3.00	2.60	2.59
4.11	3.57	3.56	37	3.21	2.79	2.78
4.39	3.82	3.81	38	3.44	2.99	2.98
4.75	4.13	4.12	39	3.70	3.22	3.21
5.24	4.55	4.54	40	4.00	3.48	3.47
5.85	5.09	5.08	41	4.33	3.77	3.76
6.60	5.74	5.73	42	4.68	4.07	4.06
7.48	6.50	6.49	43	5.08	4.42	4.41
8.46	7.35	7.34	44	5.54	4.82	4.81
9.52	8.28	8.27	45	6.11	5.31	5.30
9.80	9.28	9.27	46	6.78	5.89	5.88
10.15	9.86	9.85	47	7.36	6.59	6.58
10.50	10.30	10.29	48	7.62	7.40	7.39
10.85	10.75	10.74	49	7.87	7.79	7.78
11.03	11.02	11.01	50	8.00	7.99	7.98
n/a	n/a	n/a	51	9.20	9.19	9.18
n/a	n/a	n/a	52	10.58	10.57	10.56
n/a	n/a	n/a	53	12.17	12.16	12.15
n/a	n/a	n/a	54	13.99	13.98	13.97
n/a	n/a	n/a	55	16.09	16.08	16.07
n/a	n/a	n/a	56	18.50	18.49	18.48

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.

EG-30 SMOKER						
Band 1 - \$50,000-\$249,999 • Band 2 - \$250,000-\$999,999 Band 3 - \$1,000,000 and above						
MALE				FEMALE*		
Band 1	Band 2	Band 3	Issue Age	Band 1	Band 2	Band 3
3.21	2.79	2.78	18-25	2.37	2.06	2.05
3.30	2.87	2.86	26	2.46	2.13	2.12
3.40	2.96	2.95	27	2.56	2.22	2.21
3.54	3.08	3.07	28	2.67	2.32	2.31
3.68	3.20	3.19	29	2.80	2.43	2.42
3.83	3.33	3.32	30	2.92	2.54	2.53
3.98	3.46	3.45	31	3.03	2.64	2.63
4.11	3.57	3.56	32	3.16	2.75	2.74
4.28	3.72	3.71	33	3.29	2.85	2.84
4.46	3.88	3.87	34	3.44	2.99	2.98
4.71	4.10	4.09	35	3.63	3.15	3.14
4.98	4.33	4.32	36	3.85	3.35	3.34
5.28	4.59	4.58	37	4.12	3.58	3.57
5.64	4.91	4.90	38	4.42	3.84	3.83
6.11	5.31	5.30	39	4.76	4.14	4.13
6.73	5.85	5.84	40	5.15	4.47	4.46
7.52	6.54	6.53	41	5.57	4.84	4.83
8.49	7.38	7.37	42	6.02	5.24	5.23
9.61	8.36	8.35	43	6.53	5.68	5.67
10.87	9.45	9.44	44	7.13	6.20	6.19
12.24	10.65	10.64	45	7.86	6.83	6.82
12.60	11.93	11.92	46	8.71	7.58	7.57
13.05	12.67	12.66	47	9.46	8.47	8.46
13.50	13.24	13.23	48	9.79	9.51	9.50
13.95	13.82	13.81	49	10.12	10.02	10.01
14.18	14.17	14.16	50	10.28	10.27	10.26
n/a	n/a	n/a	51	11.82	11.81	11.80
n/a	n/a	n/a	52	13.59	13.58	13.57
n/a	n/a	n/a	53	15.63	15.62	15.61
n/a	n/a	n/a	54	17.97	17.96	17.95
n/a	n/a	n/a	55	20.67	20.65	20.64
n/a	n/a	n/a	56	23.77	23.75	23.74

Level Annual Premiums Per \$1,000

Add Annual Policy Fee: \$80.00 Band 1, \$50.00 Band 2 & 3

*In Montana, unisex rates apply - Females use Male rates and issue ages.



EMPIRE GENERAL
LIFE ASSURANCE CORPORATION
A Protective Company ▲
P.O. Box 310
Shawnee Mission, Kansas 66201

GUARANTEED RENEWAL PREMIUMS

Beginning After Level Premium Period

Attained Age	MALE		FEMALE*	
	Sel. Pref/Pref Nonsmoker	Tobacco Smoker	Sel. Pref/Pref Nonsmoker	Tobacco Smoker
28	1.52	3.39	1.26	2.65
29	1.53	3.40	1.31	2.89
30	1.54	3.41	1.36	2.90
31	1.55	3.85	1.43	3.11
32	1.56	4.20	1.50	3.48
33	1.91	4.23	1.60	3.73
34	2.15	4.61	1.70	4.60
35	2.50	4.72	1.83	4.70
36	2.57	5.33	1.98	5.31
37	2.62	5.82	2.15	5.80
38	3.27	6.29	2.35	6.27
39	3.70	7.56	2.56	7.54
40	4.38	8.21	2.78	8.19
41	4.47	8.85	3.02	8.83
42	4.52	8.96	3.27	8.94
43	5.56	9.56	3.52	9.55
44	6.26	11.78	3.81	11.77
45	7.32	12.04	4.10	12.02
46	7.38	12.71	4.43	12.69
47	7.45	13.90	4.80	13.88
48	8.64	15.10	5.19	15.08
49	9.59	16.89	5.65	16.87
50	11.01	17.02	6.16	17.00
51	11.22	19.11	6.70	19.09
52	11.75	19.86	7.31	19.84
53	13.18	20.11	7.95	20.09
54	14.70	22.17	8.62	22.15
55	16.88	22.20	9.30	22.18
56	17.62	24.52	10.03	22.68
57	18.40	30.34	10.82	22.81
58	20.80	30.49	11.72	22.90
59	23.26	33.41	12.79	25.05
60	27.21	39.02	14.08	25.06
61	29.07	39.24	15.61	25.26
62	31.09	46.88	17.40	28.52
63	36.30	52.55	19.40	31.91
64	41.45	57.39	21.58	36.12
65	49.41	64.53	24.13	42.76
66	52.91	69.36	26.37	47.17
67	56.58	83.39	29.11	49.48
68	65.41	104.30	32.23	53.13
69	74.59	116.27	35.92	59.61
70	89.43	129.05	40.35	80.43
71	99.47	130.85	45.63	96.18
72	105.80	150.37	51.81	103.32
73	130.17	211.67	58.87	116.53
74	150.76	228.45	71.00	139.59
75	184.03	240.97	80.00	151.70
76	204.91	306.66	85.11	160.88
77	216.88	394.98	95.79	187.00
78	265.55	442.88	109.58	190.47
79	305.00	586.82	130.00	226.79
80	372.43	692.00	145.42	374.33
81	460.76	719.94	275.60	530.00
82	540.87	740.92	349.44	546.00
83	623.20	760.00	434.72	572.00
84	787.15	865.00	537.45	610.74
85	934.80	934.90	568.00	619.16
86	934.82	934.91	586.00	636.01
87	934.84	934.92	604.00	652.86
88	934.86	934.93	622.00	669.71
89	934.88	934.94	640.00	686.56
90	934.90	934.95	658.00	703.40
91	934.92	934.96	676.00	720.25
92	934.94	934.97	694.00	737.10
93	934.96	934.98	712.00	753.95
94	934.98	934.99	730.00	770.80
95	935.00	935.00	748.00	787.64

Rates do not apply in Oregon & Washington state. Contact the Home Office.

Add Annual Policy Fee: \$80.00 – Band 1 • \$50.00 Band 2 & 3

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WAIVER OF PREMIUM RATES

Guaranteed Level Rates

Annual Premiums Per \$1,000

EG-10

Issue Age	Male Sel. Pref./Pref. Nonsmoker	Male Tobacco Smoker	Female* Sel. Pref./Pref. Nonsmoker	Female* Tobacco Smoker
18-28	.10	.10	.10	.10
29	.10	.10	.10	.11
30	.10	.10	.10	.12
31	.10	.10	.10	.14
32	.10	.11	.10	.16
33	.10	.12	.11	.18
34	.11	.13	.12	.21
35	.12	.14	.13	.23
36	.13	.15	.14	.25
37	.14	.17	.15	.27
38	.15	.19	.16	.30
39	.16	.22	.18	.33
40	.17	.26	.20	.37
41	.19	.30	.23	.41
42	.21	.35	.26	.47
43	.23	.41	.30	.54
44	.26	.48	.35	.62
45	.30	.56	.40	.71
46	.35	.65	.46	.80
47	.41	.74	.51	.89
48	.48	.84	.57	.98
49	.57	.96	.65	1.08
50	.67	1.10	.74	1.19
51	.79	1.26	.85	1.31
52	.93	1.44	.98	1.45
53	1.08	1.65	1.11	1.62
54	1.23	1.89	1.25	1.82
55	1.39	2.17	1.39	2.04

EG-20

Issue Age	Male Sel. Pref./Pref. Nonsmoker	Male Tobacco Smoker	Female* Sel. Pref./Pref. Nonsmoker	Female* Tobacco Smoker
18-28	.10	.10	.10	.10
29	.10	.10	.10	.11
30	.10	.11	.10	.12
31	.10	.12	.11	.15
32	.11	.14	.12	.18
33	.12	.16	.14	.22
34	.13	.18	.15	.25
35	.14	.19	.16	.29
36	.15	.21	.17	.32
37	.16	.23	.18	.35
38	.18	.26	.20	.38
39	.20	.29	.22	.41
40	.22	.33	.24	.45
41	.24	.38	.27	.49
42	.27	.43	.31	.54
43	.30	.49	.35	.61
44	.34	.57	.40	.69
45	.39	.66	.46	.79
46	.46	.75	.53	.91
47	.55	.85	.62	1.04
48	.67	.95	.73	1.18
49	.82	1.06	.86	1.32
50	.99	1.19	1.02	1.46
51	1.18	1.34	1.20	1.60
52	1.39	1.51	1.41	1.75
53	1.63	1.71	1.64	1.91
54	1.89	1.94	1.89	2.07
55	2.17	2.22	2.17	2.22

EG-15

Issue Age	Male Sel. Pref./Pref. Nonsmoker	Male Tobacco Smoker	Female* Sel. Pref./Pref. Nonsmoker	Female* Tobacco Smoker
18-28	.10	.10	.10	.10
29	.10	.10	.10	.11
30	.10	.11	.10	.12
31	.10	.12	.11	.14
32	.10	.13	.12	.17
33	.11	.14	.13	.20
34	.12	.15	.14	.23
35	.13	.16	.15	.26
36	.14	.18	.16	.29
37	.15	.20	.17	.32
38	.17	.23	.19	.35
39	.19	.26	.21	.38
40	.21	.30	.23	.42
41	.23	.35	.26	.47
42	.26	.41	.30	.53
43	.30	.48	.35	.60
44	.34	.57	.40	.69
45	.39	.66	.46	.79
46	.45	.74	.53	.90
47	.52	.83	.60	1.02
48	.61	.93	.68	1.14
49	.72	1.05	.77	1.26
50	.84	1.18	.88	1.38
51	.98	1.32	1.01	1.50
52	1.14	1.48	1.16	1.63
53	1.32	1.67	1.33	1.77
54	1.51	1.90	1.52	1.91
55	1.72	2.17	1.72	2.04

EG-30

Issue Age	Male Sel. Pref./Pref. Nonsmoker	Male Tobacco Smoker	Female* Sel. Pref./Pref. Nonsmoker	Female* Tobacco Smoker
18-28	.10	.10	.10	.12
29	.10	.11	.10	.13
30	.10	.12	.10	.14
31	.10	.13	.11	.16
32	.11	.15	.12	.19
33	.12	.16	.14	.22
34	.13	.18	.15	.25
35	.14	.19	.16	.29
36	.16	.22	.17	.33
37	.18	.25	.19	.37
38	.21	.29	.21	.41
39	.24	.34	.23	.45
40	.27	.40	.26	.49
41	.31	.46	.30	.53
42	.35	.53	.35	.58
43	.40	.62	.41	.65
44	.47	.73	.48	.74
45	.55	.85	.55	.85
46	.65	.97	.63	.98
47	.78	1.09	.74	1.12
48	.94	1.22	.87	1.27
49	1.16	1.37	1.03	1.42
50	1.40	1.53	1.22	1.57
51	1.66	1.81	1.43	1.70
52	1.96	2.14	1.69	1.85
53	2.30	2.51	1.96	2.00
54	2.67	2.92	2.26	2.26
55	3.06	3.34	2.59	2.59

* In Montana unisex rates apply—Females use male rates and issue ages.



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