State Product Approvals as of 03-14-2020 Click on each State for Approved Optional Riders & Benefits



LIFE INSURANCE COMPANY

Our Sales Team is ready to help you with the Features and Benefits for each Product, Joint Recruiting or Client Calls, Sagicor Tools and Procedures and much more!

Please contact our Producer Resource Center (PRC) for any questions concerning the illustration software.

> Please call us at (888) 724-4267 Ext. 4680 for more details.

Product availability and features may vary by state

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| <u>Alabama</u> | × | <u> </u> | <u> </u> | | | • | • | • | • | • |
| Arizona | × | _ | _ | _ | • | • | • | • | • | • |
| Arkansas | × | A | A | A | • | • | • | • | • | • |
| California | × | N/A | | N/A | • | • | • | • | • | • |
| Colorado | × | A | A | A | • | • | • | • | • | • |
| Delaware | × | A | _ | N/A | • | • | • | • | • | • |
| District of Columbia | × | A | _ | A | • | • | • | • | • | • |
| Florida | • | _ | _ | _ | • | • | • | • | • | • |
| Georgia | × | A | _ | A | • | • | • | • | • | • |
| Hawaii | × | _ | _ | _ | • | • | • | • | • | • |
| Idaho | × | A | _ | A | • | • | • | • | • | • |
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| Missouri Montana | N/A | N/A | N/A | N/A | • | • N/A | • | • | • N/A | • N/A |
| <u>Montana</u> | | | | _ | | _ | _ | _ | _ | _ |
| | N/A | N/A | N/A | N/A | • | N/A | • | • | N/A | N/A |
| Montana Nebraska Nevada | N/A × | N/A | N/A | N/A | • | N/A • | • | • | N/A | N/A |
| Montana Nebraska Nevada New Hampshire | N/A × | N/A | N/A | N/A | | N/A • | • | • | N/A • | N/A • |
| Montana Nebraska Nevada | N/A × × | N/A | N/A | N/A A | • | N/A • | • | • • • N/A | N/A • • N/A | N/A • |
| Montana Nebraska Nevada New Hampshire New Jersey New Mexico | N/A × × × | N/A | N/A | N/A A | • | N/A • • | • | • • • N/A | N/A • N/A • | N/A • • • |
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| Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania | N/A | N/A | N/A | N/A | * | N/A • • • • | • | • N/A • • • • • • • • • • • • • • • • • • • | N/A • N/A • • • • • • • • | N/A |
| Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island | N/A x x x x x x x | N/A | N/A | N/A | | N/A • • • • | • | • N/A • • • • • • • • • • • • • • • • • • • | N/A • N/A • • • • • • • • | N/A • • • • • |
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| Montana Nebraska Nevada New Hampshire New Jersey New Mexico North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee | N/A | N/A | N/A | N/A | | N/A • • • • • • • • • • • • • • • • • • • | • | N/A | N/A N/A N/A O O O O O O O O O O O O O | N/A • • • • • • • • • • • • • • • • • • • |
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- Product Approved
- Product Approved with Unisex Rates
- Product Approved Accelerated Death Benefit is payable due to Terminal Condition or Chronic Illness
- X Product Approved Accelerated Death Benefit is payable due to Terminal Condition or Nursing Home Confinement
- Product Approved Accelerated Death Benefit is only payable due to Terminal Condition



Alabama

| Riders & Benefits Available by Pro | duct | as | of (|)3-1 | 4-2 | 2020 |) | | | | |
|---|------|----------|----------|--|---|----------------------|---|------------------|--|------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | .No. 1828 / 1838 | 106 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Co. Inde. Universal! | Lie 80 Sir Lie Lie | 6 F/A | (Boni, Fixed L | nim 18 Fla mosed | Mod Soft Media Chamily Company |
| Alabama | 6 | 2000 | S. M.C. | 7000 7 | | 3/M88/8 | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 11/8/15/15/15/15 | 0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 /0 | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Arizona

| Riders & Benefits Available by F | Produ | ıct | as (| of 0 | 3-14 | 4-20 | 20 | | | | | |
|---|--------|------------|---------------|-------------|---------------------------|------------------|---------------------|--|---------------|---|--|---|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | No /20 /83/ | nor specifical | S. Mod Universal | Life 160 Since Life | PALE SOUND | Bon rixed It. | 14 15 FA - 10 80 (17 80) | Most of the solution of the so | IN SOLUTION |
| Arizona | /3 | 8 8 8 8 | ./// 88/8/ | 777 | 1/2/11/28/ 1/28/11/28/ | % MON 95/8 | | | | 1/30/1/ 1/1/2/1/2/1/2/1/2/1/2/2/2/2/2/2/2/2/ | Ÿ/ ¥/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | / | | | ſ | |
| Due to Terminal Condition | - - | - | - | ✓ | <u> </u> | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ■ | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | | | | | | | l | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Arkansas

| Riders & Benefits Available by Pr | oduct | as | of (| 3-1 | 4-2 | 2020 |) | | | | |
|---|----------|-------------|----------|----------|----------------|-------------------|-----------------|--|-------------------|--------------------------|--|
| Sagicor _® LIFE INSURANCE COMPANY | | / | 10/5 | No. 180 | 70ex 60 11 10m | 1 has Universal! | Lie 860 Sin Lie | 7. F.W. P. | Bon Fred Inium U. | ium 13 F/4 moseo (merse) | Most of the solution of the so |
| Arkansas | 6 | 18 8 8 8 | S. W.(!! | 11/08/11 | | 0/M 0/M 0/S | | 2/3/3/ 3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3 | | M. 66. | 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ 3/ |
| Accelerated Benefit Insurance Rider | <u> </u> | | | | <u> </u> | 7 5 | () | () | | | 1 |
| Due to Terminal Condition | 7 | √ | ✓ | √ | 7 | | | | | | 1 |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | , | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | | | | ▣ | | 1 |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | 4 |
| Over Loan Lapse Protection Rider | | | | | | | | | | | V . |
| | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | • | ■ | | | | | | | |
| Return of Premium Rider Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



California

| Riders & Benefits Available by Produc | t as | of (| 3-1 | 4-2 | 020 | | | | |
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| Sagicor. | | | | / | | Jal Life | | Milestone Sparmedition of Amuly, Milestone Sparmedition of Amuly, Sp | |
| LIFE INSURANCE COMPANY | / | % | 10 101 101E | 70 Who 100 Kg / 65 | 188 8 4 Life (Liniver 184 | Solog F14. F. | Se Promium / KA | MISSON SON STATES OF SON | |
| California | / 6 |) S | J/6 | 8 G |] S | "is"/ | 8/3 | | |
| Accelerated Benefit Insurance Rider | ■ | | | | | | | Ī | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | | | | | |
| Children's Term Rider | • | • | • | | | | | | |
| Guaranteed Insurability Option Rider | | • | | | | | | | |
| Market Value Adjustment | | | | | | | ■ | | |
| Terminal Illness Penalty Free Withdrawal Benefit | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | |
| Over Loan Lapse Protection Rider | | ▣ | | | | | | | |
| Return of Premium Rider | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | | | | | | | |
| Waiver of Premium Rider | • | | • | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Colorado

| Riders & Benefits Available by Product as of 03-14-2020 Sag1COT LIFE INSURANCE COMPANY Colorado Accelerated Benefit Insurance Rider | |
|---|--|
| Sagicor. LIFE INSURANCE COMPANY Colorado Accelerated Benefit Insurance Rider | |
| Colorado | |
| Accelerated Benefit Insurance Rider | |
| Due to Terminal Condition | |
| Due to Chronic Illness | |
| Due to Nursing Home Confinement ✓ | |
| Accidental Death Benefit Rider | |
| Children's Term Rider | |
| Guaranteed Insurability Option Rider | |
| Market Value Adjustment | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | |
| One Time Withdrawal Rider | |
| Over Loan Lapse Protection Rider | |
| Return of Premium Rider | |
| Waiver of Monthly Deductions Rider ● ● | |
| Waiver of Premium Rider ● ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Delaware

| Riders & Benefits Available by Produc | ct a | s of | f 03 | -14 | -20 | 20 | | | | | | | |
|---|----------|----------|----------|--|---|--|---|------------|---------------------|--|---|----------------|--|
| Sag1cor. LIFE INSURANCE COMPANY | | / | 10,15 | /\o\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | S. M. M. M. S. M. | Life Universal | FIA SOULIE | Bon Fixe / | Im 18 FIA TOO SOUTH | Meston ice Sportment Anning Control of Anning Co | T. Muli 1900 P. Wily S. Amuliy Vos. Promity (SA) | Cuaran Deferie | |
| Delaware | /3 | 1 8 S | S. M.L |) 11 8 5 | 11. M. 86 8 | 8/38/88/88/88/88/88/88/88/88/88/88/88/88 | 2/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3 | 5/0/0/S | 100 Cho; M | 35/00/89/ M | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | , | | | |
| Due to Terminal Condition | √ | √ | ✓ | ✓ | | | | | | l | | | |
| Due to Chronic Illness | | 1 | 1 | | | | | | | l | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | I | | | |
| Accidental Death Benefit Rider | • | • | • | • | | | | | | l | | | |
| Children's Term Rider | • | • | • | • | | | | | | I | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | I | | | |
| Market Value Adjustment | | | | | ▣ | | | ▣ | ■ | I | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | l | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | ▣ | | | | İ | | | |
| One Time Withdrawal Rider | | | | | | | ■ | | | İ | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | İ | | | |
| Return of Premium Rider | | | | | | | | | | l | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | İ | | | |
| Waiver of Premium Rider | • | | | • | | | | | | İ | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



District of Columbia

| Riders & Benefits Available by Pr | oduc | t a | s of | f 0 3 | -14 | -20 | 20 | | | | |
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| Sagicor. LIFE INSURANCE COMPANY | | / | 10/16 | No./22 / 62 | Geralo Urlem | 10 cd Universal | Life Yed Sign Life | FIA (1900 P.C.) | Bon Fixed minn U. | Im 18 FIA TO SECTION TO SELL | Most of Sop Ammed Fixed Ammin, Sop Ammin, Single Ammin, Sop Ammin, |
| District of Columbia | /8 | 8 8 8 8 | | 7/1/00/1 | | 0/100 NO S | 8/3 8/8/ | 2/3/8/ 8/3/8/ | | 100 Cho; 100; 100; 100; 100; 100; 100; 100; 10 | 3/8/ 5/5/ 8/ |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | | - | ✓ | - | - | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | ı |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | ı |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | ı |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | 1 |
| Return of Premium Rider | | | | | | | | | | | |
| | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Florida

| Riders & Benefits Available by Pro | oduc | t as | s of | 03 | -14- | -202 | 20 | | | | |
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| Sagicor _® LIFE INSURANCE COMPANY | | / | 1015 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 106 KS 10 11 CM | 10 - 10 (11) (10) (10) (10) (10) (10) (10) (| Lie 800 Sin Lie | S. S. S. S. S. S. S. S. S. S. S. S. S. S | Poni Fixo 1 | num 18 Fla Moseo () messal (| My Sop mode of Annuity 1/16 |
| Florida | /3 | 8/8/8 | | 11/8/1 | |) (M) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S |) 8/8/8/8/8/ | 1/3/8/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/3/ | | | 5/ 4/ 0/ 18/ |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | (|
| Due to Terminal Condition | √ | | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ■ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |
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- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| Riders & Benefits Available by Pro | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|------|-------------|------------|-------------|----------------|----------------------|--------------------|---|------------|---------------------------|--|---------------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10,10 | No /20 /20/ | Nostes of Term | So Who Investigation | Lie 86 Sin 11 Life | 74 / 196 P. 196 | Bon Fixo I | ium 15 FIA MOSO (INVOSA) | Moston Co Spanned Control Amurity Control Maritim Control Amurity Maritim Control Amurity Control Control Control Control Control Control Control Control Control Control Control Contro | Maran Coferio Amuly |
| Georgia | /3 | 18 8 8 8 | S. W.L | 7/1/8/1 | | 0 M 00 N | 8/3/ 8/8/ | 2/3/8/ 8/8/9/ | | Mil Cho! | 5/ 0/ W 9/ W 9/ W 9/ W 9/ W 9/ W 9/ W 9/ W 9 | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | (| |
| Due to Terminal Condition | | ✓ | ✓ | - | ✓ | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ■ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | ■ | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Hawaii

| Riders & Benefits Available by Pro | oduct | as | of C | 3-1 | 4-2 | 020 |) | | | | | | | |
|---|--------------|---------------------------------------|----------|--|----------------|-----------------|------------------------|----------------|---------------|---|---|-----------------------------------|-----------------|------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/5 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | noe soo ur lem | 10.10 Universal | Lie (60 Sin Lie | OF FILE STATES | (Boni Fixed L | num 3 Fla moeko / mersa/ | Peston Co Son Impediate Annuity Life 14/6 | A Muliin Perining Amunity (Sept.) | Guar II Defered | Annual man |
| Hawaii | / | 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | S. W.(!! | 11/8/11 | | 0 M |) 3 6 6 | | | 15/06/11/10/11/11/11/11/11/11/11/11/11/11/11/ | 3/0/0/ 0/0/56/ | | | |
| Accelerated Benefit Insurance Rider | | I | I | | | | / 6) | | | | (| | | |
| Due to Terminal Condition | \ \frac{1}{} | √ | √ | √ | - | | | | | | I | | | |
| Due to Chronic Illness | • | 1 | 1 | 1 | Ť | | | | | | I | | | |
| Due to Nursing Home Confinement | 1 | | , | | | | | | | | I | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | I | | | |
| Children's Term Rider | • | • | • | | • | | | | | | I | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | I | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | I | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | İ | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | İ | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | İ | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | İ | | | |
| Return of Premium Rider | | | | | | | | | | | İ | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | İ | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | ļ | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Idaho

| Riders & Benefits Available by Pro | oduct | as | of C | 3-1 | 4-2 | 2020 |) | | | | |
|---|-------|----------|----------|------------|------------|----------------------|--|--|--------------------------------|--------------------------------|---|
| Sagicor Life insurance company | | / | 1015 | No. 180 Kg | hoese from | Co. In Go Universal! | 6 Lie 800 Si, 12 Lie 1/16 | 10 F.W. 1910 P. 10 | Hoom I've of the United United | nium is Fig. 100 ked inversal. | Most of Sop Amned Fixed Amuly Antife American Sop Amuly |
| Idaho | /6 | 8/8/8 | S. W.(!! | 77.00 % | | | 5/3/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/ | | | | |
| Accelerated Benefit Insurance Rider | | | | | | 7 5 | | 7 5 | () | | ſ |
| Due to Terminal Condition | 7 | √ | ✓ | ✓ | 7 | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | 1 |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | | | | | | | | | | | ĺ |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Illinois

| Riders & Benefits Available by Product as of 03-14-2020 Sag1COT LIFE INSURANCE COMPANY Illinois Accelerated Benefit Insurance Rider |
|---|
| LIFE INSURANCE COMPANY LIFE INSURANCE COMPANY |
| |
| Accelerated Benefit Insurance Rider |
| Due to Terminal Condition |
| Due to Chronic Illness |
| Due to Nursing Home Confinement ✓ |
| Accidental Death Benefit Rider |
| Children's Term Rider |
| Guaranteed Insurability Option Rider |
| Market Value Adjustment |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit |
| Nursing Home Facility or Confined Care Facility Confinement Benefit |
| One Time Withdrawal Rider |
| Over Loan Lapse Protection Rider |
| Return of Premium Rider |
| Waiver of Monthly Deductions Rider ● ● |
| Waiver of Premium Rider ● ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Indiana

| Riders & Benefits Available by Pro | oduct | as | of (| 3-1 | 4-2 | 020 |) | | | | | | | | |
|---|-------|------|----------|--|------------------|------------------|----------------------------|--------------------|---------------|--|----------------------------|--|--|---|-----------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/5 | . No. 1. (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) . (20) | nographo W. Pern | 10 CO Universal! | Lie 800 5/2/2/1/6/2 | 6 FIA 1900 P. 18 | (Bonn Frog 1. | num 18 Fla . moxeo (mversa) | Ston Co Ston Manuity Life | | Survey Su | Sed Amusical Company of the Company | / <u>}</u> / |
| | | 80 5 | S. W.(!! | 11/8/1 | | | \$\\ 5\\ 5\\ \$\\ 8\\ 6 | | | i/i i/i/i/i/i/i/i/i/i/i/i/i/i/i/i/i/i/i | 5/0/ W 00/08 8/00/08 | | | | |
| Indiana | / છે | 9 | 1/3 | Z | / છે | 1/ 63 | / છે | 7 % | 7 % | Z | / | | | | |
| Accelerated Benefit Insurance Rider | | | | | • | | | | | | | | | | |
| Due to Terminal Condition | ✓ | ✓ | V | ✓ | V | | | | | | | | | | |
| Due to Chronic Illness | | ✓ | | ✓ | | | | | | | | | | | |
| Due to Nursing Home Confinement | - ✓ | | | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ■ | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | ■ | | | ■ | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | : | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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|------|--|
|------|--|

| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | | | | | |
|---|------|-----|-------------|-----------------|---|--------------------|-------------------------|---------|--------------------------|---------------------------|---------------------------|----------------------|---|------------------|--|
| Sagicor. Life insurance company | / | | 9 N.L. 1015 | 10 11 10 120 Kg | 1110 1 100 1 10 11 10 11 10 11 10 11 10 11 11 | What has live Sall | 8 Sec. Lie Sed Sin Life | 8.86 FA | 10 C BON FIXO 1 MUN U. | Choi lin 18 F14 . F. Chod | Posto Co Spinocity Annuiv | Multi Pro 180 Amilia | () () () () () () () () () () | Santos Tros Anni | |
| lowa | /8 | 9/6 | 9/6 | % ``Z | \$\chi_{\oldsymbol{S}} | 9/3 | 3/ c3 | % % | 76 | | 5/ | | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ì | | | | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | |
| Due to Chronic Illness | | ✓ | ✓ | ✓ | | | | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ■ | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | ■ | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | | | | |
| Ammerical Ontional Didays | | - | | | | | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Kansas

| Riders & Benefits Available by Pro- | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | |
|---|------|-------|-----------|---|------------|-----------------|--|--|-------------------|-----------------|---|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | . No. 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/20 | Joseph Jem | 10.10 Universal | Lie 769 Sin 116 / 6 | S. S. S. S. S. S. S. S. S. S. S. S. S. S | Bon Fixe I mun U. | im is FIA mosed | My Sop Managarise of Annuity 116 My Sop Managarise of Annuity Single Promiting Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop Managarise of Annuity 116 My Sop |
| Kansas | | 2 8 S | S. W. (1) | 7/1/8/2 | | 0/408 83-400 | 8/38/88/88/88/88/88/88/88/88/88/88/88/88 | 1/2/8/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/ | | 1000 juli | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | ✓ | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | | ■ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | 1 |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | 1 |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|------|-------|--------------|---|-------------------|---------------------------|----------------------|--|-----------------------|------|--|-------|
| Sagicor. LIFE INSURANCE COMPANY | | | 14.1. 10.15. | 11 (No / 20 / 10 / 10 / 10 / 10 / 10 / 10 / 10 | Con log log liver | So Who, how Williams Sold | Por Lie Son Sin Life | 100 P. P. P. P. P. P. P. P. P. P. P. P. P. | Pro Bon Fixe / min U. | (ho; | My Sop Manager Street Annuity Sop My Sop Manager Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My Sop My My My My My My My My My My My My My | * |
| Kentucky | /5 | 2 8 S | S /4//// | 77/8/2 | | 8/3 | 8/3 | | | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | ✓ | 1 | 1 | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ■ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | 1 | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Louisiana

| Riders & Benefits Available by Proc | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | | |
|---|----------|----------|---------------|--|----------------|-----------------------|-----------------------|-------------------|--------------|------------------|---|--|--------------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10,15 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 106 100 U. Com | Se What has hive sail | Lie 800 Sin Lie Lie | 6 F/4 190 P. 18 | (Bon, Fixed | nim 18 Fla mosed | Mest of the state | The model of Amilian o | Y \$\frac{1}{2} |
| Louisiana | | 2 8 S | .//// 8/8/ | 7 2 2 | | 0/4/ 0/4/ 0/5/ | | 17/8/ 8/8/ | | | 5/06/W | | |
| Accelerated Benefit Insurance Rider | | | ▣ | | | | | | | | (| | |
| Due to Terminal Condition | 7 | ✓ | | ~ | - | | | | | | | | |
| Due to Chronic Illness | | √ | 1 | 1 | | | | | | | | | |
| Due to Nursing Home Confinement | √ | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Massachusetts

| Riders & Benefits Available by Prod | duct | as | of 0 | 3-1 | 4-2 | 020 |) | | | | |
|---|----------|------------|-----------------|----------------------------------|----------|---------------------|--|------------|---------------------------|-----|--|
| Sagicor. LIFE INSURANCE COMPANY | | | (m. 10.15) | (1.1012) Par. (1.1012) Par. | # | hor Inde Universal! | 10 16 Sol 16 16 16 16 16 16 16 16 16 16 16 16 16 | We FIA | CH BOIL TOOL MILLIAN U.S. | 10; | My Soft Marie Mari |
| Massachusetts | | 8/8 8/8 | ./// 83/N(I) | 70/05/2 | | N 8/8 | 8/8/ 8/8 | 8/ 8/.5 | | | |
| Accelerated Benefit Insurance Rider | | | | | ▣ | | | | | | ſ |
| Due to Terminal Condition | | - | | <u>✓</u> | ✓ | | | | | | |
| Due to Chronic Illness | | 1 | ✓ | ✓ | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | • | | | | | | |
| Waiver of Premium Rider | • | | | | | | | | | | 1 |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| | | | |

| Riders & Benefits Available by Pro | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | |
|---|----------|------------|-------------|------------|--|------------------|-------------------|---|---------------------|-----------------|--|
| Sagicor _® LIFE INSURANCE COMPANY | | / | 10,1% | /No//20 /2 | 10 8 1 1 0 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 | So Who Ingelines | Lie 80 5; 84 Life | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Bon Fixed Inline U. | im is FIA mosed | My Sop Amney Amnin 1/16 1/ |
| Maryland | | 8/5 8/5 | S. M. (1.1. | 7/1/86/14 | 1/5/4/18/S | ON OF S | 8/3/ 8/3/ | 11/8/8/ 8/8/ | | 100 Cho! | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | √ | √ | √ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | 1 | ✓ | 1 | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ■ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | | | | | | | | | | | ĺ |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| vi | H. | | 11. | - | |
| | . • | | | • | |

| Riders & Benefits Available by Pro | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | | | | |
|---|------|----------|----------|-------------|----------------|------------------------|--------------------|--|---------------------|-----------------|------------------------------------|----------------------------|--|---|---------|
| Sag1cor _® LIFE INSURANCE COMPANY | | / | 10/5 | No /20 /20/ | Nostes of Term | Se Who, Inde Universal | Lie Sed Sin Life | 74 7 196 P. P. P. P. P. P. P. P. P. P. P. P. P. | Bon Fixo I min U. | im is FIA mosed | Moston Co Sumon rived Annuity 1.16 | Muit. Ke Pening Setal III. | Simple of the second of the se | Annu Annu | · •/ |
| Michigan | / | 8/8/8 | S. W.(!! | 7/1/8/2 | | | | 1/9/8/8/ 1/8/8/9/1/8/9/1/8/9/9/1/9/9/9/9/9/9/9/9/ | | 100 00 m | S/O/S/ Westone W | | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | (| | | | |
| Due to Terminal Condition | 7 | √ | 7 | 7 | 7 | | | | | | ĺ | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | , | | | | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | ĺ | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Minnesota

| Riders & Benefits Available by Pro | duct | as | of (|)3-1 | 4-2 | 2020 |) | | | | |
|---|----------|----------|----------|-----------|--------------------|--------------------|---|--|------------|--------------------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10,10 | No./ (92) | hales also Ur Torn | Co. Inde Universal | Lie /60 Sin / Lie | S. S. S. S. S. S. S. S. S. S. S. S. S. S | Pomilion I | nim 18 Fly mooked () morsal (| My Solution of Annuity (1/16) |
| Minnesota | | 8/8/8 | | 7000 7 | | | | | | 196 Cho! | |
| Accelerated Benefit Insurance Rider | | | | | | 7 % | / 5 | / 3 / | / 9 | | (|
| Due to Terminal Condition | | □ | | ✓ | | | | | | | |
| Due to Chronic Illness | Ť | 1 | 1 | 1 | _ | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | |
| Accidental Death Benefit Rider | • | | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | | | | | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | ▣ | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | l |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | |
|---|------|--------------------|------|--|--|---------------------|-------------------|------------------------|--------------------|-------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | (No 120 / 192 / 193 / 1 | 10 40 6 11 10 10 | - Index Universal / | Life 160 Sin 1/16 | Sin Selection 190 p. | Bonn Fred min U. | IIII IS FIA MOSOO | Mod Single Annuity 1/1/6 1 |
| Mississippi | | \$ 5 8/8 8/8 | | 777 | SellhCarl | Solving |) | | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | ✓ | ✓ | 1 | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ■ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| vı | | | w | u | | |

| Riders & Benefits Available by Prod | duct | as | of C | 3-1 | 4-2 | 020 |) | | | | | |
|---|------|----|-------------------------|-------------------|--|------------------|-------------------------|------------|------------------------|--------------------------------|---|---------------|
| Sagicot _® Life insurance company | | | 1/1-10/15 1/11/10/15 | 11 1. No 120 1921 | Carlos de la la la la la la la la la la la la la | no, hop hive sal | 90, 16 80 Sin 16 16 80. | Sure Fig. | Pro Con Fixed min U. | hoilim 18 Fla Moseo (Mersal) | My Sop Manage Cive of Annuity 1/16 | / <u>*</u> |
| Missouri | /3 | | | 70/8/11 | | | 8/8 8/8 | 8/5 8/5 | 8/3 | | \$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | ✓ | ✓ | ✓ | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | | | | ■ | ■ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Montana

| | | | Single Peril Minus Fix Amuly (SP4) |
|---|---------------------|---------|--|
| Sagicor. | | | |
| LIFE INSURANCE COMPANY | | /. | Sings Select Life Sings Select Bonus Fix. Fixed Indexed Annuity (SP14) |
| Montana Accelerated Benefit Insurance Rider | \(\oldsymbol{S} \) | 85 W 80 | |
| Due to Terminal Condition | | | |
| Due to Chronic Illness | | | _ |
| Due to Nursing Home Confinement | | | |
| Accidental Death Benefit Rider | • | | |
| Children's Term Rider | • | | |
| Guaranteed Insurability Option Rider | | | |
| Market Value Adjustment | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | |
| One Time Withdrawal Rider | | | |
| Over Loan Lapse Protection Rider | | | |
| Return of Premium Rider | | | |
| Waiver of Monthly Deductions Rider | | | |
| Waiver of Premium Rider | • | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Nebraska

| Riders & Benefits Available by Pro | oduct | as | of (| 3-1 | 4-2 | 2020 |) | | | | |
|---|-------|----------|----------|-----------|---------------|----------------------|-------------------|----------------|---------------------|-----------------------------|--|
| Sagicor Life insurance company | | / | 1015 | No./ (92) | des des l'Ion | 30 Mm. 100 Universal | Life 908 584 Life | FIA 1900 P.S. | Bon Fixed Inline U. | lim 18 FIA TOOKOO TINOTSALL | Moston Soo Ammeel Fixe of Amuly Alife My A. Single Amuly (Sol Amuly Amuly Amuly Sol Amuly Sol Amuly Amuly Sol Amuly Amuly Sol Amuly Amuly Sol Amuly Amuly Amuly Amuly Sol Amuly Amuly Sol |
| Nebraska | /5 | 2 8 S | S. W.(!! | 7/1/8/1/ | | 8/88/N/S | 8/3 8/8/ | 2/8/8/ 8/8/ | 5/0/0/S | 100 Cho! [M | 3/8/ 5/5/ 5/ |
| Accelerated Benefit Insurance Rider | | ▣ | | | | | | | | | ſ |
| Due to Terminal Condition | | √ | √ | √ | √ | | | | | | 1 |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | - | | | | | | | | ▣ | | 1 |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | d . |
| Over Loan Lapse Protection Rider | | | | | | | | | | | V . |
| | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | ▣ | ■ | | | | | | | |
| | Ŧ | • | • | ■ | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Nevada

| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|----------|------------|----------|--|------------------|--------------------|--|-------------------|----------------|------------------|--|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/5 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ndex dos L. Tern | Co. Inde Universal | Lie 80 5/2 1/1/6 | 6 F/4 190 P. 18 | (Boni, Fixed L | nim 18 Fla mosed | Mos of the solution of the sol | |
| Nevada | | 8 8 8 8 | | 11/08/11 | | | |) 8/3/ | | | \$\\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | |
| Accelerated Benefit Insurance Rider | <u> </u> | <i>y</i> | | | <u> </u> | 7 8 | <u>/ </u> | 7 8 | \ <u>\</u> | | 7 | |
| Due to Terminal Condition | □ | □ | □ | □ | <u> </u> | | | | | | l | |
| Due to Chronic Illness | × | ▼ | ·/ | ·/ | • | | | | | | | |
| Due to Nursing Home Confinement | 1 | • | • | | | | | | | | | |
| Accidental Death Benefit Rider | | | | | • | | | | | | | |
| Children's Term Rider | | | | | | | | | | | | |
| Guaranteed Insurability Option Rider | Ť | | | | Ŭ | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | 1 | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | |
| | | | | | | | | | _ | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



New Hampshire

| Sagicor _® | | | | | | "Yorsall | Sal Life 15. | 90 P. P. P. P. P. P. P. P. P. P. P. P. P. | Poston Croan Croan Man Universal C | 1 | Gantee Annie | |
|---|---|---------|------------------|------------|-------------------------|-------------|------------------------|---|------------------------------------|---|--------------|--|
| LIFE INSURANCE COMPANY New Hampshire | | S. Port | 590 NL (1) 10/15 | 20 10 10 M | Sallo Indexed Soll Term | Sa Who Inde | 198 Soci, /1/6 /30/ Si | Mil Seles, FIA. | Seson Cisco In Programme Invo | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | , | | | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | ✓ | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | | | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | ▣ | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | | | | | | | | |

- Approved Optional Riders
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



New Jersey

| Riders & Benefits Available by | Prod | uct | as | of | 03- | 14-2 | 202 | 0 | | | |
|---|----------|------------|----------|---|--|----------------|-------------------|---|-------------------|-----------------|---|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | W (U / NO / See / | 10 8 6 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Ing Universal! | Lie 80 Sir 11 Lie | 74 / 190 P. P. P. P. P. P. P. P. P. P. P. P. P. | Bon Fixe I min W. | im is FIA mosed | My Son Manual Control of Annuity (1/16) My Son Son Manual Control of Annuity (1/16) Multi. Year Charles of Annuity (1/16) Multi. Year Charles of Annuity (1/16) Multi. Year Charles of Annuity (1/16) |
| New Jersey | /3 | 8 8 8 8 | S. W.(!. | 7/1/86/14 | 1/5/11/8/5 | 0/M 06/S | 8/38/8/8/8/S | 11/8/8/ 8/8/ | | 100 Cho! | 3/ 3/ 3/ 3/ 3/ 3/ |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ■ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | ■ | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | | | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



New Mexico

| Riders & Benefits Available by Pro | oduct | as | of C | 3-1 | 4-2 | 2020 |) | | | | | | |
|---|-------|----------|-----------|--|-----------------|--------------------|---|--|-------------------------|-------------------------------|--|------------------------|---------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/5 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | noek spoot form | Co. Inde Universal | Lie 80 5/2 / Lie 1/6 | 198 She Fig. 198 P. S. S. S. S. S. S. S. S. S. S. S. S. S. | (Bon) Fixed Inline U. | Num S FIA MOSOO () NIVOSOV (| Mestone of Separation of Annuity 1/16 1/ | Guarante Orferio Amuly | , */ |
| New Mexico | 6 | 8/8/8 | S. M. (1) | 11/8/11 | | |) 8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/ | | | | 5/ 5/ 5/ 8/ | | |
| Accelerated Benefit Insurance Rider | | | | | | 7 5 | () | 7 5 | | | ſ | | |
| Due to Terminal Condition | 7 | √ | 7 | 7 | 7 | | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | l | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | 1 | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



North Carolina

| Riders & Benefits Available by | Prod | luct | as | of | 03- | 14-2 | 202 | 0 | | | | | |
|---|------|-------|----------|------------------------|--|--|-------------------|--|-------------------------|------------------------------|---|---------|-------------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | //o//20 / //o///o// | 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | 10 - 10 Universal (| Lie Sed Sin 11/16 | S. 180 14 190 180 180 180 180 180 180 180 180 180 18 | Bonn Free / Internation | IIII IS FIA MONOO (INVOISA) | My Solmed The Annuity Life My Sold Single Annuity Sold Multity Multity Prom. (Sold Multity) | Guinn A | Ammus of Ammus of |
| North Carolina | 6 | 8/8/8 | S. W.(!! | 7/1/86/2 | 1/2/11/2/S | 0/4/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/ | 8/3 8/8/ | 18/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/ | | | 3/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0 | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | | | |
| Due to Terminal Condition | ✓ | 1 | ✓ | ✓ | ✓ | | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | i | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



North Dakota

| Riders & Benefits Available by Pro | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|------|----------|----------|----------|--|----------------------|-------------------|--|---------------------|-------------------------------|---|---|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10,10 | //o//o// | 10 8 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Co. In Go University | Lie Sed Sin 11/16 | S. S. S. S. S. S. S. S. S. S. S. S. S. S | Bon Fixo I mun U. | I'm 15 FIA MOSO () INVERSA (| Med Soft Soft Soft Soft Soft Soft Soft Soft | / |
| North Dakota | | 2 8 S | S. W.(!! | 7/1/8/2 | | 0/M 06/8 | 8/3/ 8/8/ | | | | 3/ 4 / 8/ 8/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | | ✓ | ✓ | ✓ | - | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | 1 | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | 1 | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | 1 | |
| Market Value Adjustment | | | | | | | | | ▣ | ■ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ■ | | | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | 1 | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| v | | . • | |

| Riders & Benefits Available by Prod | duct | as | of (| 03-1 | 4-2 | 020 |) | | | | |
|---|------|----------|----------|------------------|--------------|---------------|-----------------|--|------------|-------------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 101 | 1. No. 1/20 Vez. | nogram (nom) | The Universal | Lie 80 Sin Life | OF THE PROPERTY OF THE PROPERT | Boni Fixod | num S Fla moeko (mersa) | Meston Se Sommeod Tise of Amulity A Single Amulity Se of Amulity Mulit. Year Chamily A Single Amulity A Single Amuli |
| Ohio | | 8/8/8 | S. W.L. | 70/00/2 | | | | | | | |
| | / S | 7 5 | 7 9 | | / 5 | / 5 | / 5 | 7 9 | / છ | ~ | 7 |
| Accelerated Benefit Insurance Rider | | | • | • | | | | | | | |
| Due to Terminal Condition | | ∀ | ∀ | ∨ | . | | | | | | |
| Due to Chronic Illness | 1 | • | • | • | | | | | | | |
| Due to Nursing Home Confinement Accidental Death Benefit Rider | V | | | | | | | | | | |
| Children's Term Rider | | | | | | | | | | | |
| Guaranteed Insurability Option Rider | | Ľ | | | ŭ | | | | | | |
| Market Value Adjustment | | | | | | | | | ▣ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |
| Approved Optional Didays | | | | | | | | | | | i |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Oklahoma

| Riders & Benefits Available by Prod | duct | as | of (|)3-1 | 4-2 | 020 |) | | | | | |
|---|----------|------------|----------|--|--------------|--|---|--|------------|--------------------|---|--------------------|
| Sagicor. LIFE INSURANCE COMPANY | | , | 1015 | .No. 1828 / 1828 | Joseph Jarra | 0 - 10 0 111 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | (ile Sed Sin Life | Se Se 19 190 P. S. S. S. S. S. S. S. S. S. S. S. S. S. | Some Proof | UN 15 FIA 106 80 (| Mod Softward Manuity 1/16 | Y \$\frac{1}{2} |
| Oklahoma | /3 | 8/8 8/8 | 3/40 M | 77/10/14 | 11/5/11/8/S | 90 W) S | 1/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5 | 0/3/8/38/38/38/38/38/38/38/38/38/38/38/38 | 12/0/06/05 | 198 Cho! | 8/ \$ / 8/ 8/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | √ | ✓ | √ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | ✓ | 1 | 1 | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ■ | | | ■ | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | 1 | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



| Riders & Benefits Available | by P | rod | uct | as | of (| 03-1 | 14-2 | 2020 | 0 | | | |
|---|----------|------------|----------|-----------|--|---------------------------------------|---|--------------------|------------|-------------------------------|--|-----------------------------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/1 | .No./2016 | 100x 20x 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 | 10.10 Universal! | Lie 800 5/8 4/1/6 | 6 FIA (1916 P. 18) | Bonn Front | Num 18 FIA MONOO () NIVOSA (| Mod in Spanish Committy 1.16 1.16 | Jarantes Pierres Amuly July |
| Oregon | | 8 8 8 8 | Se NILLI | 7/108/11 | SalthCar | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |) | | | 5/00/ 180/ 180/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | (| |
| Due to Terminal Condition | √ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | ✓ | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | ļ | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Pennsylvania

| Riders & Benefits Available | by P | rod | uct | as | of (| 03-′ | 14-2 | 2020 | 0 | | |
|---|------|------------|------|-----------|---------------|-------------------------|-------------------|--|-----------------------|-----------------|---|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | No./ (92) | Topse It Torn | 30 Mm. In 60 University | Lie 80 Sir 11 Lie | 7 HA 1900 P.S. | Bon Fixo I Inium U. | im is FIA mosed | Moston Sop Ammedifice of Amuly 16 16 16 16 16 16 16 16 16 16 16 16 16 |
| Pennsylvania | /3 | 8 8 8 8 | | 7/1/8/1 | | ON OF S | 8/3 8/8/ | 18/8/15/15/15/15/15/15/15/15/15/15/15/15/15/ | 5/0/6/5/5/S | | |
| Accelerated Benefit Insurance Rider | | ▣ | | | | Ĺ | | | | | ſ |
| Due to Terminal Condition | 1 | 1 | ✓ | 1 | ✓ | | | | | | 1 |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | 1 |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | 1 |
| Waiver of Monthly Deductions Rider | | _ | _ | | | | | | | | |
| | | • | • | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Rhode Island

| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | |
|---|----------|----------|----------|---|--------------------|-------------------|--|--|-------------------|------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | . No. 1/20 1/20 1/20 1/20 1/20 1/20 1/20 1/20 | Jose Jen | 10.10 Universal | Lie 769 Sin 116 / 6 | S. S. S. F. F. A. S. S. S. S. S. S. S. S. S. S. S. S. S. | Bon Fixe I min W. | ium 15 F/4 moseo | My Sop Manage Theo I Annuity I'l the I'l t |
| Rhode Island | | 2 8 S | S. W.(!! | 7/1/86/2 | 1/5 11/5/11/5/5 | 0/408 8/408/50 | 8/38/88/88/88/88/88/88/88/88/88/88/88/88 | 1/8/8/ 1/8/8/9/ | 5/0/6/S | m) (5/0) | 3/ 3/ 8/ 8/ |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | (|
| Due to Terminal Condition | √ | √ | √ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | 1 | ✓ | 1 | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



South Carolina

| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|------|-------|---------|-------------|-------------------|--------------------|---------------------|--|---|------------------|--|---------|
| Sag1cor _® LIFE INSURANCE COMPANY | | / | 1015 | No /20 /20/ | Nex See IT om | Co. Indo Universal | Lie 860 Sin 11 Life | 198 She Fig. 198 P. S. S. S. S. S. S. S. S. S. S. S. S. S. | Bon Fred Inline U. | ium is FIA mosed | My Son Marie Comment of Annuity 11/16 11/1 | , */ |
| South Carolina | /5 | 8/8/8 | S. M.C. | 7778 | 1/5/4/ 1/1/8/5 | 0/M 0/W 0/S | 8/38/ 8/8/ | 1/8/8/ 8/8/ | 5/0/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5/5 | 100 Cho! | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | ✓ | 1 | ✓ | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | | | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ■ | | | | | |
| One Time Withdrawal Rider | | | | | | | | ■ | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



South Dakota

| Riders & Benefits Available by Prod | duct | as | of (| 03-1 | 4-2 | 020 |) | | | | | | | |
|---|----------|----------|----------|----------|------------------|----------------------------|---|-------|----------------------|-----------------|--|---|-------------------|--------|
| Sagicor. LIFE INSURANCE COMPANY | | / | 10/2 | No. 182 | nog labo Lr. lom | Sac Who, Index Wiver Sal / | Lie 160 Sin 24 Lie | OFA F | Con risea () mm Us; | nim 3 Fla noved | Poston Ce Sportment Production Life Sportment Life Life My Co L. Single Chillie (Ann. Life My Co Chillie (Ann. Life L | Willing Sold Strain Sold Sold Sold Sold Sold Sold Sold Sold | Annie Annie Annie | *\ |
| South Dakota | /5 | 2 8 S | S. W.(!! | 77/08/14 | SalthCar | Sec. 10/10/2 |) S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/S/ | | | | 1/ 0/8/2 W 0// 0/8/2 W 0// 0/8/2 | | | |
| Accelerated Benefit Insurance Rider | | | | | | | | 1 | | | • | | | |
| Due to Terminal Condition | √ | √ | √ | ✓ | ✓ | | | | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Tennessee

| Riders & Benefits Available by Proc | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | | | |
|---|------------|------------|----------|-------------|----------|---------------------|----------------------|-----------------|-------------------|----------------------------------|---|-------------------|--|
| Sagicor LIFE INSURANCE COMPANY | | / | 1015 | No./22 / 62 | Jose Jen | Co. Inde Universal! | Lie 769 5/34 Life /6 | 7 F/4 1906 Pr | Bon Fixe I min U. | ium 13 F/4 . F (800 / 1100/88) / | Poston Co Sport Medical Manuity Life My Co A Single Amuity Co Amuity Multi-Ke, Comity (Spulity) | Guaran Deferied A | |
| Tannagaa | | 8 8 8 8 | | 7/1/00/2 | | | | | | | 3/01/88/01/88/ W 9/01/88/ | | |
| Tennessee | <u>/ છ</u> | / 9 | / 5 | <u> </u> | / છ | 7 9 | / છ | / 0 | / 0 | 1 | / | | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | | | |
| Due to Terminal Condition | V | √ | ✓ | ✓ | V | | | | | | | | |
| Due to Chronic Illness | | V | V | V | | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | | |
| Accidental Death Benefit Rider | | | • | | • | | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | |
| Market Value Adjustment | | | | | | | | | • | ■ | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | |
| Waiver of Premium Rider | | | | | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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| 1 . | - 7 | | • |

| Riders & Benefits Available by Pro | oduct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|-------|----------|----------|--|----------------|---------------------|--------------------|--------------------|------------------------|---|--|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | No. 120 18 | 100x 100 0 10m | 10 - 10 Universal (| 6 Lie Sed Sin Life | 6 F/4 1900 P. S. | " Bon Fixed I minim U. | nium 18 F14 Tude 800 1 Tude 831 1 | Moston Sood Managing Annuity Annuity Annuity Annuity Sood Annuity Ann | |
| Texas | 6 | 8/8/8 | S. W.(| 7/1/00/2 | | | 5/5/ 5/8/ | | | 1000 1000 11 | 3/19/ 19/ 18/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | í | |
| Due to Terminal Condition | 7 | ✓ | ✓ | ✓ | ✓ | | | | | | 1 | |
| Due to Chronic Illness | | 1 | 1 | 1 | | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | | | 1 | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | ■ | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | | | | | • | | | | | | 1 | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



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|------|--|----|---|
|------|--|----|---|

| Riders & Benefits Available by Pro- | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | |
|---|------|------------|----------|---|---------------------|---------------------------------------|---|------------------|----------------------|--|--|
| Sagicor. Life insurance company | | / | 10,1 | No. 182 | 100 K-3080 JT 70111 | 30 Mnc. In Chineses | Lie 80 Sir 4 Life | 6 FM (1916 P. 8) | Poni, Frod I Inim U. | Num S FIA MOSOCI MINOSOLI | Most of Sop Ammed Fixed Amuly 1/16 My A - Single Amuly (Sop Amuly 1/16 Multi-Yest of Amuly (Sop Amuly 1/16 Guarantee of Amuly 1/16 Multi-Yest of |
| Utah | | 8 8 8 8 | | 7 | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |) 8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/ | | | 15/00/11/10/11/11/11/11/11/11/11/11/11/11/ | 5/ 06/ 08/ 18/ |
| Accelerated Benefit Insurance Rider | | ▣ | • | | | 7 5 | | 7 5 | | | ſ |
| Due to Terminal Condition | 7 | ✓ | ✓ | ✓ | 7 | | | | | | 1 |
| Due to Chronic Illness | | 1 | 1 | ✓ | | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | 1 |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | 1 |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | | | | ▣ | | 1 |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | 1 |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | 1 |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | | | | | | | | | | | 1 |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Virginia

| Riders & Benefits Available by | / Prod | luct | as | of | 03- | 14-2 | 202 | 0 | | | |
|---|--------|------------|----------|-----------|-----------|---------------------|---|--------------|------------------------------------|-----------------------------------|--|
| Sag1cor. LIFE INSURANCE COMPANY | | / | 10/1 | //o//so// | 108 1 Jon | Co. Inde Universal! | Lie Sed Sin Hill Lie | 190 Sold FIA | Bon Fixed min U. | I'um 18 FIA - MOSOO () MOSON () | My Son Maria Control Annuity (116) My Control |
| Virginia | | 8 8 8 8 | | 7 7 7 7 7 | | | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | 5/0/6/10 10/0/6/10 10/0/0/10 | 100 choi | 5/ 06/ 06/ 08/ |
| Accelerated Benefit Insurance Rider | | | (| | | 7 9 | (9) | 7 9 | | | (|
| Due to Terminal Condition | 7 | √ | | √ | 7 | | | | | | |
| Due to Chronic Illness | | 1 | 1 | 1 | Ť | | | | | | |
| Due to Nursing Home Confinement | 1 | • | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | ■ | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | | | | | | | | | | |
| Walver of Monthly Beadoutions rader | | • | • | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



Washington

| Riders & Benefits Available by Prod | duct | as | of C | 3-1 | 4-2 | 020 |) | | | | |
|---|----------|------------|----------|-------------|------------------|-----------------------|----------------------|--|--|---------------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | | 1015 | (.No./20 P. | Index also Urion | Se Who had Universal! | 6 Life Sed Sign Life | See See 14 190 P. S. S. S. S. S. S. S. S. S. S. S. S. S. | CA BONIE 1891 | mim 3 F/4 mossod morsel | Meston Separation of Annuity 1/16 |
| Washington | | 8 8 8 8 | | [] 8/2 | | | | | | | |
| Accelerated Benefit Insurance Rider | | <i>y</i> | | | | 7 9 | رم / | 7 9 | <u>/ </u> | | 7 |
| Due to Terminal Condition | - | - | - | □ | - - | | | | | | |
| Due to Chronic Illness | Ť | • | 1 | 1 | Ľ | | | | | | |
| Due to Nursing Home Confinement | 1 | | | | | | | | | | |
| Accidental Death Benefit Rider | | • | | | • | | | | | | |
| Children's Term Rider | | • | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ▣ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |
| - 4 10 (1 15) | | | | | | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

9091

Return to State Product Approvals



| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | |
|---|------|--|--------------|-------------|----------------|----------------|---------------------|-----------------------|------------|-------------------------------|--|
| Sagicor. LIFE INSURANCE COMPANY | | / | 1015 | C. No. 1997 | 10 kg / 1/2 km | Inde Universal | Life (95) (54) Life | S. Selection 190 p. | Bon Fixe I | I'um 15 FIA MOSOO (MINOSO) (| My Spanning Committee of Annuity Committee of Committee o |
| West Virginia | /5 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ://// 8/8 | 7778 | SalthCarl | Se Who | | | | | 5/ 8/ 0/ 18/ |
| Accelerated Benefit Insurance Rider | | | | ▣ | | | | | | | (|
| Due to Terminal Condition | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | |
| Due to Chronic Illness | | ✓ | ✓ | ✓ | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | |
| Return of Premium Rider | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | |

- **Approved Optional Riders**
- Inherent Rider or Benefit
- Included under Accelerated Benefit Rider

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Wisconsin

| Riders & Benefits Available by Pro | duct | as | of (| 3-1 | 4-2 | 2020 |) | | | | | |
|---|----------|----------|----------|------------------------|----------------|---|------------------|---------------|-------------------|------------------------------|--|--|
| Sagicor Life insurance company | | / | 10,10 | //o//20 / //o///o// | 10 8 6 1 1 6 m | Co. In Go Universal ! | Lie Sed Sin Life | 90 Sollie FIA | Bon Frod I min W. | IIII IS FIA MONOO (INVOISA) | Meston Se Sommed Tised Amulity Meston Se Sinde Amulity Mulit. Fest Coming Description Coming Description Meston Se Sinde Amulity Meston Se Si | Tambe of Amuly International Property of Amuly International P |
| Wisconsin | | 2 8 S | S. W.(!! | 7/10/00/1 | 1/2/11/2°5 | 8/40 8/8/10/10/10/10/10/10/10/10/10/10/10/10/10/ | 8/3 8/8/ | | | | 5/ 06/ 188/ 188/ | |
| Accelerated Benefit Insurance Rider | | | | | | | | | | | ſ | |
| Due to Terminal Condition | √ | √ | √ | ✓ | ✓ | | | | | | | |
| Due to Chronic Illness | | ✓ | ✓ | 1 | | | | | | | | |
| Due to Nursing Home Confinement | ✓ | | | | | | | | | | | |
| Accidental Death Benefit Rider | • | • | • | | • | | | | | | | |
| Children's Term Rider | • | • | • | | • | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | |
| Market Value Adjustment | | | | | | ▣ | | | ■ | ▣ | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | ▣ | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | | |

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| Riders & Benefits Available by Prod | duct | as | of (| 3-1 | 4-2 | 020 |) | | | | | | | | |
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| Sagicor LIFE INSURANCE COMPANY | | / & | (1) 10/15 (1) 10/15 | 1. No. 1. 83. | Those Se Ur Pern | 70 - 10 Universal / | 0 (16 Sed 5) | We Fig. | Cot Bon Fixed min U. | Shim 18 Fig. 100 ked 1 100 sel. | "Eston Co Son mon C'Anning Lie | 164 - Muli 190 Prolity (Sp.) Pulity | Year Minn A. Y. Y. Y. Y. Y. Y. Y. Y. Y. Y. Y. Y. Y. | -11600 / 100 Am | *\ ***** |
| Wyoming | / 29 | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ./\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 7/1/86/14 | Salth Salth | NO | | \&\ &\.\.\. | | \5\ 8\ii | | | | | |
| Wyoming Accelerated Benefit Insurance Rider | \ \sigma | / S | / ら | | / ら | / 9 | / 9 | 7 | 7 | ~ | / | | | | |
| | | ■ | □ | | | | | | | | | | | | |
| Due to Terminal Condition Due to Chronic Illness | | ·/ | ·/ | V | • | | | | | | | | | | |
| Due to Chronic liness Due to Nursing Home Confinement | 1 | • | • | • | | | | | | | | | | | |
| Accidental Death Benefit Rider | | | • | | • | | | | | | | | | | |
| Children's Term Rider | • | • | | | • | | | | | | | | | | |
| Guaranteed Insurability Option Rider | | | • | | | | | | | | | | | | |
| Market Value Adjustment | | | | | | | | | | ▣ | | | | | |
| Nursing Home or Confined Care Facility Confinement/Terminal Illness Benefit | | | | | | | | | | | | | | | |
| Nursing Home Facility or Confined Care Facility Confinement Benefit | | | | | | | | | | | | | | | |
| One Time Withdrawal Rider | | | | | | | | | | | | | | | |
| Over Loan Lapse Protection Rider | | | ▣ | | | | | | | | | | | | |
| Return of Premium Rider | | | | ■ | | | | | | | | | | | |
| Waiver of Monthly Deductions Rider | | • | • | | | | | | | | | | | | |
| Waiver of Premium Rider | • | | | | • | | | | | | ļ | | | | |

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