

Effective January 1, 2009

LINCOLN HERITAGE LIFE INSURANCE COMPANY
ANNUAL PREFERRED PREMIUM RATES

FOR USE IN DELAWARE
ALL OF STATE

ATTAINED AGE	PLAN A		PLAN B		PLAN C		PLAN D		PLAN F	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65-67	1026	1180	1334	1533	1599	1839	1378	1584	1648	1895
68	1070	1231	1393	1603	1665	1914	1441	1656	1715	1973
69	1114	1280	1454	1670	1730	1988	1503	1729	1784	2050
70	1156	1330	1512	1738	1794	2062	1565	1799	1850	2126
71	1198	1378	1570	1806	1857	2136	1625	1868	1915	2201
72	1238	1423	1625	1870	1919	2206	1685	1937	1979	2274
73	1275	1467	1680	1932	1979	2274	1742	2003	2040	2345
74	1311	1508	1733	1992	2036	2343	1796	2065	2100	2413
75	1345	1547	1783	2048	2093	2406	1850	2126	2156	2478
76	1376	1584	1830	2103	2144	2466	1899	2183	2210	2541
77	1406	1617	1873	2155	2192	2521	1945	2238	2261	2598
78	1432	1647	1914	2201	2238	2575	1991	2288	2308	2655
79	1454	1672	1951	2245	2282	2624	2030	2334	2351	2704
80	1475	1697	1984	2282	2319	2667	2066	2375	2390	2748
81	1491	1715	2014	2315	2353	2705	2099	2412	2424	2787
82	1508	1733	2042	2348	2387	2744	2129	2449	2457	2827
83	1525	1752	2072	2382	2418	2782	2160	2485	2491	2865
84	1540	1770	2099	2412	2451	2817	2190	2518	2522	2902
85	1557	1790	2125	2444	2481	2852	2219	2552	2554	2939
86	1572	1809	2151	2474	2509	2886	2246	2584	2584	2973
87	1589	1828	2177	2504	2538	2919	2274	2615	2614	3006
88	1606	1846	2201	2531	2565	2949	2300	2644	2641	3038
89	1623	1865	2224	2557	2592	2979	2324	2673	2667	3067
90	1638	1884	2246	2583	2615	3007	2347	2700	2693	3096
91	1654	1903	2267	2608	2638	3033	2369	2724	2715	3124
92	1670	1921	2287	2631	2660	3058	2390	2748	2739	3149
93	1687	1940	2308	2651	2679	3083	2409	2771	2759	3173
94	1703	1958	2325	2673	2698	3103	2427	2790	2778	3195
95	1718	1976	2342	2693	2714	3122	2444	2810	2797	3216
96	1734	1995	2357	2712	2733	3142	2460	2828	2814	3236
97	1751	2014	2375	2732	2749	3163	2476	2848	2833	3257
98	1767	2032	2391	2751	2767	3182	2494	2867	2849	3278
99	1784	2051	2409	2771	2784	3201	2510	2887	2868	3300

Premium payable other than annual will be determined according to the following factors:

Semi-Annual
0.5200

Quarterly
0.2600

Monthly
0.0833

There is a one-time \$20 application fee

Effective January 1, 2009

**LINCOLN HERITAGE LIFE INSURANCE COMPANY
ANNUAL STANDARD PREMIUM RATES**

**FOR USE IN DELAWARE
ALL OF STATE**

ATTAINED AGE	PLAN A		PLAN B		PLAN C		PLAN D		PLAN F	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
65-67	1139	1311	1481	1704	1776	2042	1530	1760	1831	2105
68	1190	1367	1548	1780	1850	2126	1601	1841	1906	2192
69	1238	1423	1615	1857	1921	2210	1670	1921	1981	2279
70	1285	1479	1680	1932	1994	2291	1738	1999	2054	2363
71	1330	1529	1744	2005	2063	2373	1806	2077	2127	2445
72	1374	1581	1807	2078	2130	2452	1872	2151	2199	2528
73	1418	1631	1868	2147	2200	2529	1934	2225	2266	2607
74	1458	1676	1923	2213	2264	2602	1996	2295	2332	2682
75	1495	1719	1981	2278	2324	2673	2056	2363	2395	2755
76	1529	1759	2032	2336	2382	2739	2110	2427	2455	2823
77	1562	1796	2081	2394	2437	2803	2162	2487	2512	2888
78	1590	1830	2126	2445	2488	2862	2210	2542	2563	2948
79	1617	1859	2168	2493	2535	2915	2255	2594	2613	3004
80	1639	1886	2204	2536	2577	2964	2295	2640	2656	3053
81	1656	1906	2237	2573	2615	3007	2331	2681	2694	3097
82	1675	1927	2269	2610	2651	3049	2366	2722	2732	3142
83	1693	1949	2301	2646	2687	3091	2400	2760	2768	3183
84	1712	1969	2331	2681	2723	3130	2433	2799	2804	3225
85	1730	1990	2362	2715	2757	3170	2466	2836	2838	3263
86	1748	2012	2390	2749	2788	3208	2497	2870	2870	3302
87	1766	2031	2418	2781	2821	3242	2527	2906	2903	3339
88	1785	2052	2444	2813	2849	3278	2555	2939	2934	3375
89	1801	2073	2471	2841	2879	3310	2582	2969	2964	3410
90	1821	2093	2495	2869	2906	3342	2608	3000	2991	3442
91	1839	2114	2519	2898	2930	3371	2633	3028	3019	3470
92	1856	2136	2541	2923	2955	3398	2656	3054	3043	3499
93	1874	2156	2562	2947	2977	3423	2678	3077	3066	3525
94	1892	2176	2582	2971	2998	3447	2696	3101	3087	3550
95	1909	2195	2601	2991	3017	3468	2715	3122	3107	3573
96	1927	2217	2619	3012	3035	3490	2733	3143	3128	3596
97	1945	2237	2639	3034	3055	3513	2751	3164	3147	3620
98	1963	2258	2659	3056	3074	3534	2771	3186	3168	3642
99	1982	2280	2678	3081	3093	3558	2789	3208	3190	3666

Premium payable other than annual will be determined according to the following factors:

**Semi-Annual
0.5200**

**Quarterly
0.2600**

**Monthly
0.0833**

There is a one-time \$20 application fee