

Effective July 1, 2008

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

**FOR USE IN RHODE ISLAND
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	1174	1352	1527	1755	1830	2104	1578	1814	1887	2169
68	1225	1409	1594	1834	1905	2190	1649	1896	1964	2258
69	1275	1466	1663	1912	1979	2275	1720	1978	2040	2347
70	1323	1523	1731	1990	2052	2360	1791	2060	2117	2434
71	1371	1578	1796	2067	2126	2444	1861	2139	2191	2519
72	1417	1627	1861	2141	2197	2526	1927	2216	2265	2603
73	1461	1679	1923	2212	2265	2603	1993	2292	2335	2685
74	1501	1728	1983	2278	2329	2681	2057	2363	2403	2762
75	1539	1770	2039	2346	2394	2752	2117	2434	2468	2836
76	1575	1814	2094	2408	2454	2823	2175	2499	2529	2909
77	1610	1851	2144	2466	2510	2886	2228	2562	2588	2975
78	1639	1886	2190	2519	2562	2947	2277	2618	2641	3038
79	1664	1915	2233	2569	2612	3003	2323	2672	2690	3095
80	1688	1942	2270	2613	2654	3053	2364	2718	2736	3146
81	1707	1963	2304	2651	2692	3097	2401	2761	2774	3190
82	1727	1984	2337	2688	2732	3141	2437	2802	2812	3236
83	1745	2006	2371	2725	2769	3184	2472	2843	2851	3279
84	1763	2027	2401	2761	2805	3224	2506	2883	2887	3321
85	1781	2049	2433	2797	2839	3265	2540	2920	2923	3363
86	1801	2070	2463	2832	2871	3304	2571	2957	2957	3402
87	1819	2092	2492	2865	2906	3340	2603	2994	2991	3440
88	1838	2114	2519	2896	2936	3376	2631	3027	3024	3477
89	1857	2133	2545	2926	2967	3410	2660	3060	3053	3511
90	1875	2156	2571	2956	2994	3441	2687	3090	3083	3544
91	1893	2178	2595	2984	3019	3473	2712	3118	3108	3574
92	1912	2200	2617	3011	3043	3501	2736	3146	3135	3604
93	1929	2219	2641	3035	3066	3527	2758	3172	3157	3632
94	1949	2240	2661	3060	3088	3550	2777	3194	3180	3657
95	1966	2263	2680	3083	3107	3573	2797	3216	3201	3681
96	1985	2284	2699	3102	3127	3596	2815	3237	3221	3705
97	2003	2304	2718	3125	3147	3620	2834	3260	3242	3728
98	2022	2326	2738	3149	3166	3643	2855	3282	3262	3751
99	2040	2348	2758	3172	3186	3663	2872	3305	3283	3777

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

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

**FOR USE IN RHODE ISLAND
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	1304	1501	1696	1950	2033	2337	1752	2014	2095	2410
68	1361	1565	1772	2038	2117	2434	1832	2106	2181	2509
69	1417	1627	1849	2126	2200	2529	1911	2200	2267	2607
70	1472	1692	1923	2212	2280	2624	1990	2289	2351	2704
71	1523	1751	1996	2296	2361	2716	2067	2377	2435	2799
72	1572	1809	2068	2378	2439	2806	2143	2463	2516	2893
73	1622	1866	2137	2457	2517	2894	2214	2546	2594	2983
74	1669	1918	2203	2533	2590	2978	2286	2627	2669	3069
75	1710	1967	2267	2606	2660	3060	2352	2704	2741	3152
76	1751	2013	2326	2675	2725	3135	2414	2777	2810	3232
77	1788	2057	2382	2740	2789	3208	2474	2846	2875	3306
78	1820	2094	2434	2799	2847	3275	2530	2910	2935	3374
79	1851	2128	2482	2854	2900	3336	2581	2969	2989	3438
80	1876	2157	2523	2902	2950	3392	2627	3023	3039	3495
81	1896	2181	2560	2945	2993	3441	2668	3068	3084	3545
82	1917	2205	2597	2987	3035	3489	2709	3115	3125	3596
83	1938	2230	2633	3029	3076	3537	2747	3159	3168	3644
84	1959	2252	2668	3068	3116	3583	2784	3204	3209	3690
85	1979	2276	2702	3108	3154	3628	2823	3246	3248	3735
86	2001	2301	2737	3147	3192	3672	2858	3285	3285	3779
87	2021	2325	2769	3183	3229	3711	2892	3326	3323	3823
88	2042	2349	2798	3219	3262	3751	2924	3364	3359	3862
89	2062	2372	2829	3251	3295	3789	2955	3399	3392	3902
90	2085	2396	2856	3284	3326	3825	2984	3432	3424	3939
91	2104	2419	2884	3317	3354	3858	3013	3465	3454	3972
92	2124	2444	2909	3346	3382	3889	3039	3496	3483	4005
93	2145	2467	2934	3372	3407	3917	3064	3523	3510	4035
94	2164	2490	2955	3400	3430	3946	3087	3548	3534	4062
95	2184	2512	2977	3424	3453	3970	3108	3573	3556	4090
96	2205	2538	2999	3449	3475	3996	3127	3597	3578	4116
97	2228	2560	3020	3474	3497	4020	3149	3622	3601	4143
98	2246	2584	3042	3498	3517	4045	3172	3647	3625	4168
99	2268	2609	3064	3525	3540	4072	3193	3672	3650	4195

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

**Semi-Annual
0.5200**

**Quarterly
0.2600**

**Monthly
0.0833**

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