

CENTRAL UNITED LIFE INSURANCE COMPANY HOUSTON, TEXAS
STATEMENT OF GOOD HEALTH

POLICY NUMBER: _____ ISSUED TO: _____

◆ I hereby declare that those included for coverage in the above policy are now in good health to the best of my knowledge and belief. Since the application for insurance under which the above numbered policy was issued, not any of those included for insurance coverage have been declined, or have had or needed any medical advice. There has been no material change in the physical condition, mode of life, habits, occupation or immediate family medical history of any of those included in the policy except as follows:

(If none, state "No Exceptions")

(If the above declaration is other than "No Exceptions", the agent is not authorized to deliver a new or changed policy until Home Office approval is obtained.)

I hereby declare that the foregoing declaration shall be an amendment to and is hereby made a part of said application.

Dated at _____ this _____ day of _____, 2004

Witness

Signature of Applicant

Signature of Parent or Legal Guardian _____