



Coral Gables, XX XX, 2007

NAME
ADDRESS

Re: Policy Number UL00XXXXX

Dear Policyowner:

Our records show that you have not paid sufficient premium to cover the cost of the above numbered policy. Consequently, the insurance protection provided by this policy has expired effective XX XX, 2007.

In order to restore this valuable insurance protection, please complete and return the enclosed application for reinstatement. It is important to answer all of the questions, providing full details of any questions answered "yes". The application must be dated and signed by the insured, if fifteen years or older, and the policyowner, if other than the insured. Your scheduled premium of \$ X,XXX must also accompany the application.

Please be advised that this offer to consider reinstatement does not restore the policy to an active status until the application is received and approved by Best Meridian in accordance with the Application for Reinstatement Provisions.

We look forward to receiving your application and premium payment. Should you have any questions, do not hesitate to contact your representative or Best Meridian.

Sincerely,

Policyholder Service Department – Life

Enclosure

cc: XXXX