

THIS IS A LIMITED POLICY. READ IT CAREFULLY

158/y12

This is first policy in 1995

YOUR THIRTY-DAY RIGHT TO EXAMINE YOUR POLICY

It is our wish that you fully understand and be satisfied with the Policy. Read it carefully. If you are not satisfied with the Policy, return it to us or our agent within 30 days after you receive it. In this event, the Policy will be deemed void from the start. Any premium paid for it will then be refunded.

then it was renewed in '97

For Policies of this type, the Insurer anticipates that 52% of the premiums will be required for claims. This is not a contractual obligation.

PennCorp Life Insurance Company

HOME OFFICE : MISSISSAUGA, ONTARIO

(A Legal Reserve Stock Company, hereinafter called "we", "our", "us" or "the Company".)

In this Policy, the person named as the insured in the Policy Schedule will be referred to as "You", "Your", or "the Insured".

DOES HEREBY INSURE

the person named in the Application (hereinafter called the Insured), subject to the provisions, definitions, limitations and exceptions of this Policy, against specified losses as herein limited and provided, from accidental bodily injury sustained while driving or riding within the passenger compartment of any automobile, truck or bus for business or pleasure, during the term of this Policy, provided such bodily injuries are caused by reason of an accident to such automobile, truck or bus hereinafter called "Such Injury".

This Policy is issued in consideration of the statements made by the Insured in the application, a copy of which is attached hereto, and payment in the manner stated in said application of the Total First Annual Premium shown in the Policy Schedule. If the full amount of the Total First Annual Premium is not paid in the specified time, any amount paid shall maintain the insurance in force for such part of the year as the total amount paid is in proportion to the Total First Annual Premium, at the expiration of which part of the year the insurance shall terminate.

The term of this Policy begins on the Policy Date at 12:00 Noon, Standard Time at the place where you reside. This term will end at the same time of the First Renewal Date, subject to the Grace Period. You may then renew this Policy subject to the Policy Continuance Provision, beginning and ending at 12:00 Noon, the same Standard Time. We will accept payment of premiums then in effect.

Premiums are payable either at the Home Office, or to any authorized agent of the Company on or before the due date or before the expiration of the Grace Period.

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PennCorp Life Insurance Company

NO./POLICY NO.

HOME OFFICE: Mississauga, Ontario

NEW BUSINESS INCREASE

023909482

APPLICATION FOR INSURANCE

OC CODE

INSURED NAME (Last Name, First Name, Initial)		BOUCHARD RYONEL	
ADDRESS (Street or Rural Route)		BOX 81	
CITY AND PROVINCE		ELIE MAN	
COUNTY		601917224 (204)3532425	
OCCUPATION		SEX	AGE
Retired		M	72
BENEFICIARY (Last Name, First Name, Initial)		RELATIONSHIP	
ANDY BOUCHARD		SON - DAKTER	
BUSINESS/SECONDARY ADDRESS (Street or Rural Route)			
DIRECTIONS		1 mile north	

I hereby apply for the coverage I have selected below:

	PLAN SELECTED	BENEFITS	ANNUAL PREMIUM	FORM CODE
A. <input type="checkbox"/>	SAFE DRIVER'S PLAN	CARRIED FORWARD	Per Month \$	1043
B. <input type="checkbox"/>	HOSPITAL COVERAGE List Family Members to be covered on back of application.	\$	Per Day \$	
C. <input type="checkbox"/>	ALL ACCIDENT RIDER	\$ 200	Per Month \$ 79 ⁰⁰	1402
D. <input type="checkbox"/>	ACCIDENTAL DEATH BENEFIT RIDER	\$	\$	
E. <input type="checkbox"/>	CONVALESCENT COVERAGE	\$	Per Day \$	
F. <input type="checkbox"/>	RETURN OF PREMIUM RIDER (Riders not covered must be listed on back of application.)		\$	

1. Do you have a valid driver's licence? Yes No
2. Has your driver's licence been suspended or revoked in the last three years? Yes No
3. Do you engage in automobile racing as a profession or avocation? Yes No
4. Have you been convicted of driving under the influence of alcohol or drugs in the past three years? Yes No
5. Do you have any other accident or sickness coverage in force or have you been declined? Yes No
6. Are you presently employed? Yes No Net Earned Annual Income \$ Retired
7. Are you currently disabled? Yes No If yes, explain
8. In the last 12 months, have you lost 10 or more days of work or been hospitalized as a result of sickness or injury? Yes No If yes, provide details
9. Height: 5 Feet 08 Inches Weight: 215 lbs.

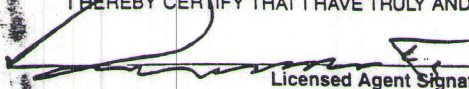
Use Supplemental Information section on back of application to provide any additional details.

Premium Mode: PAC \$ Semi-annual \$ Annual \$ 79⁰⁰ Policy and/or Rider Fee \$ 12⁵⁰

AMOUNT PAID WITH APPLICATION \$ 91³⁰ How was amount paid: CASH CHEQUE VISA If by cheque, date of cheque?

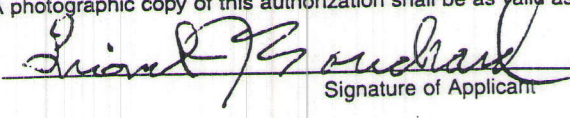
date: JAN 02, 1997 CITY: ELIE PROVINCE: MAN.

I HEREBY CERTIFY THAT I HAVE TRULY AND ACCURATELY RECORDED ON THIS APPLICATION THE INFORMATION SUPPLIED BY THE APPLICANT


027314
150402220

Licensed Agent Signature Agent Code # Agent Name C.C. Centre Number

KNOWLEDGE THAT THE ANSWERS GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I hereby authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any medical or other records or knowledge of me or other family members, to give information to PennCorp Life Insurance Company, or its reinsurers, any such information. A photographic copy of this authorization shall be as valid as the original.

Jan 02, 1997 

Signature of Applicant