

From: Don Gilmore gilmore7x@gmail.com
Subject: Statement of Health requirement
Date: April 20, 2022 at 8:45 AM
To: Charlotte Layne charlottelayne@yahoo.com

DG

Charlotte and Robert,

The underwriting is requesting completion of the attached form prior to final approval of the application. I don't know why.

Robert, please check the appropriate box, sign, date, and return to me - easiest and quickest way possible.

Thanks

Don Gilmore, Advisor 4785
David Isaac and Associates 4150

406 Sequoyah Trail
Norman, OK 73071

405-360-8667 (O)
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gilmore7x@gmail.com



Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

STATEMENT OF HEALTH

This has been completed as a condition to the Delivery or Change of:

TU5496925
Policy Number(s)

Robert A Layne
Proposed Insured (Printed)

Since the first application date, the proposed insured and any proposed insured family member has:

- **Not** submitted another application(s) for insurance to any other company.
- **Not** received notice that any application(s) for insurance has been declined, postponed or modified.
- Had **no** change in health or insurability as a life insurance risk because of any event or circumstance.
- **Not** consulted or been examined by a doctor or other medical professional.
- Remained in good health.

☐ Any changes to the above statements should be given here:

☒ There are no changes to the above statements.

The proposed insured (and the applicant if other than the proposed insured) acknowledges:

- That all changes have been stated.
- The above statements are true and complete.
- The company can rescind the policy subject to the Incontestable provision in the policy if a material fact is misrepresented on this form.
- Any insurance will not take effect until the company approves these statements, the policy is delivered to the applicant while alive, the first premium is paid and any amendments signed and returned. However, if the full first premium was paid along with the initial application for insurance and a Conditional Receipt/Temporary Life Receipt was signed, the terms of the Conditional Receipt/Temporary Life Receipt will apply.

4/21/2022

(X)

Date

Bobby Layne

Signature of Proposed Insured

(X)

4/21/2022

(X)

Date

Charlotte Layne

Witness

(X)

Date

Signature of Applicant (if other than Insured)

Copy To Be Returned To Company After Completion

U-253-TX 5-11