



AMENDMENT TO THE APPLICATION

Policy Number _____

Printed Name of Insured _____

- I hereby request that the Application for this policy be amended to provide that the Automatic Loan Provision be effective for any premium remaining unpaid at the expiration of the Grace Period so long as values remain.

Date

Signature of Policyowner

- I do not wish to have any Automatic Premium Loan payments made.

Date

Signature of Policyowner

Original to Policyowner; Two Copies to Kanawha's Lancaster Office

Kanawha Insurance Company is a member of the Humana family of companies.