

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product- KY

Exhibit 2  
Monthly Premium Rates- Base Plans

Issue Age	Hospital Indemnity Base Plans - Benefit Level - per \$50 unit										
	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days	15 days	20 days	31 days
18-49	1.17	1.44	1.62	1.80	1.98	2.07	2.16	2.25	2.43	2.43	2.52
50	1.26	1.53	1.80	1.98	2.07	2.16	2.25	2.34	2.52	2.61	2.70
51	1.35	1.62	1.89	2.07	2.25	2.34	2.43	2.52	2.70	2.79	2.88
52	1.53	1.80	2.07	2.25	2.43	2.52	2.61	2.70	2.88	3.06	3.15
53	1.53	1.89	2.16	2.34	2.52	2.61	2.70	2.79	3.06	3.15	3.24
54	1.62	1.89	2.25	2.43	2.61	2.70	2.79	2.88	3.15	3.24	3.33
55	1.71	1.98	2.34	2.52	2.70	2.79	2.88	2.97	3.24	3.33	3.51
56	1.80	2.07	2.43	2.61	2.79	2.88	2.97	3.15	3.42	3.51	3.60
57	1.80	2.16	2.52	2.70	2.88	2.97	3.15	3.24	3.51	3.60	3.78
58	1.89	2.25	2.61	2.79	3.06	3.15	3.24	3.42	3.69	3.78	3.96
59	1.98	2.34	2.79	2.97	3.15	3.33	3.42	3.60	3.87	3.96	4.14
60	2.07	2.52	2.88	3.15	3.33	3.42	3.60	3.69	4.05	4.23	4.32
61	2.25	2.61	3.06	3.24	3.51	3.60	3.78	3.87	4.23	4.41	4.59
62	2.34	2.79	3.15	3.42	3.69	3.78	3.96	4.14	4.50	4.59	4.77
63	2.43	2.88	3.33	3.60	3.87	3.96	4.14	4.32	4.68	4.86	5.04
64	2.61	3.06	3.51	3.78	4.05	4.14	4.32	4.50	4.95	5.04	5.22
65	2.70	3.15	3.69	3.96	4.23	4.41	4.59	4.77	5.13	5.31	5.49
66	2.70	3.24	3.69	3.96	4.23	4.41	4.59	4.77	5.22	5.40	5.58
67	2.79	3.24	3.78	4.05	4.32	4.50	4.68	4.86	5.22	5.40	5.58
68	2.88	3.42	3.87	4.14	4.50	4.68	4.86	5.04	5.40	5.67	5.85
69	2.97	3.51	4.05	4.32	4.68	4.86	5.04	5.22	5.67	5.85	6.03
70	3.06	3.60	4.23	4.50	4.86	5.04	5.22	5.40	5.85	6.12	6.30
71	3.24	3.78	4.32	4.68	5.04	5.22	5.40	5.67	6.12	6.30	6.48
72	3.33	3.96	4.50	4.86	5.22	5.40	5.67	5.85	6.30	6.57	6.75
73	3.42	4.05	4.68	5.04	5.40	5.58	5.85	6.03	6.48	6.75	6.93
74	3.51	4.23	4.86	5.22	5.58	5.76	6.03	6.21	6.75	7.02	7.20
75	3.69	4.32	4.95	5.40	5.76	5.94	6.21	6.48	6.93	7.20	7.47
76	3.78	4.50	5.13	5.58	5.94	6.21	6.39	6.66	7.20	7.47	7.65
77	3.96	4.59	5.31	5.76	6.12	6.39	6.57	6.84	7.38	7.65	7.92
78	4.05	4.68	5.40	5.85	6.30	6.48	6.75	7.02	7.56	7.83	8.10
79	4.05	4.77	5.58	5.94	6.39	6.66	6.93	7.20	7.74	8.01	8.28
80	4.14	4.95	5.67	6.12	6.57	6.75	7.02	7.29	7.92	8.19	8.46
81	4.23	5.04	5.76	6.21	6.66	6.93	7.20	7.47	8.10	8.46	8.64
82	4.32	5.13	5.85	6.39	6.84	7.11	7.38	7.65	8.28	8.64	8.91
83	4.41	5.22	5.94	6.48	6.93	7.20	7.47	7.74	8.37	8.73	9.00
84	4.50	5.22	6.03	6.57	7.02	7.29	7.56	7.83	8.55	8.82	9.09
85	4.50	5.31	6.12	6.66	7.11	7.38	7.65	7.92	8.64	9.00	9.27

Application Fee: \$25.00

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Individual Hospital Indemnity Product- KY

Exhibit 2  
Annual Premium Rates - Riders

Issue Age	Hospital Confinement	Cancer	Outpatient Surgery	Skilled Nursing Maximum Benefit		Wellness	Ambulance Transportation	Dental Vision Maximum Benefit	
	<i>Per \$500</i>	<i>Per \$1000</i>	<i>Per \$100</i>	<i>\$150</i>	<i>\$200</i>	<i>Per \$25</i>	<i>\$200</i>	<i>\$1,000</i>	<i>\$1,500</i>
18-49	6.48	0.99	3.24	2.15	2.87	2.25	1.07	28.98	43.47
50	7.11	1.08	3.42	2.43	3.23	2.25	1.07	28.98	43.47
51	7.83	1.26	3.60	2.98	3.97	2.25	1.43	28.98	43.47
52	8.55	1.44	3.78	3.50	4.67	2.25	1.43	28.98	43.47
53	9.00	1.53	3.87	4.05	5.40	2.25	1.43	28.98	43.47
54	9.54	1.53	3.96	4.33	5.77	2.25	1.43	28.98	43.47
55	10.08	1.62	4.14	4.85	6.47	2.25	1.43	28.98	43.47
56	10.62	1.71	4.23	5.40	7.20	2.25	1.43	28.98	43.47
57	11.25	1.80	4.41	5.95	7.93	2.25	1.43	28.98	43.47
58	11.97	1.89	4.50	6.48	8.63	2.25	1.43	28.98	43.47
59	12.69	1.98	4.59	7.03	9.37	2.25	1.80	28.98	43.47
60	13.41	2.07	4.68	7.55	10.07	2.25	1.80	28.98	43.47
61	14.31	2.16	4.86	8.10	10.80	2.25	1.80	28.98	43.47
62	15.12	2.25	4.95	8.90	11.87	2.25	1.80	28.98	43.47
63	16.11	2.34	5.04	9.73	12.97	2.25	1.80	28.98	43.47
64	17.01	2.52	5.22	10.53	14.03	2.25	1.80	28.98	43.47
65	18.09	2.61	5.31	11.35	15.13	2.25	2.17	28.98	43.47
66	18.45	2.61	5.31	11.88	15.83	2.25	2.17	28.98	43.47
67	18.81	2.61	5.31	12.70	16.93	2.25	2.17	28.98	43.47
68	19.62	2.70	5.31	14.05	18.73	2.25	2.17	28.98	43.47
69	20.43	2.70	5.31	15.13	20.17	2.25	2.17	28.98	43.47
70	21.33	2.79	5.31	16.48	21.97	2.25	2.17	28.98	43.47
71	22.23	2.88	5.31	17.83	23.77	2.25	2.17	28.98	43.47
72	23.22	2.97	5.31	19.45	25.93	2.25	2.53	28.98	43.47
73	23.94	2.97	5.31	21.05	28.07	2.25	2.53	28.98	43.47
74	24.75	3.06	5.31	22.95	30.60	2.25	2.53	28.98	43.47
75	25.56	3.06	5.31	25.10	33.47	2.25	2.53	28.98	43.47
76	26.46	3.15	5.31	27.28	36.37	2.25	2.53	28.98	43.47
77	27.27	3.24	5.31	29.70	39.60	2.25	2.87	28.98	43.47
78	27.81	3.24	5.31	32.13	42.83	2.25	2.87	28.98	43.47
79	28.35	3.33	5.31	34.83	46.43	2.25	2.87	28.98	43.47
80	28.89	3.33	5.31	37.80	50.40	2.25	2.87	28.98	43.47
81	29.43	3.33	5.31	41.05	54.73	2.25	3.23	28.98	43.47
82	30.06	3.42	5.31	44.55	59.40	2.25	3.23	28.98	43.47
83	30.42	3.42	5.31	46.45	61.93	2.25	3.23	28.98	43.47
84	30.87	3.42	5.31	48.05	64.07	2.25	3.23	28.98	43.47
85	31.32	3.51	5.31	50.23	66.97	2.25	3.23	28.98	43.47

Premium Modal Factors:

	Factor
Semi-Annual	0.520 x Annual
Quarterly	0.265 x Annual