

Final Expense Family Plan

State	American-Amicable			Occidental Life			Pioneer American			Pioneer Security		
	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care
Alabama	X	X	X	X	X	X	X	X	X	X	X	X
Alaska	X*	X	X	X*	X	X	X*	X	X	N/L	N/L	N/L
Anguilla	N/L	N/L	N/L	X	X	X	No	X	No	N/L	N/L	N/L
Arizona	X*	X	X	X*	X	X	X*	X	X	N/L	N/L	N/L
Arkansas	X*	No	X	X*	No	X	X*	No	X	X*	No	X
British Virgin Islands	N/L	N/L	N/L	X	X	X	No	X	N/L	N/L	N/L	N/L
California	X*	X	No	X*	X	No	X*	X	No	X*	X	No
Colorado	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Connecticut	X*	X	No	X*	X	No	No	X	N/L	N/L	N/L	N/L
Delaware	X*	X	X	X*	X	X	No	X	N/L	X*	X	X
District Of Columbia	X*	X	No	X*	X	No	X*	X	No	X*	X	No
Florida	X*	X	No	X*	X	No	X*	X	No	X*	X	No
Georgia	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Guam	X	X	X	X	X	X	No	X	N/L	N/L	N/L	N/L
Hawaii	X	X	X	X	X	X	X	X	X	X	X	X
Idaho	X	X	X	X	X	X	X	X	X	X	X	X
Illinois	X	X	No	X	X	No	X	X	No	X	X	No
Indiana	X*	X	No	X*	X	No	X*	X	No	X*	X	No
Iowa	N/L	N/L	N/L	X	X	X	No	No	N/L	N/L	N/L	N/L
Kansas	X*	No	X	X*	No	X	X*	No	X	X*	No	X
Kentucky	X	X	X	X	X	X	X	X	X	X	X	X
Louisiana	X	X	X	X	X	X	X	X	X	X	X	X
Maine	No	No	No	No	No	No	No	No	N/L	N/L	N/L	N/L
Maryland	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Massachusetts	N/L	N/L	N/L	X*	X	No	X*	X	No	N/L	N/L	N/L
Michigan	N/L	N/L	N/L	X	X	X	No	X	N/L	N/L	N/L	N/L
Minnesota	X*	No	X	No	No	No	No	No	N/L	No	No	No
Mississippi	X	X	X	X	X	X	X	X	X	X	X	X
Missouri	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Montana	No	No	No	No	No	No	No	No	No	No	No	No
Nebraska	X	X	X	X	X	X	No	X	N/L	X	X	X
Nevada	X*	No	X	X*	No	X	X*	No	X	N/L	N/L	N/L
New Hampshire	N/L	N/L	N/L	No	No	No	No	No	N/L	N/L	N/L	N/L
New Jersey	N/L	N/L	N/L	X*	X	No	X*	X	No	N/L	N/L	N/L

X - Approved

X* - Approved with State Specific Application

N/L - State Not Licensed

No - Not Filing in that State

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	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care	Immediate Death Benefit	ROP Death Benefit	Confined Care
New Mexico	X	X	X	X	X	X	X	X	X	X	X	X
North Carolina	X*	No	No	X*	No	No	X*	No	No	X*	No	No
North Dakota	X*	X	X	X*	X	X	No	X	N/L	X*	X	X
Ohio	X	X	No	X*	X	No	X*	X	No	N/L	N/L	N/L
Oklahoma	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Oregon	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Pennsylvania	X*	No	X	X*	No	X	No	No	N/L	X*	No	X
Puerto Rico	N/L	N/L	N/L	X*	X	X	X*	X	X	N/L	N/L	N/L
Rhode Island	N/L	N/L	N/L	X	X	X	X	X	X	N/L	N/L	N/L
South Carolina	X*	X	X	X*	X	X	X*	X	X	X*	X	X
South Dakota	X*	X	No	X*	X	No	No	X	N/L	X*	X	No
Tennessee	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Texas	X	X	X	X	X	X	X	X	X	X	X	X
US Virgin Islands	N/L	N/L	N/L	X	X	X	No	X	No	N/L	N/L	N/L
Utah	X	X	X	X	X	X	X	X	X	X	X	X
Vermont	No	No	N/L	No	No	No	No	X	N/L	N/L	N/L	N/L
Virginia	X*	X	No	X*	X	No	X*	X	No	X*	X	No
Washington	No	No	No	No	No	No	No	No	No	No	No	No
West Virginia	X*	X	X	X*	X	X	X*	X	X	X*	X	X
Wisconsin	X*	X	X	X*	X	X	No	X	N/L	X*	X	X
Wyoming	X	X	X	X	X	X	X	X	X	N/L	N/L	N/L

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