



INSURED: MICHAEL R. BRENNAN
POLICY NUMBER: CR-T 1405-19355
POLICY DATE: MAY 15, 2014
FACE AMOUNT: \$1,000,000

LEVEL PREMIUM TERM LIFE INSURANCE POLICY

Cedar Ridge Life Insurance Company, a stock company, agrees to pay the benefits of this policy according to its provisions. We will pay the Death Benefit to the Beneficiary upon receipt at our Home Office of due proof that the Insured died while this policy was in force. Payment is subject to the provisions of this policy.

This policy is issued in consideration of the application and the payment of the first premium. A copy of the application is attached and is part of this policy. The pages that follow, including the Policy Data pages, are also part of this policy.

RENEWABLE TERM INSURANCE. This policy may be continued in force to the Final Expiry Date shown on the Policy Data page by payment of the premiums when due. Premiums are level for the Level Premium Period. After the Level Premium Period, premiums will increase each year on the Policy Anniversary but will never be more than the guaranteed maximum premiums shown in the Table of Premiums.

CONVERSION PRIVILEGE. This policy may be converted to a permanent plan of insurance without evidence of insurability on or before the Conversion Expiry Date shown on the Policy Data page. See the Conversion Privilege section.

RIGHT TO EXAMINE POLICY. Please examine this policy carefully. You may return this policy to us at our Home Office, or to the agent through whom it was purchased, within 10 days after you receive it. If you return it within that time, the policy will be considered void from the beginning, and we will refund any premium paid.

When used in this policy, "we," "our" and "us" mean Cedar Ridge Life Insurance Company. "You" and "your" mean the Owner of this policy.

READ YOUR POLICY CAREFULLY. IT IS A LEGAL CONTRACT BETWEEN THE OWNER AND CEDAR RIDGE LIFE INSURANCE COMPANY.

Signed for Cedar Ridge Life Insurance Company at its Home Office,
West Des Moines, Iowa, on the Issue Date.

Raymond P. Iverson

Raymond P. Iverson
Secretary

Laura J. Hartwell

Laura J. Hartwell
President

LEVEL PREMIUM TERM LIFE INSURANCE TO AGE 95. DEATH BENEFIT PAYABLE AT DEATH OF THE INSURED. LEVEL DEATH BENEFIT. PREMIUMS LEVEL FOR 20 YEARS, THEN INCREASE ANNUALLY. CONVERTIBLE. NONPARTICIPATING – NOT ELIGIBLE FOR DIVIDENDS.

IMPORTANT NOTICE

OHIO LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

Residents of Ohio who purchase life insurance, annuities or health insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Ohio Life and Health Insurance Guaranty Association. The purpose of this association is to assure that policyholders will be protected, within limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the guaranty association will assess its other member insurance companies for the money to pay the claims of insured persons who live in this state and, in some cases, to keep coverage in force.

The protection provided by the guaranty association is limited. For a life insurance policy, the limit is generally \$300,000 in death benefits and \$100,000 in net cash surrender values, and there is an overall limit of \$300,000 for all benefits with respect to any one individual. Coverage is subject to other limitations and exclusions set out in Chapter 3956 of the Ohio Revised Code.

The insurance company and its agents are prohibited by law from using the existence of the guaranty association to induce you to purchase any kind of insurance policy. You should not rely on coverage by the guaranty association when selecting an insurance company or when selecting an insurance policy. Coverage is not provided for any portion of a policy or contract that is not guaranteed by the insurer or for which the individual has assumed the risk.

QUESTIONS, SERVICE AND COMPLAINTS

If you have a question about this policy, wish to make a change, or need to report a claim, please contact your agent or write or call us at:

Cedar Ridge Life Insurance Company
Policyholder Service Center
1250 Cedar Ridge Parkway
West Des Moines, Iowa 50266
1-800-555-0142, Monday through Friday, 7:30 a.m. to 6:00 p.m. Central Time

Please include your policy number on all correspondence. If we have not resolved a concern to your satisfaction, you may contact the Ohio Department of Insurance, Consumer Services Division, 50 West Town Street, Third Floor – Suite 300, Columbus, Ohio 43215.

NOTICE REGARDING POLICY DELIVERY

This policy is delivered on the condition that the Insured is living and that there has been no change in the Insured's health or insurability as represented in the application. The Owner should review the copy of the application attached to this policy. If any answer is incomplete or incorrect, please notify us in writing at the address above within 10 days. Any misstatement in the application may result in the loss of coverage, as described in the Incontestability provision.

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Riders, endorsements and amendments, if any, follow the Policy Data pages and are listed on the Policy Data page.

POLICY DATA

Plan	20-Year Level Premium Term Life Insurance to Age 95 (Convertible)
Policy Number	CR-T 1405-19355
Policy Date	May 15, 2014
Issue Date	May 15, 2014
Insured	Michael R. Brennan
Issue Age and Sex	46 – Male (age nearest birthday)
Risk Class	Preferred Non-Tobacco
Face Amount	\$1,000,000
Owner	Ironwood Mechanical Contractors, LLC 2275 Westbelt Drive Columbus, Ohio 43228
Beneficiary	As designated in the application, unless later changed: Primary: Ironwood Mechanical Contractors, LLC – 100% Contingent: None designated
Level Premium Period	20 years
Level Term Period Ends	May 15, 2034
Final Expiry Date	May 15, 2063 (Policy Anniversary nearest the Insured's 95th birthday)
Conversion Expiry Date	May 15, 2034
Premium Mode	Annual
Annual Premium	\$2,415.00 (includes annual policy fee of \$60.00) Payable on May 15 of each year, policy years 1 through 20
Riders and Benefits	No riders attached
State of Issue	Ohio
Agent	Thomas E. Rourke, CLU – Agent No. 61-08847 Rourke Financial Group, Dublin, Ohio

The Policy Date is the date from which Policy Anniversaries, Policy Years and premium due dates are measured. The Conversion Expiry Date is the earlier of the end of the Level Premium Period or the Policy Anniversary nearest the Insured's 70th birthday (May 15, 2038).

Coverage will expire on the Final Expiry Date. Coverage may expire before the Final Expiry Date if premiums are not paid as provided in this policy. This policy has no cash value, loan value or nonforfeiture benefit.

Guaranteed interest rate for Settlement Options: 1.5% per year.

POLICY DATA (CONTINUED)

TABLE OF PREMIUMS

Insured: Michael R. Brennan | Issue Age: 46 | Male | Preferred Non-Tobacco | Face Amount: \$1,000,000

Policy Year	Attained Age	Premium Due Date	Annual Premium
1 – 20	46 – 65	May 15, 2014 – May 15, 2033	\$2,415.00

The premium shown for policy years 1 through 20 is guaranteed and will not change while this policy is in force during the Level Premium Period.

GUARANTEED MAXIMUM ANNUAL RENEWAL PREMIUMS

Policy Year	Attained Age	Premium Due Date	Guaranteed Maximum Annual Premium
21	66	May 15, 2034	\$38,903.00
22	67	May 15, 2035	42,438.00
23	68	May 15, 2036	46,421.00
24	69	May 15, 2037	50,918.00
25	70	May 15, 2038	55,648.00
26	71	May 15, 2039	60,985.00
27	72	May 15, 2040	67,016.00
28	73	May 15, 2041	73,846.00
29	74	May 15, 2042	81,077.00
30	75	May 15, 2043	89,259.00
35	80	May 15, 2048	144,107.00
40	85	May 15, 2053	223,318.00
45	90	May 15, 2058	322,049.00
49	94	May 15, 2062	402,346.00

Premiums for policy years not shown are available on request. Premiums shown include the annual policy fee of \$60.00. Coverage expires on the Final Expiry Date, May 15, 2063. No premium is due on or after the Final Expiry Date.

Beginning in policy year 21, we may charge a premium lower than the guaranteed maximum premium shown. Any premium we charge will be based on our expectations as to future mortality, persistency, expenses and investment earnings and will be the same for all insureds of the same issue age, sex, risk class, face amount and policy year. We will never charge more than the guaranteed maximum premium shown above.

If premiums are paid other than annually, the modal premium is the annual premium multiplied by the following factors: semiannual .5200; quarterly .2650; monthly (preauthorized check only) .0875.

SECTION 1 – DEFINITIONS

The following words have the meanings shown below when they appear in this policy. Other words are defined where they are used.

AGE – The Insured's age on his or her birthday nearest the Policy Date. The Issue Age is shown on the Policy Data page.

ATTAINED AGE – The Issue Age plus the number of complete Policy Years that have elapsed since the Policy Date.

BENEFICIARY – The person or entity named in the application, or as later changed according to this policy, to receive the Death Benefit when the Insured dies.

COMPANY, WE, OUR, US – Cedar Ridge Life Insurance Company.

CONVERSION EXPIRY DATE – The last day on which this policy may be converted without evidence of insurability. It is shown on the Policy Data page.

EVIDENCE OF INSURABILITY – Information about the Insured, including medical information, that we use to decide whether the Insured qualifies for insurance and in what risk class.

FACE AMOUNT – The amount of insurance shown on the Policy Data page, or as later reduced at your request.

FINAL EXPIRY DATE – The Policy Anniversary nearest the Insured's 95th birthday. Coverage under this policy ends on this date. It is shown on the Policy Data page.

HOME OFFICE – Our office at 1250 Cedar Ridge Parkway, West Des Moines, Iowa 50266, or any other address we tell you about in writing.

IN FORCE – The insurance on the Insured has taken effect and has not ended under the terms of this policy.

INSURED – The person whose life is insured under this policy, as shown on the Policy Data page.

ISSUE DATE – The date this policy was issued at our Home Office. It is shown on the Policy Data page. The Issue Date is used to measure the periods described in the Incontestability and Suicide Exclusion provisions.

LEVEL PREMIUM PERIOD – The number of years, beginning on the Policy Date, during which the premium for this policy is level. It is shown on the Policy Data page.

LEVEL TERM PERIOD – The period beginning on the Policy Date and ending on the date shown on the Policy Data page as the date the Level Term Period ends. The Level Term Period and the Level Premium Period end on the same date.

OWNER, YOU, YOUR – The person or entity named as Owner on the Policy Data page, unless later changed as provided in this policy. If the Owner is a corporation, limited liability company, partnership or trust, the Owner acts through an authorized officer, manager, partner or trustee.

POLICY ANNIVERSARY – The same day and month as the Policy Date in each year after the first Policy Year.

POLICY MONTH – A one-month period beginning on the same day of the month as the Policy Date.

POLICY DATE – The date shown on the Policy Data page from which Policy Anniversaries, Policy Years and premium due dates are measured.

POLICY YEAR – A twelve-month period beginning on the Policy Date or on a Policy Anniversary.

PROCEEDS – The amount we are obligated to pay under the terms of this policy when the Insured dies.

WRITTEN REQUEST – A request or notice in writing, in a form satisfactory to us, signed by you and received at our Home Office. A Written Request takes effect as described in the provision to which it applies.

SECTION 2 – DEATH BENEFIT

DEATH BENEFIT

If the Insured dies while this policy is In Force, we will pay the Death Benefit to the Beneficiary after we receive due proof of the Insured's death at our Home Office. The Death Benefit is the Face Amount shown on the Policy Data page. The Face Amount remains level for as long as this policy is In Force.

We will add to the Death Benefit any premium paid for a period beyond the end of the Policy Month in which the Insured died. We will deduct from the Death Benefit any premium due and unpaid if the Insured dies during the grace period. The Death Benefit is subject to the Suicide Exclusion, Incontestability and Misstatement of Age or Sex provisions of this policy.

DUE PROOF OF DEATH

Due proof of death means a certified copy of the death certificate, a claimant's statement on our form, and any other information we may reasonably require to establish the validity of the claim.

INTEREST ON DEATH BENEFIT

We will pay interest on the Death Benefit from the date of the Insured's death to the date of payment. Interest will be paid at the rate required by the law of the state in which this policy was delivered, but not less than the rate we then pay on Death Benefits left on deposit with us.

REDUCTION OF FACE AMOUNT

You may request a reduction in the Face Amount by Written Request. The reduced Face Amount may not be less than our minimum for this plan, which is \$100,000. A reduction will take effect on the Policy Anniversary following our receipt of your request, and a new Policy Data page will be sent to you. Premiums after the reduction will be based on the reduced Face Amount.

SECTION 3 – PREMIUMS

PAYMENT OF PREMIUMS

The first premium is due on the Policy Date. It must be paid on or before delivery of this policy. Each later premium is due on the Policy Anniversary, or on the modal due date if you have chosen to pay other than annually. Premiums are payable at our Home Office or to an authorized agent in exchange for a receipt signed by one of our officers and countersigned by the agent. Payment of a premium will not keep this policy In Force beyond the date the next premium is due, except as provided in the Grace Period provision.

CHANGE OF PREMIUM MODE

You may change the frequency of premium payment on any premium due date by Written Request. The modal premium will be determined by the factors shown in the Table of Premiums. We may refuse a change that would result in a modal premium of less than \$25.

GRACE PERIOD

There is a grace period of 31 days after each premium due date, other than the first, for the payment of each premium. This policy will stay In Force during the grace period. If the premium is not paid by the end of the grace period, this policy will terminate without value as of the premium due date. If the Insured dies during the grace period, we will deduct the unpaid premium from the Death Benefit.

PREMIUMS AFTER THE LEVEL PREMIUM PERIOD

At the end of the Level Premium Period, this policy will renew automatically on each Policy Anniversary until the Final Expiry Date, without evidence of insurability, if each renewal premium is paid when due or within the grace period. Renewal premiums increase each year. The premium for each renewal year will be determined by us and will never be more than the guaranteed maximum annual premium shown in the Table of Premiums for that Policy Year. We will notify you of the premium for the first renewal year at least 45 days before the end of the Level Premium Period.

REFUND OF PREMIUM AT DEATH

If the Insured dies, we will refund that part of any premium paid that applies to the period after the end of the Policy Month in which death occurs. The refund will be paid with the Death Benefit.

SECTION 4 – REINSTATEMENT

If this policy terminates because a premium was not paid by the end of the grace period, it may be reinstated within five years after the date of termination, but not after the Final Expiry Date. To reinstate this policy:

1. You must send us a Written Request for reinstatement while the Insured is living;
2. You must provide Evidence of Insurability satisfactory to us; and
3. You must pay all overdue premiums, with interest at a rate not more than 6% per year compounded annually.

The reinstated policy will be In Force on the date we approve the request for reinstatement. The Incontestability and Suicide Exclusion provisions will apply from the date of reinstatement, but only as to statements made in the application for reinstatement.

SECTION 5 – CONVERSION PRIVILEGE

RIGHT TO CONVERT

While this policy is In Force, you may convert it to a new policy on the life of the Insured without Evidence of Insurability. You may convert on any premium due date on or before the Conversion Expiry Date shown on the Policy Data page. The Conversion Expiry Date is the earlier of:

- a. the end of the Level Term Period; or
- b. the Policy Anniversary nearest the Insured's 70th birthday.

To convert this policy, you must send us a Written Request on our conversion application form and pay the first premium for the new policy while this policy is In Force and the Insured is living. The conversion will take effect on the date the conversion application is approved, but not before the first premium for the new policy is paid. This policy will end when the new policy takes effect.

NEW POLICY

The new policy may be any permanent plan of life insurance that we are then offering for conversion. It will not be a term plan. The new policy will be subject to the following:

1. The face amount of the new policy may be any amount up to the Face Amount of this policy on the date of conversion, but not less than our minimum for the plan selected.
2. The premium for the new policy will be based on our rates in effect on the date of conversion for the Insured's Attained Age, sex, and the risk class that most closely matches the risk class of this policy.
3. The policy date of the new policy will be the date of conversion.

4. The suicide and incontestability periods of the new policy will be measured from the Issue Date of this policy, to the extent permitted by law.
5. A rider or benefit may be included in the new policy only with our consent and only if Evidence of Insurability satisfactory to us is provided.

PARTIAL CONVERSION

You may convert part of the Face Amount. The Face Amount of this policy will then be reduced by the amount converted. The remaining Face Amount must be at least \$100,000.

SECTION 6 – OWNERSHIP

OWNER

The Owner is shown on the Policy Data page unless changed as provided below. While the Insured is living, the Owner may exercise all rights and privileges granted by this policy, subject to the rights of any assignee of record and any irrevocable Beneficiary. These rights include the right to change the Owner or the Beneficiary, to assign this policy, to convert this policy, to reduce the Face Amount, and to agree with us to any change in or amendment of this policy.

CONTINGENT OWNER

You may name a contingent owner by Written Request. If an individual Owner dies before the Insured, ownership will pass to the contingent owner, if living; otherwise to the Owner's estate. If the Owner is a corporation, limited liability company or other entity that is dissolved or ceases to exist before the Insured dies, ownership will pass to its successor in interest, if any, and otherwise as required by law.

CHANGE OF OWNER

You may change the Owner by Written Request while the Insured is living. The change will take effect on the date the request was signed, whether or not the Insured is living when we receive it. However, the change will not apply to any payment we make or action we take before we record the change at our Home Office. A change of Owner does not change the Beneficiary designation. A change of Owner will cancel any prior designation of a contingent owner unless the Written Request states otherwise.

SECTION 7 – BENEFICIARY

DESIGNATION OF BENEFICIARY

The Beneficiary is named in the application unless later changed. You may name one or more primary and contingent Beneficiaries. Unless you provide otherwise, Death Benefit proceeds will be paid in equal shares to the primary Beneficiaries who survive the Insured. If no primary Beneficiary survives the Insured, proceeds will be paid in equal shares to the contingent Beneficiaries who survive the Insured.

CHANGE OF BENEFICIARY

You may change the Beneficiary by Written Request while the Insured is living, unless you have named an irrevocable Beneficiary. An irrevocable Beneficiary may be changed only with the written consent of that Beneficiary. The change will take effect on the date the request was signed, whether or not the Insured is living when we receive it. However, the change will not apply to any payment we make or action we take before we record the change at our Home Office.

SIMULTANEOUS DEATH

Unless you have provided otherwise, if a Beneficiary dies at the same time as the Insured, or within 15 days after the Insured's death but before we receive due proof of the Insured's death, we will pay the proceeds as though that Beneficiary died before the Insured.

NO SURVIVING BENEFICIARY

If no Beneficiary survives the Insured, or if a Beneficiary that is a corporation, limited liability company or other entity has been dissolved or no longer exists at the Insured's death, the proceeds will be paid to the Owner. If the Owner was the Insured, or if an individual Owner is not living, proceeds will be paid to the Owner's estate.

SECTION 8 – ASSIGNMENT

You may assign this policy or any interest in it while the Insured is living. We will not be bound by an assignment until we receive a copy of it at our Home Office and record it. We are not responsible for the validity or effect of any assignment. Any claim made by an assignee will be subject to proof of the assignee's interest and the extent of the assignment. The rights of the Owner and of any revocable Beneficiary are subject to the rights of an assignee of record.

SECTION 9 – GENERAL PROVISIONS

ENTIRE CONTRACT

This policy, including the Policy Data pages, any riders, endorsements and amendments, and the attached copy of the application, is the entire contract between you and us. All statements made in the application will, in the absence of fraud, be deemed representations and not warranties. No statement will be used to contest this policy or to deny a claim unless it is contained in the application and a copy of the application is attached to this policy when it is issued or reinstated.

CHANGES TO THE POLICY

Only our President, a Vice President or our Secretary may change this policy, waive any of our rights or requirements, or extend the time for paying any premium. Any change must be in writing. No agent has the authority to change this policy or to waive any of its provisions.

INCONTESTABILITY

Except for nonpayment of premium, we will not contest this policy after it has been In Force during the lifetime of the Insured for two years from the Issue Date. We will not contest a reinstated policy after it has been In Force during the lifetime of the Insured for two years from the date of reinstatement; any contest of a reinstated policy during that period will be based only on statements made in the application for reinstatement.

SUICIDE EXCLUSION

If the Insured dies by suicide, while sane or insane, within two years from the Issue Date, our liability will be limited to the premiums paid. If this policy is reinstated, this two-year period will be measured from the date of reinstatement as to any increase in coverage resulting from the reinstatement.

MISSTATEMENT OF AGE OR SEX

If the Insured's age or sex has been misstated, the amount payable will be the amount that the most recent premium paid would have purchased at the correct age and sex. If the correct age would have made the Insured ineligible for this policy, our liability will be limited to a refund of the premiums paid.

NONPARTICIPATING

This policy is nonparticipating. It does not share in our profits or surplus, and no dividends are payable.

NO CASH VALUE

This policy has no cash surrender value, loan value or other nonforfeiture value. It does not provide for policy loans.

ANNUAL REPORT

Each year we will send you a statement showing the Face Amount, the premium due, the premium due date, the Level Term Period end date, the Conversion Expiry Date and the name of the Beneficiary of record.

CONFORMITY WITH STATE LAW

This policy is subject to the laws of the state in which it was delivered. Any provision of this policy that conflicts with those laws on the Issue Date is amended to conform to the minimum requirements of those laws. Any benefits or values available under this policy are not less than the minimum required by those laws.

PROTECTION AGAINST CREDITORS

To the extent permitted by law, no payment under this policy will be subject to the claims of creditors of a Beneficiary or to legal process against a Beneficiary.

TERMINATION OF POLICY

This policy will terminate on the earliest of:

1. the date of the Insured's death;
2. the end of the grace period if a premium remains unpaid;
3. the date this policy is converted in full;
4. the date we receive your Written Request to cancel this policy, or any later date you request; or
5. the Final Expiry Date.

Termination will not affect a claim arising from the Insured's death while this policy was In Force.

SECTION 10 – PAYMENT OF PROCEEDS AND SETTLEMENT OPTIONS

PAYMENT OF PROCEEDS

Proceeds will be paid in one sum unless a settlement option has been chosen. While the Insured is living, you may choose a settlement option by Written Request. If you have not chosen an option before the Insured dies, the Beneficiary may choose an option. A settlement option may be chosen only if the amount applied is at least \$5,000 and each payment is at least \$50. If the payee is not a natural person, the option is available only with our consent.

Unless otherwise provided, payments under Options 2, 3 and 4 will begin on the date of the Insured's death. We may require proof that a payee is living when a payment is due.

SETTLEMENT OPTIONS

Option 1 – Lump Sum. Proceeds are paid in one sum.

Option 2 – Interest Income. Proceeds are left on deposit with us. Interest will be paid annually, semiannually, quarterly or monthly at a rate of not less than 1.5% per year. The payee may withdraw all or part of the amount on deposit at any time.

Option 3 – Fixed Period Income. Equal monthly payments are made for a fixed period of not more than 30 years. Payments include interest at not less than 1.5% per year. The amount of each monthly payment for each \$1,000 applied is shown in Table A.

Option 4 – Life Income with 10 Years Certain. Equal monthly payments are made for as long as the payee lives, with payments guaranteed for 10 years. The amount of each monthly payment for each \$1,000 applied is shown in Table B. Payments are based on the Annuity 2000 Mortality Table and interest at 1.5% per year.

Other Options. Proceeds may be paid under any other method of payment we agree to.

DEATH OF PAYEE

If a payee dies, any amount remaining on deposit under Option 2, or the commuted value of any remaining guaranteed payments under Option 3 or Option 4, will be paid in one sum to the estate of the payee, unless otherwise provided in the settlement agreement.

SETTLEMENT OPTION TABLES

Table A – Option 3, Fixed Period Income
Monthly payment for each \$1,000 applied

Years	Monthly	Years	Monthly
1	\$83.90	9	\$9.89
2	42.26	10	8.96
3	28.39	12	7.58
4	21.45	15	6.20
5	17.28	20	4.81
6	14.51	25	3.99
7	12.53	30	3.44
8	11.04		

Table B – Option 4, Life Income, 10 Years Certain
Monthly payment for each \$1,000 applied

Age of Payee	Male	Female
50	\$3.26	\$2.87
55	3.65	3.16
60	4.15	3.52
65	4.78	3.97
70	5.55	4.56
75	6.47	5.29
80	7.42	6.16
85	8.24	7.12

Payments for ages not shown and for other payment frequencies will be furnished on request. Age means the payee's age on his or her birthday nearest the date the first payment is due.



Home Office: 1250 Cedar Ridge Parkway, West Des Moines, Iowa 50266. Please print in ink.
Any change or correction must be initialed by the Proposed Insured and the Owner.

RECEIVED APR 07 2014 – NEW BUSINESS

SECTION A – PROPOSED INSURED

FULL NAME (FIRST, MIDDLE, LAST) MICHAEL ROBERT BRENNAN		SEX M	DATE OF BIRTH 03/04/1968	AGE 46
HOME ADDRESS 6840 RIVERSIDE DRIVE, DUBLIN, OH 43017		STATE OF BIRTH OHIO	SOCIAL SECURITY NO. XXX-XX-6203	
HOME PHONE (614) 555-0187	DRIVER'S LICENSE NO. / STATE RX4417XX / OH	HEIGHT 5' 11"	WEIGHT 192 LBS	U.S. CITIZEN YES
EMPLOYER IRONWOOD MECHANICAL CONTRACTORS, LLC		OCCUPATION / TITLE PRESIDENT / CEO		YEARS 3
EMPLOYER ADDRESS 2275 WESTBELT DRIVE, COLUMBUS, OH 43228			EARNED ANNUAL INCOME \$385,000	
DUTIES EXECUTIVE MGMT; OFFICE AND CLIENT VISITS. NO TRADE WORK.			PERSONAL NET WORTH \$2,400,000	

SECTION B – OWNER (COMPLETE IF OTHER THAN THE PROPOSED INSURED)

OWNER NAME (IF BUSINESS, FULL LEGAL NAME) IRONWOOD MECHANICAL CONTRACTORS, LLC	TAX ID (SSN / EIN) EIN XX-XXX4417	
ADDRESS 2275 WESTBELT DRIVE, COLUMBUS, OH 43228	RELATIONSHIP TO INSURED EMPLOYER	ENTITY TYPE / STATE LLC / OHIO
CONTINGENT OWNER NONE	PREMIUM PAYOR OWNER	

SECTION C – BENEFICIARY

TYPE PRIMARY	NAME IRONWOOD MECHANICAL CONTRACTORS, LLC	RELATIONSHIP EMPLOYER	SHARE 100%	CONTINGENT NONE
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SECTION D – COVERAGE APPLIED FOR

PLAN CEDAR RIDGE 20-YEAR LEVEL TERM (CR-T20)	FACE AMOUNT \$1,000,000	RISK CLASS APPLIED FOR PREFERRED PLUS NON-TOBACCO	
RIDERS NONE	PREMIUM MODE ANNUAL	METHOD DIRECT BILL	SAVE AGE NO
PREMIUM PAID WITH APPLICATION NONE – NO CONDITIONAL RECEIPT ISSUED. FIRST PREMIUM TO BE COLLECTED ON DELIVERY.			

SECTION E – BUSINESS INSURANCE (COMPLETE IF OWNER OR BENEFICIARY IS A BUSINESS)

1. Purpose of insurance (check one):

☒ **Key Person** ☐ Buy-Sell / Business Continuation ☐ Loan Collateral ☐ Deferred Compensation ☐ Other: _____

2. Nature of business	COMMERCIAL HVAC/PLUMBING CONTRACTOR
3. Proposed Insured's ownership interest in the business	60%
4. Most recent year: gross revenue / net income / book value	\$9,850,000 / \$612,000 / \$1,940,000
5. Basis for amount applied for	2.5X COMP; COST TO REPLACE CEO
6. Is insurance being applied for on other owners or officers? If yes, give names and amounts.	NO
7. Insured's written notice and consent to employer-owned coverage (IRC Sec. 101(j)) obtained?	YES – FORM CR-101J SIGNED 04/02/2014

SECTION F – EXISTING INSURANCE AND REPLACEMENT

1. Does the Proposed Insured have any life insurance or annuity contracts in force or pending with this or any other company? If yes, list company, amount and year issued.	NO
2. Will the insurance applied for replace or change any existing life insurance or annuity, in whole or in part?	NO
3. Has any application for life or health insurance on the Proposed Insured been declined, postponed, rated or modified?	NO

SECTION G – PERSONAL INFORMATION

1. Has the Proposed Insured used tobacco or nicotine products in any form in the past 5 years?	NO
2. In the past 3 years, has the Proposed Insured flown as a pilot or crew member, or engaged in scuba diving, motor racing, sky diving, hang gliding, mountain climbing or other hazardous activity, or does he intend to do so?	NO
3. In the past 5 years, has the Proposed Insured been convicted of driving under the influence, or had a driver's license suspended or revoked, or had more than two moving violations?	NO
4. Does the Proposed Insured intend to travel or reside outside the United States or Canada in the next 12 months?	NO
5. Has the Proposed Insured ever been convicted of a felony, or is any charge pending?	NO
6. Has the Proposed Insured filed for bankruptcy in the past 7 years?	NO

SECTION H – AGREEMENT AND AUTHORIZATION

I have read the statements and answers in this application, including Part 2. They are true and complete to the best of my knowledge and belief and were correctly recorded. They are offered to the Company as the basis for any policy issued. I understand that any misrepresentation in this application may result in loss of coverage, subject to the Incontestability provision of the policy.

Except as provided in a conditional receipt, if one was issued, no insurance will take effect under this application unless and until: (1) a policy is delivered to and accepted by the Owner; (2) the first full premium is paid while the Proposed Insured is living; and (3) there has been no change in the health or insurability of the Proposed Insured since the date of this application. No agent may make or change any contract, waive any of the Company's rights or requirements, or accept risk on behalf of the Company.

The Owner may correct or amend this application to reflect changes in the plan, amount, risk class or riders, but only by a written amendment signed by the Owner. Acceptance of a policy issued in a risk class or amount other than that applied for will ratify any such amendment.

I have received the Notice of Information Practices and the Medical Information Bureau (MIB) Pre-Notice. I authorize any physician, medical practitioner, hospital, clinic or other medical facility, insurance company, MIB, consumer reporting agency or employer having information about me to give the Company or its reinsurers any information about my health, prescription history, insurance applications and claims, or occupation. This authorization is valid for 24 months from the date signed. A photocopy is as valid as the original. I or my authorized representative may request a copy.

FRAUD WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

SIGNED AT (CITY, STATE) COLUMBUS, OHIO	DATE SIGNED 04/02/2014	APPLICATION DATE / RECEIVED 04/02/2014 / 04/07/2014
<i>Michael R. Brennan</i> SIGNATURE OF PROPOSED INSURED	<i>Michael R. Brennan</i> OWNER (IF OTHER THAN INSURED), BY OFFICER AND TITLE IRONWOOD MECHANICAL CONTRACTORS, LLC BY: MICHAEL R. BRENNAN, PRESIDENT	

AGENT'S REPORT

1. Did you see the Proposed Insured at the time this application was signed?	YES
2. Does the Proposed Insured have existing insurance, or will this policy replace existing insurance?	NO
3. How long have you known the Proposed Insured? Is he related to you?	2 YRS / NO

<i>Thomas E. Rourke</i> SIGNATURE OF LICENSED AGENT	AGENT NAME / AGENT NO. THOMAS E. ROURKE, CLU / 61-08847 AGENCY ROURKE FINANCIAL GROUP, 5131 POST RD, STE 210, DUBLIN, OH 43017	OH LICENSE NO. 893314 SPLIT 100%
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Medical history. To be completed by the paramedical examiner in the presence of the Proposed Insured. Give full details of any "Yes" answer in the Details section.

PROPOSED INSURED MICHAEL R. BRENNAN		DATE OF BIRTH 03/04/1968	EXAM DATE 04/09/2014
HEIGHT 5' 11"	WEIGHT 192 LBS	BLOOD PRESSURE 124/78, 126/80	PULSE 68

In the past 10 years, has the Proposed Insured been diagnosed with, treated for, or consulted a medical professional for:	
1. High blood pressure, chest pain, heart attack, heart murmur, irregular heartbeat, stroke, or other disorder of the heart or blood vessels?	NO
2. Diabetes, elevated blood sugar, thyroid or other endocrine disorder?	NO
3. Cancer, tumor, cyst, or any disorder of the blood or lymph glands?	NO
4. Asthma, emphysema, sleep apnea, or other disorder of the lungs or respiratory system?	NO
5. Disorder of the stomach, intestines, liver, pancreas, kidneys, bladder or prostate?	NO
6. Seizures, fainting, depression, anxiety, or other mental, nervous or neurological disorder?	NO
7. Arthritis, back or spine disorder, or other disorder of the muscles, bones or joints?	NO
8. Elevated cholesterol or lipids?	YES
9. Use of alcohol, or any drug not prescribed by a physician, for which advice or treatment was received or recommended?	NO
10. Within the past 5 years, any hospitalization, surgery, ECG, x-ray or other diagnostic test not mentioned above?	YES
11. Has any parent or sibling died before age 60 or been diagnosed before age 60 with heart disease, stroke, cancer or diabetes?	NO
12. Is the Proposed Insured currently taking any medication, or under observation or treatment for any condition?	YES
13. Has the Proposed Insured ever tested positive for HIV or been diagnosed with AIDS?	NO

Q. No.	Details (condition, dates, treatment, physician, current status)
8, 12	HYPERLIPIDEMIA DX 2011. ATORVASTATIN 10 MG DAILY. LAST LIPID PANEL 01/2014 WNL PER INSURED. DR. KORHONEN.
10	ROUTINE SCREENING COLONOSCOPY 09/2013, NORMAL. NO FOLLOW-UP REQUIRED.
FAMILY	FATHER LIVING AGE 74, HTN. MOTHER LIVING AGE 71, GOOD HEALTH. 1 BROTHER, 1 SISTER LIVING, GOOD HEALTH.

I have read the answers recorded above. They are true and complete to the best of my knowledge and belief, and they are part of the application for insurance.

<i>Michael R. Brennan</i> SIGNATURE OF PROPOSED INSURED	<i>Denise M. Albrecht</i> EXAMINER – DENISE M. ALBRECHT, CENTRAL OHIO PARAMEDICAL SERVICES, COLUMBUS, OH
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The application dated April 2, 2014, for insurance on the life of Michael R. Brennan, upon which Policy No. CR-T 1405-19355 is issued, is amended as follows:

SECTION D, RISK CLASS: "PREFERRED PLUS NON-TOBACCO" IS CHANGED TO "PREFERRED NON-TOBACCO."
ANNUAL PREMIUM: \$2,415.00, INCLUDING ANNUAL POLICY FEE OF \$60.00.
ALL OTHER ANSWERS AND STATEMENTS IN THE APPLICATION REMAIN UNCHANGED.

The undersigned agree that this amendment is part of the application and of the policy, and that acceptance of the policy ratifies the changes shown above. The undersigned further declare that, to the best of their knowledge and belief, the statements and answers in the application continue to be true and complete as of the date below, and that since the date of the application the Proposed Insured has not consulted a physician or other medical practitioner, been hospitalized, or been diagnosed with or treated for any illness or injury, other than as stated in the application.

DATED AT COLUMBUS, OHIO	DATE 05/28/2014
<i>Michael R. Brennan</i> SIGNATURE OF INSURED	<i>Michael R. Brennan</i> OWNER, BY OFFICER AND TITLE IRONWOOD MECHANICAL CONTRACTORS, LLC BY: MICHAEL R. BRENNAN, PRESIDENT

POLICY DELIVERY RECEIPT

The Owner acknowledges receipt of Cedar Ridge Life Insurance Company Policy No. CR-T 1405-19355, 20-Year Level Premium Term Life Insurance, Face Amount \$1,000,000, on the life of Michael R. Brennan, Policy Date May 15, 2014, together with a copy of the application and any amendments. The Owner has been advised of the Right to Examine Policy provision.

DATE POLICY DELIVERED 05/28/2014	FIRST PREMIUM COLLECTED \$2,415.00 - CHECK NO. 21877	MODE ANNUAL
<i>Michael R. Brennan</i> OWNER, BY OFFICER AND TITLE IRONWOOD MECHANICAL CONTRACTORS, LLC BY: MICHAEL R. BRENNAN, PRESIDENT		<i>Thomas E. Rourke</i> DELIVERING AGENT THOMAS E. ROURKE, CLU - 61-08847

FOR HOME OFFICE USE ONLY. Amendment and delivery receipt received 06/04/2014. Policy status: in force. Underwriter: K. Lindahl.
Reinsurance: none ceded. Image ref. NB-2014-0156-3381.

IRONWOOD MECHANICAL CONTRACTORS, LLC
 ATTN: MICHAEL R. BRENNAN, PRESIDENT
 2275 WESTBELT DRIVE
 COLUMBUS OH 43228

Statement Date	May 18, 2026
Policy Number	CR-T 1405-19355
Statement Period	05/15/2025 – 05/15/2026

ANNUAL POLICY STATEMENT

This statement shows the status of your policy as of the Policy Anniversary on May 15, 2026. Please keep it with your policy.

POLICY SUMMARY

Policy Status	In Force – premium paid to May 15, 2027
Plan	20-Year Level Premium Term Life Insurance to Age 95 (Convertible)
Insured	Michael R. Brennan
Owner	Ironwood Mechanical Contractors, LLC
Beneficiary of Record	Primary: Ironwood Mechanical Contractors, LLC – 100%
Assignments of Record	None
Face Amount	\$1,000,000
Current Policy Year / Attained Age	13 / 58
Level Term Period Ends	May 15, 2034
Conversion Expiry Date	May 15, 2034
Final Expiry Date	May 15, 2063
Cash Value / Loan Value	None (term insurance)

PREMIUM ACTIVITY

Date Received	Description	Applied To	Amount
05/09/2025	Annual premium – check	05/15/2025 – 05/15/2026	\$2,415.00
05/07/2026	Annual premium – check	05/15/2026 – 05/15/2027	\$2,415.00

Next premium due: May 15, 2027 – \$2,415.00 (annual). Your premium remains level through the policy year beginning May 15, 2033. Beginning May 15, 2034, premiums will increase each year; the guaranteed maximum premium for the policy year beginning May 15, 2034 is \$38,903.00.

CONVERSION REMINDER

You may convert this policy to a permanent plan of life insurance without evidence of insurability on any premium due date on or before May 15, 2034, for any amount up to the Face Amount. The conversion privilege ends after that date.

Agent of record: Thomas E. Rourke, CLU, Rourke Financial Group, Dublin, Ohio, (614) 555-0129. This statement is provided for information only. It does not change the terms of your policy. If there is a conflict between this statement and the policy, the policy governs.