

SERFF Tracking Number: GPML-125659885 State: Arkansas
 Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 39113
 Company Tracking Number: 58P LIF08
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
 Product Name: 2001 CSO - Individual Life - Whole
 Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: 2001 CSO - Individual Life - Whole SERFF Tr Num: GPML-125659885 State: ArkansasLH

TOI: L07I Individual Life - Whole

SERFF Status: Closed

State Tr Num: 39113

Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: 58P LIF08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Authors: Linda Boydston, Norma Castillo

Disposition Date: 05/30/2008

Date Submitted: 05/28/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2001 CSO - Individual Life/ 58P LIF08

Status of Filing in Domicile: Pending

Project Number: 58P LIF08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending approval in the state of Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/30/2008

State Status Changed: 05/30/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

This filing contains no unusual or controversial items from normal Company or industry standards.

58P LIF08 - Whole Life Insurance Policy. Illustrated. Provides level death benefit for the whole of life. Endows at age

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100. Premiums payable as specified in the Policy Schedule on page 3 of the policy. Premiums may be payable for the whole of life, for twenty (20) years, or to the policy anniversary nearest the Insured's attained age 65. Minimum policy size \$2,000 (ages 0-14), \$5,000 (ages 15-75). 2001 CSO Smoker or Nonsmoker Mortality Table, Age Last Birthday, Male/Female. Participating.

The following Supporting Documents are included in the filing:

1. Actuarial memorandum
2. Sample "John Doe" Application form previously made available in your jurisdiction
3. Sample Illustration
4. Sample Statement of Policy Cost and Benefit Information
5. Sample Annual Statement

Policy is intended for the general market and will be individually solicited through licensed agents. Rider forms 58N CIR08 (Children's Insurance Rider) and 58O WPD08 (Waiver of Premium for Total Disability), submitted under separate cover, will be available with this product when approved in your jurisdiction.

This form is a new submission. It has not previously been disapproved. It is not intended to supersede a form previously submitted but not yet approved. These forms are in final print format; however we reserve the right to change the format of the forms due to technological advances. The application form, in the format shown in this filing, will be made available on our website so it may be printed by our agents and sent to us. We will require physical signatures and will not accept electronic signatures.

Company and Contact

Filing Contact Information

Norma Castillo, Regulatory Filing Assistant anc@gpmlife.com
2211 N.E. Loop 410 (800) 938-4765 [Phone]
San Antonio, TX 78217 (210) 357-6722[FAX]

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas

SERFF Tracking Number: GPML-125659885 State: Arkansas
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Company

2211 N.E. Loop 410
P.O. Box 659567
San Antonio, TX 78217
(800) 938-4765 ext. 2814[Phone]

Group Code:
Group Name:
FEIN Number: 74-0651020

Company Type: LAH
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: Texas Exempt \$50.00
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Government Personnel Mutual Life Insurance Company | \$50.00 | 05/28/2008 | 20538819 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 05/30/2008 | 05/30/2008 |

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Disposition

Disposition Date: 05/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Illustration Actuarial Certification | | No |
| Supporting Document | Illustration | | Yes |
| Supporting Document | Sample Statement of Policy Cost and Benefit | | Yes |
| Supporting Document | Annual Statement | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Supporting Document | Marketing Disclosure | | Yes |
| Supporting Document | Notice for Policies | | Yes |
| Form | Whole Life | | Yes |

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Form Schedule

Lead Form Number: 58P LIF08

| Review Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|---|---------|----------------------|-------------|-------------------------------|
| | 58P LIF08 | Policy/Cont Whole Life ract/Fraternal Certificate | Initial | | 64 | 58P LIF08 - basic - AR.pdf |

Government Personnel Mutual Life Insurance Company

San Antonio, Texas
(CALLED "GPM" IN THIS POLICY)



GPM will pay the benefits provided in this policy subject to its terms and conditions.

30 DAY RIGHT TO EXAMINE POLICY. It is important to Us that You are satisfied with this Policy. If You are not satisfied, You may return the Policy to Our Home Office or to Your agent within 30 days after You receive it. We will refund all the premium You have paid. The Policy will be deemed void from the Policy Date.

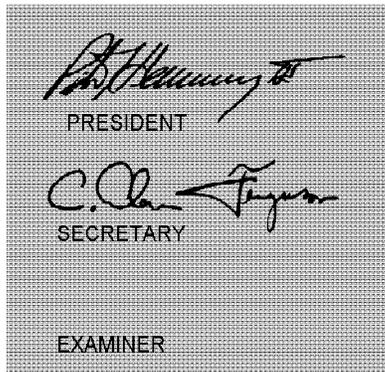
SIGNED BY GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY at its Home Office at 2211 NE Loop 410, San Antonio, Texas 78217 as of the Policy Date.

PLEASE EXAMINE THIS POLICY CAREFULLY.

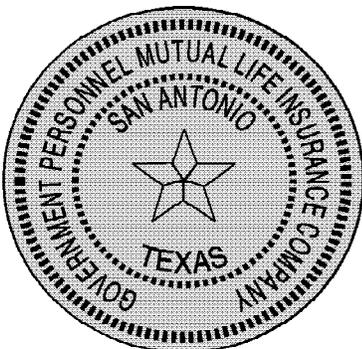
This is a legal contract between You and GPM Life.

For Policyowner Service or Claim Information Call:

1-800-929-4765



Life Policy.
Proceeds Payable at Insured's Death
Premiums Payable during Insured's Lifetime,
as Shown on the Schedule Page.
Pays Dividends Annually from Second Year.



POLICY NUMBER:

[58P LIF08]

POLICY DATE:

[January 1, 2008]

NAME OF INSURED:

[John Doe]

GUIDE TO POLICY CONTENTS

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A copy of the Application and any Endorsements or Riders follows page 15.

SCHEDULE PAGE

| PLAN | COVERAGE DESCRIPTION | SUM INSURED | POLICY CLASS | ANNUAL PREMIUM | BENEFIT CEASES | POLICY NUMBER: |
|--|----------------------|-------------|-------------------|----------------|----------------|---|
| [WL08 | Whole Life Policy | \$25,000 | 100% | \$360.25 | 2073] | [58P LIF08] |
| | [| | Non-Tobacco Use] | | | POLICY DATE: |
| | | | | | | [January 1, 2008] |
| | | | | | | NAME OF INSURED: |
| | | | | | | [John Doe] |
| | | | | | | AGE AT ISSUE/SEX: |
| | | | | | | [35 Male] |
| | | | | | | ANNUAL PREMIUM: |
| | | | | | | [\$360.25] |
| | | | | | | OWNER: |
| | | | | | | [John Doe] |
| CASH VALUE INTEREST RATE: 5.00 PERCENT PAID-UP INSURANCE INTEREST RATE: 5.00 PERCENT INTEREST RATE FOR RESERVES: 4.00 PERCENT (ALL YEARS) VALUATION METHOD: COMMISSIONER'S RESERVE MORTALITY TABLE: 2001 CSO Standard Mortality Table, Age Last Birthday, Male/Female | | | | | | The owner and beneficiary are as stated in the application unless later changed. |

TABLE OF CASH, LOAN AND NONFORFEITURE VALUES

PER [\$25,000] SUM INSURED

| END OF POLICY YEAR | ATTAINED AGE OF INSURED | POLICY ANNIVERSARY IN YEAR | TABULAR CASH OR LOAN VALUE | PAID-UP LIFE INSURANCE | PAID-UP TERM INSURANCE YEARS | DAYS |
|--------------------------|-------------------------------|----------------------------------|----------------------------------|------------------------------|------------------------------------|------|
| [1 | [36 | [2009 | [\$ 0 | [\$ - | [0 | [0 |
| 2 | 37 | 2010 | 0 | - | 0 | 0 |
| 3 | 38 | 2011 | 100 | 609 | 3 | 39 |
| 4 | 39 | 2012 | 300 | 1,749 | 7 | 300 |
| 5 | 40 | 2013 | 525 | 2,934 | 11 | 312 |
| 6 | 41 | 2014 | 750 | 4,019 | 14 | 271 |
| 7 | 42 | 2015 | 1,000 | 5,138 | 17 | 14 |
| 8 | 43 | 2016 | 1,250 | 6,160 | 18 | 264 |
| 9 | 44 | 2017 | 1,500 | 7,092 | 19 | 327 |
| 10 | 45 | 2018 | 1,775 | 8,055 | 20 | 333 |
| 11 | 46 | 2019 | 2,050 | 8,932 | 21 | 241 |
| 12 | 47 | 2020 | 2,325 | 9,730 | 22 | 78 |
| 13 | 48 | 2021 | 2,625 | 10,553 | 22 | 269 |
| 14 | 49 | 2022 | 2,925 | 11,295 | 23 | 23 |
| 15 | 50 | 2023 | 3,225 | 11,964 | 23 | 79 |
| 16 | 51 | 2024 | 3,550 | 12,653 | 23 | 129 |
| 17 | 52 | 2025 | 3,900 | 13,360 | 23 | 176 |
| 18 | 53 | 2026 | 4,250 | 13,998 | 23 | 182 |
| 19 | 54 | 2027 | 4,600 | 14,573 | 23 | 151 |
| 20 | 55 | 2028 | 4,975 | 15,170 | 23 | 124 |
| 25 | 60 | 2033 | 6,950 | 17,646 | 22 | 66 |
| 27 | 62 | 2035 | 7,800 | 18,470 | 21 | 184 |
| 30 | 65 | 2038 | 9,100 | 19,526 | 20 | 118 |
| 65] | 100] | 2073] | 25,000] | 25,000] | 0] | 0] |

NONFORFEITURE FACTOR PER \$1,000 SUM INSURED

POLICY YEARS 1+ [9.17498]

See paragraphs 9.01 - 9.02 for a statement of the Basis for Calculation of Tabular Cash Values and Nonforfeiture Values.

For Loan Value, the value shown is used in the first step of the Loan Value calculation. See Paragraph 5.01. Interest Rate is 7.40% per annum, payable in advance.

GENERAL PROVISIONS

Definitions.

1.01 When We use the following words, We mean:

Age - means at any Policy Anniversary, the Insured's Age at the Insured's last birthday. Age is sometimes called Attained Age.

Cash Value - That amount of cash that We will give You if You surrender the Policy to Us before the death of the Insured. The Cash Value at the end of any Policy Year is that amount shown in the Table of Cash, Loan and Nonforfeiture Values Table, plus any Dividend Credits and less any Indebtedness.

Dividend Credits - The value of any earned dividends You have not cashed or used to pay premiums.

He, His, Him - Will be taken to mean persons of either sex.

Home Office - The main office of GPM in San Antonio, Texas.

Indebtedness - Any debts due Us under this Policy.

Insured - The person whose life is Insured under this Policy. Usually, the Insured is the Owner of the Policy, but not always.

Nonforfeiture Options - Those choices You have if You stop paying premiums before they are scheduled to cease at the time shown in the Policy Schedule. It involves applying or taking the Cash Value.

Policy - means this Policy.

Policy Anniversary - means the same day and month as the Policy Date, for each succeeding years this Policy remains in force.

Policy Date - means the first instant of the date this Policy begins. This is the date from which Policy anniversaries, Policy Years, Policy months, and premium due dates are determined. The Policy Date is shown on the Schedule Page.

Policy Year - means the period from the Policy Date to the last instant of the day before the first Policy Anniversary, and the period from each Policy Anniversary to the last instant of the day before the next Policy Anniversary.

Proceeds - The amount We must pay under this Policy's terms when it matures, or when the Insured dies.

Sum Insured - The amount of death benefit described or shown on the Schedule Page of this Policy. It applies only while this Policy is in full force. Terms, conditions and amount of death benefit may be changed if a Nonforfeiture Option has been exercised.

We, Us, Our - Government Personnel Mutual Life Insurance Company (GPM).

You, Your - The Owner of this Policy.

GENERAL PROVISIONS - Continued

Consideration for this Policy.

1.02 We insure the life of the Insured, in consideration of (a) the application and (b) premiums paid during the Insured's life as the Policy directs.

Entire Contract.

1.03 This Policy, including a copy of Your written application, is the entire contract between You and Us. In the absence of fraud, all statements made in Your applications will be considered representations and not warranties. Only statements made in the application can be used to void this Policy or defend against a claim.

Can this Policy Be Changed?

1.04 Your Policy cannot be changed unless You agree to it. The change must be written. Only the President, a Vice President, the Secretary, an Assistant Secretary, the Actuary, or the Treasurer can make or change this Policy or waive anything in it.

What Are the Owner's Rights?

1.05 You may use and enjoy every right, privilege, option, and benefit granted by this Policy or by Us. If the Insured is a minor, is not the Owner, and the Owner dies, ownership shall pass to the contingent Owner if any. If no contingent Owner is named, ownership shall pass in this order:

- (1) The custodial parent or parents, if living, with right of survivorship;
- (2) If not, the legal guardian of the estate of the Insured.

If the Owner dies after the Insured has reached the Age of majority, ownership will pass to the Insured if no contingent Owner was named.

Can Ownership Be Transferred?

1.06 You may transfer this Policy to a new Owner in a written form satisfactory to Us. Change of ownership is not good until We receive the written request at Our Home Office. The date of change will be the date the request was signed, even if the Insured is dead when We receive the request. But such change will be subject to any payment made or action taken by Us before We receive the request.

Can You Assign this Policy?

1.07 Your rights and the beneficiary's may be controlled by any assignment You make that We receive. We are not responsible for the assignment being valid or for its effect. But if a claim is made under the assignment, there must be proof of interest and the extent of the interest.

Payments by the Company.

1.08 All payments by Us under this Policy are payable at Our Home Office in U.S. Dollars.

BENEFIT PROVISIONS

Payment of Policy Proceeds.

2.01 We promise to pay the Proceeds of this Policy to the beneficiary, if We receive due proof of the Insured's death while the Policy is in force, and due proof of the right of the claimant to the Proceeds of the Policy.

2.02 You will be required to give Us this Policy when settlement is made.

What Amount is Payable?

2.03 When We receive proof of the Insured's death, We will pay the Sum Insured with certain

additions and deductions. We will add any dividend additions, accumulated dividends, unpaid dividends, Premium Deposit Funds, or any other death benefits payable. We will deduct any Indebtedness due Us.

Interest Will Be Added if Payment is Delayed.

2.04 If payment of the death benefit has not been made within thirty (30) days from the date We receive due proof of the Insured's death and due proof of the right of the claimant to the Proceeds, We will pay interest on the death benefit at the rate of 8.0% per year. We will compute the interest from the date of the Insured's death to the date the Proceeds are paid.

BENEFIT PROVISIONS - Continued

Who Will Receive Policy Proceeds?

2.05 The original beneficiary is named in the application. When the Insured dies, We will pay the Proceeds to the latest beneficiary named according to the terms of this Policy. If no beneficiary survives the Insured, then the beneficiary will be the Owner, if living. If not, We will pay the Owner's estate.

2.06 Unless this Policy provides otherwise, while the Insured is living, the beneficiary, may be changed by filing with Us a signed written request in a form satisfactory to Us. If an irrevocable beneficiary has been named and is still living, that person's written consent will be needed for any beneficiary change. Any change will not take effect until recorded by Us at Our Home Office. Once recorded, the change will be effective as of the date the request was signed, but this change will be subject to any payment or action We took before recording it.

Can We Contest this Policy?

2.07 We cannot contest this Policy after it has been in force during the lifetime of the Insured for two (2) years from the Policy Date, except for fraud and/or non-payment of premiums.

If this Policy is reinstated, We cannot contest the reinstatement after this Policy is again in force for two (2) years from the effective date of reinstatement while the Insured is alive, except for fraud and/or non-payment of premiums. We will rely on material representations made in the reinstatement application.

Does Suicide Make a Difference?

2.08 If the Insured commits suicide within two (2) years from the Policy Date, while sane or insane, We will pay in one sum only the total of premiums paid less Indebtedness. When the laws of the state in which this Policy is delivered require less than this two (2) year period, the period will be as stated by such laws.

What if Incorrect Age or Sex of Insured is Given?

2.09 We can adjust the amount payable if the Age or sex of the Insured is misstated. The amount will be that which the premiums would have bought at the correct Age or sex at the Policy Date.

PREMIUM PROVISIONS

How Can Premiums Be Paid?

3.01 All premiums must be paid in advance to Us at the Home Office or to Our authorized agent. You may pay premiums annually, semi-annually or by an automated monthly mode. The premium for the mode You selected is shown on the Schedule Page. Upon request of the person paying premiums on this Policy, We will give a receipt signed by one of the GPM Officers listed in Paragraph 1.04 for each premium paid.

What if a Payment is Late?

3.02 A premium not paid on or before its due date is in default. But You have a grace period of thirty-one (31) days for payment after the first one. During that period, the Policy will remain in force. If You do not pay within that period, the Policy will be void, unless the Policy provides otherwise.

Can this Policy Be Reinstated?

3.03 If this Policy has not been surrendered for cash, You may reinstate it within five (5) years of the premium payment default. The Insured must be alive at that time. You may do so in two ways:

- (1) You may reinstate within thirty-one (31) days after the grace period has expired by paying the premium in default. Also, You must pay or reinstate any Indebtedness and pay interest on it at the rate of 6% per annum.
- (2) Thereafter, but within five (5) years of premium default, You may reinstate by doing the following:
 - (a) Write Us asking to reinstate the Policy.

PREMIUM PROVISIONS - Continued

- (b) Give Us evidence of insurability as We require.
- (c) Pay or reinstate any Indebtedness.
- (d) Pay all past premiums.
- (e) Pay interest on (c) and (d) at the rate of 6% per annum.

Premiums Will Be Adjusted at Death.

3.04 If the Insured dies while someone is still paying premiums, We need premiums only through the month of death. We will refund any paid beyond that month.

Will a Premium Be Loaned Automatically?

3.05 In the application or later in writing You may elect to add the Automatic Premium Loan option. If You write, We must receive it before any grace period of the premium in default has expired. You may later revoke the option by writing the Home Office. The change will go into effect when received.

3.06 If the option is in effect, We will automatically pay by loan any premium past due. Each loan will reduce the Policy's Loan Value. We will do so only if the loan, plus interest, plus other Indebtedness does not exceed the Policy's Loan Value at the next premium due date. If the values are too small, We will automatically pay by loan as much of the premium past due as the Policy's Loan Value will cover. We will do this for as long as the total Indebtedness does not exceed the Loan Value.

Advance Premiums Will Be Placed in a Premium Deposit Fund.

3.07 You may pay premiums in advance. You must pay them to Our Home Office. The fund of advance premiums will draw interest at a rate that We will set (2.0% or more per year). We will not accept more than the amount which will pay all future premiums.

3.08 We will charge any premium not paid at the end of the grace period against the Premium Deposit Fund. If the fund is not enough to pay the full premium, then a lesser amount will be paid. If the Automatic Premium Loan option is in effect, We will pay the premium in another way. First, We will draw from the Premium Deposit Fund. If there is not enough to pay the premium, We will pay by loan the rest from the Loan Value of the Policy.

3.09 You may take money from the Premium Deposit Fund at any time. We will pay it to You if:

- (1) You surrender this Policy for its Cash Value;
- (2) Any Nonforfeiture Option comes in effect; or
- (3) A Policy Loan is granted.

3.10 The rules of the jurisdiction in which We delivered this Policy shall overrule any of the above fund provisions, if in conflict.

DIVIDEND PROVISIONS

When Are Dividends Paid?

4.01 We decide each year if We have a divisible surplus and how much Your share will be. Your share, if any, called a dividend, will be credited to Your Policy. This dividend will reflect Our mortality, expense and investment experience and will be affected by any Policy debt during the Policy Year.

How May Dividends Be Used?

4.02 You may use Your dividends in several ways:

- (1) **Cash** - We pay You in cash.
- (2) **Reduce Premiums** - You may use the dividends to reduce Your premiums.
- (3) **Paid-Up Additional Insurance** - You may buy paid-up insurance on the life of the Insured. The rate shall be the net single premium at the Attained Age of the Insured. Its Cash Value will equal the reserve and will never be less than the dividends so applied. This insurance shall also be eligible for dividends.

- (4) **Accumulation** - You may leave Your dividends with Us to accumulate interest. We will set the rate each year, but it will never be less than 2.0%. You get the dividends plus interest on written request, or You can get them when the Policy terminates.

4.03 Unless You tell Us otherwise, We will use the dividends to buy paid-up additional insurance.

Can Dividends Pay-up or Mature this Policy Early?

4.04 You may elect to pay-up this Policy under certain conditions. If the Dividend Credits plus the Tabular Cash Value equals the net single premium, You may do so. The premium rate will be that of the Insured's Attained Age. You must do this within thirty-one (31) days of the premium due date.

4.05 By written consent, You may mature this Policy as an endowment. You may do so when the Dividend Credits plus the Tabular Cash Value equals or exceeds the Sum Insured.

LOAN PROVISIONS

Can You Borrow Against this Policy?

5.01 You may borrow money from Us against this Policy, on the sole security of the Policy, if the loan does not exceed the Loan Value. The Loan Value for any Policy Year will be figured in these steps:

- (1) Start with the Tabular Cash Value shown in the table on Schedule Page. We will furnish values for years not shown.
- (2) Add any Dividend Credits You have not used.
- (3) Deduct premiums not paid to the end of the year.
- (4) Deduct any Indebtedness You already have on this Policy.
- (5) Deduct interest on the net amount (the result of steps 1 through 4 above) to the end of the year.

5.02 You may not borrow money against this Policy if it is not in force, or if there is no Loan Value.

Interest Is Charged on the Loan.

5.03 Loan shall bear interest at the rate of 7.4%. You must pay the interest in advance each year, except at the time the loan was made. At that time, the interest to the next Policy Anniversary will be deducted from the loan amount You receive. Interest not paid when due will be added to the loan and will bear interest.

What if Indebtedness Exceeds Loan Value?

5.04 Whenever the Indebtedness exceeds the Loan Value, We will notify You or the last Assignee by mail at the last known address. If You do not pay off the excess debt in thirty-one (31) days after We mail the notice, the Policy will be void.

LOAN PROVISIONS - Continued

Can You Repay the Loan?

5.05 You may pay any part or all of the loan against this Policy at any time while this Policy is in force. We will refund any unearned interest or credit it to the Policy as of the payment date.

We Can Defer Granting a Loan.

5.06 Except for a loan to pay premiums, We may defer granting a loan for a period not to exceed six (6) months from receipt of the loan application.

EXCHANGE PROVISIONS

Exchange Privilege.

6.01 You may request to exchange this Policy for one of another plan. The Sum Insured of the new policy may not exceed the Sum Insured of this Policy. You may select any life insurance plan We are then issuing for the Insured's Age and risk class, so long as premiums on the new Policy are payable for at least five (5) years. The new Policy will have the same or a later date as this Policy and will be subject to any Indebtedness. Future premiums will be at the premium rate of the new policy.

(2) If this Policy has been in force for more than two (2) years, the cost will be the difference between the Cash Values of the new policy and this Policy at the date of exchange, increased by 5%.

6.03 If You request a lower premium plan, We will refund any differences in the Cash Values.

Other Requirements.

6.04 We reserve the right to require evidence of insurability satisfactory to Us if:

Cost or Allowance on Exchange.

6.02 Your cost for changing to a higher premium policy will be figured in one of these ways:

(1) If this Policy has been in force for two (2) years or less, the cost will be the total additional new policy premium that would have been paid if the new policy had been issued originally.

(1) The new Policy has a lower premium rate than this Policy; or

(2) The premium rate increases by more than 10% and the Waiver of Premiums for Disability Benefit is in effect on this Policy; or

(3) You request an additional benefit on the new Policy that You do not have on this Policy.

NONFORFEITURE PROVISIONS

When Can You Elect a Nonforfeiture Option?

7.01 When this Policy has a Cash Value, You may take or apply such value if You choose not to continue under the original terms of this Policy.

Choice When Premium Payments Are Stopped.

7.02 If a premium has been in default less than sixty (60) days, and if the Policy has a Cash Value at the time of default, the Owner has several options.

Option 1. Paid-Up Term Insurance.

7.03 If paid-up term insurance values are shown in the Table of Cash, Loan and Nonforfeiture Values, You may continue this Policy from the due date of a premium in default as non-participating term insurance. The amount will be for the Sum Insured plus any dividend additions and less any Indebtedness. The period for the paid-up term insurance will be that which the Cash Value will buy as a net single premium at the Attained Age of the Insured.

NONFORFEITURE PROVISIONS - Continued

Any value more than that needed to buy such insurance will be paid to You in cash. Such insurance will have Cash Values, but no Loan Value.

Exception: If the Insured is in a risk class which requires that an extra premium be charged, as shown in the Schedule Page, the paid-up term insurance option is not available.

Option 2. Paid-Up Life Insurance for a Reduced Amount.

7.04 You may continue this Policy as paid-up life insurance for a lesser amount from the due date of the premium in default. This amount will be paid on the death of the Insured. The paid-up amount will be that which the Cash Value will buy as a net single premium at the Attained Age of the Insured. The Policy as paid-up life insurance will have Cash and Loan Values. We will credit it with its share of any dividends that We declare.

Option 3. Surrender for Cash.

7.05 You may surrender this Policy to Us for its Cash Value. If You surrender it within sixty (60) days after the due date of a premium in default, the surrender value will not be less than the Cash

Value on that due date. We may defer payment of the Cash Value on surrender for not more than six (6) months after You apply for surrender. If You surrender this Policy to Us for its Cash Value, any unearned premiums paid for any period beyond the end of the month in which the Policy is surrendered will be returned to You.

What Option Takes Effect if You Do Not Choose?

7.06 If paid-up term insurance values are shown on the Table of Cash, Loan and Nonforfeiture Values, We will use the Cash Value of this Policy to buy paid-up term insurance when the grace period for a premium in default expires. The only exceptions will be these:

- (1) If within sixty (60) days after the due date of the premium in default and while the Insured is alive, You apply to Us for paid-up life insurance in writing.
- (2) You surrender this Policy to Us for cash.

7.07 If paid-up term insurance is not available under this Policy, then We will use the Cash Value to buy paid-up life insurance when the grace period for a premium in default expires.

SETTLEMENT PROVISIONS

When Can Settlement Options Be Used?

8.01 We will pay all or part of the Proceeds of this Policy under any of the Settlement Options below. However, payment is subject to any assignment You made of the Proceeds. You may elect or change any one of these options at any time while the Insured is alive. But You must tell Us at Our Home Office of the choice or change in writing.

8.02 At the time of the Insured's death, the beneficiary can elect one of the Settlement Options if You have not done so.

A Settlement Agreement is Required.

8.03 When the Proceeds become payable, We may require that You send Us this Policy. We will prepare a Settlement Agreement and send it to the Payee. It will set forth the rights and the benefits of the Payee under this Policy.

Who May Receive Settlement Payments?

8.04 The person(s) who will benefit under an option will be the Payee(s). Normally a Payee must be a natural person taking in His own right. Exceptions must have Our consent to be named Payees.

Proof That Payee is Alive.

8.05 Before We make payment under any option, We may require proof that the Payee is alive. If We require proof, then no payment is due until proof is received in Our Home Office.

SETTLEMENT PROVISIONS - Continued

When Are Installments Paid?

8.06 We will make the first payment under Option 1, 2, 3, 5, or 6 just as soon as We have approved the claim for settlement. The rest of the installments will be paid according to the type of payment selected.

What if Payee Dies?

8.07 If the Payee (surviving Payee under Option 5 or 6) dies before He receives all guaranteed installments under Option 1, 2, 3, or 5, We will pay His estate in cash the commuted value of the unpaid installments. Any other type of payment must be approved by Us. In computing the value, We will use an interest rate of 2.0% compounded each year.

Is There Protection Against Creditors?

8.08 The Proceeds of payments due or to become due under an option may not be assigned. Unless provided in the election, the Proceeds may not be encumbered, alienated, anticipated, or commuted. They may not be withdrawn, except as provided in Option 4. To the extent allowed by law, the Proceeds not yet paid under an option will not be subject to the Payee's debts, Policy's or engagements. They will not be subject to any court process to levy upon or attach the Proceeds for their payments.

Excess Interest or Income Dividend.

8.09 Any amount held by Us under Option 3 or 4 shall earn interest at a rate set by Us (2.0% or more per year). Any guaranteed installment payments under Options 1, 2, 5, and 6 shall be increased by any Income Dividend that We declare.

What Options May Be Elected?

Option 1. Guaranteed Installments for a Fixed Period.

8.10 For each \$1,000 due, We will pay the Proceeds in equal monthly installments over a period of from 5 to 30 years. The installments will be as shown in the following table. The guaranteed interest rate is 2.0%.

Option 1. Table

| Number of Years Payable | Amount of Monthly Installments | Number of Years Payable | Amount of Monthly Installments |
|-------------------------|--------------------------------|-------------------------|--------------------------------|
| 5 | \$17.49 | 20 | \$5.04 |
| 6 | 14.72 | 21 | 4.85 |
| 7 | 12.74 | 22 | 4.67 |
| 8 | 11.25 | 23 | 4.51 |
| 9 | 10.10 | 24 | 4.36 |
| 10 | 9.18 | 25 | 4.22 |
| 11 | 8.42 | 26 | 4.10 |
| 12 | 7.80 | 27 | 3.98 |
| 13 | 7.26 | 28 | 3.87 |
| 14 | 6.81 | 29 | 3.77 |
| 15 | 6.42 | 30 | 3.68 |
| 16 | 6.07 | | |
| 17 | 5.77 | | |
| 18 | 5.50 | | |
| 19 | 5.26 | | |

Option 2. Life Income.

8.11 We will pay the Proceeds in equal monthly installments in any one of two ways:

- (1) We will pay during the life of the Payee (Life Annuity) if He is not less than Attained Age 50 when the payments begin.
- (2) We will pay over a period of 10 or 20 years certain. Then We will pay during the rest of the life of the Payee.

The amount of each installment depends on the Attained Age and sex of the Payee when the first installment is due. We will compute the installment for each \$1,000 due from the following table. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 2. Table

| MONTHLY INSTALLMENTS PAYABLE | | | | | |
|------------------------------|---------------------------|--------|--------------|---------------------------|--------|
| Life Annuity | 10 Years Certain and Life | | Age of Payee | 20 Years Certain and Life | |
| | Male | Female | | Male | Female |
| (Not available under age 50) | \$2.27 | \$2.20 | Under 15 | \$2.26 | \$2.20 |
| | 2.28 | 2.21 | 15 | 2.28 | 2.21 |
| | 2.30 | 2.23 | 16 | 2.29 | 2.23 |
| | 2.32 | 2.24 | 17 | 2.31 | 2.24 |
| | 2.33 | 2.26 | 18 | 2.33 | 2.26 |
| | 2.35 | 2.27 | 19 | 2.35 | 2.27 |
| | 2.37 | 2.29 | 20 | 2.37 | 2.29 |

SETTLEMENT PROVISIONS - Continued

Option 2. Table - Continued

| MONTHLY INSTALLMENTS PAYABLE | | | | | | |
|------------------------------|--------|---------------------------|--------|--------------|---------------------------|--------|
| Life Annuity | | 10 Years Certain and Life | | Age of Payee | 20 Years Certain and Life | |
| Male | Female | Male | Female | | Male | Female |
| | | \$2.39 | \$2.31 | 21 | \$2.39 | \$2.31 |
| | | 2.41 | 2.33 | 22 | 2.41 | 2.32 |
| | | 2.43 | 2.35 | 23 | 2.43 | 2.34 |
| | | 2.45 | 2.36 | 24 | 2.45 | 2.36 |
| | | 2.48 | 2.38 | 25 | 2.47 | 2.38 |
| | | 2.50 | 2.40 | 26 | 2.49 | 2.40 |
| | | 2.52 | 2.43 | 27 | 2.52 | 2.42 |
| | | 2.55 | 2.45 | 28 | 2.54 | 2.44 |
| | | 2.58 | 2.47 | 29 | 2.57 | 2.47 |
| | | 2.60 | 2.50 | 30 | 2.60 | 2.49 |
| | | 2.63 | 2.52 | 31 | 2.62 | 2.52 |
| | | 2.66 | 2.55 | 32 | 2.65 | 2.54 |
| | | 2.69 | 2.57 | 33 | 2.68 | 2.57 |
| | | 2.73 | 2.60 | 34 | 2.71 | 2.59 |
| | | 2.76 | 2.63 | 35 | 2.75 | 2.63 |
| | | 2.80 | 2.66 | 36 | 2.78 | 2.65 |
| | | 2.83 | 2.69 | 37 | 2.81 | 2.68 |
| | | 2.87 | 2.72 | 38 | 2.85 | 2.71 |
| | | 2.91 | 2.76 | 39 | 2.89 | 2.75 |
| | | 2.95 | 2.80 | 40 | 2.93 | 2.78 |
| | | 3.00 | 2.83 | 41 | 2.97 | 2.82 |
| | | 3.04 | 2.87 | 42 | 3.01 | 2.85 |
| | | 3.09 | 2.91 | 43 | 3.05 | 2.89 |
| | | 3.14 | 2.96 | 44 | 3.10 | 2.93 |
| | | 3.19 | 3.00 | 45 | 3.15 | 2.98 |
| | | 3.25 | 3.05 | 46 | 3.19 | 3.02 |
| | | 3.30 | 3.09 | 47 | 3.24 | 3.06 |
| | | 3.36 | 3.15 | 48 | 3.30 | 3.11 |
| | | 3.42 | 3.20 | 49 | 3.35 | 3.16 |
| \$3.51 | \$3.27 | 3.49 | 3.26 | 50 | 3.40 | 3.21 |
| 3.58 | 3.33 | 3.56 | 3.31 | 51 | 3.46 | 3.26 |
| 3.66 | 3.39 | 3.63 | 3.38 | 52 | 3.52 | 3.32 |
| 3.74 | 3.46 | 3.70 | 3.44 | 53 | 3.58 | 3.37 |
| 3.82 | 3.53 | 3.78 | 3.51 | 54 | 3.64 | 3.43 |
| 3.90 | 3.60 | 3.86 | 3.58 | 55 | 3.70 | 3.49 |
| 3.99 | 3.68 | 3.95 | 3.65 | 56 | 3.77 | 3.56 |
| 4.09 | 3.76 | 4.04 | 3.73 | 57 | 3.84 | 3.62 |
| 4.19 | 3.85 | 4.13 | 3.82 | 58 | 3.90 | 3.69 |
| 4.30 | 3.94 | 4.23 | 3.90 | 59 | 3.97 | 3.76 |
| 4.42 | 4.04 | 4.34 | 4.00 | 60 | 4.04 | 3.83 |
| 4.54 | 4.14 | 4.45 | 4.09 | 61 | 4.11 | 3.90 |
| 4.67 | 4.25 | 4.56 | 4.20 | 62 | 4.18 | 3.98 |
| 4.81 | 4.37 | 4.69 | 4.31 | 63 | 4.25 | 4.05 |
| 4.96 | 4.50 | 4.81 | 4.42 | 64 | 4.31 | 4.13 |
| 5.12 | 4.63 | 4.95 | 4.54 | 65 | 4.38 | 4.20 |
| 5.29 | 4.77 | 5.09 | 4.67 | 66 | 4.45 | 4.28 |
| 5.48 | 4.93 | 5.23 | 4.80 | 67 | 4.51 | 4.35 |
| 5.67 | 5.09 | 5.39 | 4.95 | 68 | 4.57 | 4.42 |
| 5.88 | 5.27 | 5.54 | 5.10 | 69 | 4.62 | 4.49 |
| 6.10 | 5.46 | 5.70 | 5.25 | 70 | 4.68 | 4.56 |
| 6.33 | 5.66 | 5.87 | 5.42 | 71 | 4.73 | 4.62 |
| 6.58 | 5.88 | 6.04 | 5.59 | 72 | 4.77 | 4.68 |
| 6.85 | 6.12 | 6.22 | 5.78 | 73 | 4.81 | 4.74 |
| 7.13 | 6.38 | 6.39 | 5.96 | 74 | 4.85 | 4.79 |
| 7.44 | 6.66 | 6.57 | 6.16 | 75 | 4.88 | 4.83 |
| 7.76 | 6.96 | 6.75 | 6.36 | 76 | 4.91 | 4.87 |
| 8.11 | 7.29 | 6.93 | 6.56 | 77 | 4.94 | 4.90 |
| 8.48 | 7.64 | 7.11 | 6.76 | 78 | 4.96 | 4.93 |
| 8.88 | 8.03 | 7.29 | 6.97 | 79 | 4.98 | 4.95 |
| 9.31 | 8.44 | 7.46 | 7.17 | 80 | 4.99 | 4.97 |

Option 3. Installments of a Set Amount.

8.12 We will pay the Proceeds in equal or varied installments if You and We agree on the plan of payment. We will pay the installments until the Proceeds, with interest thereon, are consumed. We will compute the interest at the rate of 2.0% compounded each year.

Option 4. Proceeds Left at Interest with Right to Withdraw Deposit.

8.13 The Proceeds may be left on deposit with Us to earn interest, but the Payee may make withdrawals unless prohibited in the election. Any sum withdrawn must be at least \$50. The Payee may leave the interest that the deposit earns to accumulate, or He may withdraw it. The interest that each \$1,000 earns for each withdrawal period is shown in the table below. The first interest payment will be made at the end of the period elected. We will measure the period from the date We approve the claim.

| Frequency of Payment | Annual | Semi-Annual | Quarterly | Monthly |
|----------------------|---------|-------------|-----------|---------|
| Amount Payable | \$20.00 | \$9.93 | \$4.95 | \$1.65 |

8.14 When the Payee dies, any unpaid Proceeds under this option will be paid equally to the surviving members of the successive class of beneficiaries. If there are none, and You have not given Us other instructions, We will pay the rest of the Proceeds to the estate of the Payee.

8.15 Unless the right has been denied in the election, any Proceeds held under Option 4 may be applied under any other Settlement Option

Option 5. Joint and Last Survivor Life Income.

8.16 The Proceeds may be paid in equal monthly installments jointly to two Payees. We will pay for a period of ten (10) years certain, and then will continue to pay the same amounts while both are alive. After the death of one Payee, We will continue to pay the survivor until He dies. If either of the Payees fails to survive the date when the payments are due to start, this option then becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

SETTLEMENT PROVISIONS - Continued

8.17 The following table shows guaranteed monthly payments under this option. The table assumes equal Age of both Payees. Values for other Age combinations may be obtained from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 5. Table

| JOINT AND LAST SURVIVOR MONTHLY INSTALLMENTS PAYABLE | | | |
|---|--------------------|----------------------|-------------------------------------|
| Equal Age of Payees | Two Male Payees | Two Female Payees | One Male and One Female Payee |
| 30 | \$2.40 | \$2.33 | \$2.36 |
| 35 | 2.51 | 2.44 | 2.47 |
| 40 | 2.66 | 2.56 | 2.60 |
| 45 | 2.83 | 2.72 | 2.77 |
| 50 | 3.05 | 2.91 | 2.97 |
| 51 | 3.10 | 2.96 | 3.02 |
| 52 | 3.16 | 3.00 | 3.07 |
| 53 | 3.21 | 3.05 | 3.12 |
| 54 | 3.27 | 3.10 | 3.18 |
| 55 | 3.33 | 3.16 | 3.23 |
| 56 | 3.40 | 3.22 | 3.29 |
| 57 | 3.47 | 3.28 | 3.36 |
| 58 | 3.54 | 3.34 | 3.42 |
| 59 | 3.61 | 3.41 | 3.49 |
| 60 | 3.69 | 3.48 | 3.57 |
| 61 | 3.78 | 3.55 | 3.65 |
| 62 | 3.87 | 3.63 | 3.73 |
| 63 | 3.97 | 3.71 | 3.82 |
| 64 | 4.07 | 3.80 | 3.92 |
| 65 | 4.17 | 3.90 | 4.02 |
| 66 | 4.29 | 4.00 | 4.12 |
| 67 | 4.41 | 4.10 | 4.23 |
| 68 | 4.53 | 4.22 | 4.35 |
| 69 | 4.66 | 4.34 | 4.48 |
| 70 | 4.81 | 4.47 | 4.62 |
| 71 | 4.95 | 4.61 | 4.76 |
| 72 | 5.11 | 4.75 | 4.91 |
| 73 | 5.27 | 4.91 | 5.07 |
| 74 | 5.44 | 5.08 | 5.24 |
| 75 | 5.62 | 5.25 | 5.41 |
| 76 | 5.80 | 5.44 | 5.60 |
| 77 | 5.99 | 5.63 | 5.80 |
| 78 | 6.18 | 5.84 | 6.00 |
| 79 | 6.38 | 6.05 | 6.20 |
| 80 | 6.59 | 6.27 | 6.42 |
| 81 | 6.79 | 6.49 | 6.63 |
| 82 | 6.99 | 6.72 | 6.85 |
| 83 | 7.20 | 6.95 | 7.07 |
| 84 | 7.39 | 7.17 | 7.28 |
| 85 | 7.59 | 7.39 | 7.49 |
| 86 | 7.77 | 7.60 | 7.68 |
| 87 | 7.95 | 7.80 | 7.87 |
| 88 | 8.11 | 7.98 | 8.05 |
| 89 | 8.27 | 8.16 | 8.21 |
| 90 | 8.41 | 8.31 | 8.36 |
| 91 | 8.54 | 8.46 | 8.50 |
| 92 | 8.66 | 8.58 | 8.62 |
| 93 | 8.77 | 8.70 | 8.73 |
| 94 | 8.86 | 8.80 | 8.83 |
| 95 | 8.94 | 8.89 | 8.92 |
| 96 | 9.00 | 8.97 | 8.99 |
| 97 | 9.06 | 9.03 | 9.05 |
| 98 | 9.10 | 9.08 | 9.09 |
| 99 | 9.13 | 9.12 | 9.13 |
| 100 | 9.15 | 9.15 | 9.15 |

Option 6. Joint Life Income with Two-Thirds to Survivor.

8.18 The Proceeds may be paid jointly to two Payees in equal installments while both are alive. After one dies, We will reduce one amount of income payment to two-thirds of the initial installment amount. Then We will send the survivor that amount for the rest of His life. If either of the Payees fails to survive the date when payments are due to start, this option becomes void. Each Payee must submit to Us proof of Age before We will start to pay under this option.

8.19 The following table shows guaranteed initial monthly payments per \$1,000 of Proceeds for two male or two female Payees, or for one of each sex. The table assumes Payees of the same Age. You may obtain values for other Age combinations from Us. The values in the table are based on the 2000 Individual Annuity Mortality Table with 2.0% guaranteed interest rate.

Option 6. Table

| JOINT AND TWO-THIRDS SURVIVOR MONTHLY INSTALLMENTS PAYABLE | | | |
|---|--------------------|----------------------|-------------------------------------|
| Equal Age of Payees | Two Male Payees | Two Female Payees | One Male and One Female Payee |
| 30 | \$2.53 | \$2.44 | \$2.48 |
| 35 | 2.68 | 2.56 | 2.62 |
| 40 | 2.85 | 2.72 | 2.78 |
| 45 | 3.07 | 2.90 | 2.98 |
| 50 | 3.35 | 3.14 | 3.24 |
| 51 | 3.40 | 3.19 | 3.29 |
| 52 | 3.47 | 3.25 | 3.35 |
| 53 | 3.54 | 3.31 | 3.42 |
| 54 | 3.62 | 3.37 | 3.49 |
| 55 | 3.69 | 3.44 | 3.56 |
| 56 | 3.77 | 3.51 | 3.63 |
| 57 | 3.86 | 3.58 | 3.71 |
| 58 | 3.95 | 3.66 | 3.80 |
| 59 | 4.05 | 3.74 | 3.88 |
| 60 | 4.15 | 3.83 | 3.98 |
| 61 | 4.26 | 3.92 | 4.08 |
| 62 | 4.37 | 4.02 | 4.18 |
| 63 | 4.49 | 4.13 | 4.30 |
| 64 | 4.63 | 4.24 | 4.42 |
| 65 | 4.77 | 4.36 | 4.55 |
| 66 | 4.92 | 4.48 | 4.68 |
| 67 | 5.07 | 4.62 | 4.83 |
| 68 | 5.24 | 4.76 | 4.98 |
| 69 | 5.42 | 4.92 | 5.15 |
| 70 | 5.61 | 5.09 | 5.33 |
| 71 | 5.82 | 5.27 | 5.52 |
| 72 | 6.03 | 5.46 | 5.72 |
| 73 | 6.26 | 5.67 | 5.94 |
| 74 | 6.51 | 5.90 | 6.18 |
| 75 | 6.77 | 6.14 | 6.43 |

Option 7. Settlement as Agreed.

8.20 We will pay the amount due in any manner that You or the Payee and We can agree upon.

BASIS OF VALUES

9.01 Tabular Cash Values and the Nonforfeiture Values shown in the Table of Cash, Loan and Nonforfeiture Values are based on these assumptions:

- (1) This Policy has been in force and all premiums due have been paid to the end of the Policy Years shown;
- (2) There are no Dividend Credits; and
- (3) There is no Indebtedness.

Tabular Cash Values take into account the following:

- (1) time that has elapsed; and
- (2) premiums paid that were due.

Except that up to thirty-one (31) days after a Policy Anniversary it shall not be less than the Tabular Cash Value on that anniversary. We will give on request any values not shown in the table.

9.02 A detailed statement of the method of determining reserves and values under this Policy has been filed with the Insurance Supervisory Official of the state where the Policy is applied for. All such values are greater than or equal to the minimums required by law in that state.

**POLICY
DESCRIPTION**

Life Policy.
Proceeds Payable at Insured's Death.
Premiums Payable during Insured's Lifetime, as Shown on the Schedule Page.
Pays Dividends Annually from Second Year.

This Policy is a legal contract. Read Your Policy carefully.

Policyholders' meeting held at Home Office annually on second Wednesday of April beginning at 9:00 A.M.

**FOR INFORMATION
OR TO MAKE A COMPLAINT,
CALL: 1-800-929-4765 OR 1-210-357-2222**

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
2211 N.E. Loop 410
San Antonio, Texas 78217**

**GPM LIFE BUILDING P.O. Box 659567
San Antonio, Texas 78285-9567**

SERFF Tracking Number: GPML-125659885 *State:* Arkansas
Filing Company: Government Personnel Mutual Life Insurance *State Tracking Number:* 39113
Company
Company Tracking Number: 58P LIF08
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 2001 CSO - Individual Life - Whole
Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: GPML-125659885 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 39113
Company
Company Tracking Number: 58P LIF08
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 2001 CSO - Individual Life - Whole
Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Supporting Document Schedules

Review Status: 05/20/2008

Satisfied -Name: Certification/Notice
Comments:
Attachments:
AR Certification 1.pdf
AR Certification 2.pdf
Certification.pdf
AR Certification 3.pdf

Review Status: 05/20/2008

Satisfied -Name: Application
Comments:
Application LA 97A, previously approved by your jurisdiction 12-19-1997.
Attachment:
AR John Doe App - LA97A.pdf

Review Status: 05/20/2008

Satisfied -Name: Life & Annuity - Actuarial Memo
Comments:
Attachment:
Actuarial Memorandum.pdf

Review Status: 05/22/2008

Satisfied -Name: Illustration Actuarial Certification
Comments:
Illustration Actuarial Certification.
Attachment:
Illustration Actuary Certification.pdf

Review Status:

SERFF Tracking Number: GPML-125659885 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance State Tracking Number: 39113
Company
Company Tracking Number: 58P LIF08
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 2001 CSO - Individual Life - Whole
Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Satisfied -Name: Illustration 05/22/2008

Comments:

Illustration.

Attachment:

Illustration.pdf

SERFF Tracking Number: GPML-125659885 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 39113
Company Tracking Number: 58P LIF08
TOI: L07I Individual Life - Whole Sub-TOI: L07I.101 Fixed/Indeterminate Premium - Single Life
Product Name: 2001 CSO - Individual Life - Whole
Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Review Status:

Satisfied -Name: Sample Statement of Policy Cost and Benefit 05/22/2008

Comments:

Sample " John Doe "

Attachment:

SPCB John Doe.pdf

Review Status:

Satisfied -Name: Annual Statement 05/22/2008

Comments:

Annual Statement

Attachment:

Annual Statement.pdf

Review Status:

Satisfied -Name: Statement of Variability 05/22/2008

Comments:

Only " John Doe " items are considered variable.

Attachment:

Statement of Variability.pdf

Review Status:

Satisfied -Name: Marketing Disclosure 05/22/2008

Comments:

Marketing Disclosure.

Attachment:

58PMKD.pdf

Review Status:

Satisfied -Name: Notice for Policies 05/23/2008

Comments:

SERFF Tracking Number: GPML-125659885 *State:* Arkansas
Filing Company: Government Personnel Mutual Life Insurance *State Tracking Number:* 39113
Company
Company Tracking Number: 58P LIF08
TOI: L07I Individual Life - Whole *Sub-TOI:* L07I.101 Fixed/Indeterminate Premium - Single
Life
Product Name: 2001 CSO - Individual Life - Whole
Project Name/Number: 2001 CSO - Individual Life/ 58P LIF08/58P LIF08

Attachment:
AR Notice.pdf

AR certification1

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

58P LIF08

This submission meets the provisions of Rule and Regulation 19, "Unfair sex discrimination in the sale of insurance" as well as all applicable requirements of this Department.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification2

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

58P LIF08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that I have reviewed Bulletin 11-83 and the form complies with these guidelines.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

02AR

ARKANSAS

SUBJECT - Individual Life X Individual Annuity

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER FLESH SCORE

58P LIF08

64.5 Excluding Pages 1 through 4 of the Policy

This is to certify that the above referenced form has achieved a Flesch Reading Ease Score, as indicated, and complies with the requirements of Arkansas Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

AR certification3

ARKANSAS

SUBJECT - Individual Life X Individual Annuity _____

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

FORM NUMBER

58P LIF08

On behalf of Government Personnel Mutual Life Insurance Company, I hereby certify that the company is in compliance with Regulation 49 in that we will issue a Life and Health notice to each policy owner.



Sean Staggs, FSA, MAAA
Assistant Vice President & Associate Actuary

Application for Life Insurance



GPM LIFE

Government Personnel Mutual Life Insurance Company
2211 N.E. Loop 410, San Antonio, TX 78217
P.O. Box 659567, San Antonio, Texas 78265
www.gpmlife.com

A. Primary Proposed Insured (PPI)

| | | | | |
|---|--|--|---|--|
| 1. Name (First, Middle Initial, Last) John Doe | | 2. SS/Tax ID No. 111-11-1111 | 3. Birthplace (State/Country) AR/US | |
| 4. Residence Address (Including City, County, State & Zip) 123 Main Anytown, AR 71130 | | 5. Business Address (Including City, County, State & Zip) 456 Main Anytown, AR 71130 | | |
| 6. Residence Phone Number: (423) 456-7890 | | 7. Business Phone Number: (423) 456-7891 | | |
| 8. Driver's License No./State 1234-AR | 9. Occupation and Nature of Duties Manager | | 10. Annual Income 50,000 | 11. Employer/Military Branch ABC Co |
| 13. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed | | 14. If Military: Years In ETS Date | | 15. <input type="checkbox"/> Military <input checked="" type="checkbox"/> Civilian <input type="checkbox"/> Federal Civil Service |

B.-All Proposed Insureds (List PPI first, then spouse, if applicable)

| First Name | Middle | Last | SS/Tax ID No. | Relation to PPI | Sex M/F | Date of Birth Mo/Day/Yr | Birthplace State/Country | Height Ft. in. | Weight Lbs. |
|------------|--------|------|---------------|-----------------|---------|-------------------------|--------------------------|----------------|-------------|
| 1 | John | Doe | 111-11-1111 | PPI | M | 1/1/73 | AR/US | 6'1" | 210 |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |

C.-Plan of Insurance

| | | | | | |
|-----------|------|---|-------------------------------------|---|--|
| Amount \$ | Plan | Age of PPI (Nearest Birthday) 35 | Requested Policy Date 1/1/08 | Mode: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> SemiAnnual <input type="checkbox"/> Military Allotment <input type="checkbox"/> Civil Service Allotment <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Other | Automatic Premium Loan Provision <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|-----------|------|---|-------------------------------------|---|--|

| | | | | |
|---|--|---|--|-------------------------------|
| Complete for Universal Life Plans: | Option <input type="checkbox"/> A <input type="checkbox"/> B | Planned Premium \$ | Accidental Death Rider \$ | Additional Insurance Rider \$ |
| <input type="checkbox"/> Waiver of Cost Insurance | <input type="checkbox"/> Guaranteed Benefit Increase \$ | | <input type="checkbox"/> Children's Benefit Rider \$ | |
| <input type="checkbox"/> Other Insured Rider \$ | on | <input type="checkbox"/> Other Insured Rider \$ | on | |
| <input type="checkbox"/> Other Insured Rider \$ | on | <input type="checkbox"/> Other Insured Rider \$ | on | |
| Other | | | | |

| | | | | |
|--|--|--|--|---|
| Complete for all other plans | Modal Premium: \$ | Dividend Option: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Reduce Premiums <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Special Modal Dividend Option (10 Yr) | | |
| Benefits/Riders: | <input type="checkbox"/> Waiver of Premium | <input type="checkbox"/> Accidental Death Benefit \$ | <input type="checkbox"/> Guaranteed Insurability Option \$ | <input type="checkbox"/> Guaranteed Purchase Option \$ |
| <input type="checkbox"/> Payor Benefit Death or Disability | <input type="checkbox"/> Spouse Insurance Rider \$ | <input type="checkbox"/> Family Insurance Rider \$ | <input type="checkbox"/> Childrens Insurance Rider \$ | <input type="checkbox"/> Spouse Purchase Option \$ |
| <input type="checkbox"/> Annual Renewable Term Rider \$ | <input type="checkbox"/> Additional Term Rider \$ | | Other | |
| <input type="checkbox"/> Paid Up Additions Rider | Initial Scheduled Premium \$ | <input type="checkbox"/> Unscheduled Premium \$ | <input type="checkbox"/> SemiAnnual | <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly |
| 1035 Exchange <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |

D.-Life Insurance in Force on All Proposed Insureds: None Listed Below

| Insured | Issue Year | Company | Face Amount | ADB |
|---------|------------|---------|-------------|-----|
| | | | | |
| | | | | |
| | | | | |

E.-Beneficiary Designation

| Full Name and Address of Primary Beneficiary(ies) | Social Security/Tax ID No. | Date of Birth | Relationship to PPI |
|---|----------------------------|---------------|---------------------|
| Jane Doe | 111-11-1112 | 1/1/74 | Wife |
| | | | |
| | | | |
| | | | |

| Full Name and Address of Contingent Beneficiary(ies) | Social Security/Tax ID No. | Date of Birth | Relationship to PPI |
|--|----------------------------|---------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

F.-Owner, if other than Primary Proposed Insured

| Full Name | Social Security/Tax ID No. | Date of Birth | Relationship to PPI |
|---|----------------------------|---------------|---------------------|
| Address, if other than Primary Proposed Insured's | | | Branch & Paygrade |

Contingent Owner

| Full Name | Social Security/Tax ID No. | Date of Birth | Relationship to PPI |
|---|----------------------------|---------------|---------------------|
| Address, if other than Primary Proposed Insured's | | | Branch & Paygrade |

G.-Payor, if other than Primary Proposed Insured

| Full Name | Social Security/Tax ID No. | Date of Birth | Relationship to PPI |
|---|----------------------------|---------------|---------------------|
| Address, if other than Primary Proposed Insured's | | | Branch & Paygrade |

| |
|---|
| SPECIAL REQUESTS OR INSTRUCTIONS |
| |
| |
| |

| |
|---|
| CORRECTIONS AND ADDITIONS (FOR HOME OFFICE USE ONLY) |
| |
| |

H.-General Information

| <i>The following questions pertain to all Proposed Insureds, including children.</i> | Yes | No | <i>Explain fully all "Yes" answers. Indicate question number and the name of the Proposed Insured the answer applies to.</i> |
|---|--------------------------|-------------------------------------|--|
| 1. Is the insurance applied for intended to replace any existing insurance or annuity contract? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Are there any application(s) for any life or health insurance now pending or contemplated in any company? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Has any Proposed Insured ever had an application for life insurance declined, postponed, rated or modified? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Is any Proposed Insured NOT a United States citizen? If "Yes", provide immigration card number _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Has any Proposed Insured ever received or claimed disability or a pension for any injury, sickness or impaired condition? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. In the past 5 years, has any Proposed Insured made any flight other than as a passenger or does she / he plan to make such flights in the next five years? (If "Yes", complete Aviation Questionnaire) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. In the past 5 years, has any Proposed Insured engaged in: ballooning, cave exploration, parachuting, hang gliding, vehicle racing, scuba diving below 60 feet, mountain climbing or similar sport or avocation? (If "Yes", circle activity and complete appropriate questionnaire) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Does any Proposed Insured have any intention of traveling or living outside the USA or Canada in the next 2 years, except for vacation? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. In the past 5 years has any Proposed Insured been convicted of 2 or more moving violations, or driving under the influence of drugs or alcohol, or had a driver's license suspended or revoked? (If "Yes", give details.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. In the past 10 years has any Proposed Insured used marijuana, cocaine, heroin, barbiturates, hallucinogens, or amphetamines, unless on the advice of a physician, or been convicted for the use or possession of alcohol; or received advice, counseling or treatment as the result of the use of alcohol or drugs; or used or been convicted for the use or possession of any narcotic, stimulant, sedative, or hallucinogenic drug? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. In the past 10 years has any Proposed Insured been convicted of a felony? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12. (For military only) Does any Proposed Insured serve in Special Forces, Rangers, Airborne, or Navy SEALs? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

I.- Physical Data, Health and Medical History

| The following questions pertain to all Proposed Insureds, including children, (Circle ALL applicable items) | | Yes | No | Explain fully all "Yes" answers. Include name of Proposed Insured and question number the answer applies to, specific diagnosis, treatments, results, dates of onset & recovery, and names & addresses of all doctors & hospitals. |
|---|--|--------------------------|-------------------------------------|--|
| 1. | (a) Does any Proposed Insured currently use tobacco in any form? (If "yes", describe tobacco use below.) Who? _____ <input type="checkbox"/> Cigarettes ___ packs per day <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Chewing or other "smokeless" tobacco | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (b) Is any Proposed Insured a former user of tobacco? (If "yes", describe tobacco use below.) Who? _____ Month/Year quit _____ Describe past use of tobacco _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. | Has any Proposed Insured ever been diagnosed with or treated for: | | | |
| | (a) high blood pressure, chest pain or pressure, angina, heart attack, abnormal heartbeat, murmur, stroke, or any other circulatory system disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (b) cancer, Hodgkin's disease, leukemia, or any tumor or polyp? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (c) epilepsy, convulsions, seizures, severe headaches, paralysis, nervous breakdown, psychosis, or any mental or nervous disorder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. | In the past 10 years, has any Proposed Insured had or been treated for: | | | |
| | (a) diabetes, anemia, polycythemia, hemophilia; disorder or enlargement of any gland, including lymph glands? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (b) persistent fever, cough, diarrhea, weakness or infection? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (c) asthma, bronchitis, emphysema, tuberculosis, pneumonia, or any infection or other disorder of the respiratory system? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (d) ulcer, gastritis, colitis, hepatitis, cirrhosis, pancreatitis, or any other disorder of liver, gallbladder, or intestines? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (e) any disorder of the kidneys, bladder, prostate, reproductive organs or breasts; or any sexually transmitted disease? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (f) any disorder of the back, spine, bones, joints or muscles? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. | In the past 10 years has any Proposed Insured: | | | |
| | (a) been diagnosed by a member of the medical profession as having, or been treated for, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or HIV disease? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (b) tested positive for antibodies to the HIV virus? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. | In addition to any doctors or hospitals listed above, in the last 5 years, has any Proposed Insured: | | | |
| | (a) been treated, examined or observed in a hospital, clinic, or other medical facility? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (b) consulted with any other doctors? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | (c) been treated for, diagnosed as having, or had an operation for any other cause(s) not listed above? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. | Within the past year, has the weight of any Proposed Insured changed 10 pounds or more? (For children under 16, report only loss) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. | Have two or more of Proposed Insured's immediate family (parents, siblings) had heart disease, stroke or diabetes prior to their age 60? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. | | | | |

| PPI'S Family History | Living: age | Deceased: age at death | Cause of death |
|----------------------|-------------|------------------------|----------------|
| Father | 85 | | |
| Mother | 86 | | |
| Brothers | | | |
| Sisters | | | |

Received with app: \$ _____ cash Civil Service 1199A and Bank Allotment Authorization
 Military Allotment Request Copy or Certification None of the above received. The application is to be considered on a C.O.D. basis.

AGREEMENT: I have read this application, and represent that all of the information given in it is true, complete and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by GPM as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of GPM's rights, conditions, or requirements. Only an authorized officer of GPM can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify GPM if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

BACKUP WITHHOLDING CERTIFICATION (required to comply with Federal tax law): Under penalties of perjury, I (the proposed owner) certify that (A) my Social Security (Taxpayer Identification) number as shown in the application is correct, and (B) I am not subject to backup withholding either because I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding. (NOTE: You must cross out item B above if you have been notified by the IRS that you are currently subject to backup withholding.)

AUTHORIZATION TO OBTAIN AND DISCLOSE INFORMATION: I authorize any medical practitioner, hospital, clinic, mental health facility, facility for the treatment of alcohol, drug abuse, or AIDS, Veteran's Administration hospital, other medically related facility, employer, insurer or its agent, reinsurer, the Medical Information Bureau, Inc. (MIB), government or law enforcement unit, consumer reporting agency, or other insurance support organization having information as to the mental or physical health, occupation, avocation, other insurance, character, habits, driving record, finances, or age of me or my minor children, to give such information to GPM or its reinsurer(s) at any time, including after my death. I further authorize all said sources, except Medical Information Bureau, Inc., to give such information to any agent or insurance support organization acting for GPM or its reinsurer(s).

Any information obtained will be used to determine eligibility for insurance coverage and benefits, and may be released by GPM to its reinsurer(s), the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services in connection with my application or claim, or as may be otherwise lawfully required.

I agree that a photocopy of this form will be as valid as the original. I also agree that this form will be valid for (1) 30 months from the date signed in connection with an application for issuance, reinstatement, or change of an insurance policy, or (2) the duration of a claim for benefits. I know that I, or a person authorized to act for me, may obtain a copy of this form. I acknowledge receipt of notices entitled "Information Practices", "Investigative Consumer Reports", and "Medical Information Bureau, Inc." from GPM.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment as a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

John Doe
Signature of Primary Proposed Insured
(if minor, parent or legal guardian)

1-1-08
*** Date Signed ***

John Doogal
Signature of Agent

Signature of Spouse, if a Proposed Insured

Signature of Other Proposed Insured
(if age 15 or over)

John Doogal 123A
Agent's Printed Name / GPM Agent No.

Signature of Proposed Owner
(if not Primary Proposed Insured)

Signature of Other Proposed Insured
(if age 15 or over)

123A/AR
Agent's License No. / State

Signature of Other Proposed Insured
(if age 15 or over)

Signature of Other Proposed Insured
(if age 15 or over)

Anytown AR 71130
Signed at (City, State, Zip)

CONDITIONAL RECEIPT

3/20/08 1:20 pm

Unless every condition in paragraph 2 is met exactly, no insurance will take effect prior to policy delivery. No agent, broker, or medical examiner is authorized to change or waive any of such conditions. If, within the past 12 months, any Proposed insured has had or been treated for any known heart trouble, stroke, AIDS or cancer, payment cannot be accepted with the application.

All checks must be made payable to GPM. Do not make check payable to the agent or leave the payee blank.

Received from John Doe \$ _____ cash or, in lieu of cash,

Military Allotment Request Copy or Certification, or Civil Service 1199A & Bank Allotment Authorization

given with application for life insurance to Government Personnel Mutual Life Insurance Company (GPM), which application bears the same date as this receipt. This receipt is void if the item given for it fails to result in payment.

1. If all the conditions in Paragraph 2 are met exactly, then insurance subject to the terms of the policy applied for, but not to exceed the limit in Paragraph 3, will start at the "Conditional Effective Time", defined as the later of: (a) when Part One of the application has been completed; or (b) when all medical exams and tests required by GPM's rules have been completed, and all required blood, urine, and/or oral fluid specimen(s) have been furnished.
2. Insurance will not start at the Conditional Effective Time unless all these conditions are met:
 - (a) At the Conditional Effective Time, all of the Proposed Insureds must be risks acceptable to GPM under its rules, limits, and standards of insurability for the amount and plan applied for, without change, and at the standard rate of premium.
 - (b) The sum of money, if any, given for this receipt must be at least as much as the full first premium for the plan, amount of insurance and the mode of payment stated in the application.
 - (c) All medical exams and tests required by GPM's rules must be completed, and all required specimens of blood, urine, and/or oral fluid specimen(s) furnished, within 60 days from the date of Part One of the application.
 - (d) At the Conditional Effective Time, the state of health and all factors affecting the insurability of the Proposed Insured(s) must be as stated in the application.
 - (e) If a Military Allotment Request Copy or Certification or a Civil Service form 1199A and Bank Allotment Authority has been received by GPM in lieu of cash, the allotment 1) must not have been canceled or discontinued for any reason before GPM receives the full first monthly premium corresponding to the mode of payment stated in the application, and 2) must result in payment to GPM of such full first monthly premium by the earlier of the policy Effective Date or 14 weeks after the Conditional Effective Time.
3. The total amount of life insurance, including accidental death benefits, which may become effective on any Proposed Insured prior to the effective date of a delivered policy for which the full first premium has been received by reason of this and any other receipts will not exceed \$150,000.
4. If one or more of the conditions in Paragraph 2 is not met exactly, or if death of a Proposed Insured results from suicide, there will be no liability on the part of GPM except to return any money received.

C. Alan Ferguson

C. Alan Ferguson, Secretary

I certify that I have explained all of the terms of this receipt to the Applicant(s).

John Dogaard

Signature of Agent

Date: 1-1-08

The following is a copy of the Agreement signed in connection with the application.

AGREEMENT

AGREEMENT: I have read this application, and represent that all of the information given in it is true, complete, and correctly written to the best of my knowledge and belief. It is agreed that:

- A. The application consists of Part One, Part Two (if required), and any amendments or supplements to either of said parts. It will be relied on by GPM as the basis of any policy which may be issued.
- B. No agent, broker, or medical examiner can accept risks, make or change contracts, or waive any of GPM's rights, conditions, or requirements. Only an authorized officer of GPM can do these things.
- C. Except as may be provided by the Conditional Receipt, there will be no insurance unless and until a policy is delivered and the first modal premium paid in full while the insurability of the Proposed Insured(s) is still as described in the application; there must have been no material change in health or other risk factors. I will notify GPM if any such change takes place after I sign the application and before such delivery and payment.
- D. If the Conditional Receipt is delivered to the Applicant, insurance will start before a policy is delivered only if all the conditions set forth in such receipt are met. If I have received such receipt, its provisions have been explained to me and I fully understand them.
- E. Acceptance of a policy issued on this application will ratify any changes which may be noted in the section for Home Office "Corrections and Additions". But where the law so requires, written consent must be obtained for any change in the application.

**GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
AGENT'S REPORT AND CERTIFICATE**

- | | | | | |
|----|---|--|--|---|
| | | Yes | | No |
| 1. | Is the Applicant or any Proposed Insured a current or past GPM policyowner or Insured? | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 2. | As far as you know, will the insurance applied for replace any existing insurance or annuity? If "Yes", did you write the replaced policy? Reason(s) for replacement: | <input type="checkbox"/> <input type="checkbox"/> | | <input checked="" type="checkbox"/> <input type="checkbox"/> |

- | | | | | |
|----|---|--------------------------|--|-------------------------------------|
| | | Yes | | No |
| 3. | Are there any Proposed Insureds whom you did not see when you took this application? | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 4. | Are there any Proposed Insureds who do not reside with the Primary Proposed Insured? | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 5. | Have you submitted or do you plan to submit this case to any other company? | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 6. | Has any Proposed Insured used a different last name in the past 5 years? (Provide full details of all "Yes" answers) | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |

7. To clarify any question or obtain a telephone interview, the following is needed **(Please remind the Primary Proposed Insured about the possibility of a call)**:
- Home Telephone: 123 456-7890 Best time to call 7pm
 Business Telephone: 123 456-7891 Best time to call 10am

8. Indicate below how well you know the Primary Proposed Insured (Applicant, if Primary Proposed Insured is under age 18).
- Slightly for ___ years Well for ___ years Just met Related by blood or marriage; he/she is my _____

9. Is medical exam or blood profile required? Yes No
- Date Scheduled _____ Paramed/Examiner _____

10. If Primary Proposed Insured is below 18, how much life insurance is in force and applied for on:
- Mother _____ Father _____ Siblings _____

11. Request for Additional Alternate policy.....
- Plan _____ Amount _____ Benefits _____
- Beneficiary _____ Other Differences _____

12. Source of Prospect
- Existing Client Relative of Client Referred Lead Personal Acquaintance for _____ years.
- Cold Canvas Direct Mail Prospect approached me without being solicited

AGENT'S REPORT AND CERTIFICATE

3/20/08 1:20 pm

13. Use of Insurance (check one)

- Personal (If checked, complete question 14) Business Related (If checked, complete question 15)

14.a Purpose of Personal Insurance with expectation of how proceeds will be utilized (check one most applicable)

- Create an Immediate Estate for Heirs Surviving Income Protection
Retirement Income Supplement Provide Estate Liquidity
Mortgage Protection/Acceleration Secure Other Personal Debt
Supplement and Protect Personal Savings Other

14.b How was amount of Personal Insurance determined? (check one most applicable).

- Needs Analysis with Assistance from Agent Needs Analysis with Computer Output Assistance
Need Pre-Determined by Applicant Other

15.a Purpose of Business Insurance (check one most applicable).

- Business Continuation Plan (Buy/Sell) Key Person Plan Deferred Compensation Plan
Split Dollar Plan Executive Bonus Plan Secure Business Debt
Other

15.b Business Data Corporation Partnership Sole Proprietorship

If available, attach a copy of the business' latest audited financial statements (Balance Sheet and Profit and Loss).

In addition, please complete the following questions:

- i. Date Corporation, Partnership or Business Established
ii. Estimated Net Worth of Business \$
iii. Current Value of Primary Proposed Insured's Interest (based on % of ownership) \$
iv. Net Annual Income of Business \$
v. If Proposed Insured is an officer or partner, are all of the remaining officers or partners applying for insurance at this time? Yes No (if "No", explain in remarks)

REMARKS

I HEREBY CERTIFY that the answers given to the foregoing questions in this application are full, complete and true to the best of my knowledge and belief; that I know of no condition affecting the insurability of any person proposed for insurance which is not fully set forth herein; that I carefully asked each question as written before recording each answer prior to the application being signed; that the Special Notices regarding Information Practices, the Federal Fair Credit Reporting Act, and Medical Information Bureau, Inc., were given to the Primary Proposed Insured.

1-1-08
Date

John Dogood
Agent's Signature
John Dogood 123A
Agent's Printed Name/GPM Agent No.
123A / AR
Agent's License No./State

Joint Agent's Signature
Joint Agent's Printed Name/GPM Agent No.
Joint Agent's License No./State



Government Personnel Mutual Life Insurance Company

P.O. Box 659567
San Antonio, Texas 78265-9567
www.gpmlife.com

NOTICE UNDER THE FAIR CREDIT REPORTING ACT AND NOTICE REGARDING MEDICAL INFORMATION BUREAU, INC.

WRITING AGENT: This special notice must be detached and given to the Proposed Insured.

PROPOSED INSURED: PLEASE RETAIN THIS SPECIAL NOTICE FOR YOUR RECORDS.

INFORMATION PRACTICES: In most cases, the application is the only source of information required about the person(s) proposed for insurance. Occasionally, it is necessary to collect additional, personal information from other sources. Such information may, in some circumstances, be disclosed to third parties without your specific authorization, but only for certain limited purposes which we deem necessary to the conduct of our business. A right of access and correction exists with respect to any personal information we may collect. A notice providing a more detailed description of our information practices and your rights is available upon request.

INVESTIGATIVE CONSUMER REPORTS: As part of the underwriting process, we may request an investigative consumer report from a consumer reporting agency for the purpose of obtaining information about your character, reputation and mode of living, through personal interviews with your friends, neighbors, and associates. You may ask for a personal interview with the consumer reporting agency in connection with any investigative consumer report which may be prepared. You are also entitled, upon written request pursuant to law, to be informed of the nature and scope of the investigation and to receive a copy of the report.

MEDICAL INFORMATION BUREAU, INC: Information regarding your insurability will be treated as confidential. We, or our reinsurer(s), may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information it may have in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

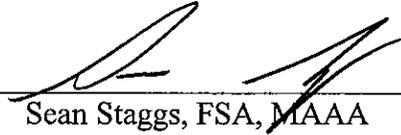
We, or our reinsurer(s), may also release information in our file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

For further information, write the Underwriting Department, GPM Life, P.O. Box 659567, San Antonio, Texas 78265-9567.

Government Personnel Mutual Life Insurance Company

Actuarial Memorandum
For
Policy Form 58P LIF08

Prepared by:



Sean Staggs, FSA, MAAA
Assistant Vice President and Associate Actuary

APR 30 2008

Date

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY

ACTUARIAL BASIS MEMORANDUM FOR
WHOLE LIFE - Policy Form 58P LIF08

I. DESCRIPTION OF POLICY FORM

- A. Death Benefit - Level \$1,000 in all policy years
- B. Premiums - Level and payable for period specified in policy

II. BASIS OF VALUES

- A. Mortality: 2001 CSO Table
Nonsmoker/Smoker
Male/Female
Age Last Birthday
Continuous Functions for Reserves, Curtate Functions
for Cash Value
2001 CSO Table for Extended Term.

B. Interest: 5.0% for Cash Values. Reserve interest rate is equal to the maximum allowable valuation interest rate in the Standard Valuation Law. The current maximum allowable valuation interest rate is 4.0%.

III. GENERAL FORMULAE

A. Nonforfeiture Adjusted Premiums:

$${}_{\text{P}}^{\text{NL}}\bar{A}_x = \{ 1000 \cdot \bar{A}_x + (.01) \cdot 1000 + (1.25) \cdot \left[\begin{array}{l} (.04) \cdot 1000 \\ \text{P}_x^{\text{NL}} \end{array} \right] \} / a_x$$

B. Statutory Net Premiums:

$$\beta_x^{-\text{CRVM}} = 1000 \cdot \bar{c}_x$$

$$\beta_x^{-\text{CRVM}} = 1000 \cdot \bar{A}_{x+1} / \bar{a}_{x+1}, \text{ since } \beta_x^{-\text{CRVM}} \text{ is always } \leq 19 \bar{P}_{x+1}$$

$$\text{P}_x^{\text{NL}} = 1000 \cdot \bar{A}_x / \bar{a}_x$$

C. Cash Values:

1980 Nonforfeiture Minimum reserves; rounded to high dollar

$${}_t CV_x = 1000 * A_{x+t} - P_x^A * a_{x+t}$$

D. Reserves:

Calculated according to Commissioners Reserve Valuation Method.

For $t = 0$:

$${}_t V_x = 1000 * \bar{A}_x - \alpha_x^{-CRVM} - \beta_x^{CRVM} * 1 | \bar{a}_x$$

For $t \geq 1$:

$${}_t V_x = 1000 * \bar{A}_{x+t} - \beta_x^{-CRVM} * \bar{a}_{x+t}$$

E. Reduced Paid - Up:

$${}_t RPU_x = {}_t CV_x / A_{x+t}, \text{ rounded to the high dollar}$$

F. Extended Term:

Years = Solve for "n" such that:

$$1000 * A_{x+t:n+1} > {}_t CV_x \geq 1000 * A_{x+t:n}$$

$$\text{Days} = 365 * ({}_t CV_x - 1000 * A_{x+t:n}) / (1000 * A_{x+t:n+1} - 1000 * A_{x+t:n})$$

rounded to the high day

IV. CASH VALUE SAMPLE CALCULATIONS - ISSUE AGE 35, MALE NONSMOKER

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|---------------|-----------|-----------|------------|------------|------------------|-----------|--------|---------|
| Pol Yr (t) | D_{x+t} | C_{x+t} | N_{x+t} | M_{x+t} | $1000 * A_{x+t}$ | a_{x+t} | CV_t | RPU_t |
| 0 | 1769680.6 | 1887.663 | 31785049.6 | 256106.751 | 144.71919 | 17.96090 | 0.00 | 0.00 |
| 1 | 1683522.3 | 1875.882 | 30015369.0 | 254219.088 | 151.00429 | 17.82891 | 0.00 | 0.00 |
| 2 | 1601478.7 | 1891.323 | 28331846.7 | 252343.206 | 157.56888 | 17.69105 | 0.00 | 0.00 |
| 3 | 1523326.5 | 1929.527 | 26730368.0 | 250451.883 | 164.41116 | 17.54737 | 4.00 | 25.00 |
| 4 | 1448857.7 | 1945.600 | 25207041.5 | 248522.356 | 171.52986 | 17.39787 | 12.00 | 70.00 |
| 5 | 1377918.8 | 1994.727 | 23758183.8 | 246576.756 | 178.94868 | 17.24208 | 21.00 | 118.00 |
| 6 | 1310308.9 | 2059.115 | 22380265.0 | 244582.029 | 186.65982 | 17.08014 | 30.00 | 161.00 |
| 7 | 1245854.1 | 2147.572 | 21069956.1 | 242522.914 | 194.66398 | 16.91206 | 40.00 | 206.00 |
| 8 | 1184380.2 | 2256.008 | 19824102.0 | 240375.342 | 202.95454 | 16.73795 | 50.00 | 247.00 |
| 9 | 1125725.1 | 2369.391 | 18639721.8 | 238119.334 | 211.52530 | 16.55797 | 60.00 | 284.00 |
| 10 | 1069749.8 | 2485.940 | 17513996.7 | 235749.943 | 220.37858 | 16.37205 | 71.00 | 323.00 |
| 11 | 1016323.4 | 2584.401 | 16444246.9 | 233264.003 | 229.51750 | 16.18013 | 82.00 | 358.00 |
| 12 | 965342.6 | 2629.391 | 15427923.5 | 230679.602 | 238.96138 | 15.98181 | 93.00 | 390.00 |
| 13 | 916744.5 | 2627.976 | 14462580.9 | 228050.211 | 248.76093 | 15.77602 | 105.00 | 423.00 |
| 14 | 870462.0 | 2652.825 | 13545836.4 | 225422.235 | 258.96850 | 15.56166 | 117.00 | 452.00 |
| 15 | 826358.7 | 2715.192 | 12675374.4 | 222769.410 | 269.57955 | 15.33883 | 129.00 | 479.00 |
| 16 | 784293.1 | 2815.988 | 11849015.7 | 220054.218 | 280.57651 | 15.10789 | 142.00 | 507.00 |
| 17 | 744129.8 | 2948.185 | 11064722.6 | 217238.230 | 291.93594 | 14.86934 | 156.00 | 535.00 |
| 18 | 705746.9 | 3098.568 | 10320592.8 | 214290.045 | 303.63583 | 14.62365 | 170.00 | 560.00 |
| 19 | 669041.3 | 3300.575 | 9614845.9 | 211191.477 | 315.66284 | 14.37108 | 184.00 | 583.00 |
| 20 | 633881.6 | 3513.539 | 8945804.6 | 207890.902 | 327.96488 | 14.11274 | 199.00 | 607.00 |

$$\begin{aligned}
 P_{35}^{NL} &= 1000 * A_{35} / a_{35} \\
 &= 144.71919 / 17.96090 \\
 &= 8.057459
 \end{aligned}$$

$$\begin{aligned}
 NNLP_{35}^A &= \{ 1000 * A_{35} + (.01) * 1000 + (1.25) * P_{35}^{NL} \} / a_{35} \\
 &= \{ 144.71919 + 10 + 1.25 * 8.057459 \} / 17.96090 \\
 &= 9.17498
 \end{aligned}$$

V. EXTENDED TERM INSURANCE SAMPLE CALCULATIONS
 - ISSUE AGE 35, MALE NONSMOKER

| | (1) | (2) | (3) | (4) |
|---------------|------------------|------------------|------------------|-----------------------|
| Pol Yr (t) | D _{x+t} | C _{x+t} | M _{x+t} | 1000 A _{x+t} |
| 0 | 1769680.6 | 1887.663 | 256106.751 | 144.71919 |
| 1 | 1683522.3 | 1875.882 | 254219.088 | 151.00429 |
| 2 | 1601478.7 | 1891.323 | 252343.206 | 157.56888 |
| 3 | 1523326.5 | 1929.527 | 250451.883 | 164.41116 |
| 4 | 1448857.7 | 1945.600 | 248522.356 | 171.52986 |
| 5 | 1377918.8 | 1994.727 | 246576.756 | 178.94868 |
| 6 | 1310308.9 | 2059.115 | 244582.029 | 186.65982 |
| 7 | 1245854.1 | 2147.572 | 242522.914 | 194.66398 |
| 8 | 1184380.2 | 2256.008 | 240375.342 | 202.95454 |
| 9 | 1125725.1 | 2369.391 | 238119.334 | 211.52530 |
| 10 | 1069749.8 | 2485.940 | 235749.943 | 220.37858 |
| 11 | 1016323.4 | 2584.401 | 233264.003 | 229.51750 |
| 12 | 965342.6 | 2629.391 | 230679.602 | 238.96138 |
| 13 | 916744.5 | 2627.976 | 228050.211 | 248.76093 |
| 14 | 870462.0 | 2652.825 | 225422.235 | 258.96850 |
| 15 | 826358.7 | 2715.192 | 222769.410 | 269.57955 |
| 16 | 784293.1 | 2815.988 | 220054.218 | 280.57651 |
| 17 | 744129.8 | 2948.185 | 217238.230 | 291.93594 |
| 18 | 705746.9 | 3098.568 | 214290.045 | 303.63583 |
| 19 | 669041.3 | 3300.575 | 211191.477 | 315.66284 |
| 20 | 633881.6 | 3513.539 | 207890.902 | 327.96488 |
| 21 | 600183.2 | 3704.004 | 204377.363 | 340.52496 |
| 22 | 567899.1 | 3850.891 | 200673.359 | 353.36094 |
| 23 | 537005.3 | 3968.701 | 196822.468 | 366.51867 |
| 24 | 507465 | 4112.866 | 192853.767 | 380.03363 |
| 25 | 479187.1 | 4299.004 | 188740.901 | 393.87726 |
| 26 | 452069.6 | 4533.597 | 184441.897 | 407.99447 |
| 27 | 426009 | 4795.664 | 179908.300 | 422.31103 |
| 28 | 400927.2 | 5051.693 | 175112.636 | 436.76916 |
| 29 | 376783.7 | 5274.98 | 170060.943 | 451.34899 |
| 30 | 353566.6 | 5465.147 | 164785.963 | 466.06767 |
| 31 | 331264.9 | 5609.415 | 159320.816 | 480.94687 |
| 32 | 309881.1 | 5725.412 | 153711.401 | 496.03348 |
| 33 | 289399.4 | 5818.298 | 147985.989 | 511.35555 |
| 34 | 269800.2 | 5917.62 | 142167.691 | 526.93694 |
| 35 | 251034.9 | 6041.584 | 136250.071 | 542.75350 |
| 36 | 233039.3 | 6212.167 | 130208.487 | 558.74047 |
| 37 | 215730 | 6404.108 | 123996.320 | 574.77551 |
| 38 | 199053 | 6544.106 | 117592.212 | 590.75830 |
| 39 | 183030.2 | 6644.866 | 111048.106 | 606.72013 |
| 40 | 167669.6 | 6713.171 | 104403.240 | 622.67245 |

V. EXTENDED TERM INSURANCE SAMPLE CALCULATIONS (continued)

t=5

$${}_5^{CV}{}_{35} = 21.00$$

$$1000 * A_{40:\overline{12}|} > {}_5^{CV}{}_{35} \geq 1000 * A_{40:\overline{11}|}$$

$$21.292 > {}_5^{CV}{}_{35} \geq 19.248$$

Thus, Years = 11

$$\begin{aligned} \text{Days} &= 365 * ({}_5^{CV}{}_{35} - 1000 * A_{40:\overline{11}|}) / (1000 * A_{40:\overline{12}|} - 1000 * A_{40:\overline{11}|}) \\ &= 365 * (21.00 - 19.248) / (21.292 - 19.248) \\ &= 313 \end{aligned}$$

t=10

$${}_{10}^{CV}{}_{35} = 71$$

$$1000 * A_{45:\overline{20}|} > {}_{10}^{CV}{}_{35} \geq 1000 * A_{45:\overline{19}|}$$

$$71.446 > {}_{10}^{CV}{}_{35} \geq 66.337$$

Thus, Years = 19

$$\begin{aligned} \text{Days} &= 365 * ({}_{10}^{CV}{}_{35} - 1000 * A_{45:\overline{19}|}) / (1000 * A_{45:\overline{20}|} - 1000 * A_{45:\overline{19}|}) \\ &= 365 * (71.00 - 66.337) / (71.446 - 66.337) \\ &= 333 \end{aligned}$$

t=20

$${}_{20}^{CV}{}_{35} = 199$$

$$1000 * A_{55:\overline{24}|} > {}_{20}^{CV}{}_{35} \geq 1000 * A_{55:\overline{23}|}$$

$$206.152 > {}_{20}^{CV}{}_{35} \geq 195.299$$

Thus, Years = 23

$$\begin{aligned} \text{Days} &= 365 * ({}_{20}^{CV}{}_{35} - 1000 * A_{55:\overline{23}|}) / (1000 * A_{55:\overline{24}|} - 1000 * A_{55:\overline{23}|}) \\ &= 365 * (199.00 - 195.299) / (206.152 - 195.299) \\ &= 124 \end{aligned}$$

VI. RESERVE SAMPLE CALCULATIONS - ISSUE AGE 35, MALE NONSMOKER

| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
|----------------|-----------|-----------------|-----------------|-----------------|-----------------|----------------------|-----------------|-----------------|
| Pol. Yr (t) | D_{x+t} | \bar{D}_{x+t} | \bar{C}_{x+t} | \bar{N}_{x+t} | \bar{M}_{x+t} | 1000 \bar{A}_{x+t} | \bar{a}_{x+t} | $\frac{V}{t} x$ |
| 0 | 2473736.7 | 2424504.3 | 2716.962 | 49946856.6 | 514785.310 | 208.10028 | 20.19085 | 0.00 |
| 1 | 2375928.9 | 2328585.2 | 2725.966 | 47522352.3 | 512068.348 | 215.52343 | 20.00159 | 0.00 |
| 2 | 2281874.2 | 2236326.8 | 2774.832 | 45193767.1 | 509342.382 | 223.21230 | 19.80555 | 10.00 |
| 3 | 2191389.0 | 2147551.7 | 2858.103 | 42957440.3 | 506567.550 | 231.16277 | 19.60284 | 20.00 |
| 4 | 2104302.4 | 2062125.2 | 2909.621 | 40809888.6 | 503709.447 | 239.37123 | 19.39355 | 30.00 |
| 5 | 2020514.7 | 1979908.7 | 3011.774 | 38747763.4 | 500799.826 | 247.85755 | 19.17717 | 41.00 |
| 6 | 1939849.6 | 1900741.7 | 3138.885 | 36767854.7 | 497788.052 | 256.61167 | 18.95397 | 52.00 |
| 7 | 1862162.2 | 1824475.5 | 3305.207 | 34867113.0 | 494649.167 | 265.63162 | 18.72399 | 64.00 |
| 8 | 1787299.8 | 1750962.7 | 3505.479 | 33042637.5 | 491343.960 | 274.90853 | 18.48746 | 76.00 |
| 9 | 1715120.3 | 1680075.2 | 3717.059 | 31291674.8 | 487838.481 | 284.43397 | 18.24459 | 88.00 |
| 10 | 1645509.5 | 1611702.4 | 3937.398 | 29611599.6 | 484121.422 | 294.20761 | 17.99540 | 100.00 |
| 11 | 1578360.0 | 1545755.7 | 4132.706 | 27999897.2 | 480184.024 | 304.22972 | 17.73987 | 113.00 |
| 12 | 1513601.7 | 1482195.0 | 4245.077 | 26454141.5 | 476051.318 | 314.51558 | 17.47761 | 126.00 |
| 13 | 1451223.8 | 1421005.4 | 4283.590 | 24971946.5 | 471806.241 | 325.10922 | 17.20751 | 140.00 |
| 14 | 1391207.4 | 1362110.0 | 4365.672 | 23550941.1 | 467522.651 | 336.05532 | 16.92842 | 154.00 |
| 15 | 1333418.8 | 1305367.6 | 4511.271 | 22188831.1 | 463156.979 | 347.34547 | 16.64056 | 168.00 |
| 16 | 1277710.0 | 1250631.6 | 4723.732 | 20883463.5 | 458645.708 | 358.95916 | 16.34445 | 183.00 |
| 17 | 1223935.6 | 1197764.3 | 4993.040 | 19632831.9 | 453921.976 | 370.87080 | 16.04074 | 198.00 |
| 18 | 1171965.4 | 1146648.5 | 5298.188 | 18435067.6 | 448928.936 | 383.05648 | 15.73004 | 214.00 |
| 19 | 1121694.9 | 1097152.5 | 5697.862 | 17288419.1 | 443630.748 | 395.50037 | 15.41276 | 229.00 |
| 20 | 1072965.9 | 1049155.1 | 6123.828 | 16191266.6 | 437932.886 | 408.15173 | 15.09020 | 246.00 |

$$\alpha_{35}^{-CRVM} = 1000 * \bar{c}_{35}$$

$$= 1.12062$$

$$\beta_{35}^{-CRVM} = 1000 * \bar{A}_{36} / \bar{a}_{36}$$

$$= 215.52343 / 20.00159$$

$$= 10.77531$$

STATE OF TEXAS
COUNTY OF BEXAR

Certification of Illustration Actuary

This certification shall apply to the following new policy form(s):

Form: 58P LIF08
Whole Life Insurance Policy

I have been named by the Board of Directors of Government Personnel Mutual Life Insurance Company (GPM) as the Illustration Actuary with the responsibility of making the certifications for all plans of insurance subject to the Life Insurance Illustrations Regulation (Regulation) for this state. I am a member of the American Academy of Actuaries in good standing. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

I certify to the best of my knowledge and belief that:

1. The scale of non-guaranteed elements used in illustrating Form 58P LIF08 meets the requirements of the Regulation.
2. The disciplined current scale for this plan is in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board.
3. The method used to allocate overhead expenses for this policy form was:

A generally recognized expense table based on fully allocated expenses representing a significant portion of insurance companies and approved by the National Association of Insurance Commissioners or by the Commissioner.

Signed at San Antonio, Texas This 15th day of May, 2008


Sean Staggs, FSA, MAAA
Illustration Actuary



Government Personnel Mutual Life
P.O. Box 659567, San Antonio, TX 78265-9567

PRESENTS

A CUSTOM LIFE INSURANCE ILLUSTRATION OF:

Whole Life

Designed for

[John Doe]

Presented by

[Home Agent]

May 20, 2008



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life

Description of Basic Policy Features

Insured: John Doe
Insured Age: 35 Male
Class: Non-Tobacco
Substandard: None

Initial Policy Face Amount: \$25,000
Initial Annual Premium: \$360.25
Policy Form: 58P LIF08
Dividend Option: Paid in Cash

Premium Outlay

This illustration is for a traditional life insurance policy that is commonly referred to as WHOLE LIFE INSURANCE. This life insurance policy offers permanent protection with guaranteed premiums, cash values and death benefits.

This WHOLE LIFE POLICY has guaranteed level premiums payable to age 100. Actual premiums required for the insurance coverage will depend on the outcome of the underwriting process, and may vary from what is shown in this illustration.

Death Benefits

The initial death benefit provided at issue is assumed to be \$25,000.00. The actual death benefit paid to the designated beneficiary on the death of the insured may be decreased by policy loans or increased by additional life insurance benefits.

Policy Values

This policy has guaranteed cash values based on the required premium being paid in full each year. The policyowner is entitled to the Cash Surrender Value (if any) upon surrender of the policy. Policy cash values are illustrated at the end of the policy year.

Dividends

Dividends paid are based on GPM's year-by-year experience which depends on items such as GPM's investment earnings, the amount and timing of benefit claims experience and GPM's operating expenses. Dividends are not guaranteed, and may be more or less favorable in future years.

Since actual dividends cannot be predicted with certainty, policy values will be shown under three different scenarios: Guaranteed, GPM's Current Dividend Scale and 50% of GPM's Current Dividend Scale.

Dividends increase the value of your life insurance policy in one of two ways:

- By increasing your policy's cash value and/or death benefit, or
- By reducing the out-of-pocket costs of your policy.

Several options regarding the use of dividends exist in the policy, these options include:

- Using dividends to buy paid-up additional life insurance,
- Leaving the dividend on deposit to accumulate with interest,
- Paying the dividend out in cash, or
- Having the dividend applied each year to reduce premiums.



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life

Description of Additional Benefits/Riders

Insured: John Doe
Insured Age: 35 Male
Class: Non-Tobacco
Substandard: None

Initial Policy Face Amount: \$25,000
Initial Annual Premium: \$360.25
Policy Form: 58P LIF08
Dividend Option: Paid in Cash

The policy illustrated contains no riders or other additional benefits.



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life Definition of Terms

Insured: John Doe
Insured Age: 35 Male
Class: Non-Tobacco
Substandard: None

Initial Policy Face Amount: \$25,000
Initial Annual Premium: \$360.25
Policy Form: 58P LIF08
Dividend Option: Paid in Cash

| | |
|---------------------------------|---|
| | The terms shown in SUMMARY OF VALUES are defined below. |
| Premium Outlay | This is the total premium paid into the policy during a policy year. |
| Year End Annual Dividend | The sum of base policy dividends plus dividends paid on paid up additions. |
| Partial Surrender | Amounts withdrawn from the policy under the Partial Surrender option. |
| Net Loan | This amount equals the policy loan taken less loan repayments and loan interest paid by the policyowner. Loan interest charged to the policy is not included in this column. This illustration assumes policy loans and loan repayments occur at the beginning of the policy year. |
| Cash Surrender Value | The amount available to the policyowner upon surrender of the policy. In the Non-Guaranteed column, Cash Surrender Values may include cash value additions or accumulations based on non-guaranteed dividends. |
| Death Benefit | The benefit that would be paid to the beneficiary in the event of the insured's death, net of any outstanding policy loans and including any paid-up additions. |
| Paid Up Death Benefit | The total death benefit that can be purchased by surrendering the entire cash surrender value under the PAID-UP LIFE INSURANCE OR REDUCED AMOUNT non-forfeiture option. |
| Summary Totals | The summary totals that appear show cumulative values in the Premium Outlay, Net Loan, and Partial Surrenders columns. Cumulative totals represent the sum of amounts from the current year plus all prior years. |
| NOTICE | THIS ILLUSTRATION INCLUDES VALUES THAT ARE NOT GUARANTEED. THE ILLUSTRATION ASSUMES THAT THE CURRENTLY ILLUSTRATED NON-GUARANTEED ELEMENTS WILL CONTINUE AS SHOWN. THIS IS NOT LIKELY TO OCCUR, AND THE ACTUAL RESULTS MAY BE MORE OR LESS FAVORABLE THAN THOSE SHOWN. ELEMENTS OF THE ILLUSTRATION THAT ARE NOT GUARANTEED INCLUDE CREDITED DIVIDEND RATES AND DIVIDEND ACCUMULATION INTEREST RATES. THESE NON-GUARANTEED ELEMENTS WILL BE DETERMINED BASED ON COMPANY EXPERIENCE AS RELATES TO DEATH CLAIMS, INVESTMENT EARNINGS, AND COMPANY EXPENSES. |



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life Summary of Values

Insured: John Doe
 Insured Age: 35 Male
 Class: Non-Tobacco
 Substandard: None

Initial Policy Face Amount: \$25,000
 Initial Annual Premium: \$360.25
 Policy Form: 58P LIF08
 Dividend Option: Paid in Cash

| Summary Year/Age | Cumulative Premium Outlay | Guaranteed Basis | | Non-Guaranteed Value | | | |
|------------------|---------------------------|----------------------|---------------|--------------------------------------|---------------|------------------------------------|---------------|
| | | Cash Surrender Value | Death Benefit | Mid-Point Basis Cash Surrender Value | Death Benefit | Current Basis Cash Surrender Value | Death Benefit |
| Year 5 | \$1,801.25 | \$ 525.00 | \$25,000 | \$ 525.00 | \$25,000 | \$ 525.00 | \$25,000 |
| Year 10 | \$3,602.50 | \$1,775.00 | \$25,000 | \$1,775.00 | \$25,000 | \$1,775.00 | \$25,000 |
| Year 20 | \$7,205.00 | \$4,975.00 | \$25,000 | \$4,975.00 | \$25,000 | \$4,975.00 | \$25,000 |
| Age 70 | \$12,608.75 | \$11,375.00 | \$25,000 | \$11,375.00 | \$25,000 | \$11,375.00 | \$25,000 |

The above values include the net effect of loan and partial surrender activity.

Guaranteed Basis - These policy values and benefits are guaranteed provided the premiums are paid in full each year.

Non-Guaranteed Basis - This illustration assumes that the non-guaranteed elements currently illustrated will continue unchanged for all years shown. This is not likely to occur and actual results may be more or less favorable.

Current - Policy values and benefits are based on GPM's current dividend scale which is not guaranteed.

Mid-Point - Policy values and benefits are based on 50% of GPM's current dividend scale which is not guaranteed.

I have received a copy of this illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The GPM Representative noted below has told me they are not guaranteed. No representations inconsistent with this illustration have been made to me.

 Policyowner/Applicant Date

I certify that this illustration has been presented to the applicant and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no representations that are inconsistent with the illustration.

 GPM Representative Date



Government Personnel Mutual Life
P.O. Box 659567, San Antonio, TX 78265-9567

**Whole Life
Tabular Detail**

Insured: [John Doe]
Insured Age: [35 Male]
Class: [Non-Tobacco]
Substandard: [None]

Initial Policy Face Amount: [\$25,000]
Initial Annual Premium: [\$360.25]
Policy Form: [58P LIF08]
Dividend Option: [Paid in Cash]

| Policy Year | Age | Annual Outlay | Guar Cash Value | Guar Death Benefit | Year End Dividend | Total Cash Value | Non - Guaranteed Death Benefit | Paid Up Death Benefit |
|-------------|-----|---------------|-----------------|--------------------|-------------------|------------------|--------------------------------|-----------------------|
| 1 | 36 | 360.25 | 0 | 25,000 | 0 | 0 | 25,000 | 0 |
| 2 | 37 | 360.25 | 0 | 25,000 | 8.85 | 0 | 25,000 | 0 |
| 3 | 38 | 360.25 | 100 | 25,000 | 12.67 | 100 | 25,000 | 609 |
| 4 | 39 | 360.25 | 300 | 25,000 | 17.22 | 300 | 25,000 | 1,749 |
| 5 | 40 | 360.25 | 525 | 25,000 | 22.56 | 525 | 25,000 | 2,934 |
| 6 | 41 | 360.25 | 750 | 25,000 | 28.72 | 750 | 25,000 | 4,019 |
| 7 | 42 | 360.25 | 1,000 | 25,000 | 34.34 | 1,000 | 25,000 | 5,138 |
| 8 | 43 | 360.25 | 1,250 | 25,000 | 40.57 | 1,250 | 25,000 | 6,160 |
| 9 | 44 | 360.25 | 1,500 | 25,000 | 47.46 | 1,500 | 25,000 | 7,092 |
| 10 | 45 | 360.25 | 1,775 | 25,000 | 54.96 | 1,775 | 25,000 | 8,055 |
| 11 | 46 | 360.25 | 2,050 | 25,000 | 63.33 | 2,050 | 25,000 | 8,932 |
| 12 | 47 | 360.25 | 2,325 | 25,000 | 72.26 | 2,325 | 25,000 | 9,730 |
| 13 | 48 | 360.25 | 2,625 | 25,000 | 81.76 | 2,625 | 25,000 | 10,553 |
| 14 | 49 | 360.25 | 2,925 | 25,000 | 91.55 | 2,925 | 25,000 | 11,295 |
| 15 | 50 | 360.25 | 3,225 | 25,000 | 102.12 | 3,225 | 25,000 | 11,964 |
| 16 | 51 | 360.25 | 3,550 | 25,000 | 111.02 | 3,550 | 25,000 | 12,653 |
| 17 | 52 | 360.25 | 3,900 | 25,000 | 123.56 | 3,900 | 25,000 | 13,360 |
| 18 | 53 | 360.25 | 4,250 | 25,000 | 137.46 | 4,250 | 25,000 | 13,998 |
| 19 | 54 | 360.25 | 4,600 | 25,000 | 152.03 | 4,600 | 25,000 | 14,573 |
| 20 | 55 | 360.25 | 4,975 | 25,000 | 168.73 | 4,975 | 25,000 | 15,170 |
| 21 | 56 | 360.25 | 5,350 | 25,000 | 178.73 | 5,350 | 25,000 | 15,712 |
| 22 | 57 | 360.25 | 5,725 | 25,000 | 189.04 | 5,725 | 25,000 | 16,202 |
| 23 | 58 | 360.25 | 6,125 | 25,000 | 198.68 | 6,125 | 25,000 | 16,712 |
| 24 | 59 | 360.25 | 6,525 | 25,000 | 208.83 | 6,525 | 25,000 | 17,170 |
| 25 | 60 | 360.25 | 6,950 | 25,000 | 219.09 | 6,950 | 25,000 | 17,646 |
| 26 | 61 | 360.25 | 7,350 | 25,000 | 230.37 | 7,350 | 25,000 | 18,015 |
| 27 | 62 | 360.25 | 7,800 | 25,000 | 242.47 | 7,800 | 25,000 | 18,470 |
| 28 | 63 | 360.25 | 8,225 | 25,000 | 255.18 | 8,225 | 25,000 | 18,832 |
| 29 | 64 | 360.25 | 8,650 | 25,000 | 268.13 | 8,650 | 25,000 | 19,165 |
| 30 | 65 | 360.25 | 9,100 | 25,000 | 280.93 | 9,100 | 25,000 | 19,526 |
| 31 | 66 | 360.25 | 9,525 | 25,000 | 293.83 | 9,525 | 25,000 | 19,805 |
| 32 | 67 | 360.25 | 9,975 | 25,000 | 306.06 | 9,975 | 25,000 | 20,110 |
| 33 | 68 | 360.25 | 10,450 | 25,000 | 318.37 | 10,450 | 25,000 | 20,436 |
| 34 | 69 | 360.25 | 10,900 | 25,000 | 330.54 | 10,900 | 25,000 | 20,686 |
| 35 | 70 | 360.25 | 11,375 | 25,000 | 343.04 | 11,375 | 25,000 | 20,958 |
| 36 | 71 | 360.25 | 11,850 | 25,000 | 326.69 | 11,850 | 25,000 | 21,209 |
| 37 | 72 | 360.25 | 12,325 | 25,000 | 339.15 | 12,325 | 25,000 | 21,444 |
| 38 | 73 | 360.25 | 12,800 | 25,000 | 352.19 | 12,800 | 25,000 | 21,668 |
| 39 | 74 | 360.25 | 13,275 | 25,000 | 364.71 | 13,275 | 25,000 | 21,880 |
| 40 | 75 | 360.25 | 13,750 | 25,000 | 377.27 | 13,750 | 25,000 | 22,083 |
| 41 | 76 | 360.25 | 14,225 | 25,000 | 389.72 | 14,225 | 25,000 | 22,275 |
| 42 | 77 | 360.25 | 14,700 | 25,000 | 402.22 | 14,700 | 25,000 | 22,461 |
| 43 | 78 | 360.25 | 15,175 | 25,000 | 415.25 | 15,175 | 25,000 | 22,643 |
| 44 | 79 | 360.25 | 15,650 | 25,000 | 428.77 | 15,650 | 25,000 | 22,827 |
| 45 | 80 | 360.25 | 16,075 | 25,000 | 442.29 | 16,075 | 25,000 | 22,943 |



Government Personnel Mutual Life
P.O. Box 659567, San Antonio, TX 78265-9567

**Whole Life
Additional Notes**

Insured: [John Doe]
Insured Age: [35 Male]
Class: [Non-Tobacco]
Substandard: [None]

Initial Policy Face Amount: [\$25,000]
Initial Annual Premium: [\$360.25]
Policy Form: [58P LIF08]
Dividend Option: [Paid in Cash]

**5.00% Interest
Adjusted Indexes**

| | Surrender Cost | | Net Payment | |
|----------------|----------------|----------|-------------|----------|
| | 10 Years | 20 Years | 10 Years | 20 Years |
| Non-Guaranteed | 9.03 | 8.68 | 14.41 | 14.41 |
| Guaranteed | 9.03 | 8.68 | 14.41 | 14.41 |

An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide.

**Taxation of Life
Insurance**

In order to receive favorable tax treatment of distributions (including policy loans) under the Internal Revenue Code, a life insurance policy must satisfy a Modified Endowment Contract (MEC) Test during the first seven policy years and during the next seven policy years after policy changes. Failure to satisfy the MEC Test would cause distributions to be taxable to the extent there is a gain in the policy. In addition, there is a tax penalty equal to 10% of the taxable income for distributions from such policies before age 59 1/2 with certain exceptions. In any case, a gain in the policy is taxable upon full surrender of the policy.

MEC Test Limit: [\$920.00]

Based on the initial MEC Test Limit, the premiums illustrated during the first seven years are within the Limit. Certain changes to the policy benefits will alter the MEC test Limit, and could cause the policy to lose its favorable status. Please consult your tax advisor for further information.

Policy Loans

Loan interest on this policy is 7.40% in advance. Dividends paid on policy cash values equal to the outstanding policy loan balance may be lower than the rate of dividend declared on non-loaned policy cash values. Preferred Loans will be available on this policy. A Preferred loan will be shown as such in the Policy Changes Table. After the later of age 60 or 10 years in force, the dividend credited on the policy will not be reduced solely because of borrowing. Preferred loans are not guaranteed by policy provision. There are no loans assumed in this policy illustration.

Partial Surrenders

After the first policy year, you may take Partial Surrenders from your Paid Up Addition Cash Surrender Value. These surrenders are subject to government tax guidelines. There are no Partial Surrenders assumed in this policy illustration.

**Reduced Paid-Up Non-
Forfeiture Option**

Annual policy premiums (and further premiums into Paid-Up Additions Rider) may be stopped permanently by electing the Reduced Paid-Up Non-Forfeiture Option. The election of the Reduced Paid-Up Non-Forfeiture Option as so designated in the Summary of Values section of the illustration, will cease further premium payment and all policy values will revert to their reduced paid-up equivalent. All policy riders will cease as of the date the policy is placed on a reduced paid-up basis.

**Tele-Underwriting
Requirements**

No Routine Requirements for age and amount. Discretionary requirements, if any, quoted by GPM on a case-by-case basis.



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life Additional Notes

Insured: [John Doe]
 Insured Age: [35 Male]
 Class: [Non-Tobacco]
 Substandard: [None]

Initial Policy Face Amount: [\$25,000]
 Initial Annual Premium: [\$360.25]
 Policy Form: [58P LIF08]
 Dividend Option: [Paid in Cash]

PREMIUM SUMMARY

| Additional Benefits/Riders | Amount | Annual Premium | Special Monthly Premium | Modal Premium (Annual) |
|----------------------------|----------|------------------|-------------------------|------------------------|
| Whole Life | \$25,000 | \$ 360.25 | \$ 34.20 | \$ 360.25 |
| TOTAL PREMIUM | | \$ 360.25 | \$ 34.20 | \$ 360.25 |



Government Personnel Mutual Life

P.O. Box 659567, San Antonio, TX 78265-9567

Whole Life Tabular Detail

Insured: John Doe
 Insured Age: 35 Male
 Class: Non-Tobacco
 Substandard: None

Initial Policy Face Amount: \$25,000
 Initial Annual Premium: \$360.25
 Policy Form: 58P LIF08
 Dividend Option: Paid in Cash

| Policy Year | Age | Annual Outlay | Guar Cash Value | Guar Death Benefit | Year End Dividend | Total Cash Value | Non-Guaranteed Death Benefit | Paid Up Death Benefit |
|-------------|-----|---------------|-----------------|--------------------|-------------------|------------------|------------------------------|-----------------------|
| 46 | 81 | 360.25 | 16,525 | 25,000 | 455.76 | 16,525 | 25,000 | 23,104 |
| 47 | 82 | 360.25 | 16,950 | 25,000 | 468.83 | 16,950 | 25,000 | 23,238 |
| 48 | 83 | 360.25 | 17,350 | 25,000 | 481.17 | 17,350 | 25,000 | 23,346 |
| 49 | 84 | 360.25 | 17,750 | 25,000 | 493.08 | 17,750 | 25,000 | 23,463 |
| 50 | 85 | 360.25 | 18,125 | 25,000 | 504.96 | 18,125 | 25,000 | 23,557 |
| 51 | 86 | 360.25 | 18,500 | 25,000 | 516.56 | 18,500 | 25,000 | 23,666 |
| 52 | 87 | 360.25 | 18,850 | 25,000 | 527.98 | 18,850 | 25,000 | 23,758 |
| 53 | 88 | 360.25 | 19,175 | 25,000 | 539.02 | 19,175 | 25,000 | 23,836 |
| 54 | 89 | 360.25 | 19,500 | 25,000 | 548.93 | 19,500 | 25,000 | 23,930 |
| 55 | 90 | 360.25 | 19,775 | 25,000 | 558.07 | 19,775 | 25,000 | 23,979 |
| 56 | 91 | 360.25 | 20,075 | 25,000 | 565.81 | 20,075 | 25,000 | 24,067 |
| 57 | 92 | 360.25 | 20,350 | 25,000 | 571.43 | 20,350 | 25,000 | 24,127 |
| 58 | 93 | 360.25 | 20,625 | 25,000 | 575.77 | 20,625 | 25,000 | 24,183 |
| 59 | 94 | 360.25 | 20,925 | 25,000 | 578.78 | 20,925 | 25,000 | 24,256 |
| 60 | 95 | 360.25 | 21,225 | 25,000 | 580.35 | 21,225 | 25,000 | 24,305 |
| 61 | 96 | 360.25 | 21,600 | 25,000 | 577.01 | 21,600 | 25,000 | 24,392 |
| 62 | 97 | 360.25 | 22,050 | 25,000 | 566.61 | 22,050 | 25,000 | 24,473 |
| 63 | 98 | 360.25 | 22,675 | 25,000 | 547.44 | 22,675 | 25,000 | 24,595 |
| 64 | 99 | 360.25 | 23,600 | 25,000 | 512.85 | 23,600 | 25,000 | 24,782 |
| 65 | 100 | 360.25 | 25,000 | 25,000 | 445.58 | 25,000 | 25,000 | 25,000 |

Summary Totals (Key Years)

| Age | Annual Outlay | Guar Cash Value | Guar Death Benefit | Year End Dividend | Total Cash Value | Non-Guaranteed Death Benefit | Paid Up Death Benefit |
|---------|---------------|-----------------|--------------------|-------------------|------------------|------------------------------|-----------------------|
| Age 60 | 9,006.25 | 6,950 | 25,000 | 2,365.56 | 6,950 | 25,000 | 17,646 |
| Age 65 | 10,807.50 | 9,100 | 25,000 | 3,642.63 | 9,100 | 25,000 | 19,526 |
| Age 70 | 12,808.75 | 11,375 | 25,000 | 5,234.48 | 11,375 | 25,000 | 20,958 |
| Age 75 | 14,410.00 | 13,750 | 25,000 | 6,994.48 | 13,750 | 25,000 | 22,083 |
| Age 80 | 16,211.25 | 16,075 | 25,000 | 9,072.73 | 16,075 | 25,000 | 22,943 |
| Age 85 | 18,012.50 | 18,125 | 25,000 | 11,476.52 | 18,125 | 25,000 | 23,557 |
| Age 90 | 19,813.75 | 19,775 | 25,000 | 14,167.08 | 19,775 | 25,000 | 23,979 |
| Age 95 | 21,615.00 | 21,225 | 25,000 | 17,039.23 | 21,225 | 25,000 | 24,305 |
| Age 100 | 23,416.25 | 25,000 | 25,000 | 19,688.71 | 25,000 | 25,000 | 25,000 |

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

Prepared for: [John Doe]
 Initial Sum Insured: [\$25,000]
 State: [TX]
 Basic Annual Premium: [\$ 360.25]

Policy Number: [58P LIF08]
 Policy Date: [January 1, 2008]
 Issue Age: [35]
 Plan Code: [WL08]
 Risk Class: [100% Non-Tobacco]
 Form Number: 58P LIF08

| -----ANNIVERSARY----- | | | | GUARANTEED | DEATH BENEFIT | |
|-----------------------|--------|---------|----------------|-------------|------------------|-----------------|
| END OF YEAR | AT AGE | IN YEAR | ANNUAL PREMIUM | CASH VALUE | AT START OF YEAR | ANNUAL DIVIDEND |
| [1 | [36 | [2009 | [\$360.25 | [\$ - | [\$ 25,000.00 | [\$ - |
| 2 | 37 | 2010 | 360.25 | - | 25,000.00 | 8.85 |
| 3 | 38 | 2011 | 360.25 | 100.00 | 25,000.00 | 12.67 |
| 4 | 39 | 2012 | 360.25 | 300.00 | 25,000.00 | 17.22 |
| 5 | 40 | 2013 | 360.25 | 525.00 | 25,000.00 | 22.56 |
| 6 | 41 | 2014 | 360.25 | 750.00 | 25,000.00 | 28.72 |
| 7 | 42 | 2015 | 360.25 | 1,000.00 | 25,000.00 | 34.34 |
| 8 | 43 | 2016 | 360.25 | 1,250.00 | 25,000.00 | 40.57 |
| 9 | 44 | 2017 | 360.25 | 1,500.00 | 25,000.00 | 47.46 |
| 10 | 45 | 2018 | 360.25 | 1,775.00 | 25,000.00 | 54.96 |
| 11 | 46 | 2019 | 360.25 | 2,050.00 | 25,000.00 | 63.33 |
| 12 | 47 | 2020 | 360.25 | 2,325.00 | 25,000.00 | 72.26 |
| 13 | 48 | 2021 | 360.25 | 2,625.00 | 25,000.00 | 81.76 |
| 14 | 49 | 2022 | 360.25 | 2,925.00 | 25,000.00 | 91.55 |
| 15 | 50 | 2023 | 360.25 | 3,225.00 | 25,000.00 | 102.12 |
| 16 | 51 | 2024 | 360.25 | 3,550.00 | 25,000.00 | 111.02 |
| 17 | 52 | 2025 | 360.25 | 3,900.00 | 25,000.00 | 123.56 |
| 18 | 53 | 2026 | 360.25 | 4,250.00 | 25,000.00 | 137.46 |
| 19 | 54 | 2027 | 360.25 | 4,600.00 | 25,000.00 | 152.03 |
| 20 | 55 | 2028 | 360.25 | 4,975.00 | 25,000.00 | 168.73 |
| 21 | 56 | 2029 | 360.25 | 5,350.00 | 25,000.00 | 178.73 |
| 22 | 57 | 2030 | 360.25 | 5,725.00 | 25,000.00 | 189.04 |
| 23 | 58 | 2031 | 360.25 | 6,125.00 | 25,000.00 | 198.68 |
| 24 | 59 | 2032 | 360.25 | 6,525.00 | 25,000.00 | 208.83 |
| 25 | 60 | 2033 | 360.25 | 6,950.00 | 25,000.00 | 219.09 |
| 25 | 60 | 2033 | 360.25 | 6,950.00 | 25,000.00 | 219.09 |
| 30 | 65 | 2038 | 360.25 | 9,100.00 | 25,000.00 | 280.93 |
| 35 | 70 | 2043 | 360.25 | 11,375.00 | 25,000.00 | 343.04 |
| 65] | 100] | 2073] | 360.25] | 25,000.00] | 25,000.00] | 445.58] |

Dividends are based on the company's current dividend scale and are not guaranteed. The dividend scale is subject to change at any time and for any reason. This summary assumes no policy loans. Policy loans will reduce dividends. Company does not expect to pay any dividends on this policy.

Continued on back of page

THIS IS AN ILLUSTRATION ONLY. AN ILLUSTRATION IS NOT INTENDED TO PREDICT ACTUAL PERFORMANCE. INTEREST RATES, DIVIDENDS, AND VALUES SET FORTH IN THE ILLUSTRATION ARE NOT GUARANTEED EXCEPT FOR THOSE ITEMS CLEARLY LABELED AS GUARANTEED.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - POLICY SUMMARY

| | <u>INSURANCE COVERAGE</u> | <u>INSURED</u> | <u>AGE</u> | <u>INITIAL BENEFIT AMOUNT</u> | <u>PREMIUM</u> |
|--------|-----------------------------|----------------|------------|-------------------------------|----------------|
| [WL08 | Whole Life Insurance Policy | John Doe | 35 | \$25,000 | \$360.25] |

Life Insurance Interest Adjusted Cost Comparison Indexes per \$1,000 (Assumes that the time value of money is 5% per year):

| | <u>Guaranteed</u> | | <u>Current</u> | |
|-----------------------------------|-------------------|----------------|----------------|----------------|
| | <u>10 Year</u> | <u>20 Year</u> | <u>10 Year</u> | <u>20 Year</u> |
| Surrender Cost Comparison Index | [\$ 9.03 | \$8.68 | \$9.03 | \$8.68] |
| Net Payment Cost Comparison Index | [\$14.41 | \$14.41 | \$14.41 | \$14.41] |
| Equivalent Level Annual Dividend | [N/A | N/A | \$5.00 | \$7.00] |

An explanation of the intended use of these indexes is included in the Life Insurance Buyers Guide.

This summary assumes no policy loans. The fixed policy loan rate for all policy years is 7.40% payable in advance. This is an effective annual loan interest rate of 8.00%.

This statement provides general information about the basic plan identified on Page 1. For similar information about optional riders and benefits of the policy, refer to attached statements. Refer to provisions of the policy for answers to specific questions regarding premiums, benefits and options.

Any questions --- Please contact your agent or the Home Office.

Agent: [0025 John Dogood
1234 Main Street
Anytown, TX 12345]

Phone: [111-111-1111]



GPM LIFE

2211 N. E. Loop 410
 San Antonio, TX 78217
 (210) 357-2222

Policy Number 123456789 **Owner** John Doe
 123 Main Street
 Anytown, IA 12345

Effective Date 1/1/2008 **Agent** John Dogood
 123 Main Drive
 Anytown, IA 12345

Issue Age 35 **Sex** M **Prepared** 1/1/2008 **Reason** ALB

Date of Birth 1/1/1973 **Insured** John Doe **Status** Inforce-Premium paying

Mode Premium \$360.25 **Dividend Option** 1-Paid in Cash

Non Forfeiture Option 1-Automatic Prem Loan

Life Insurance Policy Statement

| EFF YR PLAN | RATING | DESCRIPTION | AMOUNT | MODE | ANN PREMIUM | PREMIUM | POLICY VALUES |
|-------------|--------|-------------------|----------|------|-------------|----------|--------------------------------|
| 2008 WL08 | NTU | Whole Life Policy | \$25,000 | | \$360.25 | \$360.25 | AS OF 1/1/08 Base CV \$.00 |

| Policy Anniv MO YR | IF YOU DIE | | IF YOU LIVE | | | | IF YOU QUIT PAYING PREMIUMS | |
|--------------------|----------------|------------------------|-----------------------|------------------|------------------|--------------------|-----------------------------|------------------|
| | *Death Benefit | INCREASE IN CASH VALUE | BASIC GUAR CASH VALUE | *ANNUAL DIVIDEND | *SURRENDER VALUE | *PAID UP INSURANCE | YR | POLICY ANNIV AGE |
| 01-2009 | 25,000 | - | - | - | - | - | 1 | 36 |
| 01-2010 | 25,000 | - | - | 8.85 | - | - | 2 | 37 |
| 01-2011 | 25,000 | 100 | 100 | 12.67 | 100 | 609 | 3 | 38 |
| 01-2012 | 25,000 | 200 | 300 | 17.22 | 300 | 1,749 | 4 | 39 |
| 01-2013 | 25,000 | 225 | 525 | 22.56 | 525 | 2,934 | 5 | 40 |
| 01-2014 | 25,000 | 225 | 750 | 28.72 | 750 | 4,019 | 6 | 41 |
| 01-2015 | 25,000 | 250 | 1,000 | 34.34 | 1,000 | 5,138 | 7 | 42 |
| 01-2016 | 25,000 | 250 | 1,250 | 40.57 | 1,250 | 6,160 | 8 | 43 |
| 01-2017 | 25,000 | 250 | 1,500 | 47.46 | 1,500 | 7,092 | 9 | 44 |
| 01-2018 | 25,000 | 275 | 1,775 | 54.96 | 1,775 | 8,055 | 10 | 45 |

See reverse side for additional information

POLICY INFORMATION REPORT

GENERAL

This report illustrates Current Information (upper portion) and Projected Values (lower portion) of this policy. Information in this report shall not create a contractual obligation on the part of the company, but is an illustration only. The current information portion of the policy is subject to change and should be used as a guideline. Since projection of values assumes that premiums are paid when due, special attention must be paid to the premium due dates.

CURRENT INFORMATION

Certain portions of this section are subject to continuous change. The report reflects only completed transactions which have been processed through our computer on the "prepared" date. The policy values, policy loan and other information are shown as of the dates indicated. Non-forfeiture values take into consideration the value of dividends, paid up addition rider and policy loans. They do not include values for Family Plans or Premium Deposit Fund if any.

PROJECTED VALUES

Projection of policy values will be made beginning with the policy anniversary date indicated and assumes that all premiums will be paid when due. Discounted premiums, premium deposits, values of family plans and future contributions to Paid Up Additions Riders are not included in any projection. Dividends used in the projection are neither estimated nor guaranteed, but are based on the current dividend scale. Policy loan usage will affect dividend projections, surrender values, death benefits and Paid-Up Insurance Amounts.

Detailed Explanation of Columns

1. Death Benefit will include values below as applicable

- a. Face Amount of Base Policy
- b. Amount of Any Term Rider
- c. Amount of any Paid Up Addition Rider
- d. Dividends

2. Annual Dividend

Cash Dividend on basic policy plus any additional dividend on paid up additions.

3. Excess Dividend (Only if 5th dividend option is elected)

Remaining cash balance of dividend after purchasing one year term insurance additions.

4. If you Quit Paying Premiums - Ordinary Insurance

Paid Up Insurance is the amount of insurance the policy value would purchase at the end of policy year indicated.

* Dividends assume no policy loans. Loans will reduce dividends and accumulation interest rate. Loans will be held constant during the projection.

NOTICE: Since the last reporting period, a reduction in non-guaranteed dividends has occurred, due to continued downward changes of interest rates on GPM's investments. The current year's dividend, and policy value projections for future years, are based on our currently payable dividend scale. This change in our non-guaranteed dividend scale may reduce policy values previously projected.

Abbreviations:

PUA = Paid Up Additions
PUAR = Paid Up Additions Rider
ACCUM = Accumulation
PREM = Premium
ADV = Advance
NTU = Non-Tobacco User
TU = Tobacco User
Guar = Guaranteed
Surr = Surrender
Anniv = Anniversary
EFF = Effective
INT = Interest

Ann Premium = Annual Premium

John Doe
123 Main Drive
Anytown, IA 12345



2211 N. E. Loop 410
San Antonio, TX 78217
(210) 357-2222

GPM LIFE

Policy Number
123456789

Owner
John Doe
123 Main Street
Anytown, IA 12345

Agent
John Dogood
123 Main Drive
Anytown, IA 12345

Effective Date
1/1/2008

25

Issue Age 35
Sex M

Paid Up Date
1/1/2073

Mature or Expiry
1/1/2073

Date of Birth
1/1/1973

Prepared Reason
1/1/2008 ALB

Insured
John Doe

Paid to Date
1/1/2009

Status
Inforce-Premium paying

Payor
John Doe

Mode Premium
\$360.25

Dividend Option
1-Paid in Cash
Non Forfeiture Option
1-Automatic Prem Loan

Life Insurance Policy Statement

| Policy Anniv MO YR | IF YOU DIE | | IF YOU LIVE | | | | IF YOU QUIT PAYING PREMIUMS | | |
|--------------------|----------------|------------------------|------------------|------------------|------------------|--------------------|-----------------------------|--------------|-----|
| | *Death Benefit | INCREASE IN CASH VALUE | BASIC GUAR VALUE | *ANNUAL DIVIDEND | *SURRENDER VALUE | *PAID UP INSURANCE | YR | POLICY ANNIV | AGE |
| 01-2023 | 25,000 | 1,450 | 3,225 | 102.12 | 3,225 | 11,964 | 15 | 50 | |
| 01-2028 | 25,000 | 1,750 | 4,975 | 168.73 | 4,975 | 15,170 | 20 | 55 | |
| 01-2033 | 25,000 | 1,975 | 6,950 | 219.09 | 6,950 | 17,646 | 25 | 60 | |
| 01-2038 | 25,000 | 2,150 | 9,100 | 280.93 | 9,100 | 19,526 | 30 | 65 | |
| 01-2043 | 25,000 | 2,275 | 11,375 | 343.04 | 11,375 | 20,958 | 35 | 70 | |
| 01-2048 | 25,000 | 2,375 | 13,750 | 377.27 | 13,750 | 22,083 | 40 | 75 | |
| 01-2053 | 25,000 | 2,325 | 16,075 | 442.29 | 16,075 | 22,943 | 45 | 80 | |
| 01-2058 | 25,000 | 2,050 | 18,125 | 504.96 | 18,125 | 23,557 | 50 | 85 | |
| 01-2063 | 25,000 | 1,650 | 19,775 | 558.07 | 19,775 | 23,979 | 55 | 90 | |
| 01-2068 | 25,000 | 1,450 | 21,225 | 580.35 | 21,225 | 24,305 | 60 | 95 | |
| 01-2073 | 25,000 | 3,775 | 25,000 | 445.58 | 25,000 | 25,000 | 65 | 100 | |
| 01-2038 | 25,000 | 2,400 | 9,100 | 280.93 | 9,100 | 19,526 | 30 | 65 | |

See reverse side for additional information

POLICY INFORMATION REPORT

GENERAL

This report illustrates Current Information (upper portion) and Projected Values (lower portion) of this policy. Information in this report shall not create a contractual obligation on the part of the company, but is an illustration only. The current information portion of the policy is subject to change and should be used as a guideline. Since projection of values assumes that premiums are paid when due, special attention must be paid to the premium due dates.

CURRENT INFORMATION

Certain portions of this section are subject to continuous change. The report reflects only completed transactions which have been processed through our computer on the "prepared" date. The policy values, policy loan and other information are shown as of the dates indicated. Non-forfeiture values take into consideration the value of dividends, paid up addition rider and policy loans. They do not include values for Family Plans or Premium Deposit Fund if any.

PROJECTED VALUES

Projection of policy values will be made beginning with the policy anniversary date indicated and assumes that all premiums will be paid when due. Discounted premiums, premium deposits, values of family plans and future contributions to Paid Up Additions Riders are not included in any projection. Dividends used in the projection are neither estimated nor guaranteed, but are based on the current dividend scale. Policy loan usage will affect dividend projections, surrender values, death benefits and Paid-Up Insurance Amounts.

Detailed Explanation of Columns

1. Death Benefit will include values below as applicable

- a. Face Amount of Base Policy
- b. Amount of Any Term Rider
- c. Amount of any Paid Up Addition Rider
- d. Dividends

2. Annual Dividend

Cash Dividend on basic policy plus any additional dividend on paid up additions.

3. Excess Dividend (Only if 5th dividend option is elected)

Remaining cash balance of dividend after purchasing one year term insurance additions.

4. If you Quit Paying Premiums - Ordinary Insurance

Paid Up Insurance is the amount of insurance the policy value would purchase at the end of policy year indicated.

* Dividends assume no policy loans. Loans will reduce dividends and accumulation interest rate. Loans will be held constant during the projection.

NOTICE: Since the last reporting period, a reduction in non-guaranteed dividends has occurred, due to continued downward changes of interest rates on GPM's investments. The current year's dividend, and policy value projections for future years, are based on our currently payable dividend scale. This change in our non-guaranteed dividend scale may reduce policy values previously projected.

Abbreviations:

PUA = Paid Up Additions
PUAR = Paid Up Additions Rider
ACCUM = Accumulation
PREM = Premium
ADV = Advance
NTU = Non-Tobacco User
TU = Tobacco User
Guar = Guaranteed
Surr = Surrender
Anniv = Anniversary
EFF = Effective
INT = Interest

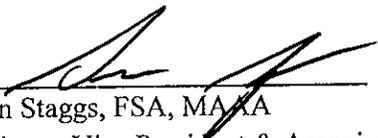
Ann Premium = Annual Premium

John -Doe
123 Main Drive
Anytown, IA 12345

INSURER - GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
P. O. BOX 659567, SAN ANTONIO, TEXAS 78265-9567

FORM NUMBER **58P LIF08**

This is to certify that any changes in the information on the policy computer pages will require the company to submit the new computer page(s) to the Department for prior approval - except for changes in "John Doed" information specifically relating to a particular insured.



Sean Staggs, FSA, MA, AA
Assistant Vice President & Associate Actuary

APR 09 2008

DATE

MKD

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
San Antonio, Texas

DISCLOSURE OF MARKETING INTEREST AND INFORMATION

FORM NUMBER - 580 WPD08

1. Marketed on individual basis.
2. No special market intended.
3. No deviation from standard underwriting rules.
4. No limitation of use.
5. No changes in benefits.
6. Commissions and gross premium rates are consistent with GPM's other plans.
7. No deviation from GPM's usual retention.

REQUIRED NOTICE FOR POLICIES DELIVERED IN THE STATE OF ARKANSAS

Arkansas law requires that we provide you with addresses and telephone numbers of certain parties you may need to contact in connection with your policy. These are as follows:

Soliciting Agent:

Agent's name, address, and telephone number can be found on the Statement of Policy Cost and Benefit Information (Policy Summary). If Agent information cannot be found, please call Customer Service Center shown below:

SPECIMEN

GPM's Customer Service Center:

Customer Service Center
GPM Life Insurance Company
P. O. Box 659567
San Antonio, Texas 78265-9567
Telephone: 1-800-929-4765

If we at Government personnel Mutual Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

The Arkansas Bureau of Insurance:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
Telephone: 1-800-852-5494 or 501-371-2640