

SERFF Tracking Number: UNNC-125424467 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

Filing at a Glance

Company: Acacia Life Insurance Company
Product Name: 7326 - Universal Life Policy
TOI: L09I Individual Life - Flexible Premium
Adjustable Life
Sub-TOI: L09I.001 Single Life
Filing Type: Form

SERFF Tr Num: UNNC-125424467 State: ArkansasLH
SERFF Status: Closed State Tr Num: 38502

Co Tr Num: 7326 State Status: Approved-Closed
Co Status: Reviewer(s): Linda Bird
Authors: Bobbie Cramer, Joanne Disposition Date: 04/04/2008
Friend, Tanya Garrett
Date Submitted: 03/24/2008 Disposition Status: Approved
Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 7326 - Universal Life Policy
Project Number: 7326 - Universal Life Policy
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/04/2008
State Status Changed: 04/04/2008
Corresponding Filing Tracking Number:
Filing Description:
Re: Acacia Life Insurance Company
NAIC No. 0943-60038 FEIN No. 53-0022880

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Deemer Date:

Submission Form Identification: 7326 – Individual Universal Life Policy

General Description of Submission: This Universal Life Insurance Policy will be issued to individuals interested in

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receiving a death benefit upon the death of the insured.

Issue Ages: 0-85

Enclosed for your review and approval is the above-referenced universal life insurance policy and related forms as shown on the attached Exhibit A.

These forms are new and do not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The Flesch Scores for these forms are shown on the attached Exhibit A. An explanation of Riders is enclosed as Exhibit B. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

Reserves will use the 2001 CSO Mortality Table. There will be no surrender charges. The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information. Required actuarial material for the policy and riders, as appropriate, is also enclosed.

The enclosed forms were submitted concurrently to the District of Columbia where we are domiciled. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355, or via email at: tgarrett@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Company and Contact

Filing Contact Information

Tanya Garrett, Compliance Specialist tgarrett@unioncentral.com
1876 Waycross Road (513) 595-2355 [Phone]
Cincinnati, OH 45240

Filing Company Information

Acacia Life Insurance Company CoCode: 60038 State of Domicile: District of Columbia
7315 Wisconsin Avenue Group Code: 943 Company Type: Stock
Bethesda, MD 20814 Group Name: State ID Number:
(800) 825-1551 ext. [Phone] FEIN Number: 53-0022880

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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50/submission
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acacia Life Insurance Company	\$50.00	03/24/2008	18894639

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	04/04/2008	04/04/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	04/04/2008	04/04/2008	Tanya Garrett	04/04/2008	04/04/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Complaint Notice & Guaranty Association Notice	Supporting Document	Tanya Garrett	03/25/2008	03/25/2008

SERFF Tracking Number: UNNC-125424467 *State:* Arkansas
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Disposition

Disposition Date: 04/04/2008

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Exhibit A		Yes
Supporting Document	Exhibit B		Yes
Supporting Document	Illustration Certification		Yes
Supporting Document	Universal Readability Certification		Yes
Supporting Document	AR Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Complaint Notice & Guaranty Association Notice		Yes
Form	Universal Life Policy		Yes
Form	Term Insurance Rider		Yes
Form	Children's Insurance Rider		Yes
Form	Waiver of Monthly Deduction Rider		Yes
Form	Aviation Exclusion Endorsement (Military)		Yes
Form	Aviation Exclusion Endorsement (Civil)		Yes
Form	Race Car Exclusion Endorsement		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 04/04/2008
Submitted Date 04/04/2008

Respond By Date

Dear Tanya Garrett,

This will acknowledge receipt of the captioned filing.

Objection 1

- Certification/Notice (Supporting Document)

Comment: Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/04/2008
Submitted Date 04/04/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird:

Thank you for your letter dated 4/4/08. Pursuant to your request, we assure you that we are in compliance with Regulation 34 for this Universal Life Product.

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We trust that we have completely responded to your request. If you have any questions, please feel free to contact me at (513) 595-2355.

Thank you for your attention to this filing.

Sincerely,

Tanya Garrett
Contract Analyst

Related Objection 1

Applies To:

- Certification/Notice (Supporting Document)

Comment:

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Bobbie Cramer, Joanne Friend, Tanya Garrett

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Amendment Letter

Amendment Date:
Submitted Date: 03/25/2008

Comments:

To Whom It May Concern:

Please also find attached the required Complaint Notice and Guaranty Association Notice. We apologize for any inconvenience this may cause.

Sincerely,

Tanya Garrett

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Complaint Notice & Guaranty Association Notice

Comment:

1683AR.pdf

1684 AR aclic.pdf

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Form Schedule

Lead Form Number: 7326

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	7326	Policy/Cont	Universal Life Policy ract/Fraternal Certificate	Initial		53	7326Std.pdf
	KTIR01	Certificate	Term Insurance Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		51	KTIR01STD.pdf
	KCIR02	Certificate	Children's Insurance Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		52	KCIR02.pdf
	KWMD01	Certificate	Waiver of Monthly Amendmen Deduction Rider t, Insert Page, Endorseme nt or Rider	Initial		52	KWMD01std.pdf
	KAEM01	Certificate	Aviation Exclusion Amendmen Endorsement t, Insert (Military) Page, Endorseme nt or Rider	Initial		59	KAEM01Std.pdf
	KAEC02	Certificate	Aviation Exclusion Amendmen Endorsement (Civil) t, Insert	Initial		63	KAEC02Std.pdf

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KRCE02 Certificate Race Car Exclusion Initial 60 KRCE02Std.p
Amendmen Endorsement df
t, Insert
Page,
Endorseme
nt or Rider

Flexible Premium Universal Life Insurance Policy

Nonparticipating



For Customer Service contact us at:

5900 "O" Street
Lincoln, NE 68510-2234

or

P.O. Box 81889
Lincoln, NE 68501-1889

1-800-255-9678

Fax: 1-402-467-7335

eMail: advisors@acaciagroup.com

Insured: John Doe
Policy Number: 0123456789

We agree to pay the death benefit proceeds to the beneficiary on receipt of satisfactory proof of death of the *insured* while this policy is in force, subject to the terms of this policy.

LOOK AT THE APPLICATION FORMS. This policy is issued based on payment of the initial premium and the answers in the application (see copy attached). If all answers are not true and complete, this policy may be affected.

PLEASE READ THIS POLICY CAREFULLY. This policy is a legal contract between *you* and *Acacia Life Insurance Company*.

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *Acacia Life Insurance Company* that *you* are satisfied with this policy. *You* have 20 days after *you* receive it to review this policy. If this policy is a replacement for an existing policy *you* have 30 days after *you* receive it to review this policy. If *you* are not satisfied, *you* may send it back to *us* or give it to *our* agent. In such case, this policy will be void from the beginning. We will refund the premiums paid minus partial withdrawals within 10 days after this policy is returned.

Signed for Acacia Life Insurance Company, a District of Columbia Company


SECRET

Secretary


SECRET

President

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POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[July 1, 2008]
Issue Date:	[July 1, 2008]
Specified Amount:	[\$100,000]
Minimum Specified Amount:	[\$50,000]
Death Benefit Option:	[A]
Rate Class:	[Standard Nontobacco]
Basis of Values:	2001 CSO [Male Nonsmoker] Mortality Table, age nearest birthday
Guaranteed Interest Rate:	[3.00]% Annually, [0.24663]% Monthly
Planned Periodic Premium:	[\$694.00]
Planned Premium Frequency:	[Annual]
Initial Premium:	[\$694.00]

It is possible that coverage may expire prior to the death of the *insured* if premiums paid or interest credited is insufficient to continue coverage to such date.

POLICY SCHEDULE

MAXIMUM MONTHLY COST OF INSURANCE RATES AND CORRIDOR FACTORS

<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor	<i>Attained Age</i>	Maximum Cost of Insurance Rate	Corridor Factor
35	0.09083	2.50	76	3.67750	1.05	117	71.00417	1.01
36	0.09583	2.50	77	4.07417	1.05	118	74.93500	1.01
37	0.10000	2.50	78	4.53750	1.05	119	79.10167	1.01
38	0.10750	2.50	79	5.07250	1.05	120	83.33333	1.01
39	0.11417	2.50	80	5.65583	1.05	121+	00.00000	1.01]
40	0.12167	2.50	81	6.32000	1.05			
41	0.13167	2.43	82	7.01167	1.05			
42	0.14417	2.36	83	7.75750	1.05			
43	0.15833	2.29	84	8.58333	1.05			
44	0.17500	2.22	85	9.50583	1.05			
45	0.19417	2.15	86	10.52833	1.05			
46	0.21250	2.09	87	11.64500	1.05			
47	0.23250	2.03	88	12.84167	1.05			
48	0.24417	1.97	89	14.10417	1.05			
49	0.25750	1.91	90	15.42167	1.05			
50	0.27667	1.85	91	16.66083	1.04			
51	0.29917	1.78	92	17.95250	1.03			
52	0.33000	1.71	93	19.31500	1.02			
53	0.36333	1.64	94	20.75417	1.01			
54	0.40583	1.57	95	22.26583	1.01			
55	0.45833	1.50	96	23.64917	1.01			
56	0.51167	1.46	97	25.12417	1.01			
57	0.56917	1.42	98	26.69833	1.01			
58	0.61833	1.38	99	28.37833	1.01			
59	0.67500	1.34	100	30.17500	1.01			
60	0.74333	1.30	101	31.60083	1.01			
61	0.82667	1.28	102	33.12000	1.01			
62	0.92833	1.26	103	34.73667	1.01			
63	1.04250	1.24	104	36.45667	1.01			
64	1.16250	1.22	105	38.26083	1.01			
65	1.28917	1.20	106	40.17917	1.01			
66	1.41750	1.19	107	42.21833	1.01			
67	1.54750	1.18	108	44.38583	1.01			
68	1.68750	1.17	109	46.68833	1.01			
69	1.83250	1.16	110	49.13250	1.01			
70	2.00833	1.15	111	51.72833	1.01			
71	2.20500	1.13	112	54.48333	1.01			
72	2.46333	1.11	113	57.40917	1.01			
73	2.73583	1.09	114	60.51250	1.01			
74	3.02250	1.07	115	63.80583	1.01			
75	3.33583	1.05	116	67.29917	1.01			

Note: Cost of Insurance Rates are per \$1,000 of *Net Amount at Risk*.

To comply with section 7702 of the Internal Revenue Code, the total death benefit for this policy will not be less than the *account value* multiplied by the applicable corridor factor above.

POLICY SCHEDULE

MAXIMUM EXPENSE CHARGES

- (1) Premium Charge: [5.00]% of each premium collected
- (2) Monthly Administrative Charge: \$[7.00] per month
- (3) Monthly Specified Amount Charge:

<u>Policy Year</u>	<u>Monthly Specified Amount Charge</u>
1	\$[13.02]
2	\$[13.02]
3	\$[13.02]
4	\$[13.02]
5	\$[13.02]
6	\$[13.02]
7	\$[13.02]
8	\$[13.02]
9	\$[13.02]
10	\$[13.02]
11	\$[13.02]
12	\$[13.02]
13	\$[13.02]
14	\$[13.02]
15	\$[13.02]
16	\$[13.02]
17	\$[13.02]
18	\$[13.02]
19	\$[13.02]
20	\$[13.02]
21	\$[10.42]
22	\$[7.81]
23	\$[5.21]
24	\$[2.61]
25 +	\$[0.00]

In the event of an increase in the *specified amount*, the monthly specified amount charge will increase. *You* will receive a revised policy schedule reflecting the increase.

POLICY SCHEDULE

Minimum increase in *specified amount*: \$[25,000]

Minimum decrease in *specified amount*: \$[1,000]

Minimum partial withdrawal amount: \$[100]

Maximum partial withdrawal fee: \$[50]

Maximum *attained age* for an increase or reinstatement: [85]

The maximum loan interest rate is [5.00]%. The interest rate credited on any loaned portion of the *account value* will be [3.00]%. These interest rates are annual effective rates.

This is a Flexible Premium Universal Life Insurance policy with an adjustable death benefit. We will pay the death benefit if the *insured* dies while this policy is in force, subject to the terms of this policy.

DEFINITIONS

(Defined terms appear in italics throughout this policy.)

ACCOUNT VALUE. Means the sum of *net premiums* paid, minus partial withdrawals, minus *monthly deductions*, plus interest credited.

ANNUAL DATE. Means the same date each year as the *policy date*.

ATTAINED AGE. Means the *issue age* plus the number of completed policy years. With respect to any increase in *specified amount*, *attained age* means the *issue age* for the increase plus the number of completed policy years.

CASH SURRENDER VALUE. Means the *account value*, minus any *policy debt*.

INSURED. Means the person shown on the policy schedule upon whose life this policy is issued.

ISSUE AGE. Means the *insured's* age as of the birthday nearest to the *policy date*. With respect to any increase in *specified amount*, *issue age* means the *insured's* age as of the birthday nearest to the date of the increase.

ISSUE DATE. Means the date on which the suicide and incontestability periods begin. If we have received the initial premium from *you*, the *issue date* will also be the date when *you* have life insurance coverage with *us*. If we have not received the initial premium from *you*, *you* WILL NOT have coverage until the date on which we receive the initial premium from *you*.

MONTHLY DATE. Means the same date of each month as the *policy date*.

MONTHLY DEDUCTION. Means a charge made against the *account value* each policy month. The *monthly deduction* is more fully described in the Monthly Deduction provision.

NET AMOUNT AT RISK. Means the death benefit on the *monthly date*, discounted at the guaranteed rate of interest for one month, minus the *account value* on the *monthly date*, after all *monthly deductions* have been taken except for the cost of insurance.

NET PREMIUM. Means the premium paid reduced by the premium charge, which will not exceed the maximum premium charge shown on the policy schedule.

OWNER, YOU, YOUR. Means the *owner* named in the application, unless changed. The *insured* may or may not be the *owner*.

PLANNED PERIODIC PREMIUM. Means a selected premium of a level amount at a fixed interval. The *planned periodic premium* is shown on the policy schedule.

POLICY DATE. Means the date from which policy months, years and anniversaries are measured. The *policy date* will be determined by *us* unless *you* request a different *policy date* that we approve. If the *issue date* is after the *policy date* or we have not received the initial premium from *you*, *you* WILL NOT have life insurance coverage on the *policy date*.

POLICY DEBT. Means the sum of all unpaid policy loans and accrued interest on policy loans.

SPECIFIED AMOUNT. Means a dollar amount used to determine the death benefit of *your* policy. It is shown on the policy schedule. *You* may increase or decrease it as provided in *your* policy.

SURRENDER. Means termination of this policy at *your* request for its *cash surrender value* while the *insured* is alive. See the Cash Surrender provision of this policy.

WE, US, OUR, ACACIA LIFE INSURANCE COMPANY. Means Acacia Life Insurance Company.

WRITTEN NOTICE. Means information *we* have received at the address(es) shown on the first page of this policy which is written, is signed by *you*, and is acceptable to *us*.

OWNERSHIP

OWNERSHIP. While the *insured* is living, *you* have all rights in this policy. *Your* rights will be subject to any assignment and to the rights of any irrevocable beneficiary. If *you* die before the *insured*, the successor *owner* named in the application is the new *owner*. If there is no successor *owner*, then *your* estate becomes the new *owner*.

A change of *owner* may be made at any time by *written notice* to *us*. It will take effect on the date *written notice* is received. *We* will record the change. Unless there are no surviving primary or contingent beneficiaries, a change of *owner* does not change the beneficiary.

BENEFICIARY

BENEFICIARY. The beneficiary will receive the death benefit proceeds when the *insured* dies. The primary and any contingent beneficiaries are named in the application. If no primary beneficiary is living when the *insured* dies, *we* will pay to the contingent beneficiary. If no contingent beneficiary is living when the *insured* dies, *we* will pay *you* or *your* estate.

Unless the beneficiary designation provides otherwise, *we* will follow these rules:

- (1) *We* will pay equal shares when more than one beneficiary of the same class is to share the funds.
- (2) No revocable beneficiary has rights in this policy until the *insured* dies.
- (3) An irrevocable beneficiary cannot be changed without his or her consent.
- (4) The interest of any beneficiary is subject to the rights of any assignee shown on *our* records.
- (5) When beneficiaries are not shown by name (such as “children”), *we* may find who they are from sworn statements and not wait for court records.

You may change the beneficiary at any time while the *insured* is living by *written notice* to *us*. Any change must be approved by *us*. If approved, it will take effect on the date the *written notice* was signed by *you*. *We* will not be liable for any payments *we* make or actions *we* take before the change is approved.

Unless otherwise provided, if any beneficiary dies within 30 days after the *insured* dies as the result of a common disaster, *we* will pay the death benefit as if that beneficiary died first.

DEATH BENEFIT

DEATH BENEFIT. *We* will pay the death benefit proceeds in a lump sum as soon as *we* receive satisfactory proof that the *insured* died while this policy was in force, and other proof that *we* may require in order to investigate the claim. *We* will include interest from the *insured's* date of death to the payment date. The rate will not be less than required by law. Full payment of the death benefit proceeds to the beneficiary discharges *us* from any and all claims.

Death benefit proceeds will equal:

- (1) the death benefit at the *insured's* date of death; plus
- (2) any additional life insurance proceeds provided by riders; minus
- (3) any *policy debt*; minus
- (4) any overdue *monthly deductions* including the *monthly deduction* for the month of death.

DEATH BENEFIT OPTIONS. The death benefit at any time depends on the death benefit option *you* select.

Option A. The death benefit is the greater of: (1) the *specified amount*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

Option B. The death benefit is the greater of: (1) the *specified amount* plus the *account value*; and (2) the *account value* times the appropriate corridor factor shown on the policy schedule.

The policy schedule shows the *specified amount* and the death benefit option.

DEATH BENEFIT OPTION CHANGES. *You* may make certain changes to the death benefit option by *written notice* to *us*. The effective date of change will be the *monthly date* following *our* receipt of the *written notice*.

- (1) The option may be changed from Option B to Option A. This will not change the *specified amount* and the death benefit will be reduced to equal the *specified amount*.
- (2) The option may be changed from Option A to Option B. In such case, the *specified amount* will be adjusted so that the *net amount at risk* is unchanged.

SPECIFIED AMOUNT CHANGES. On or after one year from the *policy date*, *you* may change the *specified amount* by *written notice* to *us*. Any change is subject to the following conditions:

- (1) Any increase of the *specified amount* will require evidence of insurability satisfactory to *us* and is subject to *our* underwriting limits in place at that time. Underwriting requirements do not apply to increases requested under certain riders that may be attached to the policy. An approved increase will have an effective date as shown on the revised policy schedule.
- (2) Any increase of the *specified amount* will be subject to cost of insurance charges, and monthly specified amount charges based on the *insured's* gender and the *issue age* and rate class for the increase.
- (3) A decrease of the *specified amount* will be effective on the *monthly date* following *written notice* to *us*. Any reduction will be in the following order:
 - (a) against the most recent increase of the *specified amount*;
 - (b) against the next most recent increases;
 - (c) against the initial *specified amount*.
- (4) Any decrease of the *specified amount* requested by *you* will not reduce the monthly specified amount charges.
- (5) The *specified amount* after any requested change must not be less than the minimum *specified amount* stated on the policy schedule.

PREMIUMS

PAYMENT OF PREMIUM. The initial premium is the amount paid on or before delivery of this policy. *You* may make other premium payments at any time, but not more often than once each month.

The *planned periodic premium* is stated on the policy schedule. *You* may change the amount and / or frequency of the *planned periodic premium*.

We reserve the right to limit the amount and frequency of premium payments. We reserve the right to require evidence of insurability for any premium payment that increases the *net amount at risk* of the policy. We will not accept that portion of a premium payment which affects the tax qualifications of this policy as described in section 7702 of the Internal Revenue Code, as amended. This excess amount will be returned to *you*.

Premium payments may be made to the address(es) shown on the first page of this policy or to such other place as *we* may designate. A receipt signed by *our* President or Secretary will be provided upon request. In the event no further premiums are paid, coverage will continue subject to the Grace Period provision until the *cash surrender value* is no longer sufficient to cover the *monthly deduction*.

POLICY VALUES

This policy has an *account value* and a *cash surrender value* that, during the life of the *insured*, may be used for *your* benefit.

ACCOUNT VALUE. The *account value* on the *issue date* is equal to any *net premiums* received by *us* on or before the *issue date*, minus any *monthly deductions* due on or before the *issue date*.

The *account value* on each *monthly date* thereafter is equal to $(a + b + c + d) - (e + f + g)$, where:

- (a) is the *account value* on the prior *monthly date*;
- (b) is one month's interest on (a);
- (c) is any *net premium* received since the prior *monthly date*;
- (d) is interest on (c) from the date received to the current *monthly date*;
- (e) is any partial withdrawal since the prior *monthly date*;
- (f) is interest on (e) from the date paid to the current *monthly date*;
- (g) is the *monthly deduction* due on the current *monthly date*.

On any day between *monthly dates*, the *account value* is calculated using steps a through f above, with pro-rata adjustment of interest to reflect the time elapsed since the prior *monthly date*.

CASH SURRENDER. *You* may *surrender* this policy for the *cash surrender value* by *written notice* to *us*. After *we* receive *written notice*, *we* have the right to wait up to six months to pay except for payment of premiums on any policy in force with *us*. Once surrendered, this policy cannot be reinstated.

PARTIAL WITHDRAWAL. *You* may take a partial withdrawal of cash from the *cash surrender value* by *written notice* to *us*. The minimum partial withdrawal is shown on the policy schedule. The maximum partial withdrawal amount is:

- (1) the *cash surrender value*; minus
- (2) the sum of the next three *monthly deductions*.

We may deduct a partial withdrawal fee, which will not exceed the maximum partial withdrawal fee shown on the policy schedule. If Death Benefit Option A is in effect, the *specified amount* will be reduced by the amount withdrawn plus any fee. After *we* receive *written notice*, *we* have the right to wait up to six months to pay, except for payment of premiums on any policy in force with *us*.

LOANS. *You* may obtain a loan from the *cash surrender value* of this policy. The maximum available loan amount is:

- (1) the *cash surrender value*; minus
- (2) loan interest up to the next *annual date*; minus
- (3) the sum of the next three *monthly deductions*.

The maximum loan interest rate is shown on the policy schedule. We have the option of charging less.

This policy will be assigned to *us* as security for any loan. *We* may defer making a loan up to six months except to pay premiums on any policy in force with *us*. *We* may require *you* to sign a loan agreement.

A loan may be paid back in full or in part at any time.

Interest accrues daily and becomes a part of the *policy debt*. Interest payments are due on each *annual date*. If interest is not paid when due, it will be added to the *policy debt* and will bear interest at the rate charged on the loan.

POLICY FACTORS

COST OF INSURANCE. The maximum cost of insurance rates are determined by the *insured's* gender, *attained age*, and rate class, as shown on the policy schedule. The maximum cost of insurance rates for any increase in *specified amount* are determined by the *insured's* gender and the *attained age* and rate class for the increase.

The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000.

For purposes of determining the cost of insurance, *account value* is allocated first to the initial *specified amount*, then to subsequent increases in *specified amount* in the order those increases occurred.

SPECIFIED AMOUNT CHARGE. The maximum monthly specified amount charge is shown on the policy schedule. Any increase in the *specified amount* will result in an additional monthly specified amount charge.

MONTHLY DEDUCTION. On each *monthly date*, *we* will deduct an amount from *your account value* to pay *us* for providing the benefits of the policy. This amount is called the *monthly deduction*. The rates used to calculate the *monthly deductions* will not exceed the maximum rates shown on *your* policy schedule. *We* will determine actual rates based on *our* future expectations of such factors as mortality, expenses, interest, persistency and taxes. Any changes will be determined according to the procedures and standards on file with *your* State Insurance Department. Any change *we* make will be on a uniform basis for *insureds* of the same *issue age*, gender, rate class, *specified amount*, and the length of time coverages have been in force.

The *monthly deduction* equals:

- (1) the cost of insurance; plus
- (2) the monthly administrative charge; plus
- (3) the monthly specified amount charge; plus
- (4) the cost for any policy riders.

The *monthly deduction* is due on each *monthly date*, beginning on the *policy date*.

INTEREST RATE. The guaranteed interest rate to be applied in the *account value* calculation is shown on the policy schedule. An interest rate exceeding the guaranteed rate may be used at *our* option. *We* will credit, at least the guaranteed interest rate to the portion of the *account value* which is loaned. An interest rate exceeding the guaranteed rate may be used at *our* option.

KEEPING THE POLICY IN FORCE

GRACE PERIOD. On any *monthly date* when the *cash surrender value* is less than the *monthly deduction* for the next policy month, *you* will have a 61-day grace period to make a premium payment to continue this policy. The minimum premium to continue this policy will be the amount which results in a *cash surrender value* on the date the grace period begins equal to the current *monthly deduction* plus the next two *monthly deductions*. We will mail notice of this minimum premium to *your* last known address and to any assignee of record at the start of the 61-day grace period, at least 30 days and no more than 60 days prior to the end of the grace period.

If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. If the *insured* dies during the grace period, the proceeds paid on death will be equal to the death benefit immediately prior to the start of the grace period, minus *policy debt* and overdue *monthly deductions* as of the date of death.

CONTINUATION OF INSURANCE. Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period.

GENERAL PROVISIONS

ENTIRE CONTRACT. This policy is a legal contract that *you* have entered into with *us*. The entire contract consists of:

- (1) this policy;
- (2) any riders;
- (3) any endorsements;
- (4) the attached copy of the application, and any amendments or supplemental applications; and
- (5) the applicable policy schedule(s).

Any change in the contract must be written and signed by *our* President, or a Vice President, or the Secretary, or the Assistant Secretary. No one else is authorized to bind *us*.

Statements made in the application for issuance or reinstatement, in the absence of fraud, are representations and not warranties. No such statements will be used in defense of a claim under this policy unless contained in a written application and unless a copy of such statement is part of this policy.

NONPARTICIPATING POLICY. This policy is nonparticipating. No dividends will be paid under this policy.

RELIANCE. We have issued this policy based on the answers in the application and supplemental applications. We have assumed all such answers to be true and complete. If any are not, *we* may, subject to the Incontestability provision, have the right to void this policy and send back all premiums paid, minus *policy debt* and any partial withdrawals.

INCONTESTABILITY. We will not contest this policy, in the absence of fraud, after it has been in force while the *insured* is alive for two years from the *issue date*, nor will *we* contest any increased benefits later than two years after the effective date for such increased benefits. If *you* did not request the increase or if evidence of insurability was not required, *we* will not contest the increase. As used herein, increased benefits shall include any favorable policy changes requested by *you*. If this policy is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement. The Incontestability provision does not apply to riders that provide disability benefits or accelerated death benefits.

SUICIDE. For the first two full years from the *issue date*, we will not pay the death benefit if the *insured* commits suicide (while sane or insane). We will terminate this policy and give back the premiums paid, minus *policy debt* and any partial withdrawals. We will not pay any increases in benefits that are subject to evidence of insurability if the *insured* commits suicide (while sane or insane) within two years after the effective date for such increases. In these instances, prior to determining the death benefit, we will return to the *account value* the *monthly deductions* for the increases.

POLICY CHANGES. This policy is a Flexible Premium Universal Life Insurance policy. You may request to change your *specified amount*, death benefit option or riders by sending us *written notice*. Whenever one of these changes is made, we will send you a revised policy schedule that will include the new amount and new charges.

ANNUAL REPORT. At least once a year we will send you an annual report showing the current *account value*, *cash surrender value*, amount of interest credited, premiums paid, loans, expense charges and cost of insurance charges since the prior report. Any other information required by your State Insurance Department will also be included in the annual report.

ILLUSTRATIVE REPORT. You may request a projection of illustrative future benefits and values at any time. We may charge a reasonable fee to provide this information.

TERMINATION. This policy will terminate and all insurance will stop:

- (1) on the first *monthly date* after we receive your *written notice*; or
- (2) when a required premium is not received before the end of the grace period; or
- (3) when the *insured* dies.

REINSTATEMENT. Within five years after your policy terminates, you may put this policy back in force by *written notice* to us if:

- (1) the *insured* provides us with evidence of insurability;
- (2) the *attained age* of the *insured* on the date of reinstatement does not exceed the maximum *attained age* for reinstatement as shown on the policy schedule;
- (3) the *insured* is alive on the date of reinstatement; and
- (4) this policy has not been surrendered for its *cash surrender value*.

The minimum premium you must pay to reinstate your policy is $(a + b - c)$ divided by (d) where:

- (a) is the sum of all due and unpaid *monthly deductions* during the grace period;
- (b) is the sum of *monthly deductions* for three months from the date of reinstatement;
- (c) is the *account value* at the beginning of the grace period; and
- (d) is one minus the premium charge.

The *account value* on the date of reinstatement will equal:

- (1) the *net premium* paid to reinstate this policy; plus
- (2) the *account value* at the beginning of the grace period; minus
- (3) the sum of the due and unpaid *monthly deductions* during the grace period.

You must repay or reinstate any *policy debt* that existed at the beginning of the grace period.

CONFORMITY WITH LAWS. This policy is subject to the laws of the state where the application is signed.

MISSTATEMENT OF AGE OR GENDER. If the *insured's* age or gender has been misstated on the application, an adjustment will be made to reflect the correct age and gender as follows:

- (1) If the misstatement is discovered at death, the death benefit amount will be adjusted based on what the cost of insurance rate as of the most recent *monthly date* would have purchased at the *insured's* correct age and gender.
- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the expense charges, and cost of insurance rates based on the *insured's* correct age and gender from the *policy date*.

ASSIGNMENT. *You may assign this policy by giving written notice. We will not be responsible for the validity of an assignment. We will not be liable for any payments we make or actions we take before we receive written notice of an assignment. An assignment is subject to any policy loans and loan interest.*

COMPUTATIONS. *Minimum account values are based on maximum cost of insurance rates, maximum expense charges and guaranteed interest rate shown on the policy schedule. All interest rates shown on the policy schedule are annual effective rates unless otherwise stated.*

Cash surrender values will not be less than the minimum required by the laws of the state where this policy is signed. If required, we have filed a detailed statement about these computations with your State Insurance Department.

Flexible Premium Universal Life Insurance Policy
Nonparticipating

Acacia Life Insurance Company

TERM INSURANCE RIDER

PERSONS INSURED. This rider insures each person named in the application for insurance under this rider and in the policy schedule.

PAYMENT OF INSURANCE. *We* will pay the benefit amount under this rider as soon as *we* receive satisfactory proof that the insured person died while this rider was in force, and other proof that *we* may require in order to investigate the claim. *We* will pay the benefit amount shown on the policy schedule for that insured person. The benefit will be paid to the designated beneficiary, if any; otherwise to

- (1) *you*, if living; otherwise to
- (2) *your* estate.

BENEFIT AMOUNT CHANGES. On or after one year from the effective date for this rider, *you* may change any benefit amount under this rider, by *written notice* to *us*. Any change is subject to the following conditions:

- (1) Any increase will require evidence of insurability on the insured person. An approved increase will have an effective date shown on the policy schedule at the time of the increase.
- (2) A decrease will be effective on the *monthly date* following *our* receipt of *written notice*. Any reduction will be made in the following order:
 - (a) against the most recent increase in benefit amount;
 - (b) against the next most recent increases in benefit amount;
 - (c) against the initial benefit amount.
- (3) Any decrease is subject to a minimum benefit amount of \$25,000 for each insured person.

CONVERSION PRIVILEGE. *You* may convert the insurance on each insured person, without evidence of insurability, if:

- (1) the face amount of the new policy is at least \$25,000;
- (2) *you* give *us* *written notice* before the *annual date* nearest age 75 of that insured person; and
- (3) the face amount of the new policy does not exceed the benefit amount for that insured person under this rider on the date of conversion.

If the policy terminates for a reason other than lack of a required premium, and all the above conditions are met, *you* or any insured person under this rider may exercise the conversion privilege within 31 days of the date of termination.

The new policy may be any permanent plan issued by *us* on the date of conversion. It will be of the same rate class as the insurance converted, if such rate class exists. If not, the rate class of the new policy will be a similar rate class made available by *us* for this purpose. The date of conversion will be the *monthly date* following *written notice* to *us*. The *policy date* of the new policy will be the date of conversion. The incontestability and suicide provisions of the new policy will be measured from the effective date of this rider for the insured person on whom insurance is converted. Insurance under this rider on that insured person will terminate on the date of conversion.

MISSTATEMENT OF AGE OR GENDER. If the age or gender of any insured person has been misstated, *we* will make the following adjustments:

- (1) If the misstatement is discovered at death, the benefit amount will be adjusted based on what the term insurance rider charge as of the most recent *monthly date* would have purchased at the insured person's correct age and gender.

- (2) If the misstatement is discovered prior to death, the *cash surrender value* will be adjusted to reflect the term insurance rider charges based on the insured person's correct age and gender from the rider effective date.

INCONTESTABILITY. In the absence of fraud, *we* will not contest this rider with respect to each insured person after the benefit amount on that person has been in force during that person's life for two years. *Our* total liability will be to return the monthly rider charges for insurance on that person. *We* will not contest any increased benefit amount later than two years after its effective date. *Our* total liability for that increase will be to return the monthly rider charges for that increase. If this rider is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

SUICIDE. If any insured person under this rider commits suicide (while sane or insane) within two years after the date that person's insurance starts, *our* total liability will be to return the monthly rider charges for insurance on that person. If any insured person under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the benefit amount, *our* total liability for that increase will be to return the monthly rider charges for that increase.

TERMINATION. This rider will terminate;

- (1) when the policy terminates; or
- (2) on the first *monthly date* after *you* give *us* written notice; or
- (3) when there is no insured person covered by this rider.

REINSTATEMENT. *You* may put insurance under this rider back in force by *written notice* to *us* if:

- (1) the policy is in force;
- (2) each insured person on whom insurance is being reinstated provides *us* with evidence of insurability within five years after the insurance terminated; and
- (3) enough premium is paid to keep this rider in force for three months.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider.

MONTHLY DEDUCTIONS. *We* will deduct the monthly cost of this rider until it terminates. The actual monthly charge for each insured person is based on the insured person's *attained age*, gender, rate class, and benefit amount, and will not exceed the maximum monthly charge shown on the policy schedule. Any change in the monthly charge for this rider will be on a uniform basis for insured persons of the same *attained age*, gender, rate class, and benefit amount.

RIDER SPECIFICATIONS. The effective date(s), benefit amount(s) and maximum monthly charges for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY



Secretary



President

Acacia Life Insurance Company
CHILDREN'S INSURANCE RIDER

PERSONS INSURED. This rider insures each child of the *insured* if the child is:

- (1) named in the application for this rider; or
- (2) born after the date of the application; or
- (3) adopted by the *insured* after the date of the application and before the child's 18th birthday.

This rider does not insure any child less than 15 days old nor after the child's 25th birthday.

PAYMENT OF INSURANCE. *We* will pay the benefit amount under this rider as soon as *we* receive satisfactory proof that an insured child died while this rider is in force. Unless otherwise provided, the benefit will be paid to:

- (1) the *insured*, if living; otherwise
- (2) the *insured's* spouse, if any; otherwise
- (3) the estate of the deceased.

DEATH OF INSURED. If the *insured* dies (except by suicide within two years of the effective date of this rider), existing insurance on each insured child will be continued at no cost until the child's 25th birthday. Conversion will be allowed as provided by this rider. If the *insured* commits suicide during the first two years of the policy, there is a 31 day period for conversion for each insured child.

CONVERSION PRIVILEGE. *You* may convert the insurance on each insured child, without evidence of insurability, no later than 31 days after the insured child's 25th birthday. The face amount of the new policy must be at least \$25,000. *You* must give *us* written notice. Before the insured child's 25th birthday, the face amount of the new policy may not exceed the benefit amount of the rider on the date of conversion. On or after the insured child's 25th birthday, the face amount of the new policy may not exceed five times the benefit amount of the rider on the date of conversion.

The new policy may be any permanent plan issued by *us* on the date of conversion. The date of conversion will be the *monthly date* following *written notice* to *us*. The *policy date* of the new policy will be the date of conversion. Insurance under this rider on that insured child will terminate on the date of conversion. The incontestability and suicide provisions of the new policy shall be measured from the effective date of this rider up to the benefit amount of this rider on the date of conversion. For any additional face amount, the incontestability and suicide provisions will run from the effective date of the new policy.

INCONTESTABILITY. In the absence of fraud, *we* will not contest this rider with respect to each insured child after the benefit amount on that child has been in force during that child's life for two years. *Our* total liability will be to return the monthly rider charges paid while the insurance on that child's life was in force. *We* will not contest any increased benefit amount later than two years after its effective date. *Our* total liability for that increase will be to return the monthly rider charges for that increase paid while the increase was in force for that child. If this rider is reinstated, the incontestable period will start over again beginning on the reinstatement date, but only for statements made in the application for reinstatement.

SUICIDE. If any insured child under this rider commits suicide (while sane or insane) within two years after the date that child's insurance starts, *our* total liability will be to return the monthly rider charges paid while the insurance on that child was in force. If any insured child under this rider commits suicide (while sane or insane) within two years after the effective date for an increase in the benefit amount, *our* total liability for that increase will be to return the monthly rider charges paid while the increase was in force for that child.

TERMINATION. This rider will terminate:

- (1) when the policy terminates for any reason other than the death of the *insured*; or
- (2) on the first *monthly date* after you give us *written notice*; or
- (3) on the expiry date shown on the policy schedule.

REINSTATEMENT. You may put this rider back in force by *written notice* to us if:

- (1) the policy is in force;
- (2) you provide us with evidence of insurability on each insured child within five years after the rider terminated; and
- (3) enough premium is paid to keep this rider in force for three months.

CONTRACT. This rider is made a part of the policy and is based on the application and any supplemental applications for this rider.

MONTHLY COST OF BENEFIT. We will deduct the monthly cost of this rider until it terminates, except as stated in the Death of Insured provision.

RIDER SPECIFICATIONS. The effective date, benefit amount, and monthly cost for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

Acacia Life Insurance Company

WAIVER OF MONTHLY DEDUCTION RIDER

PAYMENT OF INSURANCE. We will waive the *monthly deduction* for the policy and riders stated on the policy schedule, upon receipt of satisfactory proof that:

- (1) the *insured* is totally disabled; and
- (2) total disability began while this rider was in force; and
- (3) total disability has continued for six consecutive months.

The benefit will begin on the *monthly date* after the start of the six-month period.

If total disability begins:

- (1) Before age 60: the benefit will be credited during that disability.
- (2) On or after age 60, but before age 63: the benefit will be credited only before age 65 while that disability continues.
- (3) On or after age 63, but before age 65: the benefit will be credited only during the two-year period after that disability begins and while it continues.

As used in this rider, "age 60," "age 63," and "age 65" means the *annual date* that is nearest the *insured's* 60th, 63rd and 65th birthdays, respectively.

DEFINITION OF TOTAL DISABILITY. Total disability is a disability which:

- (1) results from bodily injury or disease; and
- (2) lasts for at least six months; and
- (3) begins before age 65; and
- (4) continuously prevents the *insured* from being able to engage in an occupation for pay or profit. During the first 24 months of total disability, "an occupation" means the regular occupation of the *insured* at the time that total disability began. After the first 24 months of total disability, "an occupation" means any occupation for which the *insured* is or becomes reasonably suited by education, training or experience. "Occupation for pay or profit" includes being a full-time student or a homemaker, if that was the *insured's* regular occupation at the time that the total disability began.

Total disability is also the total and irrevocable loss, by the *insured*, of:

- (1) the sight of both eyes; or
- (2) the use of both hands; or
- (3) the use of both feet; or
- (4) the use of one hand and one foot.

WRITTEN NOTICE AND PROOF OF DISABILITY. *Written notice* and satisfactory proof of the *insured's* total disability must be given to us:

- (1) during the life of the *insured*; and
- (2) during the period of total disability; and
- (3) within one year after the beginning of the total disability.

Failure to give *written notice* and satisfactory proof within the time required will not invalidate a claim if the *written notice* and satisfactory proof were given as soon as was reasonably possible; however, no amount due more than one year prior to receipt of satisfactory proof by *us* will be paid.

Satisfactory proof of continuance of total disability must be given to *us* as often as *we* reasonably require. After the first two years of continuous total disability, satisfactory proof will not be required more than once a year. Examination of the *insured* at *our* expense by physicians approved by *us* may be required as a part of any satisfactory proof. If satisfactory proof is not given to *us* when required, no further *monthly deductions* will be waived.

EXCLUSION AND LIMITATIONS. No benefit will be paid if disability results from or is contributed to by:

- (1) intentionally self-inflicted injury; or
- (2) an act of declared or undeclared war while the *insured* is a member of any armed forces.

TERMINATION OF RIDER. This rider will terminate:

- (1) when the policy terminates; or
- (2) on the first *monthly date* after you give *us* *written notice*; or
- (3) on the expiry date shown on the policy schedule. However, this termination will not affect an eligible claim for disability that occurred before age 65.

CONTRACT. This rider is made a part of the policy. It is based on the application and any supplemental applications for this rider.

MONTHLY COST OF BENEFIT. *We* will deduct the monthly cost for this rider until it terminates.

RIDER SPECIFICATIONS. The effective date, benefit amount and monthly cost for this rider are shown on the policy schedule.

ACACIA LIFE INSURANCE COMPANY



Secretary



President

Acacia Life Insurance Company

ENDORSEMENT

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft operated by or for the armed forces (1) as a participant in a sporting event or hobby or (2) as a pilot, crew member or participant in training, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; or
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

ACACIA LIFE INSURANCE COMPANY

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

Acacia Life Insurance Company

ENDORSEMENT

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding in or descending from any kind of aircraft (1) as a participant in a sporting event or hobby or (2) as a pilot, crew member or participant in training, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; or
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death. "Crew member" includes anyone who has duties at any time on the flight involving either the flight or the aircraft.

ACACIA LIFE INSURANCE COMPANY

 **SPECIMEN**

Secretary

 **SPECIMEN**

President

Acacia Life Insurance Company

ENDORSEMENT

Your policy is endorsed as follows:

If the *insured's* death results from or is contributed to by riding, driving or participating in any type of motor vehicle racing, the only amount payable by *us* will be the larger of:

- (1) the premiums paid minus *policy debt* and any partial withdrawals; or
- (2) the *cash surrender value*.

In no event will the amount payable exceed the amount of insurance in force at death.

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 **SPECIMEN**

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SERFF Tracking Number: UNNC-125424467 *State:* Arkansas
Filing Company: Acacia Life Insurance Company *State Tracking Number:* 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: UNNC-125424467 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

Supporting Document Schedules

Satisfied -Name: Certification/Notice	Review Status:	01/10/2008
Comments:		
Attachments:		
Copy of 1683ar-Gty Notice.pdf		
Copy of 1684 AR aclic.pdf		
Copy of AR Certification ar3.pdf		
Copy of AR Certification ar4.pdf		
Bypassed -Name: Application	Review Status:	01/10/2008
Bypass Reason: Not required for this submission		
Comments:		
Satisfied -Name: Health - Actuarial Justification	Review Status:	01/10/2008
Comments:		
The Actuarial Memorandum is attached.		
Attachment:		
7326 Acacia Advisor UL actuarial memo.pdf		
Bypassed -Name: Outline of Coverage	Review Status:	01/10/2008
Bypass Reason: Not required for this submission		
Comments:		
Satisfied -Name: Exhibit A	Review Status:	03/05/2008
Comments:		
Exhibit A is attached.		
Attachment:		

SERFF Tracking Number: UNNC-125424467 *State:* Arkansas
Filing Company: Acacia Life Insurance Company *State Tracking Number:* 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

7326 Exhibit A.pdf

SERFF Tracking Number: UNNC-125424467 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

Review Status:

Satisfied -Name: Exhibit B 03/18/2008

Comments:

Exhibit B is attached.

Attachment:

7326 Exhibit B.pdf

Review Status:

Satisfied -Name: Illustration Certification 03/20/2008

Comments:

The Illustration Certification is attached.

Attachment:

Illustration Certification.pdf

Review Status:

Satisfied -Name: Universal Readability Certification 03/20/2008

Comments:

The Universal Readability Certification is attached.

Attachment:

Universal Readability Cert.pdf

Review Status:

Satisfied -Name: AR Cover Letter 03/24/2008

Comments:

Attachment:

7326 AR submission letter.pdf

Review Status:

Satisfied -Name: Statement of Variability 03/24/2008

Comments:

Attachment:

Statement of Variability for 7326.pdf

SERFF Tracking Number: UNNC-125424467 State: Arkansas
Filing Company: Acacia Life Insurance Company State Tracking Number: 38502
Company Tracking Number: 7326
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 7326 - Universal Life Policy
Project Name/Number: 7326 - Universal Life Policy/7326 - Universal Life Policy

Review Status:

Satisfied -Name: Complaint Notice & Guaranty
Association Notice

03/25/2008

Comments:

Attachments:

1683AR.pdf

1684 AR aclic.pdf

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions, and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- * They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * The insurer was not authorized to do business in this state;
- * Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- * Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * Any policy of reinsurance (unless an assumption certificate was issued);
- * Interest rate yields that exceed an average rate;
- * Dividends and voting rights and experience rating credits;
- * Credits given in connection with the administration of a policy by a group contract holder;
- * Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- * Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- * Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- * Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- * Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Acacia Life Insurance Company
Administrative Office
P.O. Box 81889
Lincoln, Nebraska 68501-1889
1-800-745-1112

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Acacia Life Insurance Company is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Acacia Life Insurance Company is in compliance.

A handwritten signature in black ink that reads "Robert G. Lange". The signature is written in a cursive, flowing style.

Robert G. Lange
Vice President, General Counsel & Asst. Secretary

March 17, 2008
Date

CERTIFICATION

Arkansas

We hereby certify that we have reviewed Rule and Regulation 19 and that Acacia Life Insurance Company meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink that reads "Robert G. Lange". The signature is written in a cursive style with a large initial 'R' and 'L'.

Robert G. Lange
Vice President, General Counsel & Asst. Secretary

March 17, 2008
Date

ACACIA LIFE INSURANCE COMPANY
STATEMENT OF METHOD OF CALCULATING CASH VALUES

Policy Form Number 7326

I. GENERAL INFORMATION

This is a flexible premium Universal Life contract with benefits payable on death or cash withdrawal. The guaranteed cost of insurance is calculated using the appropriate 2001 Commissioner's Standard Ordinary Table of Mortality. This table is divided between Male, Female, and Unisex risks as well as between smokers and nonsmokers.

II. POLICY CHARACTERISTICS

This policy provides adjustable life insurance payable on the death of the insured.

A. Death Benefit

Insurance payable on the death of the insured is integrated with the account value of the policy under one of two options.

Under option A, the death benefit is level except that the death benefit will be automatically increased so that it is always at least equal to Z times the account value.

Under option B, the death benefit is equal to a specified amount plus the account value amount defined in the policy, or Z times the account value, whichever is greater.

Under all options, the death benefit must be at least \$50,000. Z is a factor that when multiplied by the account value insures the policy remains qualified as life insurance under federal tax guidelines.

B. Policy Values

1. Account Value

The account value of the policy is basically an accumulation at interest of a percentage of the net premiums less monthly expense charges and less monthly costs of insurance based on the net amount at risk.

The account value defined in the policy can be expressed as:

$${}_tAV = ({}_{t-1}AV + P_t) (1+i_t) - C_t(1+i_t) - EC_t(1+i_t)$$

Where:

${}_tAV$ is the account value at the end of policy month t

P_t is the net premium credited at the beginning of policy month t. The net premium is equal to the gross premium less the

premium load.

EC_t is the monthly expense charge deducted at the beginning of policy month t.

C_t is the monthly cost of insurance deducted at the beginning of policy month t, and is calculated as:

$$C_t = {}_tq_x [(F_t/(1+i_t) - ({}_{t-1}AV + P_t - EC_t)]$$

where:

${}_tq_x$ is the monthly mortality factor

F_t is the total death benefit in month t

i_t is the monthly guaranteed interest factor

2. Cash Values

Within this document, cash value means the account value.

3. Maximum Surrender Charge

This product has no surrender charges

C. Nonforfeiture Benefits

If the policyowner ceases paying premiums, the policy will be continued with interest rates, monthly expense charges and cost of insurance rates the same as those applicable while on a premium paying basis. The policy will continue for as long as the cash value will cover monthly deductions.

The policy may be surrendered at any time for its cash value.

D. Flexibility

At issue the owner selects both a planned periodic premium amount and the amount of insurance, subject to minimum amounts.

At any time while the policy is in force, after the first policy year, the owner may change the amount of insurance. Decreases may not reduce the specified amount of insurance below the minimum specified amount. Evidence of insurability is required for any increase in specified amount of insurance.

III. BASIS OF VALUES

A. Interest

The minimum guaranteed interest rate applied in the calculation of cash values is 3.00% per annum. The Company may credit additional interest in the calculation of cash values. Currently, additional interest is applied to any cash value of the policy

in excess of any loan outstanding against the policy. Interest is credited on loaned values in accordance with the interest rate provision in the policy.

B. Cost of Insurance

Guaranteed rates are based on the male-female, smoker-nonsmoker 2001 CSO Tables (ANB). For rated (special class) policies, the guaranteed rates are derived from standard class rates by appropriate rating factors of mortality percentages or the addition of flat extra charges. Current cost of insurance factors are less than or equal to the guaranteed factors. The current factors produce higher cash values than those generated using the guaranteed factors.

C. Expense Charges

The guaranteed expense charges are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

For policies issued in a sponsored arrangement, the expense charges may be reduced or waived to reflect the reduced sales and administrative effort. A “sponsored arrangement” includes a program under which an employer or an association permits group solicitation of its employees or members for the purchase of policies on an individual basis.

IV. MINIMUM NONFORFEITURE REQUIREMENTS

A. Minimum Cash Value Basis

For this policy, minimum cash values will be the greater of:

1. Minimum cash values calculated with the maximum nonforfeiture rate of 5.00%, the maximum cost of insurance rates, which are based on 2001 CSO, sex distinct, smoker and nonsmoker mortality, ANB and the maximum expense charges; or
2. Minimum cash values calculated with the guaranteed interest rate of 3.00%, the maximum cost of insurance rates, which are based on 2001 CSO, sex distinct, smoker and nonsmoker mortality, ANB and the maximum expense charges.

B. Minimum Cash Value Compliance Demonstration

The following demonstration establishes that the Account Value less the Surrender Charge will always equal or exceed the minimum cash value required by the Standard Nonforfeiture Law (SNFL). Sections 1 through 3 consider the case where interest credits and cost of insurance charges occur on a guaranteed basis. Section 4 deals with interest credits greater than those guaranteed and cost of insurance charges less than those guaranteed.

1. Standard Nonforfeiture Law

The SNFL states minimum cash value requirements in a prospective form. In order to prove compliance with the SNFL, we will first show that the retrospective formula equating successive net level premium reserves is equal to the formula equating successive Account Values.

According to Chapter 5, Section 5 of Life Contingencies by C. W. Jordan, the prospective version of the net level reserve formula, per unit of death benefit, can be rewritten into a retrospective recursive form as follows:

$$({}_{t-1}V + P)(1 + i) = q_{x+t-1} + (1 - q_{x+t-1})V$$

where P is the net level premium for the guaranteed benefits.

Equivalently,

$${}_tV = ({}_{t-1}V + P - TC) \times (1+i)$$

where $TC = [1/(1+i) - {}_{t-1}V - P] \times [q_{x+t-1}/(1-q_{x+t-1})]$

The preceding formula is similar to that used in the calculation of Account Values. The only differences in the formulae are:

- (a) The reserve formulae are based on one unit of death benefit and the policy formulae are based on a net amount at risk varying monthly throughout the policy years.
- (b) The reserve formulae are expressed strictly on an annual basis, while the policy formula provides interest for payment and charges occurring within the policy year on a monthly basis.
- (c) The reserve formula discounts the death benefit in calculating the charge for mortality on an annual basis, while the policy formula discounts the death benefit on a monthly basis.
- (d) From the above, it follows that the Policy Account Value is representative of the net level reserve calculated using the same interest rate and mortality table as those guaranteed in the policy.

2. Minimum Required Cash Value

The minimum cash value as required by the SNFL is equal to:

$${}_tV - E^1(\ddot{a}_{x+t} / \ddot{a}_x)$$

where ${}_tV$ is the net level reserve calculated on the nonforfeiture basis, and E^1 is the unused initial expense allowance according to the SNFL.

Since the Account Value is representative of the net level reserve, and the Cash Value is equal to the Account Value less the Surrender Charge, then the Cash Value is equal to

$${}_tV - {}_tSC,$$

where ${}_tSC$ is the applicable Surrender Charge. Since there are no policy surrender charges, it follows that whenever the unamortized unused initial expense allowance is not less than 0, then the Cash Value is not less than the minimum cash value specified by the SNFL.

3. SNFL Expense Allowance and Policy Surrender Charges

For this policy, the SNFL initial expense allowance (IEA) per \$1,000 of Specified Amount is determined as follows:

$$IEA = [10 + 1.25 \times \text{Min}(40, P^{NL})]$$

where $P^{NL} = 1000 (A_x / \ddot{a}_x)$

The unused initial expense allowance (E^1) is determined as:

$$E^1 = IEA - IAEC$$

where IAEC is the initial acquisition expense charges.

The unamortized unused initial expense allowance (UE^1) is:

$$UE^1 = E^1 (\ddot{a}_{x+t} / \ddot{a}_x)$$

The initial acquisition expense charges are equal to the excess of the expense charges actually made in the first policy year over the averaged administrative expense charges for that year. The averaged administrative expense charges are those which would have been imposed if the expense charges within that year had been equal to the arithmetic average of the corresponding expense charges which the policy states will be imposed in policy years two through twenty in determining the policy value.

The expense charges imposed in the first year are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

The expense charges in years two through twenty are:

- a. 5.00% of each premium paid
- b. \$7 per policy per month
- c. A monthly charge per \$1000 of specified amount, which varies by gender, risk class, issue age, duration and specified amount band. This charge is level for the first 20 policy years and grades to 0 in year 25 and thereafter.

Therefore, the initial acquisition expense charges (IAEC) are equal to 0. Assuming the net level premium (P^{NL}) is paid in each policy year, the unused initial expense allowance (E^1) is equal to IEA. Since the P^{NL} and therefore the IEA are always greater than 0, then the unamortized unused initial expense allowance is not less than 0, and the Cash Value is not less than the minimum cash value specified by the SNFL.

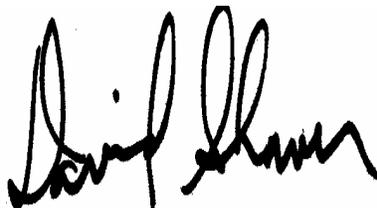
Therefore, the Policy Cash Values will always equal or exceed the minimum cash values.

4. Excess Interest and Cost of Insurance Charges less than those Guaranteed

Excess interest credits and Cost of Insurance Charges at rates lower than guaranteed increase the Account Value above the level guaranteed. So when interest is credited at a rate above 3.0%, and cost of insurance rates charged are less than those guaranteed, the Cash Value will exceed the SNFL minimum cash value.

V. RESERVES

Reserves will comply with the Valuation of Life Insurance Policies Model Regulation (Actuarial Guideline XXX).

A handwritten signature in black ink, appearing to read "David Shaver". The signature is fluid and cursive, with a large initial "D" and "S".

David W. Shaver, ASA, MAAA
2nd Vice President and Director of Product Development
Of Union Central Life Ins. Co. an affiliate of Acacia Life Insurance Company
February 25, 2008

7326 Exhibit A

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>FLESCH SCORE</u>
Policy: 7326	Universal Life Policy	53
Riders: KTIR01	Term Insurance Rider	51*
KCIR02	Children's Insurance Rider	52
KWMD01	Waiver of Monthly Deduction Rider	52
Endorsements: KAEM01	Aviation Exclusion Endorsement (Military)	59
KAEC02	Aviation Exclusion Endorsement (Civil)	63
KRCE02	Race Car Exclusion Endorsement	60

*Indicates the flesch score when combined with the policy.

Exhibit B

Explanation of Riders

KTIR01 Term Insurance Rider. This rider provides a level amount of term insurance on a single life. The company will pay the beneficiary the amount of term insurance in force at the time of the insured person's death.

KCIR02 Children's Insurance Rider. The rider provides term insurance coverage on the insured's children from 15 days old until their 25th birthday.

KWMD01 Waiver of Monthly Deduction Rider. This rider waives the monthly deductions of the policy and riders if the insured is disabled.

Explanation of Endorsements

KAEC02 Endorsement stating benefits if death due to civil aviation activities.

KAEM01 Endorsement stating benefits if death due to armed forces aviation activities.

KRCE02 Endorsement stating benefits if death due to motor vehicle racing activities.



1876 Waycross Road / Cincinnati, OH 45240

NAIC Life Insurance Illustration Certification

I, Kristal E. Hambrick, F.S.A., M.A.A.A., Vice President and Life Product Manager, am an officer of Acacia Life Insurance Company. I was appointed by the Board of Directors of Acacia Life Insurance Company to render this certification as the Illustration Actuary for all plans of insurance subject to the Life Insurance Illustration Regulation as stated in the Board Resolution dated November 17, 2006. I am a member of the American Academy of Actuaries and meet its qualification standards as described in *Qualification Standards for Public Statement of Actuarial Opinion* and am familiar with the certification requirements applicable to compliance with the life insurance illustration regulations.

Scope

I have examined the actuarial assumptions and actuarial methods used in proving compliance with the NAIC Life Insurance Illustration Model Regulation. The purpose of this certification is to advise state regulatory authorities and the directors of said insurer as to whether the disciplined current scales of non-guaranteed elements for illustrated plans of insurance meet the requirements of the regulation.

Reliance

I have relied on experience data developed by Thomas P. McArdle, F.S.A., M.A.A.A., Director & Assistant Actuary and by Joel Varland, F.S.A., M.A.A.A., Second Vice President, in making this certification. I have reviewed the provided data for reasonableness and consistency and am satisfied with the results.

Certification

Scales of non-guaranteed elements used in illustrating the following plans of insurance meet the requirements of the Regulation. The disciplined current scales for these plans are in conformity with Actuarial Standard of Practice (ASOP 24) for Compliance with the NAIC Life Insurance Illustrations Model Regulation, promulgated by the Actuarial Standards Board.

- 7326 Universal Life

The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation were **2007 Generally Recognized Expense Table**.

Kristal Hambrick

Kristal E. Hambrick, FSA, MAAA
Vice President and Illustration Actuary

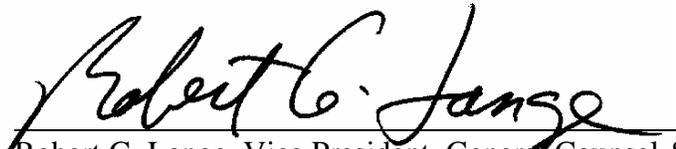
January 30, 2008
Date

READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Acacia Life Insurance Company, hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<u>Form</u>	<u>Description</u>	<u>Readability Score</u>
7326	Universal Life Policy	53
KTIR01	Term Insurance Rider	51*
KCIR02	Children's Insurance Rider	52
KWMD01	Waiver of Monthly Deduction Rider	52
KAEM01	Aviation Exclusion Endorsement (Military)	59
KAEC02	Aviation Exclusion Endorsement (Civil)	63
KRCE02	Race Car Exclusion Endorsement	60

* Indicates the flesch score when combined with the policy.



Robert G. Lange, Vice President, General Counsel & Asst Secty. –
Ameritas Life Insurance Corp.

March 20, 2008



Administrative Office: 5900 O Street / P.O. Box 81889 / Lincoln NE 68501-1889
(402) 467-1122 / (800) 745-1112 / Facsimile: (402) 467-7956

Attn: Dan Honey
Honorable Julie Benafield Bowman
Insurance Commissioner
Compliance Life and Health
1200 West Third St
Little Rock, AR 72201-1904

March 13, 2008

Re: Acacia Life Insurance Company
NAIC No. 0943-60038 FEIN No. 53-0022880

Submission Form Identification: 7326 – Individual Universal Life Policy

General Description of Submission: This Universal Life Insurance Policy will be issued to individuals interested in receiving a death benefit upon the death of the insured.

Issue Ages: 0-85

Dear Mr. Honey:

Enclosed for your review and approval is the above-referenced universal life insurance policy and related forms as shown on the attached Exhibit A.

These forms are new and do not replace any previously approved forms. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The Flesch Scores for these forms are shown on the attached Exhibit A. An explanation of Riders is enclosed as Exhibit B. Since our printers use various fonts and layouts, we reserve the right to format the pages to conform to the printer's requirements. No change in language will occur, only a possible page break, or renumbering of a page.

Reserves will use the 2001 CSO Mortality Table. There will be no surrender charges. The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information. Required actuarial material for the policy and riders, as appropriate, is also enclosed.

The enclosed forms were submitted concurrently to the District of Columbia where we are domiciled. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355, or via email at: tgarrett@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Tanya Garrett

Statement of Variability 7326

Policy Number, Insured, Issue Age, Gender, Owner, Policy Date, Issue Date, Specified Amount

This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum Specified Amount: Range is \$0 – \$100,000.

Death Benefit Option: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Rate Class, Basis of Values: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Guaranteed Interest Rate: Range is 2 % - 5 % annually and .16516% - .40741% monthly

Planned Periodic Premium, Planned Premium Frequency, Initial Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Maximum Monthly Cost of Insurance Rate: The charges shown on the schedule are personalized to the policy purchased. Rates vary by attained age, gender, and rate class.

Corridor Factor: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy. Factors vary by attained age.

Premium Charge: Range is 2% -12 %

Monthly Administrative Charge: Range is \$2.00 to \$12.00

Monthly Specified Amount Charge: The charges shown on the schedule are personalized to the policy purchased and based on rates that vary by issue age, gender, rate class, duration and specified amount. The range is 75% to 125% of these rates.

Minimum increase in specified amount: Range is \$0 - \$50,000.

Minimum decrease in specified amount: Range is \$0 - \$10,000.

Minimum partial withdrawal amount: Range is \$0 - \$1,000.

Maximum partial withdrawal fee: Range is \$0 - \$50.

Maximum attained age for an increase or reinstatement: Range is 70-90

Maximum loan interest rate: Range is 4% - 7 %

Minimum credited interest rate on loaned account value range: 2% – 5%

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GUARANTY ASSOCIATION ACT**

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Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third St.
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- * They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- * The insurer was not authorized to do business in this state;
- * Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- * Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- * Any policy of reinsurance (unless an assumption certificate was issued);
- * Interest rate yields that exceed an average rate;
- * Dividends and voting rights and experience rating credits;
- * Credits given in connection with the administration of a policy by a group contract holder;
- * Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- * Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- * Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- * Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- * Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- * Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- * Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

IMPORTANT INFORMATION TO POLICYHOLDERS

For information concerning your policy, contact your agent or the company as follows:

Acacia Life Insurance Company
Administrative Office
P.O. Box 81889
Lincoln, Nebraska 68501-1889
1-800-745-1112

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Arkansas Insurance Department at:

Consumer Services Division
Arkansas Insurance Department
1200 W. Third Street
Little Rock, AR 72201-1904
1-800-852-5494

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Department of Insurance, have your policy number available.