

SERFF Tracking Number: FRCS-126331432 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 43810
Company Tracking Number: 5150/5276
TOI: L02I Individual Life - Endowment Sub-TOI: L02I.001 Single Life - Fixed/Indeterminate Premium
Product Name: Ind Endowment
Project Name/Number: Gerber/157/157

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Ind Endowment

TOI: L02I Individual Life - Endowment

Sub-TOI: L02I.001 Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: FRCS-126331432 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43810

Co Tr Num: 5150/5276

State Status: Approved-Closed

Authors: Jana Ellmaker, Kevin
Wiggs

Date Submitted: 10/15/2009

Reviewer(s): Linda Bird

Disposition Date: 01/27/2010

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: Gerber/157

Project Number: 157

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/27/2010

Deemer Date:

Submitted By: Kevin Wiggs

Filing Description:

We have been retained by Gerber Life Insurance Company to file the enclosed forms for approval in your state.

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: Not yet filed in
domicile state.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/21/2009

Created By: Kevin Wiggs

Corresponding Filing Tracking Number:

Our fee of \$50 has been sent by EFT on this same date.

The Company offers their assurances that the information required by Section 23-79-138 and the Guaranty Association

SERFF Tracking Number: FRCS-126331432 State: Arkansas
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notice required by Regulation 49 will be provided.

These forms are new and will not replace any previously approved forms on file.

The contract is a level premium endowment plan. Policies are issued from ages 18 through 60. The expected issue limits will range from \$10,000 to \$250,000; however, policies may be issued as low as \$1,000 (for example, a low face amount group policy converting to an endowment policy). Policies issued lower than \$10,000 will be on an exception basis (not the norm). In addition, in the future, Gerber Life may decide to issue policies as high as \$500,000. If applicants want face amounts other than those on the paper application, the applicant will be able to apply on the internet or in the Company's call center for any amount between \$10,000 and \$250,000 as long as it is in increments of \$1,000.

Premiums (rates per \$1,000) for the endowment policy vary by issue age, sex, and length of endowment period (ranging from 10 to 20 years).

The rider will be offered at no cost, and it will be automatically included with the policy. It allows the owner to purchase one additional individual endowment insurance policy on the insured for up to 4 option dates. The age of the insured on each individual endowment policy will be based on the age of the Insured as of the date of the policy to which the rider is attached.

Application AIE-09-AR will be used with this contract.

The Supplement to the Application for Individual Endowment Policy (form AIESUPP-09) will be used if the owner is to be someone other than the insured.

The rider application, ARIE-09-AP-AR will be used to apply for the additional endowment insurance policy specified under the rider.

The previously approved questionnaires listed in the chart below may be used with the application as necessary to underwrite policies. If the original application indicates an issue that warrants additional investigation, one or more of these questionnaires will be used. The Company will attach the completed questions to the application.

Form Number - Description - Approval Date
CARDQUEST - Cardiac Questionnaire - 9/14/04
EMPQUEST - Employment Questionnaire - 9/14/04
MEDQUEST - Medical Questionnaire - 9/14/04
NERVQUEST - Nervous Disorder Questionnaire - 9/14/04

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RESPQUEST - Respiratory Disorder Questionnaire - 9/14/04
 SOCQUEST - Social Questionnaire - 9/14/04
 AMEND-04 - Amendment to the Application - 7/27/04

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist kevin.wiggs@firstconsulting.com
 1020 Central 800-927-2730 [Phone] 2736 [Ext]
 Suite 201 816-391-2755 [FAX]
 Kansas City, MO 64105

Filing Company Information

(This filing was made by a third party - FC01)

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code:	Company Type:
White Plains, NY 10605	Group Name:	State ID Number:
(914) 272-4025 ext. [Phone]	FEIN Number: 13-2611847	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: AR fee of \$50 per policy filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	10/15/2009	31321807

<i>SERFF Tracking Number:</i>	<i>FRCS-126331432</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43810</i>
<i>Company Tracking Number:</i>	<i>5150/5276</i>		
<i>TOI:</i>	<i>L021 Individual Life - Endowment</i>	<i>Sub-TOI:</i>	<i>L021.001 Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Ind Endowment</i>		
<i>Project Name/Number:</i>	<i>Gerber/157/157</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/27/2010	01/27/2010
Approved-Closed	Linda Bird	10/21/2009	10/21/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Spanish Versions of approved forms	Note To Filer	Linda Bird	01/27/2010	01/27/2010
Request to reopen	Note To Filer	Linda Bird	12/08/2009	12/08/2009
Request to Reopen	Note To Reviewer	Exselsa Cartwright	12/07/2009	12/08/2009

<i>SERFF Tracking Number:</i>	<i>FRCS-126331432</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43810</i>
<i>Company Tracking Number:</i>	<i>5150/5276</i>		
<i>TOI:</i>	<i>L021 Individual Life - Endowment</i>	<i>Sub-TOI:</i>	<i>L021.001 Single Life - Fixed/Indeterminate Premium</i>
<i>Product Name:</i>	<i>Ind Endowment</i>		
<i>Project Name/Number:</i>	<i>Gerber/157/157</i>		

Disposition

Disposition Date: 01/27/2010

Implementation Date:

Status: Approved-Closed

Comment: The company did not make submission of the Spanish versions of these approved forms on the reopened filing. Filing has been reclosed and company will need to submit a separate filing for the Spanish versions of the previously approved forms.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Authorization		Yes
Form	Individual Endowment Insurance Policy		Yes
Form	Application for Individual Endowment Policy		Yes
Form	Supplement to Application for Individual Endowment Policy		Yes
Form	Individual Endowment Additional Policy Rider		Yes
Form	Application for Individual Endowment Policy under Additional Policy Rider		Yes

SERFF Tracking Number: FRCS-126331432

State: Arkansas

Filing Company: Gerber Life Insurance Company

State Tracking Number: 43810

Company Tracking Number: 5150/5276

TOI: L021 Individual Life - Endowment

*Sub-TOI: L021.001 Single Life - Fixed/Indeterminate
Premium*

Product Name: Ind Endowment

Project Name/Number: Gerber/157/157

Disposition

Disposition Date: 10/21/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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 Product Name: Ind Endowment
 Project Name/Number: Gerber/157/157

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Authorization		Yes
Form	Individual Endowment Insurance Policy		Yes
Form	Application for Individual Endowment Policy		Yes
Form	Supplement to Application for Individual Endowment Policy		Yes
Form	Individual Endowment Additional Policy Rider		Yes
Form	Application for Individual Endowment Policy under Additional Policy Rider		Yes

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Filing Company: Gerber Life Insurance Company *State Tracking Number:* 43810
Company Tracking Number: 5150/5276
TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.001 Single Life - Fixed/Indeterminate
Premium

Product Name: Ind Endowment
Project Name/Number: Gerber/157/157

Note To Filer

Created By:

Linda Bird on 01/27/2010 08:26 AM

Last Edited By:

Linda Bird

Submitted On:

01/27/2010 08:26 AM

Subject:

Spanish Versions of approved forms

Comments:

Request was received on 12/8/09 to reopen this filing in order to attach the Spanish versions. It has come to our attention that you have not responded to our 12/8/09 reopening of this filing. Please be advised this filing has been reclosed as of this date. A separate filing will need to be submitted for the Spanish versions.

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TOI: L021 Individual Life - Endowment *Sub-TOI:* L021.001 Single Life - Fixed/Indeterminate
Premium
Product Name: Ind Endowment
Project Name/Number: Gerber/157/157

Note To Filer

Created By:

Linda Bird on 12/08/2009 01:37 PM

Last Edited By:

Linda Bird

Submitted On:

12/08/2009 01:37 PM

Subject:

Request to reopen

Comments:

Filing has been reopened in order for changes to be made to original submission.

SERFF Tracking Number: FRCS-126331432 *State:* Arkansas
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Premium
Product Name: Ind Endowment
Project Name/Number: Gerber/157/157

Note To Reviewer

Created By:

Exselsa Cartwright on 12/07/2009 03:03 PM

Last Edited By:

Exselsa Cartwright

Submitted On:

12/08/2009 10:53 AM

Subject:

Request to Reopen

Comments:

The Company would like to submit the Spanish versions of these approved forms. Could you please reopen the filing to allow us to attach the Spanish versions?

If you have any questions or need additional information, please feel free to contact us.

Thank you.

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Form Schedule

Lead Form Number: PIE-09-AR

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PIE-09-AR	Policy/Contract/Individual Insurance Policy Certificate	Initial		51.100	PIE-09-AR.pdf
	AIE-09-AR	Application/Enrollment Form Individual Endowment Policy	Initial		50.400	AIE-09-AR.pdf
	AIESUPP-09	Application/Enrollment Form Supplement to Individual Endowment Policy	Initial		51.000	AIESUPP-09-johndoe-dist.pdf
	RIE-09-AP	Policy/Contract/Individual Additional Policy Certificate: Rider Amendment, Insert Page, Endorsement or Rider	Initial		54.000	RIE-AP Rider-dist.pdf
	ARIE-09-AP-AR	Application/Enrollment Form Individual Endowment Policy under Additional Policy Rider	Initial		56.700	ARIE-09-AP-AR.pdf

GERBER LIFE INSURANCE COMPANY
A Stock Company
Home Office
[1311 Mamaroneck Ave, White Plains, New York 10605]
Customer Service [1-800-253-3074]

Gerber Life Insurance Company (“We”, “Our”, “Us” or “the Company”) promises to pay the Death Benefit to the Beneficiary, subject to the provisions of the Policy. The Death Benefit is payable upon receipt at Our Administrative Office of proof satisfactory to Us of the Insured's death.

We promise to pay you proceeds at maturity subject to the provisions of the policy.

This Policy is issued in consideration of the Application and payment of the premium(s) as described within the Policy. This Policy is a legal Contract between the Owner (“You” or “Your”) and Gerber Life Insurance Company. **READ YOUR POLICY CAREFULLY.**

This Policy will not take effect until it has been approved and the initial full premium(s) due have been received by Us while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. You must notify Us of any changes to the statements and answers given by You in any part of the Application which occur before the policy is approved and payment is received by Us. Times referred to in the Policy begin at 12:01 A.M. Standard Time at the residence of the Insured.

NOTICE OF 30 DAY RIGHT TO EXAMINE POLICY

If for any reason You are not satisfied with this Policy, You may cancel it no later than thirty (30) days after the Policy has been received by You. You may cancel it by returning the Policy, with a written request to cancel, to the agent who sold it or to Our Administrative Office. Upon Our receipt of the Policy and request to cancel, the Policy shall be void from the inception. We will refund all premiums paid and it shall be as if no Policy was issued.

Signed by the Company:

[]

[President and CEO]

[]

[Secretary]

INDIVIDUAL ENDOWMENT INSURANCE POLICY
Proceeds Payable at Maturity
Insurance Payable at Death
Premiums are Payable to Maturity Date
Non-Participating – No Dividends Applicable
See Policy Specifications for Amount of Insurance and Premiums

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Additional benefits and riders, if any, and a copy of the Application are attached to the Policy.

POLICY SPECIFICATIONS

INSURED	[JOHN DOE]	POLICY NUMBER	[SPECIMEN]
FACE AMOUNT Individual Endowment	[\$10,000]	SEX	[MALE]
RATE CLASSIFICATION	[STANDARD]	AGE	[35]
MATURITY DATE	[January 1, 2029]	POLICY DATE	[January 1, 2009]
OWNER	[JOHN DOE]	ISSUE DATE	[January 1, 2009]
BENEFICIARY	REFER TO APPLICATION – UNLESS SUBSEQUENTLY CHANGED		

FORM NO	BENEFIT	YEARS PAYABLE	ANNUAL PREMIUM
PIE-09-AR	Face Amount Payable At Death	[20]	[\$399.40]
RIE-09-AP	Additional Policy Rider		none

Premium Mode Selected: [Annual]
Premium Due Date: [01/01]

Premium Modes Available:	Annual	Semi-Annual	Quarterly	Monthly and Credit Card	Monthly PAC
Until Age [55]	[\$ 399.40]	[\$ 206.96]	[\$ 105.30]	[\$ 36.31]	[\$ 33.28]

There are no other Policy fees.

Jurisdiction of Issue Arkansas

BASIS OF COMPUTATION: CASH VALUES AND REDUCED PAID-UP ENDOWMENT VALUES ARE BASED ON THE COMMISSIONER'S 2001 STANDARD ORDINARY TABLE, MALE/FEMALE, UNITOBACCO, AGE LAST BIRTHDAY WITH INTEREST AT 5%.

POLICY SPECIFICATIONS
(continued)

TABLE OF GUARANTEED POLICY VALUES

THE VALUES SHOWN BELOW ARE THE GUARANTEED VALUES PROVIDED BY THE POLICY. THE VALUES ASSUME THAT THE FULL ANNUAL PREMIUM SHOWN ON THE POLICY SPECIFICATIONS PAGE IS PAID EACH YEAR. THE VALUES ASSUME NO ADJUSTMENT FOR INDEBTEDNESS SECURED BY THIS POLICY.

END OF POLICY YEAR	CASH OR LOAN VALUE	REDUCED PAID UP ENDOWMENT	
[1	0.00	0.00	
2	175.40	413.00	
3	524.70	1,178.90	
4	891.10	1,910.10	
5	1,275.50	2,608.20	
6	1,678.70	3,274.60	
7	2,101.60	3,910.60	
8	2,545.20	4,517.50	
9	3,010.30	5,096.70	
10	3,498.20	5,649.40	
11	4,010.30	6,177.20	
12	4,548.00	6,681.40	
13	5,113.30	7,163.40	
14	5,708.00	7,624.50	
15	6,333.80	8,065.60	
16	6,992.50	8,487.40	
17	7,686.00	8,890.90	
18	8,416.60	9,276.90	
19	9,186.90	9,646.30	
20	10,000.00	10,000.00]

Nonforfeiture Factor 336.90

CASH VALUES AND REDUCED PAID-UP ENDOWMENT VALUES ARE BASED ON THE COMMISSIONER'S 2001 STANDARD ORDINARY TABLE, MALE/FEMALE, UNITOBACCO, AGE LAST BIRTHDAY WITH INTEREST AT 5%.

DEFINITIONS

ADMINISTRATIVE OFFICE – The Company's office at [445 State Street, Fremont, MI 49412].

AGE – The Insured's age at last birthday.

APPLICATION – The Application for this Policy, including all signed questionnaires and amendments which are attached to and made a part of this Policy.

BENEFICIARY – The person or persons named to receive the Death Benefits of this Policy subject to its terms.

CASH VALUE – The Cash Value is shown in the Table of Guaranteed Policy Values on the Policy Specifications Page.

The Cash Values shown assume that all premiums have been paid. The values assume no adjustment for Indebtedness secured by this Policy.

DEATH BENEFIT – The Death Benefit, as stated in the Payment of Death Benefit provision, is the amount payable on the death of the Insured.

FACE AMOUNT – The amount as specified on the Policy Specifications page.

GRACE PERIOD – The amount of time the Owner has to pay overdue premiums as defined in the Grace Period provision.

HOME OFFICE – Gerber Life Insurance Company's office at the address shown on the first page.

INDEBTEDNESS – All existing loans or liens on this Policy plus unpaid earned interest.

INSURED – The person whose life is insured under the Policy and is named as such on the Policy Specifications page.

ISSUE DATE – The date the Policy is issued by the Company.

MATURITY DATE – The date as set forth on the Policy Specifications page. If the Insured is alive on the Maturity Date we will pay the proceeds as provided in the Policy.

NET CASH VALUE – The Net Cash Value is the Cash Value less any Indebtedness and any unpaid and due premium.

OWNER – The Owner of the Policy is the person named on the Policy Specifications page.

POLICY DATE – The effective date of coverage under this Policy, if all the terms of the Application and Policy are satisfied, including the payment of all premiums due. This is the date from which Policy anniversaries, Policy years, Policy months and premium due dates are determined. This date is shown on the Policy Specifications page.

PREMIUM – Premium is the amount due to Us payable at Our Administrative Office in the amount set forth on the Policy Specifications Page.

PAYMENT OF PROCEEDS

Proceeds

Proceeds mean the amount payable upon:

1. the death of the Insured; or
2. surrender of the Policy; or
3. the Maturity Date.

Payment of Death Benefit

The Death Benefit of this Policy will be paid, in accordance with its terms, upon receipt of proof, satisfactory to Us, at Our Administrative Office that the Insured has died. Interest on the Death Benefit will accrue from the date of death to the date of payment at a rate equal to the rate for proceeds left on deposit with Us. Additional interest, at a rate of 10% will be paid if the death benefit is not paid within 31 days from the latest of: (1) Our receipt of Satisfactory Proof of Insured's Death, (2) Our receipt of sufficient information to determine the extent of liability and payee; and (3) removal of any legal impediments to payment of proceeds that were dependent upon parties other than Us. We may require that the Policy be returned to Us before We make any payment, which will be in a single payment. The Company retains its right to conduct an investigation before benefits are paid. If the Death Benefit has not been paid within 30 days after due proof of death is received, interest will be added to this amount at a rate of 8% per year.

Death Benefit

The Death Benefit payable at the death of the Insured is:

1. the Face Amount; plus
2. any premium paid for a period after the end of the Policy month in which the Insured dies; less
3. the amount of premium due to the end of the Policy month in which the Insured dies; less
4. any Indebtedness under the terms of this Policy.

Proceeds Payable Upon Surrender

You may, upon written request, surrender this Policy at any time. If the Policy is surrendered, the proceeds payable will be the Net Cash Value determined at the beginning of the Grace Period, if any, as provided in the Nonforfeiture Options provision. If the Reduced Paid-Up Endowment Nonforfeiture Option is in effect, the Net Cash Value will be determined as of the date the request for surrender is received. Payment will terminate this Policy.

Proceeds Payable At Maturity Date

If the Insured is alive on the Maturity Date, We will pay the Net Cash Value to the Owner. Payment will terminate this Policy. We may require that the Policy be returned to Us before we make any payment.

Rider Proceeds

Proceeds payable under any rider attached to the Policy will be governed by the terms of the Rider, subject to applicable provisions of this Policy.

OWNERSHIP AND BENEFICIARY

Owner

The Owner is the person named on the Policy Specification page or in any subsequent changes shown in our records. If an Owner is not named on the Policy Specification page, the Insured is the Owner. In the event that more than one Owner is named, all elections and other actions that may be taken by the Owner pursuant to the terms of the Policy require joint action of all such persons.

Rights of the Owner

While the Insured is living, You may exercise all rights allowed in this Policy. These rights include, but are not limited to:

1. changing the beneficiary;
2. transferring ownership or assigning this Policy;
3. receiving benefits; and
4. reinstating this Policy.

Transfer of Ownership

If You transfer ownership of this Policy, Your ownership rights terminate and the new Owner will be entitled to all rights available under this Policy. To transfer ownership, We must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required. Your written request, once received in Our Administrative Office, will be effective as of the date You signed the request. A transfer of ownership will not apply to any actions, including payments, taken by Us before the transfer has been received by Us.

Beneficiary

The Primary Beneficiary(ies) and any contingent Beneficiary(ies) are named in the Application or last beneficiary designation filed with Us. If no Beneficiary is named in the Application You will be the Beneficiary. If more than one Primary Beneficiary is named, death benefits will be paid in equal shares to the primary beneficiaries who survive the Insured unless the Owner has provided otherwise in the Application or last designation. If no Primary Beneficiary is living when the Insured dies, death benefits will be paid in equal shares to the contingent beneficiaries who survive the Insured unless the Owner has provided otherwise in the Application or last designation. If no Beneficiary is living when the Insured dies, death benefits will be paid to the estate of the Insured.

Common Disaster

If any Beneficiary dies with the Insured in a common disaster, the proceeds will be payable as if that Beneficiary died before the Insured, unless it is proven to Our satisfaction that the Insured died first.

Change of Beneficiary

To change a beneficiary we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The written consent of any irrevocable beneficiary on a form satisfactory to Us is also required. Your written request, once received in Our Administrative Office, will be effective as of the date You signed the request. A change of beneficiary will not apply to any actions, including payments, taken by Us before the change has been received by Us.

Assignment

This policy may be assigned. No assignment will be recognized by Us unless a copy is filed with Us. We are not responsible for the validity of any assignment. Any claim by an assignee is subject to proof of the validity and extent of the assignee's interest in the Policy. Assignments, unless otherwise specified by You, shall take effect on the date You signed the assignment, subject to any payments made or actions taken by Us prior to the receipt of this notice.

Collateral Assignment

To assign this Policy as collateral we must receive a written request from You on a form satisfactory to Us during the lifetime of the Insured. The consent of any irrevocable beneficiary on a form satisfactory to us is also required. Your written request will not be effective until it is received in Our Administrative Office. Once received it will be effective as of the date you signed

the request. Your rights and those of the Beneficiary will then be subject to the assignment. We are not responsible for the validity of the assignment.

PREMIUMS

Premiums

Premiums are payable in the amount and frequency shown on the Policy Specifications page. You may change the frequency of the premium payment subject to Our approval. If a part of the premium ceases to be payable under the provision of a Rider, the premium will be reduced accordingly. If premiums are paid more frequently than on an annual basis, their sum total may be more than the annual premium for the same time period.

When Premiums Are Due

The first premium is due as of the Policy Date. Premiums are payable at Our Administrative Office. Each subsequent premium, after the first premium, is due on the first day following the period covered by the preceding premium.

To keep this contract in full force, all premiums must be paid when due, or before the end of the 31-day period after the due date of an unpaid premium, as described in the Grace Period provision.

Grace Period

A Grace Period of 31 days will be allowed for payment of a premium after its due date. The Grace Period will begin on the premium due date. The Grace Period does not apply to the first premium. Your Policy will continue in force during the Grace Period.

If the Insured dies during the Grace Period, We will deduct from the proceeds of the Policy, the past premiums due from the due date up to the last day of the Policy month in which the Insured dies.

Nonpayment of Premiums

If any premium is not paid when due and if such premium is not paid within the Grace Period, such premium shall be in default. If this Policy has a Net Cash Value, the Nonforfeiture Options provision will apply.

AUTOMATIC PREMIUM LOAN

If You so elect, We will automatically make a loan, to cover a premium not paid by the last day of the 31-day grace period. The loan will be made as of the premium due date.

We will not make an automatic premium loan that will cause the policy debt to exceed the Net Cash Value on the next premium due date. If there is insufficient Net Cash Value to borrow through an Automatic Premium Loan to pay the next modal premium, the Nonforfeiture Options will apply.

You may elect to terminate this automatic premium loan provision at any time. The cancellation will apply to premiums coming due after the date We receive written notice of cancellation at Our Administrative Office.

NONFORFEITURE OPTIONS

Prior to the policy anniversary, if premiums are no longer being paid, You may request one of the options below:

Your written request must be received by Us at Our Administrative Office by the end of sixty (60) days after the due date of the premium in default.

The Guaranteed Policy Values for the Options described below are shown in the Table of Guaranteed Policy Values on the Policy Specifications Page.

Cash Surrender

Surrender consists of Our payment to You of the Net Cash Value. The Net Cash Value will be the amount determined at the beginning of the Grace Period, if any. Upon payment of this Option, this Policy will terminate.

If the Policy is surrendered within thirty-one (31) days after a Policy anniversary, the Net Cash Value will be the Cash Value on that anniversary, less any Indebtedness made on or after such anniversary and any due and unpaid premium. Upon surrender of the Policy within sixty (60) days after the due date of any premium payment in default after premiums have been paid for at least three (3) full years, We will pay the Cash Value in lieu of any paid-up Nonforfeiture benefit.

If the Policy becomes paid up by completion of all premium payments or is continued under any paid-up Nonforfeiture benefit which became effective on or after the third Policy anniversary, We will pay the Cash Value upon surrender of the Policy within thirty (30) days after any Policy anniversary.

We may delay paying the Net Cash Value for not more than six (6) months after the date the written request for surrender is received.

Reduced Paid-Up Endowment: If this option is elected, this Policy will continue as a Paid-Up Endowment. The Net Cash Value will be the amount determined at the beginning of the Grace Period. The amount of the Paid-Up Endowment purchased will be the amount the Net Cash Value will purchase at the Insured's sex and attained age at the beginning of the Grace Period.

Automatic Nonforfeiture Option

Reduced Paid-Up Endowment is the automatic Nonforfeiture option, unless the Insured has made an election for another option no later than sixty (60) days after the due date of the premium in default.

BASIS OF COMPUTATIONS

Cash Surrender and Reduced Paid-Up Endowment

Values are based on the mortality table and the interest rate shown in the Table of Guaranteed Policy Values within the Policy Specifications pages, showing the cash values, if any and paid-up Nonforfeiture benefits, if any, available under the Policy during the term of the Policy. Such values are calculated upon the assumption that there is no Indebtedness on the Policy.

The nonforfeiture values for this Policy are equal to or greater than those required by law. The nonforfeiture values are calculated in accordance with the NAIC Standard Nonforfeiture Law for Life Insurance, model #808. A detailed statement of the method of computing values has been filed with the state in which this Policy is delivered.

Any Cash Surrender Value and any paid-up Nonforfeiture benefit available under the Policy in the event of default in premium payment due at any time other than on a Policy anniversary will be calculated with allowance for the lapse of time and the payment of the fractional premiums from the last preceding Policy anniversary.

LOANS

Policy Loans

You may obtain a loan while this Policy is in force. This Policy is the security for the loan.

However, if this Policy is in force under the Reduced Paid Up Nonforfeiture Option, You may not obtain a loan.

The loan may not exceed the Net Cash Value on the next Policy anniversary. The minimum amount You may borrow is \$100 if that amount is available for loan. If you elect to have Gerber Life make automatic premium loans the minimum amount may be less than \$100.

Loan interest is payable in arrears at a fixed loan interest rate of 8.0% per year during the entire life of the Policy. The year will start on the date the loan is made and end 365 days later.

Loan interest will accrue from the date each loan is made. Interest is payable in each Policy year.

We may delay making a loan, unless it is being used to pay premiums, for not more than six (6) months after the date the application for the loan is received.

Loan Repayment

A loan may be repaid at any time while this Policy is in force. A loan that exists at the end of the Grace Period may not be repaid unless this Policy is reinstated. Interest not paid on any Indebtedness shall be added to the existing loan and shall bear interest no greater than 8.0% per year.

Indebtedness

Indebtedness means all existing loans or liens on this Policy plus unpaid earned interest. Existing Indebtedness, including any due and accrued interest and any unpaid premiums to the end of the current policy year shall be deducted from the loan value or the proceeds of the loan. Any Indebtedness that has not been repaid shall be deducted from any Death Benefit that is paid. If at any time the total indebtedness equals or exceeds the Cash Value, this Policy will terminate without value. Termination will occur thirty (30) days after Our notice has been mailed to Your address and the address of any assignee of record.

REINSTATEMENT

If premiums are no longer being paid and the policy has not been surrendered for cash or cancelled, the Owner may reinstate it within three years after the due date of the first remaining unpaid premium, subject to the following requirements:

1. receipt of a written application for reinstatement during the lifetime of the Insured on a form provided by Us to You upon written request to Our Administrative Office;
2. approval of evidence of insurability satisfactory to Us;
3. payment of all overdue premiums with 6% interest compounded annually. Compounding of interest means that each year interest is added to the amount owed and begins to bear interest itself.
4. repayment or reinstatement of any accumulated Indebtedness that existed plus 8% interest compounded annually.

The suicide provision does not begin anew after reinstatement. We may contest a reinstated Policy until it has been in force during the Insured's lifetime for a period of two years from the date of reinstatement. Thereafter, the reinstated Policy is incontestable. We may contest the reinstated Policy only with respect to representations made in the application for reinstatement.

GENERAL PROVISIONS

Contract and Representations

This Policy is a legal contract. It is between You and Us. It consists of:

1. the Policy, endorsements, riders, and attachments, if any; and
2. any Application attached to the Policy.

This Policy constitutes the entire contract between You and Us.

Statements in any Application are, in the absence of fraud, deemed representations, not warranties. Unless a part of the Policy, no statement by You or the Insured will:

1. reduce benefits; or
2. be used as a defense to a claim.

Changes

The terms of the Policy may be altered only by written agreement signed by Our President or a Vice President. This authority cannot be delegated.

Incontestability

Except after reinstatement, we cannot contest this Policy or any attached rider after it has been in force during the Insured's lifetime for a period of two years from the Issue Date except for failure to pay premiums or fraud. Any addition of a rider after the Issue Date shall be incontestable, after it has been in force during the Insured's lifetime for 2 years after the effective date of such addition of rider, except as to fraud. We may contest this Policy or any rider on the basis of any material misrepresentation in the Application, supplemental application, reinstatement application or other document signed by You that becomes part of the Policy.

Suicide

If the Insured dies by suicide within two years from the Issue Date, the only amount payable by Us will be the premium paid for the Policy.

Misstatement of Age or Sex

If the Insured's Age or Sex has been misstated in the Application, the Face Amount will be that which the premium paid would have purchased for the correct Age or Sex.

Termination

This Policy will terminate on the earliest of:

1. the date We receive a written request from the Owner to terminate the Policy;
2. the date the Insured dies;
3. the Maturity Date; or
4. subject to the Nonforfeiture Provision, the end of the Grace Period, if a past due premium remains unpaid.
5. the date on which this Policy is surrendered.

Nonparticipating

This Policy does not share in Our earnings.

Claims of Creditors

All payments under this Policy are exempt from the claims of creditors to the fullest extent permitted by law. Payments may not be assigned without Our consent.

INDIVIDUAL ENDOWMENT INSURANCE POLICY
Proceeds Payable at Maturity
Insurance Payable at Death
Premiums are Payable to Maturity Date
Non-Participating – No Dividends Applicable
See Policy Specifications for Amount of Insurance and Premiums

GERBER LIFE INSURANCE COMPANY

A Stock Company
Home Office
[1311 Mamaroneck Ave, White Plains, New York 10605]
Customer Service [1-800-253-3074]

Application for Individual Endowment Policy Gerber Life Insurance Company [1311 Mamaroneck Avenue, White Plains, NY 10605]

Select Amount: [\$10,000 \$25,000 \$50,000 \$100,000 \$150,000]

Select Maturity: [10 Years 15 Years 18 Years Other _____ (enter number between 10-20)]

SEND NO MONEY NOW!

INSURED

Full Name _____ Social Security Number _____ - _____ - _____
(Last) (First) (Middle Initial)

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____ Preferred Telephone Number () _____

Sex _____ Height _____ ft. _____ in. _____ Weight _____ lbs. Date of Birth _____
(Month Day Year)

Occupation _____ Employer _____

Check box if owner is different from insured. If different please provide Full Name _____
(Last) (First) (Middle Initial)

BENEFICIARY: Please enter the name of the person to receive benefits if you die before maturity:

Name: _____ Relationship: _____

- ▶ 1) In the past 5 years, have you: been hospitalized or consulted with or examined or treated by any doctor or health facility? *(You do not need to include colds, minor viruses, or minor injuries which prevented normal activities for a period of less than 5 days or normal pregnancy or childbirth.)* Yes No
- ▶ 2) In the past 5 years, have you: been advised by a member of a medical profession to reduce the use of alcohol or to seek treatment for the use of alcohol or drugs, or used any controlled substance except as prescribed by a physician? Yes No
- ▶ 3) Have you ever plead guilty to or been convicted of a felony or misdemeanor, or do you have such a charge currently pending against you? Yes No
- ▶ 4) In the past 10 years, have you been treated or diagnosed by a member of a medical profession for the following: Heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lungs, stomach, intestines or central nervous system; pneumonia or swollen lymph nodes; AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection? Yes No

Give full details if you answered "Yes" to any question above and list each condition. (Use and sign separate sheet if necessary.)

Nature of Condition	When Condition Started	Do you still have the condition?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- ▶ 5) Do you have any existing life insurance or annuity contract? Yes No
 If yes, please complete the information below.

Company Name	Amount	Policy #	Year Issued

- ▶ 6) Will any life insurance or annuity policy be replaced, changed or used to pay for the insurance applied for in this application? . . . Yes No

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

I authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. In addition, I authorize the Medical Information Bureau (MIB) to release to Gerber Life Insurance or its reinsurers any information within its records pertaining to me or my health. I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

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

X Insured's Signature _____ City/State _____ Date _____

**SUPPLEMENT TO AN APPLICATION
FOR INDIVIDUAL ENDOWMENT POLICY**

Gerber Life Insurance Company
[1311 Mamaroneck Avenue]
[White Plains, NY 10605]

This form is a supplement to the application for an Individual Endowment policy on the following proposed insured:

First name: John Middle name: _____ Last name: Doe

The owner of the Individual Endowment policy is to be:

First name: John Middle name: _____ Last name: Doe

Address: 123 Street City: City State: ST Zip: 12345

Date of Birth: 01-01-74 Telephone number: 123-456-7890 Social Security Number: 123-12-3456

Email: jdoe@email.com

What is the owner's relationship to the insured? Self

It is understood and agreed that:

All statements and answers made in all parts of the application are true and complete to the best of my knowledge and belief, and shall be the basis for and become part of any policy issued as a result of this application. Any policy issued shall not take effect until it is approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Owner's Signature: John Doe City/State: City, ST Date: 08-17-09

AIESUPP-09

GERBER LIFE INSURANCE COMPANY

[1311 Mamaroneck Avenue
White Plains, New York]

INDIVIDUAL ENDOWMENT ADDITIONAL POLICY RIDER

Gerber Life Insurance Company has issued this Rider as part of the Policy to which it is attached, provided that the Rider is listed on the Policy Specifications page.

The Owner may purchase one additional individual endowment insurance policy on the Insured on each Option Date. The age upon which the premium of each new policy will be based is the age of the Insured as of the date the Policy to which this Rider is attached was issued.

The Company will require evidence of insurability for each purchase of an additional endowment insurance policy.

The Policy must be in force on a premium paying basis. The Owner must be the same Owner as of the time the Policy was issued.

This Rider has no cash value. All terms of the Policy which are not inconsistent with this Rider apply to this Rider.

OPTION DATES

Option dates are the first, second, third and fourth Policy anniversaries.

ELECTION OF OPTION

The Company must receive your application for the purchase, together with the required additional premium, within 45 days before or after the Option Date.

OPTION AMOUNT AND MATURITY DATE

The face amount of each additional endowment policy may not be greater than the Face Amount of the Policy to which this Rider is attached. The maximum face amount that may be purchased on all Option Dates is a total of \$[300,000].

The duration of each additional endowment policy must be the same as the duration of the Policy to which this Rider is attached.

EFFECTIVE DATE OF NEW INSURANCE

The new policy purchased under this rider will not be effective until it has been approved and the initial full premium(s) due have been accepted by Us while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. The effective date will be the day all of the conditions stated in this section have been completed to the satisfaction of Gerber Life.

TERMINATION

This Rider will terminate at the earliest of the following dates:

1. 45 days after the last Option Date,
2. the date the Policy is terminated for any reason, or
3. 45 days after the second consecutive Option Date on which no additional endowment insurance policy is purchased under this Rider.

CONSIDERATION

This benefit is issued in consideration of the application, a copy of which is attached to the Policy. There is no premium for this Rider.

EFFECTIVE DATE

The effective date of this Rider will be the Policy Date, unless a later date is shown below.

Effective Date:



President & CEO



Gerber Life Insurance Company

445 State Street, Fremont MI 49412
www.gerberlife.com

Application for Additional Endowment Policy under Additional Policy Rider

Application for Individual Endowment Policy **Gerber Life Insurance Company [1311 Mamaroneck Avenue, White Plains, NY 10605]**

Amount: \$ _____ **Maturity: Years** _____

INSURED

Full Name _____ Social Security Number _____ - _____ - _____
(Last) (First) (Middle Initial)

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____

OWNER (complete only if different from the insured)

Full Name _____ Social Security Number _____ - _____ - _____
(Last) (First) (Middle Initial)

Address _____ Apt# _____ City _____ State _____ Zip _____

Email _____

BENEFICIARY: Please enter the name of the person to receive benefits if you die before maturity:

Name _____ Relationship _____

Since applying for your first endowment policy, has the insured received any treatment for or diagnosis of, or been advised by a medical professional to have a treatment for: heart disease or disorder; cancer or tumor; diabetes; drug or alcohol abuse; high blood pressure or stroke; mental or nervous disorder; or any disorder of the blood, kidneys, liver, lungs, intestines or central nervous system; pneumonia or unexplained swollen lymph nodes; AIDS (Acquired Immune Deficiency Syndrome) or HIV (Human Immunodeficiency Virus) infection or plead guilty to or been convicted of a felony or misdemeanor, or have charges pending against you? Yes No

It is understood and agreed that:

All statements and answers made in all parts of this application are true and complete to the best of my knowledge and belief. This application will be attached to and made part of any policy issued as a result of this application. Any policy issued will not take effect until it has been approved and the initial full premium(s) due have been received by the Company while the proposed insured is alive and all statements and answers in all parts of the application continue to be true and complete. I will notify the Company of any changes to the statements and answers given in any part of the application which occur before the policy is approved and payment is received by the Company.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I authorize any physician, medical practitioner, hospital, clinic, or other medical facility, insurance company, consumer reporting agency, or other organization or person that has any records or knowledge of me or my health or mental condition, general character and driving records, to give such information to Gerber Life, its reinsurers, or other persons performing business or legal services in connection with my application for insurance. In addition, I authorize the Medical Information Bureau (MIB) to release to Gerber Life Insurance or its reinsurers any information within its records pertaining to me or my health. I understand the information obtained by use of this Authorization will be used by Gerber Life to determine my eligibility for insurance. To facilitate rapid submission of such information, I authorize all said sources (with the exception of MIB) to give such information to any agency employed by Gerber Life to collect and transmit it. A photographic copy of this authorization shall be valid as the original. I agree this Authorization shall be valid for 24 months from the date shown below, and that upon my request I have a right to receive a copy of this Authorization.

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

X Insured's Signature _____ City/State _____ Date _____

X Owner's Signature _____ City/State _____ Date _____
(Only complete if Owner is different from insured)

SERFF Tracking Number: FRCS-126331432

State: Arkansas

Filing Company: Gerber Life Insurance Company

State Tracking Number: 43810

Company Tracking Number: 5150/5276

TOI: L021 Individual Life - Endowment

Sub-TOI: L021.001 Single Life - Fixed/Indeterminate Premium

Product Name: Ind Endowment

Project Name/Number: Gerber/157/157

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR RDB.pdf

AR CoC.pdf

AR Complaint Notice_form 829.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Application

Comments:

Please see the Form Schedule for the application forms.

Item Status:

**Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability PIE-09-AZ et al.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Authorization

Comments:

Attachment:

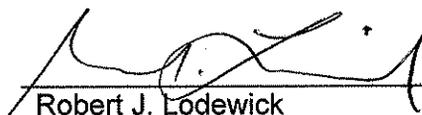
Auth Gerber 8-09_dist.pdf

**STATE OF ARKANSAS
READABILITY CERTIFICATION**

COMPANY NAME: Gerber Life Insurance Company

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

Form Number	Score
PIE-09-AR	51.1
AIE-09-AR	50.4
AIESUPP-09	51.0
RIE-09-AP	54.0
ARIE-09-AP-AR	56.7



Robert J. Lodewick
Vice President, General Counsel & Secretary

October 2, 2009

Date

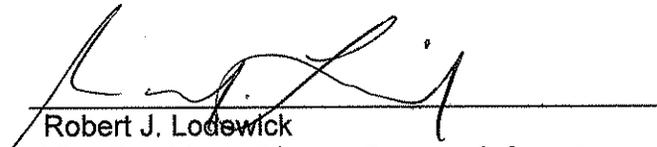
**STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE**

Company Name: Gerber Life Insurance Company

Form Title(s): Individual Endowment Insurance Policy
Application for Individual Endowment Policy
Supplement to Application for Individual Endowment Policy
Individual Endowment Additional Policy Rider
Application for Individual Endowment Policy under Additional Policy Rider

Form Number(s): PIE-09-AR
AIE-09-AR
AIESUPP-09
RIE-09-AP
ARIE-09-AP-AR

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Robert J. Lodewick
Vice President, General Counsel & Secretary

October 2, 2009

Date

**Gerber Life Insurance Company
1311 Mamaroneck Ave
White Plains, New York 10605**

NOTICE

Our Gerber Life Services Representatives are always ready to answer your questions...to explain your policy provisions...and to help you at any time with any problems you may have concerning your coverage. Just call us TOLL FREE at 1-800-253-3074 or write to Gerber Life Insurance Company, Consumer Services Department at 445 State Street, Fremont, Michigan 49412.

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

**Memorandum of Variable Material for
Forms PIE-09-AR, RIE-09-AP, AIE-09-AR, AIESUPP-09, and ARIE-09-AP-AR
Gerber Life Insurance Company
September 25, 2009**

Provision with Brackets and Page Number	Description
<i>Policy Form PIE-09-AR</i>	
Company Address and Customer Service Phone Number (Cover page)	The Company address and customer service phone number are displayed in brackets to allow for changes that may occur in the future.
Signatures and Titles of Officers (Cover page)	The signatures and titles of the signing company officers are bracketed to allow for future changes in the officers authorized to sign the policy.
Insured, Policy Number, Sex and Age (page 3)	Name, sex and age of individual who is insured and the assigned policy number is inserted. Varies by insured.
Owner (page 3)	Name of owner inserted; may be the same or different from named insured.
Adult Individual Endowment Face Amount (page 3)	The minimum amount that can be displayed is \$1,000 and the maximum amount that can be displayed is \$500,000 in increments of \$1,000 in any combination.
Rate Classification (page 3)	Either "Standard" or "Rated" will appear in this field. Rated will be Tables C-H.
Maturity Date (page3)	Varies by insured. Minimum 10 years to maximum 20 years after policy date.
Issue Date (page 3)	Insert exact date policy is issued by the company to an individual. Varies by insured.
Policy Date (page 3)	Insert exact date policy is effective. Varies by insured.
Years Payable (page 3)	Minimum 10 years to maximum 20 years after policy date.
Annual Premium (page 3)	Varies with insured.
Premium Mode Selected, and Premium Due Date (page 3)	Available premium modes are annual, semi-annual, quarterly, monthly, bi-monthly, weekly and bi-weekly. The premium mode selected by the applicant will be displayed here. Due date is inserted based on mode selected. Amounts are based on individual insured.

Provision with Brackets and Page Number	Description
Until Age (page 3)	Insert the age insured will be on date of maturity. Varies by insured.
Premium Amounts	Varies with insured.
Table of Guaranteed Policy Values (page 4)	Years and values for Cash or Loan Value and Reduced Paid Up Endowment vary by insured.
Administrative Office (page 5)	The Administrative Office address is displayed in brackets to allow for changes that may occur in the future.
Company Address and Customer Service Phone Number (Back cover)	The Company address and customer service phone number are displayed in brackets to allow for changes that may occur in the future.
<i>Rider Form RIE-09-AP</i>	
Company Address (Page 1)	The Company address is displayed in brackets to allow for changes that may occur in the future.
Signatures of Officers (Page 2)	The signature of the signing company officer is bracketed to allow for future changes in the officers authorized to sign the rider.
Total Amount within Option Amount and Maturity Date Provision (Page 1)	Right now \$300,000 is shown. The Company reserves the right to change should economics dictate the maximum amount be raised or lowered.
<i>Application Form AIE-09-AR</i>	
Company Address	The Company address is displayed in brackets to allow for changes that may occur in the future.
Amount of Insurance	The minimum amount that can be displayed is \$1,000 and the maximum amount that can be displayed is \$500,000 in increments of \$1,000 in any combination.
Maturity Date	The minimum amount of time for maturity is 10 years and the maximum amount of time for maturity is 20 years.

Provision with Brackets and Page Number	Description
<i>Supplement to Application for Individual Endowment Policy Form AIESUPP-09</i>	
Company Address	The Company address is displayed in brackets to allow for changes that may occur in the future.
<i>Rider Application Form ARIE-09-AP-AR</i>	
Company Address	The Company address is displayed in brackets to allow for changes that may occur in the future.



Gerber Life Insurance Company

*An affiliate of the Gerber Products Company,
the baby food people you have known
since you were an infant*

August 3, 2009

To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Gerber Life Insurance Company

By:

A handwritten signature in black ink, appearing to be "A. D. [unclear]", written over a horizontal line.

Title: Vice President, General Counsel &
Secretary