

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Filing at a Glance

Company: Ameritas Life Insurance Corp.

Product Name: 3005 - Universal Life Policy

TOI: L09I Individual Life - Flexible Premium

Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: AMFA-126601331 State: Arkansas

SERFF Status: Closed-Approved- State Tr Num: 45683

Closed

Co Tr Num: 3005

State Status: Approved-Closed

Reviewer(s): Linda Bird

Authors: Joanne Friend, Bobbie

Disposition Date: 06/02/2010

Cramer, Jenny Andrus

Date Submitted: 05/17/2010

Disposition Status: Approved-

Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name: 3005 - Universal Life Policy

Project Number: 3005

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/02/2010

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/19/2010

Created By: Jenny Andrus

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jenny Andrus

Filing Description:

Re: Ameritas Life Insurance Corp.

NAIC No. 0943-61301 FEIN No. 47-0098400

Submission Form Identification: 3005, et al. – Individual Universal Life Insurance Policy

Designation of Form as Individual or Group Market: Individual

General Description of Submission: This Universal Life policy will be issued to individuals interested in purchasing a universal life policy.

SERFF Tracking Number: AMFA-126601331 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005
Issue Ages: 0-85

Enclosed for your review and approval is the above-referenced universal life policy and related applications 2550 PD 4-10 and 92 PD 4-10. This policy is new and does not replace any other policy. The policy, which will be marketed to individuals through licensed agents, is based on the smoker-nonsmoker 2001 CSO Tables.

The applications for use with this policy are UN 2550 PI-A, et al and UN 92 PI, et al. The UN 2550 PI-A, et al application is our general base application for individual product lines. Its modular format eliminates costly duplicative forms and enables the same information required for all individual product lines to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as the agreement). Product specific information is collected on the product specific components. The Policy Details page, 2550 PD 4-10, will replace UN 2550 LIFE ALIC which was approved by your state insurance department on 12/18/2007. The UN 92 PI, et al is our simplified issue application for individual product lines which is also in modular format. The Policy Details page, 92 PD 4-10, will replace UN 92 AL PD which was approved by your state insurance department on 07/13/2009.

The policy will be illustrated. The signed illustration will be used to provide the applicant with policy cost and benefit information.

No part of this filing contains any unusual or controversial items from normal company or industry standards. 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.

Company and Contact

Filing Contact Information

Jenny Andrus, Contract Analyst jandrus@unioncentral.com
1876 Waycross Road 800-825-1551 [Phone] 52984 [Ext]
P O Box 40888 513-595-2918 [FAX]
Cincinnati, OH 45240

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
P O Box 81889 Group Name: State ID Number:
Lincoln, NE 68501-1889 FEIN Number: 47-0098400
(800) 756-1112 ext. [Phone]

SERFF Tracking Number: AMFA-126601331 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
Company Tracking Number: 3005
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation: 3 forms X \$50 = \$150.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$150.00	05/17/2010	36582273

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/02/2010	06/02/2010
Approved-Closed	Linda Bird	05/19/2010	05/19/2010

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	05/18/2010	05/18/2010	Jenny Andrus	05/18/2010	05/18/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Simplified Issue Application/Policy Details	Jenny Andrus	06/01/2010	06/01/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request of Reopen Filing	Note To Filer	Linda Bird	06/01/2010	06/01/2010
Request to Reopen Filing	Note To Reviewer	Jenny Andrus	05/27/2010	05/27/2010

SERFF Tracking Number: AMFA-126601331 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Disposition

Disposition Date: 06/02/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has submitted the correct application form 92 PD 4-10 to this filing.

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Complaint Notice and Guaranty	Yes	Yes
	Association Notice		
Supporting Document	Regulation 34 Certification	Yes	Yes
Form	Application/Policy Details	Yes	Yes
Form (revised)	Simplified Issue Application/Policy Details	Yes	Yes
Form	Simplified Issue Application/Policy Details Replaced	Yes	Yes
Form	Universal Life Policy	Yes	Yes

SERFF Tracking Number: AMFA-126601331 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Disposition

Disposition Date: 05/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Yes	Yes
Supporting Document	Application	Yes	Yes
Supporting Document	Health - Actuarial Justification	No	No
Supporting Document	Outline of Coverage	Yes	Yes
Supporting Document	Statement of Variability	Yes	Yes
Supporting Document	Complaint Notice and Guaranty	Yes	Yes
	Association Notice		
Supporting Document	Regulation 34 Certification	Yes	Yes
Form	Application/Policy Details	Yes	Yes
Form (revised)	Simplified Issue Application/Policy Details	Yes	Yes
Form	Simplified Issue Application/Policy Details Replaced	Yes	Yes
Form	Universal Life Policy	Yes	Yes

SERFF Tracking Number: AMFA-126601331 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/18/2010
Submitted Date 05/18/2010
Respond By Date 06/18/2010

Dear Jenny Andrus,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

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

SERFF Tracking Number: AMFA-126601331 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
Company Tracking Number: 3005
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/18/2010
Submitted Date 05/18/2010

Dear Linda Bird,

Comments:

Dear Ms. Bird,

Response 1

Comments: As requested, please find attached Certification which states we are in compliance with Regulation 34.

Related Objection 1

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:

Supporting Document Schedule Item Changes

Satisfied -Name: Regulation 34 Certification

Comment: Regulation 34 Certification is attached.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We trust that we have completely responded to your comments which will enable you to finalize your review of this filing. If you have any questions, please feel free to contact me at 1(800) 825-1551, ext. 52984. Thank you for your time and attention to this filing. Be assured that it is greatly appreciated.

Sincerely,
Jenny Andrus
Contract Analyst

SERFF Tracking Number: AMFA-126601331 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Sincerely,
Bobbie Cramer, Jenny Andrus, Joanne Friend

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Amendment Letter

Submitted Date: 06/01/2010

Comments:

It has just come to our attention the 92 PD 4-10 Application that was submitted with our original filing included an option for a rider which will not be used with the 3005 Universal Life Policy. Attached, please find a revised 92 PD 4-10 which reflects the correct information.

We apologize for any inconvenience this may cause and we appreciate your assistance in this matter.

Thank you,

Jenny Andrus

Contract Analyst

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
92 PD 4-10	Application/ESimplified nrollment Form	Issue Application/Policy Details	Initial				51.000	92 PD 4-10.pdf

SERFF Tracking Number: AMFA-126601331 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Note To Filer

Created By:

Linda Bird on 06/01/2010 09:36 AM

Last Edited By:

Linda Bird

Submitted On:

06/01/2010 09:36 AM

Subject:

Request of Reopen Filing

Comments:

Filing has been re-opened in order for correction to be made on application form 92 PD 4-10.

SERFF Tracking Number: AMFA-126601331 *State:* Arkansas
Filing Company: Ameritas Life Insurance Corp. *State Tracking Number:* 45683
Company Tracking Number: 3005
TOI: L09I Individual Life - Flexible Premium *Sub-TOI:* L09I.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Note To Reviewer

Created By:

Jenny Andrus on 05/27/2010 01:56 PM

Last Edited By:

Jenny Andrus

Submitted On:

05/27/2010 01:56 PM

Subject:

Request to Reopen Filing

Comments:

It has just come to our attention the 92 PD 4-10 Application that was submitted with our original filing included an option for a rider which will not be used with the 3005 Universal Life Policy. We respectfully request to have the filing reopened so that we may attach the correct application form 92 PD 4-10.

We apologize for any inconvenience this may cause and we appreciate your assistance in this matter.

Thank you,

Jenny Andrus

Contract Analyst

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Form Schedule

Lead Form Number: 3005

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	2550 PD 4-10	Application/ Enrollment Form Application/Policy Details	Initial		51.000	2550 PD 4-10.pdf
	92 PD 4-10	Application/ Enrollment Form Simplified Issue Application/Policy Details	Initial		51.000	92 PD 4-10.pdf
	3005	Policy/Cont ract/Fratern al Certificate Universal Life Policy	Initial		50.000	3005std.pdf



Universal Life

Policy Details

Ameritas Life Insurance Corp.

[P.O. Box 81889, Lincoln, NE 68501]
[800-745-1112, Fax 402-467-7335]

1. Universal Life:

- a) Specified Amount (*base only*): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
 - Option A (*Specified Amount*)
- c) Planned Periodic Premium (*modal*): \$ _____
Additional First-Year Premium (*lump-sum deposits*): \$ _____
- d) Single Life Supplementary Benefits:
 - Accelerated Benefit Rider (*include Disclosure Statement*)
 - Accidental Death Benefit Rider: \$ _____
 - Children's Insurance Rider: \$ _____
 - Scheduled Increase Rider _____%
 - Term Insurance Rider: \$ _____
 - Total Disability Rider: \$ _____
 - Waiver of Monthly Deduction Rider
 - Other: _____

2. Premium:

- a) Send Premium Notices to: Residence Business
 - Owner
 - Insured
 - Other: (*Specify relationship and address*)

- b) Premium Frequency:
 - Annual
 - Electronic Fund Transfer (*complete EFT form*)
 - Semi-Annual
 - Salary Allotment
 - Quarterly
 - Other: _____
- c) Has any premium been given in connection with this application? Yes No (*if "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount: \$ _____
- d) Association Discount:
 - Yes No (*If "Yes," provide IPN.*)Association IPN: _____



Universal Life Policy Details

Ameritas Life Insurance Corp.

[P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335]

1. Universal Life:

- a) Specified Amount (base only): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
 Option A (*Specified Amount*)
- c) Planned Periodic Premium (*modal*): . . \$ _____
Additional First-Year Premium
(*lump-sum deposits*): \$ _____
- d) Single Life Supplementary Benefits:
 - Accelerated Benefit Rider (*include Disclosure Statement*)
 - Accidental Death Benefit Rider: . . \$ _____
 - Scheduled Increase Rider: _____ %
 - Term Insurance Rider: \$ _____
 - Total Disability Rider: \$ _____
 - Waiver of Monthly Deduction Rider
 - Other: _____

2. Premium:

- a) Send Premium Notices to: Residence Business
 - Owner
 - Insured
 - Other: (*Specify relationship and address*)

- b) Premium Frequency:
 - Annual
 - Electronic Fund Transfer (*complete EFT form*)
 - Semi-Annual
 - Salary Allotment
 - Quarterly
 - Other: _____
- c) Has any premium been given in connection with this application? Yes No
(*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount \$ _____
- d) Association Discount:
 - Yes No (*If "Yes," provide IPN.*)
 - Association IPN: _____



5900 O Street
Lincoln, NE 68501

Customer Service



800-319-6901
Fax: 513-595-2218



PO Box 40888
Cincinnati, OH 45240

Insured: John Doe
Policy Number: 0123456789

We will pay the death benefit proceeds to the beneficiary when we receive 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. If any past medical history has been omitted, please notify *us* within ten (10) days from the date this policy is delivered to *you*.

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

20-DAY RIGHT TO EXAMINE THIS POLICY. It is important to *us* that *you* are satisfied with this policy. *You* have 20 days to review this policy after *you* receive it. If this policy is a replacement for an existing policy *you* have 30 days to review this policy after *you* receive it. 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.

AMERITAS LIFE INSURANCE CORP.

SPECIMEN

President

SPECIMEN

Secretary

Flexible Premium Universal Life Insurance Policy
Nonparticipating

www.unificompanies.com

TABLE OF CONTENTS

POLICY SCHEDULE	3
DEFINITIONS	4
OWNERSHIP	5
BENEFICIARY	5
DEATH BENEFIT	5
Death Benefit Proceeds	5
Specified Amount Changes	6
PREMIUMS	6
ACCOUNT VALUE	6
ACCESSING POLICY VALUES	7
Loans	7
Partial Withdrawal	7
Cash Surrender	7
POLICY FACTORS	8
Monthly Deduction	8
Cost of Insurance	8
Specified Amount Charge	8
Interest Rate	8
Policy Cost Factors	8
KEEPING THE POLICY IN FORCE	8
Grace Period	8
Minimum No-Lapse Period	9
Reinstatement	9
GENERAL PROVISIONS	9
Entire Contract	9
Nonparticipating Policy	9
Reliance	9
Incontestability	10
Suicide	10
Policy Changes	10
Annual Report	10
Illustrative Report	10
Termination	10
Conformity with Laws	10
Misstatement of Age or Gender	10
Assignment	10
Computations	10

POLICY SCHEDULE

Policy Number:	[0123456789]
Insured:	[John Doe]
Issue Age and Gender:	[35, Male]
Owner:	[John Doe]
Policy Date:	[January 1, 2010]
Issue Date:	[January 1, 2010]
Specified Amount:	[\$100,000]
Minimum Specified Amount:	[\$50,000]
Internal Revenue Code Life Insurance Qualification Test:	[Cash Value Accumulation Test]
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:	[\$625.00]
Planned Premium Frequency:	[Annual]
Initial Premium:	[\$625.00]
Monthly Minimum No-Lapse Premium:	[\$37.37]
Minimum No-Lapse Period:	[15] years from the <i>policy date</i>

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	4.99	76	3.67750	1.46	117	71.00417	1.01
36	0.09583	4.82	77	4.07417	1.43	118	74.93500	1.01
37	0.10000	4.65	78	4.53750	1.40	119	79.10167	1.01
38	0.10750	4.49	79	5.07250	1.38	120	83.33333	1.01
39	0.11417	4.34	80	5.65583	1.35	121+	00.00000	1.01]
40	0.12167	4.19	81	6.32000	1.33			
41	0.13167	4.05	82	7.01167	1.31			
42	0.14417	3.91	83	7.75750	1.29			
43	0.15833	3.78	84	8.58333	1.27			
44	0.17500	3.65	85	9.50583	1.25			
45	0.19417	3.53	86	10.52833	1.23			
46	0.21250	3.41	87	11.64500	1.22			
47	0.23250	3.30	88	12.84167	1.20			
48	0.24417	3.19	89	14.10417	1.19			
49	0.25750	3.09	90	15.42167	1.18			
50	0.27667	2.99	91	16.66083	1.17			
51	0.29917	2.89	92	17.95250	1.16			
52	0.33000	2.80	93	19.31500	1.15			
53	0.36333	2.71	94	20.75417	1.13			
54	0.40583	2.62	95	22.26583	1.12			
55	0.45833	2.54	96	23.64917	1.11			
56	0.51167	2.47	97	25.12417	1.09			
57	0.56917	2.39	98	26.69833	1.07			
58	0.61833	2.32	99	28.37833	1.04			
59	0.67500	2.25	100	30.17500	1.01			
60	0.74333	2.19	101	31.60083	1.01			
61	0.82667	2.12	102	33.12000	1.01			
62	0.92833	2.06	103	34.73667	1.01			
63	1.04250	2.01	104	36.45667	1.01			
64	1.16250	1.95	105	38.26083	1.01			
65	1.28917	1.90	106	40.17917	1.01			
66	1.41750	1.85	107	42.21833	1.01			
67	1.54750	1.80	108	44.38583	1.01			
68	1.68750	1.76	109	46.68833	1.01			
69	1.83250	1.72	110	49.13250	1.01			
70	2.00833	1.67	111	51.72833	1.01			
71	2.20500	1.63	112	54.48333	1.01			
72	2.46333	1.60	113	57.40917	1.01			
73	2.73583	1.56	114	60.51250	1.01			
74	3.02250	1.53	115	63.80583	1.01			
75	3.33583	1.49	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 under the [Cash Value Accumulation Test], 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: [7.00]% 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	\$[12.97]
2	\$[27.39]
3	\$[27.39]
4	\$[27.39]
5	\$[27.39]
6	\$[27.39]
7	\$[27.39]
8	\$[27.39]
9	\$[21.91]
10	\$[16.43]
11	\$[10.96]
12	\$[5.48]
13	\$[0.00]
14	\$[0.00]
15	\$[0.00]
16 and thereafter	\$[0.00]

TABLE OF SURRENDER CHARGES

<u>Policy Year</u>	<u>Surrender Charge</u>
1	\$[1,941.00]
2	\$[1,877.00]
3	\$[1,810.00]
4	\$[1,740.00]
5	\$[1,666.00]
6	\$[1,589.00]
7	\$[1,508.00]
8	\$[1,423.00]
9	\$[1,334.00]
10	\$[1,240.00]
11	\$[1,142.00]
12	\$[1,039.00]
13	\$[931.00]
14	\$[817.00]
15	\$[697.00]
16	\$[570.00]
17	\$[438.00]
18	\$[298.00]
19	\$[150.00]
20 and thereafter	\$[0.00]

In the event of an increase in the *specified amount*, the *surrender charges* and 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 [4.00]%. The maximum preferred loan interest rate is [3.50]%. The interest rate credited on any loaned portion of the *account value* will be no less than [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 proceeds to the beneficiary 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 *surrender charges*, 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*.

MINIMUM NO-LAPSE PREMIUM. Means the amount that must be paid on a cumulative basis to keep this policy in force during the minimum no-lapse period as shown on the policy schedule.

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

MONTHLY DEDUCTION. Means a charge made against the *account value* on each *monthly date* for the coverage provided by this policy and any attached riders.

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.

PLANNED PERIODIC PREMIUM. Means a level premium *you* intend to pay 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.

SURRENDER CHARGE. Means the charge subtracted from the *account value* on the *surrender* of this policy.

WE, US, OUR. Means Ameritas Life Insurance Corp.

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*.

YOU, YOUR. Means the owner as shown on the policy schedule unless changed. The *insured* may or may not be the owner.

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 *we* receive *written notice*. Unless there are no surviving primary or contingent beneficiaries, a change of owner does not change the 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*. *We* must approve any change. 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 PROCEEDS. 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.

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.

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.

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, monthly specified amount charges and *surrender 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 *surrender charges* or 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. The *planned periodic premium* is shown on the policy schedule. Even if you pay *planned periodic premiums*, your policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*. You may change the amount and/or frequency of the *planned periodic premium*. You also may make unscheduled payments.

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*.

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*.

ACCESSING POLICY VALUES

Loans, partial withdrawals and cash surrenders may be subject to income tax and penalty tax.

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*.

After the 5th policy anniversary, a portion of the *policy debt* may qualify for the preferred loan interest rate. The portion eligible for the preferred loan interest rate is:

- (1) the *account value*; plus
- (2) the sum of partial withdrawals taken; minus
- (3) the sum of premiums paid.

The maximum loan interest rate and the maximum preferred loan interest rate are 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.

We have the option of charging less. 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.

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. 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.

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. You may not reinstate this policy once you surrender it.

POLICY FACTORS

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 *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*.

COST OF INSURANCE. The cost of insurance for a policy month is the cost of insurance rate times the *net amount at risk* divided by \$1,000. 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 *attained age* and the rate class for the increase.

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.

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 the guaranteed interest rate to the portion of the *account value* which is loaned.

POLICY COST FACTORS. We may change the interest rate, subject to the guaranteed interest rate shown on the policy schedule. We may change the cost of insurance rates, monthly administrative charges, monthly specified amount charges, and premium charge, subject to the maximum rates and charges shown on the policy schedule. We will determine actual rates and charges 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.

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 no more than an 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 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.

Insurance coverage under this policy and any benefits provided by any rider(s) will be continued through the grace period. If the *insured* dies during the grace period, we will pay the death benefit proceeds. If the premium is not paid within the grace period, all insurance stops and this policy terminates with no *cash surrender value*. Even if *you* pay *planned periodic premiums*, *your* policy could lapse if the *cash surrender value* is not enough to pay the *monthly deductions*.

MINIMUM NO-LAPSE PERIOD. During the minimum no-lapse period, *we* guarantee this policy will remain in force and the grace period will not begin if the sum of the premiums paid to date, minus the sum of partial withdrawals taken and *policy debt*, equals or exceeds the sum of the monthly *minimum no-lapse premiums* from the *policy date* to the most recent *monthly date*. The *minimum no-lapse premium* and the minimum no-lapse period are shown on the policy schedule.

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 $(a + b + c - d)$ divided by (e) 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 *surrender charge* on the date of reinstatement;
- (d) is the *account value* at the beginning of the grace period; and
- (e) 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. *Surrender charges* will be based on the original *policy date* and the dates of any increases in *specified amount* as if this policy had never terminated.

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. Riders to this policy may have separate incontestability provisions.

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. If the *insured* commits suicide (while sane or insane) within two years after the effective date of any increase in *specified amount*, our liability for such increase is limited to the *monthly deductions* for the increase. Riders to this policy may have separate suicide provisions.

POLICY CHANGES. *You* may request to change *your specified amount* or riders by sending us *written notice*. Whenever one of these changes is made, we will send *you* a revised policy schedule that will show the updated coverage and any 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, partial withdrawals, loan activity, 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 make a reasonable charge to provide this information.

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

- (1) on the date 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.

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, *surrender 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 debt*.

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

<i>SERFF Tracking Number:</i>	<i>AMFA-126601331</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>45683</i>
<i>Company Tracking Number:</i>	<i>3005</i>		
<i>TOI:</i>	<i>L091 Individual Life - Flexible Premium Adjustable Life</i>	<i>Sub-TOI:</i>	<i>L091.001 Single Life</i>
<i>Product Name:</i>	<i>3005 - Universal Life Policy</i>		
<i>Project Name/Number:</i>	<i>3005 - Universal Life Policy/3005</i>		

Supporting Document Schedules

Item Status: **Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Compliance Certifications are attached.

Attachments:

AR Reg 6 Cert.pdf
AR Reg 49 Cert.pdf
UNIV READABILITY.pdf

Item Status: **Status
Date:**

Satisfied - Item: Application

Comments:

Please see attached Exhibit A which shows the previously approved application to be used with this policy.

Attachment:

Exhibit A - prev app applications.pdf

Item Status: **Status
Date:**

Bypassed - Item: Outline of Coverage

Bypass Reason: Not Applicable

Comments:

Item Status: **Status
Date:**

Satisfied - Item: Statement of Variability

Comments:

Statement of Variability is attached.

Attachment:

Statement of Variability for 3005.pdf

SERFF Tracking Number: AMFA-126601331 State: Arkansas
Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
Company Tracking Number: 3005
TOI: L091 Individual Life - Flexible Premium Sub-TOI: L091.001 Single Life
Adjustable Life
Product Name: 3005 - Universal Life Policy
Project Name/Number: 3005 - Universal Life Policy/3005

Item Status:

**Status
Date:**

Satisfied - Item: Complaint Notice and Guaranty
Association Notice

Comments:

Complaint Notice and Guaranty Association Notice are attached for informational purposes.

Attachments:

1683 AR.pdf
1684 AR.pdf

Item Status:

**Status
Date:**

Satisfied - Item: Regulation 34 Certification

Comments:

Regulation 34 Certification is attached.

Attachment:

AR Reg 34 Cert.pdf

CERTIFICATION
Arkansas

We hereby certify that we have reviewed Regulation 6 and that Ameritas Life Insurance Corp. is in compliance.



Robert G. Lange
Vice President, General Counsel and Assistant Secretary
of Ameritas Life Insurance Company

May 5, 2010

Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

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.



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

May 5, 2010

Date

Reg. Section 6 DI: Method of Disclosure of Required Information

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

Reg. Section 6 Life: Valuation

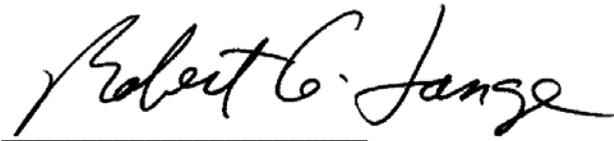
The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

READABILITY CERTIFICATION

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., 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>Form Title</u>	<u>Readability Score</u>
3005	Universal Life Policy	50
2550 PD 4-10	Application/Policy Details	51*
92 PD 4-10	Simplified Issue Application/Policy Details	51*

*Indicates the flesch score when combined with the policy.



Robert G. Lange
Vice President, General Counsel and Assistant Secretary

EXHIBIT A

List of Previously Approved Applications For Use With 3005

Form Number	Description	Approval Date	State Tracking #
UN 92 PI	Personal Information	7/13/09	42878
UN 92 AL PD	Universal Life Policy Details	7/13/09	42878
UN 92 FI LHQ	Financial, Lifestyle, & Health Questionnaire	7/13/09	42878
UN 92 AG	Agreement	7/13/09	42878
UN 1767	Application for Life Reinstatement	7/14/08	39419
UN 1799	Application for Change of Coverage	7/14/08	39419
UN 2550 PI-A	Application/Personal Information	12/18/07	37641
UN 2550 PI-B	Application/Personal Information	12/18/07	37641
UN 2550 LIFE ALIC	Application/Policy Details	12/18/07	37641
UN 2550 FI	Application/Financial Information	12/18/07	37641
UN 2550 LQ	Application/Lifestyle Questionnaire	12/18/07	37641
UN 2550 HQ	Application/Health Questionnaire	12/18/07	37641
UN 2550 AG	Application/Agreement	12/18/07	37641

Statement of Variability 3005

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 \$10,000 - \$100,000.

Internal Revenue Code Life Insurance Qualification Test: 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.

Monthly Minimum No-Lapse Premium: This information is personalized to the policy purchased and included as John Doe specimen information in the submitted policy.

Minimum No-Lapse Period: Range is 5 – 15 years.

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, gender and rate class.

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.

Surrender 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.

Minimum increase in specified amount: Range is \$1 - \$50,000.

Minimum decrease in specified amount: Range is \$1 - \$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 %

Maximum preferred loan interest rate: Range is 3.5% -5%

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

**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:

Agent name:

Phone number:

Ameritas Life Insurance Corp.
Service Center
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 West Third Street
Little Rock, Arkansas 72201-1904
1-800-852-5494
501-371-2640

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

I, David Shaver, hereby certify that I have reviewed Rule and Regulation 34 and that Ameritas Life Insurance Corporation meets the provisions of said Rule and Regulation. I also certify that this product is in compliance with Bulletin 11-83.

Company: Ameritas Life Insurance Corporation



Actuary: _____
Signature
David W. Shaver, ASA, MAAA
Print Name

Relationship to Company: Second VP, Directory of Product Development of Union Central Life Insurance Co and Affiliate of Ameritas Life Insurance Corporation

05/18/10
Date

SERFF Tracking Number: AMFA-126601331 State: Arkansas
 Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 45683
 Company Tracking Number: 3005
 TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
 Adjustable Life
 Product Name: 3005 - Universal Life Policy
 Project Name/Number: 3005 - Universal Life Policy/3005

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/06/2010	Form	Simplified Issue Application/Policy Details	06/01/2010	92 PD 4-10.pdf (Superceded)



Universal Life Policy Details

Ameritas Life Insurance Corp.

[P.O. Box 81889, Lincoln, NE 68501]
[800-745-1112, Fax 402-467-7335]

1. Universal Life:

- a) Specify Amount (base only): \$ _____
Plan of Insurance: _____
- b) Death Benefit Option:
 Option A (*Specified Amount*)
- c) Planned Periodic Premium (*modal*): . . \$ _____
Additional First-Year Premium
(*lump-sum deposits*): \$ _____
- d) Single Life Supplementary Benefits:
 - Accelerated Benefit Rider (*include Disclosure Statement*)
 - Accidental Death Benefit Rider: . . \$ _____
 - Children's Insurance Rider: \$ _____
 - Scheduled Increase Rider: _____ %
 - Term Insurance Rider: \$ _____
 - Total Disability Rider: \$ _____
 - Waiver of Monthly Deduction Rider
 - Other: _____

2. Premium:

- a) Send Premium Notices to: Residence Business
 Owner
 Insured
 Other: (*Specify relationship and address*)

- b) Premium Frequency:
 - Annual
 - Electronic Fund Transfer (*complete EFT form*)
 - Semi-Annual
 - Salary Allotment
 - Quarterly
 - Other: _____
- c) Has any premium been given in connection with this application? Yes No
(*If "Yes," state amount paid for which conditional receipt has been given; the terms of which are hereby agreed to.*)
Amount \$ _____
- d) Association Discount:
 Yes No (*If "Yes," provide IPN.*)
Association IPN: _____