Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: CRT02 0408; CRT03 0408	SERFF Tr Num: AEGB-125650019	State: ArkansasLH
TOI: L04I Individual Life - Term	SERFF Status: Closed	State Tr Num: 39080
Sub-TOI: L04I.500 Other	Co Tr Num: CRT02 0408; CRT03 0408	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Author: Stephanie Mara	Disposition Date: 05/28/2008
	Date Submitted: 05/21/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: CRT02 0408; CRT03 0408
Project Number: Critical Illness Accelerated Death Benefit Rider
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 05/28/2008
State Status Changed: 05/28/2008
Corresponding Filing Tracking Number: CRT02 0408; CRT03 0408

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

Deemer Date:

Filing Description:

CRT02 0408 - Critical Illness Accelerated Death Benefit Rider

CRT03 0408 - Critical Illness Accelerated Death Benefit Rider

May 20, 2008

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

Attn: Policy Examination Division (Individual Life)

Re: STONEBRIDGE LIFE INSURANCE COMPANY
NAIC: 468-65021, FEIN: 03-164230
CRT02 0408 – Critical Illness Accelerated Death Benefit Rider
CRT03 0408 – Critical Illness Accelerated Death Benefit Rider

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These forms are submitted in final printed form in which they will be distributed to Insureds. These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures. These forms are also being filed for our sister companies of Transamerica Life Insurance Company, Monumental Life Insurance Company, Western Reserve Life Assurance Co. of Ohio, and Life Investors Insurance Company of America.

Critical Illness Accelerated Death Benefit Rider (CRT02 0408) - If the owner elects this rider, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a covered condition as defined by the rider. The issue ages for this rider are, ages 18-55 for term periods 10, 15, 20, ages 18-50 for 30 year term non tobacco and ages 18-45 for a 30 year term tobacco. The minimum benefit amount is $10,000 and the maximum benefit amount is 50% of the base policy face amount but no greater than $100,000 for any policy. This rider will be used with policy form TL03 1005 AR, which was approved by your Department on May 4, 2007.

Critical Illness Accelerated Death Benefit Rider (CRT03 0408) - If the owner elects this rider, we will pay an Accelerated Death Benefit upon the Insured's diagnosis of a covered condition as defined by the rider. This rider will be attached to our term products that provide a Return of Premium feature. This rider provides for the potential effects of accelerated benefits on policy and loan values in these policy forms. The issue ages for this rider are, ages 18-55 for term periods 10, 15, 20, ages 18-45 for 30 year term non tobacco and ages 18-40 for a 30 year term tobacco. The

minimum benefit amount is $10,000 and the maximum benefit amount is 50% of the base policy face amount but no greater than $100,000 for any policy. This rider will be used with policy form TL04 0906 AR, which was approved by your Department on May 30, 2007.

We would appreciate your review and approval of these forms.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

Stephanie Mara
Policy Analyst
Contract Development
Ph: (319) 355-8202 (collect)
Fax: 319-355-2501
smara@aegonusa.com

Company and Contact

Filing Contact Information

Stephanie Mara, Policy Analyst
4333 Edgewood Rd. NE
Cedar Rapids, IA 52499

smara@aegonusa.com
(319) 355-8202 [Phone]
(319) 355-2501[FAX]

Filing Company Information

Stonebridge Life Insurance Company
4333 Edgewood Rd. NE
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 65021
Group Code: 468
Group Name:
FEIN Number: 03-0164230

State of Domicile: Vermont
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	$50/retaliatory filing x 1 filing = $50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	$50.00	05/21/2008	20434504

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/28/2008	05/28/2008

Disposition

Disposition Date: 05/28/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEGB-125650019*	*State:*	*Arkansas*
Filing Company:	*Stonebridge Life Insurance Company*	*State Tracking Number:*	*39080*
Company Tracking Number:	*CRT02 0408; CRT03 0408*		
TOI:	*L04I Individual Life - Term*	*Sub-TOI:*	*L04I.500 Other*
Product Name:	*CRT02 0408; CRT03 0408*		
Project Name/Number:	*CRT02 0408; CRT03 0408/Critical Illness Accelerated Death Benefit Rider*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Disclosure Form		Yes
Supporting Document	Flesch Score		Yes
Form	Critical Illness Accelerated Death Benefit Rider		Yes
Form	Critical Illness Accelerated Death Benefit Rider		Yes

Form Schedule

Lead Form Number: CRT02 0408; CRT03 0408

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	CRT02 0408	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Critical Illness Accelerated Death Benefit Rider	Initial		51	CRT02 0408 S.pdf
	CRT03 0408	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Critical Illness Accelerated Death Benefit Rider	Initial		50	CRT03 0408 S.pdf

STONEBRIDGE LIFE
Insurance Company
A Stock Company
Home Office located at: Rutland, Vermont
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

THE POLICY'S BENEFITS AND VALUES, AS WELL AS ANY BENEFITS AND VALUES PROVIDED BY AFFECTED RIDERS, WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. BENEFITS AND VALUES (IF APPLICABLE) INCLUDE WITHOUT LIMITATION: DEATH BENEFITS, POLICY VALUES, AND INDEBTEDNESS. PAYMENT OF AN ACCELERATED DEATH BENEFIT MAY HAVE TAX CONSEQUENCES AND MAY ALSO AFFECT ELIGIBLITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS AND ENTITLEMENTS. YOU MAY WANT TO CONSULT YOUR PERSONAL TAX ADVISOR.

This Rider is attached to and made part of Your Policy, as of the Rider Effective Date. It provides that You may receive a one (1)-time accelerated death benefit payment up to the Benefit Amount when You provide proof that the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, subject to the terms and conditions of this Rider. This Rider is subject to all of the Policy's provisions that do not conflict with this Rider's provisions.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Benefit Amount means the amount shown on the Policy Specification Page as the Amount for this Rider.

Covered Condition means one (1) of the conditions defined below:

1. **Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. Diagnosis must be based on the occurrence of all of the following during the period of Hospital Confinement for the condition: 1. Prolonged chest pain; 2. New EKG changes consistent with a Myocardial Infarction; and 3. Elevation of cardiac enzymes to levels that the American Medical Association finds consistent with a Diagnosis of a Myocardial Infarction. Myocardial Infarction does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous Myocardial Infarction. The Diagnosis of Myocardial Infarction must be made by a Physician who is a board-certified cardiologist or internist.

2. **Stroke** means a cerebrovascular incident caused by hemorrhage, embolism or thrombosis producing a measurable neurological deficit, persisting continuously for at least thirty (30) days following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician who is a board-certified neurologist. For purposes of coverage under this Rider, Stroke does not include:

    a. Neurological symptoms due to transient ischemic attacks.
    b. Cerebral symptoms due to migraine.
    c. Cerebral injury resulting from trauma or hypoxia.
    d. Vascular disease affecting the eye, optic nerve, and vestibular function.

3. **Life-threatening Cancer** means a malignant neoplasm (including hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue, which is not hereafter specifically excluded. The Diagnosis of Life-Threatening Cancer must be made by a Physician who is a board-certified specialist acting within his or her specialty and supported by histological evidence of malignancy and confirmed by one or more pathological specimens. For purposes of coverage under this Rider, Life-threatening Cancer does not include:

   a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
   b. Tumors in the presence of HIV.
   c. Carcinoma in situ (such as cervical dysplasia).
   d. Benign tumors or polyps that are histologically described as pre-malignant or non-malignant (such as intraepithelial neoplasia).
   e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1N0M0 or equivalent staging or papillary micro cancer of the thyroid or bladder).
   f. Stage one (1) Hodgkin's disease.

4. **End-stage Renal Disease** means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. **Major Organ Transplant** means either of the following:

   a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,

   b. The Insured demonstrates Major Organ Failure and is registered with and on the waiting list of the United Network for Organ Sharing or its recognized successor for a human to human replacement of the failing organ.

   The organs covered under the definitions of Major Organ Transplant are limited to the entire heart, the liver, a lung, a kidney, the pancreas or bone marrow. For purposes of coverage under this Rider, Major Organ Transplant does not include a transplant involving an artificial or non-human organ or tissue.

6. **Accidental Paralysis/Paraplegia** means the total, irrecoverable, and permanent loss of use of two (2) or more limbs through neurological damage, which is the result of an accidental injury. Paralysis must exist for a continuous period of at least 180 days from the time Paralysis begins, and be Diagnosed by a legally qualified Physician who is a board certified neurologist. A limb means a complete arm (below the shoulder) or complete leg (below the hip) of the Insured.

   Paralysis that is the result of any disease or disorder is not eligible for a benefit payment under this Rider.

Diagnosis means the identification by a Physician of the existence of a Covered Condition through the use of clinical and/or laboratory findings.

Hospital Confinement means assigned to a hospital bed located within a licensed hospital.

Major Organ Failure means clinical evidence of disease or injury to a covered organ that is, by generally accepted medical standards, sufficient to require human to human replacement of the entire organ.

Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy practicing within the scope of his or her license issued by the jurisdiction in the United States in which such person's services are rendered. Physician does not include:

1. You, the Insured, or an Immediate Family Member,
2. a person who lives with You, the Insured, or an Immediate Family Member,
3. a person in the same medical practice as You, the Insured, or an Immediate Family Member, or
4. a business partner of You, the Insured, or an Immediate Family Member.

Immediate Family Member means a spouse; or natural, adoptive or step; child, parent, grandparent, grandchild, sibling, aunt or uncle of You or the Insured.

Pre-existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek medical consultation, advice or treatment within one (1) year immediately preceding the Rider Effective Date. Pre-existing Condition also means a condition for which medical consultation, advice or treatment was actually recommended by or received or sought from a Physician during the two (2) years immediately preceding the Rider Effective Date.

Rider Effective Date is the Policy Date.

Waiting Period means a period of 30 days in which the Insured must be continuously covered under this Rider after the Rider Effective Date or the last Reinstatement date of the Policy before becoming eligible for the Benefit Amount.

Rider Expiry Date means the date, shown on the Policy Specification Page, when this Rider Terminates and all benefits under this Rider cease.

BENEFITS

If the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, You may elect to receive a one (1)-time accelerated death benefit payment up to the Benefit Amount for this Rider. The elected benefit under this Rider will reduce the death benefit coverage provided by the Policy. The reduction in death benefit coverage will equal the elected benefit under this Rider. You may elect to receive only a portion of the Benefit Amount stated on the Policy Specification Page, in order to preserve more of the death benefit coverage. You must provide Proof of Claim of the Diagnosis of the Covered Condition. The benefit will be paid in a lump sum.

At the time any portion of the Benefit Amount is paid under this Rider, this Rider will Terminate.

LIMITATIONS AND EXCLUSIONS OF BENEFITS

We will not pay any elected benefit under this Rider for a Covered Condition that occurs during the first two (2) years after the Rider Effective Date, if the condition is defined as a Pre-existing Condition.

We will not pay any elected benefit under this Rider for a Covered Condition Diagnosed during the Waiting Period.

We will not pay any elected benefit for a Covered Condition that is caused by or occurs as a result of:

1. Intentionally self-inflicted injury, suicide or attempted suicide; or
2. Any act that was caused by war, declared or undeclared, or service in any of the armed forces; or
3. Participation in hazardous sports and/or activities; or
4. Participation in, or attempting to participate in, a felony, riot or insurrection; or

5. Participation in an illegal occupation, or
6. Intoxication or the voluntary use of any drug, whether legal or illegal, unless administered by a Physician and taken according to the Physician's instructions or the dosage directions.

PROOF OF CLAIM

Written notice of claim must be given to us at our Administrative Office. The written notice must include Your name and the Policy number. The written notice must be given to us within sixty (60) days after the Diagnosis or surgical treatment of a Covered Condition.

When we receive a written notice of claim, we will provide a claim form for You to use in filing proof of the nature and extent of the claim. This proof must be given to us within the time limit stated above. If we do not provide the claim form within fifteen (15) days after we receive written notice of claim, You need not use such claim form, if instead You give us written proof of the nature and extent of the claim. Whether or not our claim form is used, proof of claim includes copies of medical records and/or telephone consultations, as required, with the Physician(s) and/or providers of health care services. Failure to give us proof of claim within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of claim within such time. However, in no event except legal incapacity, will proof of claim be accepted later than one (1) year from the time proof of claim is required.

PHYSICAL EXAMINATION - We reserve the right to have a Physician of our choosing examine the Insured, at our expense, prior to paying a benefit under this Rider. If the Physician of our choice provides a Diagnosis that is different from the Diagnosis on which a claim is based, we reserve the right to rely on the Diagnosis provided by the Physician of our choice for claim purposes.

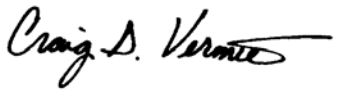
INCONTESTABILITY– This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Effective Date of this Rider.

PREMIUM - We reserve the right to change the premium rates applicable to this Rider after the first Policy Year. In the event of a change in the premium rates, such change will apply on a class basis and only to Premium becoming due on or after the effective date of such a change in Premium. A written notice will be sent to You at least thirty (30) days, or such other time period as required by Your state, prior to any change of Premium.

TERMINATION - This Rider will Terminate on the earliest of:

1. The Rider Expiry Date shown for this Rider on the Policy Specification Page; or
2. The date the Policy Terminates; or
3. The date when we receive a Written Request from You to Terminate this Rider or the Policy; or
4. The Policy Anniversary Date following the Insured's 65th birthday, or
5. The date any Accelerated Benefit is paid under the Policy or any attached Rider; or
6. The date of the Insured's death.

Signed for us at our Home Office.



SECRETARY

PRESIDENT

A Stock Company
Home Office located at: Rutland, Vermont
Administrative Office located at: 4333 Edgewood Road N.E., Cedar Rapids, Iowa 52499
(Hereafter called the Company, we, our or us) (319) 355-8511

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

THE POLICY'S BENEFITS AND VALUES, AS WELL AS ANY BENEFITS AND VALUES PROVIDED BY AFFECTED RIDERS, WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. BENEFITS AND VALUES (IF APPLICABLE) INCLUDE WITHOUT LIMITATION: DEATH BENEFITS, POLICY VALUES, AND INDEBTEDNESS. PAYMENT OF AN ACCELERATED DEATH BENEFIT MAY HAVE TAX CONSEQUENCES AND MAY ALSO AFFECT ELIGIBLITY FOR MEDICAID OR OTHER GOVERNMENT BENEFITS AND ENTITLEMENTS. YOU MAY WANT TO CONSULT YOUR PERSONAL TAX ADVISOR.

This Rider is attached to and made part of Your Policy, as of the Rider Effective Date. It provides that You may receive a one (1)-time accelerated death benefit payment up to the Benefit Amount when You provide proof that the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, subject to the terms and conditions of this Rider. This Rider is subject to all of the Policy's provisions that do not conflict with this Rider's provisions.

DEFINITIONS

In addition to the definitions contained in the Policy, the following definitions apply to this Rider:

Benefit Amount means the amount shown on the Policy Specification Page as the Amount for this Rider.

Covered Condition means one (1) of the conditions defined below:

1. **Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. Diagnosis must be based on the occurrence of all of the following during the period of Hospital Confinement for the condition: 1. Prolonged chest pain; 2. New EKG changes consistent with a Myocardial Infarction; and 3. Elevation of cardiac enzymes to levels that the American Medical Association finds consistent with a Diagnosis of a Myocardial Infarction. Myocardial Infarction does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous Myocardial Infarction. The Diagnosis of Myocardial Infarction must be made by a Physician who is a board-certified cardiologist or internist.

2. **Stroke** means a cerebrovascular incident caused by hemorrhage, embolism or thrombosis producing a measurable neurological deficit, persisting continuously for at least thirty (30) days following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician who is a board-certified neurologist. For purposes of coverage under this Rider, Stroke does not include:

    a. Neurological symptoms due to transient ischemic attacks.
    b. Cerebral symptoms due to migraine.
    c. Cerebral injury resulting from trauma or hypoxia.
    d. Vascular disease affecting the eye, optic nerve, and vestibular function.

3. **Life-threatening Cancer** means a malignant neoplasm (including hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue, which is not hereafter specifically excluded. The Diagnosis of Life-Threatening Cancer must be made by a Physician who is a board-certified specialist acting within his or her specialty and supported by histological evidence of malignancy and confirmed by one or more pathological specimens. For purposes of coverage under this Rider, Life-threatening Cancer does not include:

    a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
    b. Tumors in the presence of HIV.
    c. Carcinoma in situ (such as cervical dysplasia).
    d. Benign tumors or polyps that are histologically described as pre-malignant or non-malignant (such as intraepithelial neoplasia).
    e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1N0M0 or equivalent staging or papillary micro cancer of the thyroid or bladder).
    f. Stage one (1) Hodgkin's disease.

4. **End-stage Renal Disease** means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. **Major Organ Transplant** means either of the following:

    a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,

    b. The Insured demonstrates Major Organ Failure and is registered with and on the waiting list of the United Network for Organ Sharing or its recognized successor for a human to human replacement of the failing organ.

    The organs covered under the definitions of Major Organ Transplant are limited to the entire heart, the liver, a lung, a kidney, the pancreas or bone marrow. For purposes of coverage under this Rider, Major Organ Transplant does not include a transplant involving an artificial or non-human organ or tissue.

6. **Accidental Paralysis/Paraplegia** means the total, irrecoverable, and permanent loss of use of two (2) or more limbs through neurological damage, which is the result of an accidental injury. Paralysis must exist for a continuous period of at least 180 days from the time Paralysis begins, and be Diagnosed by a legally qualified Physician who is a board certified neurologist. A limb means a complete arm (below the shoulder) or complete leg (below the hip) of the Insured.

    Paralysis that is the result of any disease or disorder is not eligible for a benefit payment under this Rider.

Diagnosis means the identification by a Physician of the existence of a Covered Condition through the use of clinical and/or laboratory findings.

Hospital Confinement means assigned to a hospital bed located within a licensed hospital.

Major Organ Failure means clinical evidence of disease or injury to a covered organ that is, by generally accepted medical standards, sufficient to require human to human replacement of the entire organ.

Physician means any person bearing the designation of Medical Doctor (M.D.) or Doctor of Osteopathy practicing within the scope of his or her license issued by the jurisdiction in the United States in which such person's services are rendered. Physician does not include:

1. You, the Insured, or an Immediate Family Member,
2. a person who lives with You, the Insured, or an Immediate Family Member,
3. a person in the same medical practice as You, the Insured, or an Immediate Family Member, or
4. a business partner of You, the Insured, or an Immediate Family Member.

Immediate Family Member means a spouse; or natural, adoptive or step; child, parent, grandparent, grandchild, sibling, aunt or uncle of You or the Insured.

Pre-existing Condition means the existence of symptoms that would cause an ordinarily prudent person to seek medical consultation, advice or treatment within one (1) year immediately preceding the Rider Effective Date. Pre-existing Condition also means a condition for which medical consultation, advice or treatment was actually recommended by or received or sought from a Physician during the two (2) years immediately preceding the Rider Effective Date.

Rider Effective Date is the Policy Date.

Waiting Period means a period of 30 days in which the Insured must be continuously covered under this Rider after the Rider Effective Date or the last Reinstatement date of the Policy before becoming eligible for the Benefit Amount.

Rider Expiry Date means the date, shown on the Policy Specification Page, when this Rider Terminates and all benefits under this Rider cease.

BENEFITS

If the Insured has been Diagnosed with a Covered Condition while the Policy and this Rider are In Force, You may elect to receive a one (1)-time accelerated death benefit payment up to the Benefit Amount for this Rider. The elected benefit under this Rider will reduce the death benefit coverage provided by the Policy. The reduction in death benefit coverage will equal the elected benefit under this Rider. You may elect to receive only a portion of the Benefit Amount stated on the Policy Specification Page, in order to preserve more of the death benefit coverage. You must provide Proof of Claim of the Diagnosis of the Covered Condition. The benefit will be paid in a lump sum.

Your Policy Values, shown in the Table of Policy Values, and Net Policy Values will be reduced by the elected benefit. Receipt of an elected benefit will also reduce Policy Value benefits, Endowment Benefits and NonForfeiture Options.

At the time any portion of the Benefit Amount is paid under this Rider, this Rider will Terminate.

LIMITATIONS AND EXCLUSIONS OF BENEFITS

If a Policy Loan is outstanding at the time You elect a benefit under this Rider, the lump sum You will receive will be the elected benefit minus the Policy Loan and any interest due. If the Policy Loan and interest due exceed the elected benefit, the entire benefit will be used to reduce the Policy Loan.

We will not pay any elected benefit under this Rider for a Covered Condition that occurs during the first two (2) years after the Rider Effective Date, if the condition is defined as a Pre-existing Condition.

We will not pay any elected benefit under this Rider for a Covered Condition Diagnosed during the Waiting Period.

We will not pay any elected benefit for a Covered Condition that is caused by or occurs as a result of:

1. Intentionally self-inflicted injury, suicide or attempted suicide; or
2. Any act that was caused by war, declared or undeclared, or service in any of the armed forces; or
3. Participation in hazardous sports and/or activities; or
4. Participation in, or attempting to participate in, a felony, riot or insurrection; or
5. Participation in an illegal occupation, or
6. Intoxication or the voluntary use of any drug, whether legal or illegal, unless administered by a Physician and taken according to the Physician's instructions or the dosage directions.

PROOF OF CLAIM

Written notice of claim must be given to us at our Administrative Office. The written notice must include Your name and the Policy number. The written notice must be given to us within sixty (60) days after the Diagnosis or surgical treatment of a Covered Condition.

When we receive a written notice of claim, we will provide a claim form for You to use in filing proof of the nature and extent of the claim. This proof must be given to us within the time limit stated above. If we do not provide the claim form within fifteen (15) days after we receive written notice of claim, You need not use such claim form, if instead You give us written proof of the nature and extent of the claim. Whether or not our claim form is used, proof of claim includes copies of medical records and/or telephone consultations, as required, with the Physician(s) and/or providers of health care services. Failure to give us proof of claim within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof of claim within such time. However, in no event except legal incapacity, will proof of claim be accepted later than one (1) year from the time proof of claim is required.

PHYSICAL EXAMINATION - We reserve the right to have a Physician of our choosing examine the Insured, at our expense, prior to paying a benefit under this Rider. If the Physician of our choice provides a Diagnosis that is different from the Diagnosis on which a claim is based, we reserve the right to rely on the Diagnosis provided by the Physician of our choice for claim purposes.

INCONTESTABILITY– This Rider is subject to the Incontestability provisions of the Policy. However, the contestable period shall, as far as this Rider is concerned, be measured from the Effective Date of this Rider.

PREMIUM - We reserve the right to change the premium rates applicable to this Rider after the first Policy Year. In the event of a change in the premium rates, such change will apply on a class basis and only to Premium becoming due on or after the effective date of such a change in Premium. A written notice will be sent to You at least thirty (30) days, or such other time period as required by Your state, prior to any change of Premium.

TERMINATION - This Rider will Terminate on the earliest of:

1. The Rider Expiry Date shown for this Rider on the Policy Specification Page; or
2. The date the Policy Terminates; or
3. The date a Nonforfeiture Option under the Policy, if any, becomes effective; or
4. The date when we receive a Written Request from You to Terminate this Rider or the Policy; or
5. The Policy Anniversary Date following the Insured's 65th birthday, or
6. The date any Accelerated Benefit is paid under the Policy or any attached Rider; or
7. The date of the Insured's death.

Signed for us at our Home Office.

SECRETARY **PRESIDENT**

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 05/16/2008

Comments:

Attachments:

AR - Bulletin 11-83.pdf

AR - Cert of Compliance 23-79-138.pdf

AR - Cert of Regulation 49.pdf

AR - Rule and Regulation 19.pdf

Review Status:

Bypassed -Name: Application 05/16/2008

Bypass Reason: N/A - Rider filing

Comments:

Review Status:

Satisfied -Name: Life & Annuity - Acturial Memo 05/16/2008

Comments:

Attachments:

CRT02 Memo.pdf

CRT03 Memo.pdf

Review Status:

Satisfied -Name: Disclosure Form 05/20/2008

Comments:

Provided for informational purposes only.

Attachment:

ACCDISC0408S.pdf

Review Status:

Satisfied -Name: Flesch Score 05/20/2008

Comments:

Attachment:

Flesch Score Generic.pdf

STONEBRIDGE LIFE INSURNACE COMPANY

BULLETIN 11-83
STATE OF ARKANSAS

Form Number: CRT02 0408; CRT03 0408

Date: May 20, 2008

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

Michael J. Brown

Product Actuary

STONEBRIDGE LIFE INSURNACE COMPANY

CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138

Policy Number: CRT02 0408; CRT03 0408

Date: May 20, 2008

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

Cheryl Bock

Cheryl Bock, Assistant Vice President, Contract Development

STONEBRIDGE LIFE INSURNACE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: CRT02 0408; CRT03 0408

Date: May 20, 2008

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Michael J. Brown

Michael J. Brown, Product Actuary

STONEBRIDGE LIFE INSURNACE COMPANY

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number: CRT02 0408; CRT03 0408

Date: May 20, 2008

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Michael J. Brown

Product Actuary

ACTUARIAL MEMORANDUM

Rider Form: CRT02 0408

SCOPE AND PURPOSE

This filing is for a new rider form.

BENEFIT DESCRIPTION

This rider provides a one-time accelerated death benefit upon the diagnosis of a covered critical illness condition. Upon acceleration the death benefit of the base life insurance policy is reduced by the amount of the critical illness benefit that is elected. The list of covered conditions includes:

- Heart Attack
- Stroke
- Cancer
- End-stage Renal Disease
- Major Organ Transplant
- Accidental Paralysis

The rider will be added to term policies with an initial level premium period of 10, 15, 20 or 30 years. The minimum issue amount will be $10,000 and the maximum issue amount will be $100,000. Benefits are not available for new conditions that occur in the first 30 days or for pre-existing conditions in the first two years following issue of this rider. The benefit period for the rider is limited to the earlier of the initial level premium period of the base policy or age 65. Premiums are guaranteed level for the 1st year and may double thereafter on a class basis.

RENEWABILITY

The rider is guaranteed renewable for the coverage period of the rider with the company reserving the right after the first year to adjust premiums to up to two times the initial premium on a class basis. No change in premium can be made during the first year.

MARKETING

The rider will be marketed to individuals through both brokers and an agency force.

UNDERWRITING

The rider will be fully underwritten in accordance with the company's standard practices.

ISSUE AGE RANGE AND PREMIUM CLASSES

The coverage will be sold to persons ages 18 through 55. The premiums will be gender and non-tobacco/tobacco distinct.

RESERVES

Reserve Method:	2 Year Full Preliminary Term
Morbidity:	125% of expected aggregate claim costs
Interest Rate:	Statutory – 4.0% Level
	Tax – 4.06% Level.

LOSS RATIO

The anticipated loss ratio over the full coverage period of the policy is 56.9% (see Appendix A). The loss ratio is calculated as the present value of rider incurred claims and change in rider reserve divided by the present value of rider gross premiums.

CERTIFICATION

I certify that, to the best of my knowledge and belief, this rate filing provides benefits that are reasonable in relation to the premiums charged and complies with the laws and regulations of the state in which it is filed.

Michael J. Brown

03/24/2008

Michael J. Brown, FSA, MAAA
Senior Actuary

Date

APPENDIX A

LOSS RATIO BY DURATION
RIDER FORM: CRT02 0408
COMPLETE PRICING MODEL
ALL TERM PERIODS

DUR	Total Premium	**PV of Premium**	Benefits Paid	Increase in Reserves	Total Claim Cost	**PV of Claim Cost**	**Loss Ratio**
1	903,955	**903,955**	139,820	235,957	375,777	**368,480**	**40.8%**
2	769,311	**739,722**	195,502	232,349	427,851	**403,406**	**54.5%**
3	672,546	**621,807**	219,307	460,818	680,125	**616,603**	**99.2%**

4	610,147	**542,418**	242,622	172,615	415,237	**361,976**	**66.7%**
5	566,465	**484,217**	273,279	97,438	370,717	**310,737**	**64.2%**
6	529,133	**434,909**	292,955	33,790	326,745	**263,345**	**60.6%**
7	495,519	**391,616**	316,381	(24,554)	291,827	**226,156**	**57.7%**
8	464,058	**352,646**	326,070	(62,190)	263,880	**196,633**	**55.8%**
9	435,138	**317,951**	329,627	(95,997)	233,630	**167,396**	**52.6%**
10	408,420	**286,950**	335,725	(137,560)	198,165	**136,524**	**47.6%**
11	151,445	**102,311**	114,303	(153,144)	(38,841)	**(25,730)**	**-25.1%**
12	143,299	**93,084**	118,535	(29,426)	89,109	**56,759**	**61.0%**
13	135,670	**84,739**	123,311	(41,862)	81,449	**49,885**	**58.9%**
14	128,526	**77,189**	124,463	(52,041)	72,422	**42,650**	**55.3%**
15	121,841	**70,360**	126,923	(75,133)	51,790	**29,327**	**41.7%**
16	97,953	**54,390**	106,922	(57,422)	49,500	**26,952**	**49.6%**
17	92,842	**49,569**	110,637	(69,294)	41,343	**21,645**	**43.7%**
18	87,937	**45,145**	114,964	(79,931)	35,033	**17,636**	**39.1%**
19	83,234	**41,087**	117,022	(89,791)	27,231	**13,181**	**32.1%**
20	78,728	**37,368**	119,821	(128,915)	(9,094)	**(4,233)**	**-11.3%**
21	8,591	**3,921**	11,776	(22,408)	(10,632)	**(4,758)**	**-121.4%**
22	8,169	**3,585**	12,216	(8,185)	4,031	**1,735**	**48.4%**
23	7,763	**3,276**	12,719	(9,224)	3,495	**1,446**	**44.1%**
24	7,375	**2,992**	12,828	(10,023)	2,805	**1,116**	**37.3%**
25	7,004	**2,732**	13,071	(10,971)	2,100	**803**	**29.4%**
26	6,648	**2,494**	13,441	(12,064)	1,377	**507**	**20.3%**
27	6,306	**2,275**	13,899	(13,299)	600	**212**	**9.3%**
28	5,978	**2,073**	14,439	(14,423)	16	**5**	**0.3%**
29	5,663	**1,888**	14,693	(15,464)	(771)	**(252)**	**-13.4%**
30	5,361	**1,719**	15,055	(19,645)	(4,590)	**(1,443)**	**-84.0%**
	7,045,025	**5,758,387**	3,982,326	1	3,982,327	**3,278,698**	**56.9%**

ACTUARIAL MEMORANDUM

Rider Form: CRT03 0408

SCOPE AND PURPOSE

This filing is for a new rider form.

BENEFIT DESCRIPTION

This rider provides a one-time accelerated death benefit upon the diagnosis of a covered critical illness condition. Upon acceleration the death benefit and return of premium benefit of the base life insurance policy are reduced by the amount of the critical illness benefit that is elected. The list of covered conditions includes:

- Heart Attack
- Stroke
- Cancer
- End-stage Renal Disease
- Major Organ Transplant
- Accidental Paralysis

The rider will be added to return-of-premium term policies with an initial level premium period of 20 or 30 years. The minimum issue amount will be $10,000 and the maximum issue amount will be $100,000. Benefits are not available for new conditions that occur in the first 30 days or for pre-existing conditions in the first two years following issue of this rider. The benefit period for the rider is limited to the earlier of the initial level premium period of the base policy or age 65. Premiums are guaranteed level for the 1st year and may double thereafter on a class basis.

RENEWABILITY

The rider is guaranteed renewable for the coverage period of the rider with the company reserving the right after the first year to adjust premiums to up to two times the initial premium on a class basis. No change in premium can be made during the first year.

MARKETING

The rider will be marketed to individuals through both brokers and an agency force.

UNDERWRITING

The rider will be fully underwritten in accordance with the company's standard practices.

ISSUE AGE RANGE AND PREMIUM CLASSES

The coverage will be sold to persons ages 18 through the lower of the base policy maximum issue age or age 55. The premiums will be gender and non-tobacco/tobacco distinct.

RESERVES

Reserve Method:	2 Year Full Preliminary Term
Morbidity:	125% of expected aggregate claim costs
Interest Rate:	Statutory – 4.0% Level
	Tax – 4.06% Level.

LOSS RATIO

The anticipated loss ratio over the full coverage period of the policy is 82.9% (see Appendix A). The loss ratio is calculated as the present value of rider incurred claims and change in rider reserve divided by the present value of rider gross premiums.

CERTIFICATION

I certify that, to the best of my knowledge and belief, this rate filing provides benefits that are reasonable in relation to the premiums charged and complies with the laws and regulations of the state in which it is filed.

Michael J. Brown

03/24/2008

Michael J. Brown, FSA, MAAA
Senior Actuary

Date

APPENDIX - A

LOSS RATIO BY DURATION
RIDER FORM: CRT03 0408
COMPLETE PRICING MODEL
ALL TERM PERIODS

DUR	Total Premium	**PV of Premium**	Benefits Paid	Maturity / Surrender	Increase in Reserves	Total Claim Cost	**PV of Claim Cost**	**Loss Ratio**
1	5,343,812	**5,343,812**	422,708	-	2,625,263	3,047,971	**2,988,781**	**55.9%**
2	4,907,099	**4,718,364**	635,747	-	1,077,559	1,713,306	**1,615,418**	**34.2%**
3	4,526,054	**4,184,591**	745,011	-	2,583,410	3,328,421	**3,017,553**	**72.1%**

4	4,211,204	**3,743,745**	840,824	-	1,038,279	1,879,103	**1,638,075**	**43.8%**
5	3,870,972	**3,308,923**	932,823	-	709,335	1,642,158	**1,376,464**	**41.6%**
6	3,570,711	**2,934,864**	980,770	31,224	464,787	1,476,781	**1,190,235**	**40.6%**
7	3,315,054	**2,619,935**	1,042,510	95,666	231,660	1,369,836	**1,061,578**	**40.5%**
8	3,078,141	**2,339,134**	1,058,875	179,490	511,790	1,750,155	**1,304,147**	**55.8%**
9	2,826,067	**2,064,979**	1,054,866	260,248	471,761	1,786,875	**1,280,297**	**62.0%**
10	2,661,886	**1,870,206**	1,056,359	300,924	981,332	2,338,615	**1,611,172**	**86.1%**
11	2,078,436	**1,404,117**	837,345	354,639	1,483,091	2,675,075	**1,772,091**	**126.2%**
12	1,962,852	**1,275,031**	862,638	388,711	1,317,312	2,568,661	**1,636,151**	**128.3%**
13	1,857,804	**1,160,379**	890,423	454,620	1,114,304	2,459,347	**1,506,271**	**129.8%**
14	1,757,902	**1,055,750**	892,731	465,243	1,120,341	2,478,315	**1,459,508**	**138.2%**
15	1,667,273	**962,809**	903,533	496,790	1,001,062	2,401,385	**1,359,810**	**141.2%**
16	1,585,810	**880,544**	925,176	570,842	1,153,069	2,649,087	**1,442,379**	**163.8%**
17	1,510,634	**806,540**	954,724	620,951	1,206,849	2,782,524	**1,456,763**	**180.6%**
18	1,443,065	**740,831**	993,003	662,102	1,189,533	2,844,638	**1,432,002**	**193.3%**
19	1,382,119	**682,253**	1,014,440	709,773	1,392,143	3,116,356	**1,508,448**	**221.1%**
20	1,325,399	**629,091**	1,045,015	17,923,346	(15,852,675)	3,115,686	**1,450,119**	**230.5%**
21	417,935	**190,740**	355,470	257,751	365,827	979,048	**438,148**	**229.7%**
22	399,421	**175,279**	370,657	278,489	497,697	1,146,843	**493,500**	**281.6%**
23	381,573	**161,007**	387,806	272,567	501,839	1,162,212	**480,878**	**298.7%**
24	365,511	**148,297**	394,177	238,777	534,876	1,167,830	**464,618**	**313.3%**
25	352,535	**137,531**	407,602	254,879	520,646	1,183,127	**452,600**	**329.1%**
26	339,878	**127,494**	425,432	270,470	504,116	1,200,018	**441,405**	**346.2%**
27	327,508	**118,129**	446,433	285,480	485,326	1,217,239	**430,519**	**364.4%**
28	315,399	**109,386**	470,720	299,839	464,247	1,234,806	**419,935**	**383.9%**
29	303,527	**101,219**	486,129	313,524	442,499	1,242,152	**406,186**	**401.3%**
30	291,928	**93,607**	505,539	10,987,633	(10,137,279)	1,355,893	**426,326**	**455.4%**
	58,377,509	**44,088,589**	22,339,486	36,973,978	(1)	59,313,463	**36,561,378**	**82.9%**

STONEBRIDGE LIFE
Insurance Company

CRITICAL ILLNESS
ACCELERATED DEATH BENEFIT DISCLOSURE FORM

The Accelerated Benefit is paid to the Owner during the lifetime of the Insured. This benefit will be paid in lieu of payment of the full Death Benefit of the Policy upon death of the Insured.

CRITICAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

Benefits may be elected under this Rider if the Insured has been diagnosed with a covered condition as defined in the rider. The conditions covered under this Rider are:

1. **Myocardial Infarction (Heart Attack)** means the death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply. Diagnosis must be based on the occurrence of all of the following during the period of Hospital Confinement for the condition: 1. Prolonged chest pain; 2. New EKG changes consistent with a Myocardial Infarction; and 3. Elevation of cardiac enzymes to levels that the American Medical Association finds consistent with a Diagnosis of a Myocardial Infarction. Myocardial Infarction does not include angina or the chance finding of electrocardiographic (EKG) changes indicative of a previous Myocardial Infarction. The Diagnosis of Myocardial Infarction must be made by a Physician who is a board-certified cardiologist or internist.

2. **Stroke** means a cerebrovascular incident caused by hemorrhage, embolism or thrombosis producing a measurable neurological deficit, persisting continuously for at least thirty (30) days following the occurrence of the Stroke. The Diagnosis of Stroke must be made by a Physician who is a board-certified neurologist. For purposes of coverage under this Rider, Stroke does not include:

    a. Neurological symptoms due to transient ischemic attacks.
    b. Cerebral symptoms due to migraine.
    c. Cerebral injury resulting from trauma or hypoxia.
    d. Vascular disease affecting the eye, optic nerve, and vestibular function.

3. **Life-Threatening Cancer** means a malignant neoplasm (including hematological malignancy) characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue, which is not hereafter specifically excluded. The Diagnosis of Life-Threatening Cancer must be made by a Physician who is a board-certified specialist acting within his or her specialty and supported by histological evidence of malignancy and confirmed by one or more pathological specimens. For purposes of coverage under this Rider, Life-Threatening Cancer does not include:

    a. All skin cancers with the exception of invasive melanoma. An invasive melanoma is one that is classified as Clark Level II or higher or has a thickness measured in excess of 1.0 mm.
    b. Tumors in the presence of HIV.
    c. Carcinoma in situ (such as cervical dysplasia).
    d. Benign tumors or polyps that are histologically described as pre-malignant or non-malignant (such as intraepithelial neoplasia).
    e. Non-life threatening cancers (such as early prostate cancer diagnosed as T1N0M0 or equivalent staging or papillary micro cancer of the thyroid or bladder).
    f. Stage one (1) Hodgkin's disease.

4. **End-Stage Renal Disease** means the chronic and irreversible failure of both of the kidneys which requires treatment with regular dialysis or transplantation. The Diagnosis of End-Stage Renal Disease must be made by a Physician who is a board certified nephrologist.

5. **Major Organ Transplant means either of the following:**

   a. The actual undergoing of transplantation in the United States due to clinical evidence of Major Organ Failure that requires the malfunctioning organ of the Insured to be replaced with an organ from a suitable donor other than the Insured under generally accepted medical procedures. A transplant must be performed by a Physician who is board-certified in a specialty that deals principally with the treatment of the condition that is being treated by the transplant; or,

   b. The Insured demonstrates Major Organ Failure and is registered with and on the waiting list of the United Network for Organ Sharing or its recognized successor for a human to human replacement of the failing organ.

   The organs covered under the definitions of Major Organ Transplant are limited to the entire heart, the liver, a lung, a kidney, the pancreas or bone marrow. For purposes of coverage under this Rider, Major Organ Transplant does not include a transplant involving an artificial or non-human organ or tissue.

6. **Accidental Paralysis/Paraplegia** means the total, irrecoverable, and permanent loss of use of two (2) or more limbs through neurological damage, which is the result of an accidental injury. Paralysis must exist for a continuous period of at least 180 days from the time Paralysis begins, and be Diagnosed by a legally qualified Physician who is a board certified neurologist. A limb means a complete arm (below the shoulder) or complete leg (below the hip) of the Insured.

   Paralysis that is the result of any disease or disorder is not eligible for a benefit payment under this Rider.

No Accelerated Benefit will be paid under this Rider for any covered condition that occurs on or before the 30th day following the Effective Date of the Rider.

No Accelerated Benefit will be paid under this Rider for any covered condition that directly or indirectly results from self-inflicted injury or attempted suicide.

The Owner may elect to receive only a portion of the benefit available under this Rider.

Accelerated Benefits are paid as a lump sum.

If applicable, the benefit will first be used to reduce any outstanding debt that is due to us. The Rider benefit will never exceed 50% of the Death Benefit.

The Insured's Death Benefit in force will be reduced when the Accelerated Benefit is paid. The reduction will equal the portion of the Death Benefit that is accelerated on the election date. The death benefit, and if applicable, the Policy Value and Indebtedness under the Policy will be reduced by the amount of the acceleration.

If the policy can build Cash Value or allows Policy Loans, consider the following situation as an example of the impact that election of Accelerated Benefits has on Policy values:

Prior to Election			Following Election of 50% of Death Benefit		
Death Benefit	=	$200,000	Remaining Death Benefit	=	$100,000
Cash Value	=	80,000	Remaining Cash Value	=	0
Outstanding Debt	=	50,000	Remaining Outstanding Debt	=	0
Annual Premium	=	4,000	Revised Annual Premium	=	2,000

Dollar values showing specific impact that acceleration will have on your Policy values will be provided when you apply for Accelerated Benefits.

Payment of Accelerated Benefits will reduce the Death Benefit otherwise payable under the Policy. Receipt of Accelerated Benefits may be a taxable event. You may want to consult your personal tax advisor to determine the tax status of any benefits paid under these Riders.

_____ _____

Date Owner's (Applicant's) Signature

_____

Agent's Signature

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)	**Flesch Score**
CRT02 0408	51.2
CRT03 0408	50.5

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Digitally signed by Michele Kusel
DN: cn=Michele Kusel, c=US
Date: 2008.04.23 08:57:06 -05'00'

Cheryl Bock, Assistant Vice President of Contract Development