

SERFF Tracking Number: STAR-125614360 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 38756
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
Product Name: Conversion Application
Project Name/Number: /21-001 CONV APP 1

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Conversion Application

TOI: L04I Individual Life - Term

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num:

Filing Type: Form

SERFF Tr Num: STAR-125614360

SERFF Status: Closed

Co Status:

Author: Natka Varisco

Date Submitted: 04/21/2008

State: ArkansasLH

State Tr Num: 38756

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 04/24/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number: 21-001 CONV APP 1

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/24/2008

State Status Changed: 04/24/2008

Corresponding Filing Tracking Number:

Filing Description:

Application form 21-001 CONV APP 1 is submitted for approval. This form is used with policy form 21-001 to market additional insurance to existing policyholders.

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Company and Contact

Filing Contact Information

Natka Varisco, compliance specialist

7800 Office Park Blvd.

natkav@starmountlife.com

(225) 926-2888 [Phone]

SERFF Tracking Number: STAR-125614360 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 38756
Company Tracking Number:
TOI: L041 Individual Life - Term Sub-TOI: L041.003 Single Life - Single Premium
Product Name: Conversion Application
Project Name/Number: /21-001 CONV APP 1

Baton Rouge, LA 70809 (225) 610-1419[FAX]

Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana
7800 Office Park Boulevard Group Code: 68985 Company Type:
Baton Rouge, LA 70809 Group Name: State ID Number:
(225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

SERFF Tracking Number: STAR-125614360 State: Arkansas
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Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|---------|----------------|---------------|
| Starmount Life Insurance Company | \$50.00 | 04/21/2008 | 19750795 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 04/24/2008 | 04/24/2008 |

SERFF Tracking Number: *STAR-125614360* *State:* *Arkansas*
Filing Company: *Starmount Life Insurance Company* *State Tracking Number:* *38756*
Company Tracking Number:
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Product Name: *Conversion Application*
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Disposition

Disposition Date: 04/24/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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| Item Type | Item Name | Item Status | Public Access |
|----------------------------|--------------------------------|--------------------|----------------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Form | CONVERSION APPLICATION | | Yes |

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Form Schedule

Lead Form Number: 21-001 CONV APP 1

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-------------|--|---------------------------|---------|----------------------|-------------|---|
| | 21-001 1 | Application/ CONV APP Enrollment Form | CONVERSION APPLICATION | Initial | | 64 | SG Conversion APP 2- 08_GEN_CO MP APP 2.pdf |



StarLife

GOLD

◆ PLEASE DETACH HERE AND RETURN IN THE POSTAGE-FREE ENVELOPE PROVIDED ◆



NAME _____
POLICY NO. _____

StarLife Gold Conversion Form for Policyholders to Form No. 21-001

To convert all or part of your existing Starmount Life Insurance Policy to our new level premium,* level benefit to age 95 StarLife Gold Term Plan, please complete and sign the form below.

- A) Exchange my existing Starmount Value Life policy in full.
- or*
- B) Reduce my insurance to \$_____ and exchange it for this new protection.
- or*
- C) Exchange only part of my existing policy in the amount of \$ _____. Leave the rest as is.
- or*
- D) Leave my present insurance as is; and add the new, fixed cost StarLife Gold Insurance protection in the amount of \$_____.

(Adding more insurance is not automatic. To add insurance, complete and return the "For a Friend" application which accompanies this letter. Use the enclosed postage-free envelope.)

Starmount Life Insurance Company • The Starmount Building • Post Office Box 98100
Baton Rouge, Louisiana 70898-9100 • (888) 729-5433 • Fax (225) 926-6292

www.StarmountLife.com

We will bill you as you are being billed now.

I agree that my original application and this conversion form will become a part of the policy. I understand this new protection can last for life until age 95. My cost can never be changed because of my health or age. Rates can only be changed if changed for everyone in my classification. In case of terminal illness with 12 months or less to live, I am entitled to half of my life insurance as an advance payment (in Texas, except in cases of attempted suicide). See the limitations in the enclosed brochure or your policy upon receipt.

X _____
Your Signature
_____/_____/_____
Date

(For Company Use) Authorized Agent

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Rate Information

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Supporting Document Schedules

Review Status: 04/17/2008

Satisfied -Name: Certification/Notice

Comments:

Attachments:
Certification of Rule 19 .pdf
Flesch Readability.pdf

Review Status: 04/17/2008

Bypassed -Name: Application

Bypass Reason: This is an application filing. Application attached under FORMS Tab.

Comments:

Review Status: 04/17/2008

Bypassed -Name: Life & Annuity - Acturial Memo

Bypass Reason: This is an application filing.

Comments:

Starmount Life Insurance Company

P.O. Box 98100
Baton Rouge, LA 70898

Certification

This is to certify that I have reviewed Regulation 19 and this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Department of Insurance.

Natka Varisco
Compliance Specialist
Starmount Life Insurance Company

DATE: April 18, 2008

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

| <u>FORM</u> | <u>WORDS</u> | <u>PARAGRAPHS</u> | <u>SENTENCES</u> | <u>SCORE</u> |
|--------------------|---------------------|--------------------------|-------------------------|---------------------|
| 21-001 CONV APP 1 | 304 | 26 | 17 | 64.2 |

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: April 18, 2008