

<i>SERFF Tracking Number:</i>	<i>AEGX-125743223</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39704</i>
<i>Company Tracking Number:</i>	<i>WL AR0025015F02</i>		
<i>TOI:</i>	<i>L07G Group Life - Whole</i>	<i>Sub-TOI:</i>	<i>L07G.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/WL AR0025015F02</i>		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Whole Life

SERFF Tr Num: AEGX-125743223 State: ArkansasLH

TOI: L07G Group Life - Whole

SERFF Status: Closed

State Tr Num: 39704

Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life

Co Tr Num: WL AR0025015F02

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 08/01/2008

Date Submitted: 07/22/2008

Disposition Status: Approved

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Whole Life

Status of Filing in Domicile:

Project Number: WL AR0025015F02

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/01/2008

State Status Changed: 08/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

"Out of State" Group

GUL086: Group Underwritten Life Application

GUL086AR: Group Underwritten Life Application

SERFF Tracking Number: AEGX-125743223 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39704
Company Tracking Number: WL AR0025015F02
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0025015F02

Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

Attachments

Company and Contact

Filing Contact Information

Margaret Frei, Senior Contract Analyst
2700 W Plano Parkway
Plano, TX 75075

mfrei@aegonusa.com
(972) 881-6289 [Phone]
(972) 881-4097[FAX]

Filing Company Information

Stonebridge Life Insurance Company
29 South Main Street
Rutland, VT 05701-5014
(410) 685-5500 ext. [Phone]

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

State of Domicile: Vermont
Company Type:
State ID Number:

Filing Fees

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

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7010067860	\$50.00	07/17/2008

SERFF Tracking Number: AEGX-125743223 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39704
Company Tracking Number: WL AR0025015F02
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0025015F02

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/01/2008	08/01/2008

SERFF Tracking Number: *AEGX-125743223* *State:* *Arkansas*
Filing Company: *Stonebridge Life Insurance Company* *State Tracking Number:* *39704*
Company Tracking Number: *WL AR0025015F02*
TOI: *L07G Group Life - Whole* *Sub-TOI:* *L07G.101 Fixed/Indeterminate Premium - Single*
Product Name: *Whole Life* *Life*
Project Name/Number: *Whole Life/WL AR0025015F02*

Disposition

Disposition Date: 08/01/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-125743223 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39704
 Company Tracking Number: WL AR0025015F02
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life
 Project Name/Number: Whole Life/WL AR0025015F02

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Cover Letter		Yes
Supporting Document	Application		No
Supporting Document	Explanation of Variables		Yes
Supporting Document	NAIC Transmittal		Yes
Form	Individual Application Verification Form		Yes
Form	Individual Application Verification Form		Yes

SERFF Tracking Number: AEGX-125743223 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39704
 Company Tracking Number: WL AR0025015F02
 TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life
 Project Name/Number: Whole Life/WL AR0025015F02

Form Schedule

Lead Form Number: GUL086

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GUL086	Application/ Individual Enrollment Verification Form	Application Initial Enrollment Verification Form			47	GUL086.PDF
	GUL086AR	Application/ Individual Enrollment Verification Form	Application Initial Enrollment Verification Form			47	GUL086AR.PDF

[Whole life INSURANCE]

APPLICATION

Yes! I want to apply for the [Group Whole Life Insurance Plan].

[Please check the rate chart for your benefit amount and premium based on your age and gender].

[Please choose Benefit Amount desired \$10,000 ⁽⁰¹⁾ \$7,000 ⁽⁰²⁾ \$5,000 ⁽⁰³⁾]

[I understand that in order to apply for the Group Life Insurance Plan under the Group Policy issued to J. C. Penney Corporation, Inc., I must be a JCPenney credit cardholder or the spouse of a JCPenney credit cardholder, age XX-XX and reside in a state in which this insurance coverage may legally be offered. I may discontinue my coverage at any time. My coverage will become effective on the date stated on my Certificate Schedule of Insurance.]

[Applicant:]
[Sample A. Sample]
[123 Main Street]
[Anytown, USA 12345-6789]

[Telephone][() _____]
[E-mail Address: _____]
Birthdate[____ / ____ / ____] Male Female
[Height _____] [Weight _____]

[Spouse:
[Sample A. Sample]
[123 Main Street]
[Anytown, USA 12345-6789]

[Telephone] [() _____]
[E-mail Address: _____]
Birthdate [____ / ____ / ____] Male Female
[Height _____] [Weight _____]

	Applicant	Spouse
1. Are you currently disabled or did you retire because of an injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past [7 years], have you been advised by a doctor or counselor to reduce or discontinue the use of alcohol or drugs, or been convicted of driving while intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past [7 years], have you been diagnosed or treated for: heart disease or disorder; cancer; stroke; diabetes requiring insulin; chronic blood, liver, kidney, lung or breathing disorder; brain, mental or nervous disorder; HIV, AIDS or AIDS Related complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. [Will this coverage replace, discontinue or change an existing policy or contract? If yes, please provide the company name, the policy number and the amount of coverage below.]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

[Beneficiary Designation: At your death, unless you specify otherwise, any benefit due for Loss will be paid as follows: 1) to your living spouse; or if you do not have one; 2) in equal shares to your living, lawful children; or if there are none; 3) in equal shares to your living, lawful parents; or if there are none; 4) in equal shares to your living, lawful brothers and sisters; or if there are none; 5) to your estate.]

[Beneficiary _____ Relationship _____]

I affirm that all statements and answers above are complete and true to the best of my knowledge and belief. If accepted, and premiums are paid, I understand the Certificate is not effective until the effective date specified on my Certificate Schedule of Insurance. [I have read the fraud notice on the back of this application as it applies to my state of residence.] [I do , do not select automatic premium loan.]

Applicant's Signature (Required)

X _____

Spouse's Signature (Required)

X _____

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

Administrative Office: [2700 West Plano Parkway, Plano, Texas 75075-8200]

[Residents of ARKANSAS, NEW MEXICO, and OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Residents of FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Residents of MAINE, TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Residents of NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Residents of MARYLAND, PENNSYLVANIA and KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.]

[Whole life INSURANCE]

APPLICATION

Yes! I want to apply for the [Group Whole Life Insurance Plan].

[Please check the rate chart for your benefit amount and premium based on your age and gender].

[Please choose Benefit Amount desired \$10,000 ⁽⁰¹⁾ \$7,000 ⁽⁰²⁾ \$5,000 ⁽⁰³⁾]

[I understand that in order to apply for the Group Life Insurance Plan under the Group Policy issued to J. C. Penney Corporation, Inc., I must be a JCPenney credit cardholder or the spouse of a JCPenney credit cardholder, age XX-XX and reside in a state in which this insurance coverage may legally be offered. I may discontinue my coverage at any time. My coverage will become effective on the date stated on my Certificate Schedule of Insurance.]

[Applicant:]
[Sample A. Sample]
[123 Main Street]
[Anytown, AR 12345-6789]

[Spouse:
[Sample A. Sample]
[123 Main Street]
[Anytown, AR 12345-6789]

[Telephone][()_____
[E-mail Address: _____]
Birthdate[____ / ____ / ____] Male Female
[Height _____] [Weight _____]

[Telephone] [()_____
[E-mail Address: _____]
Birthdate [____ / ____ / ____] Male Female
[Height _____] [Weight _____]

	Applicant	Spouse
1. Are you currently disabled or did you retire because of an injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past [7 years], have you been advised by a doctor or counselor to reduce or discontinue the use of alcohol or drugs, or been convicted of driving while intoxicated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past [7 years], have you been diagnosed or treated for: heart disease or disorder; cancer; stroke; diabetes requiring insulin; chronic blood, liver, kidney, lung or breathing disorder; brain, mental or nervous disorder; HIV, AIDS or AIDS Related complex?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
[4. Will this coverage replace, discontinue or change an existing policy or contract? If yes, please provide the company name, the policy number and the amount of coverage below.]	[<input type="checkbox"/> Yes <input type="checkbox"/> No]	[<input type="checkbox"/> Yes <input type="checkbox"/> No]

[Beneficiary Designation: At your death, unless you specify otherwise, any benefit due for Loss will be paid as follows: 1) to your living spouse; or if you do not have one; 2) in equal shares to your living, lawful children; or if there are none; 3) in equal shares to your living, lawful parents; or if there are none; 4) in equal shares to your living, lawful brothers and sisters; or if there are none; 5) to your estate.]

[Beneficiary _____ Relationship _____]

I affirm that all statements and answers above are complete and true to the best of my knowledge and belief. If accepted, and premiums are paid, I understand the Certificate is not effective until the effective date specified on my Certificate Schedule of Insurance.

[I do , do not select automatic premium loan.]

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature (Required)

Spouse's Signature (Required)

X _____

X _____

Stonebridge Life Insurance Company

Home Office: Rutland, Vermont

Administrative Office: [2700 West Plano Parkway, Plano, Texas 75075-8200]

SERFF Tracking Number: AEGX-125743223 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 39704
Company Tracking Number: WL AR0025015F02
TOI: L07G Group Life - Whole Sub-TOI: L07G.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0025015F02

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 07/22/2008

Comments:

The Company has reviewed the enclosed policy form(s) and certifies that each form submitted meets the provisions of Rule 19 as well as all applicable requirements of the Arkansas Insurance Department.

Attachment:

Readability Certification.PDF

Review Status:

Satisfied -Name: Cover Letter 07/22/2008

Comments:

Attachment:

Cover Letter.PDF

Review Status:

Bypassed -Name: Application 07/22/2008

Bypass Reason: These forms are attached to the Forms Schedule.

Comments:

Review Status:

Satisfied -Name: Explanation of Variables 07/22/2008

Comments:

Attachment:

Explanation of Variables.PDF

Review Status:

Satisfied -Name: NAIC Transmittal 07/22/2008

Comments:

Attachment:

NAIC Transmittal.PDF

STONEBRIDGE LIFE INSURANCE COMPANY
CERTIFICATE OF COMPLIANCE

TO: DEPARTMENT OF INSURANCE
STATE OF **ARKANSAS**

RE: GUL086 – Group Underwritten Life Application
GUL086AR – Group Underwritten Life Application

We hereby certify that we have carefully reviewed the forms submitted herewith, and to the best of our knowledge and ability find:

1. That the said form(s) comply with the readability requirements of this state.
2. That the said form(s) each have a reading ease score of 43.7.

STONEBRIDGE LIFE INSURANCE COMPANY

DATE: July 22, 2008



Cheryl Penner
Assistant Secretary



STONEBRIDGE LIFE
Insurance Company
2700 West Plano Parkway • Plano, Texas 75075-8200

July 22, 2008

The Honorable Julie Benafield Bowman
Arkansas Insurance Department
Life & Health Division
1200 W. 3rd St.
Little Rock AR 72201-1904

Attention: Ms. Linda Bird

RE: Stonebridge Life Insurance Company
NAIC # 0468-65021
FEIN: 03-0164230
"Out of State" Group
GUL086: Group Underwritten Life Application
GUL086AR: Group Underwritten Life Application

Dear Commissioner:

Attached for your review and approval are copies of the above captioned forms. These forms are new and do not replace any forms previously approved by your Department. The forms have been completed in "John Doe" fashion. Variable information is bracketed and printed in red.

Group Underwritten Life Applications GUL086 and GUL086AR will be used to solicit Group Whole Life Certificate GC409 and other similar products. Group Whole Life Certificate GC409 was approved by your Department on March 14, 2007.

The above described Application Verification Forms can have the fraud warning notice on the back or on the front. If the fraud warning notice appears on the back, GUL086 will be used. If the fraud warning notice appears on the front, GUL086AR will be used.

The Flesch score for these applications is 43.7. Microsoft Word was used to obtain this score.

We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.

This form will be used in solicitations mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

Completed filing forms are attached. Our filing fee is being sent under separate cover.

I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Margaret Frei".

Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

Attachments

EXPLANATION OF VARIABLES

The following is an explanation of the variables indicated in the submitted form.

GUL086, GUL086AR – GROUP UNDERWRITTEN LIFE APPLICATION

- P1. The TITLE will vary depending on the offer.
- P1. BENEFIT OPTIONS: the applicant will have the opportunity to choose the benefit amount and premium based on the applicant's age and gender. Certain codes will appear on the form to enable tracking for marketing purposes. The benefit amounts can range from \$1,000 to \$20,000.
- P1. GROUP ELIGIBILITY: The language will vary based on the Group Policyholder information. The issue ages for this product are 45-79.
- P1. APPLICATION FIELDS will vary according to the responses provided by the prospective insured. Because we would like the flexibility of using the applications with forms using similar underwriting questions, the following may or may not appear on the form depending on the coverage solicited and the level of underwriting used: height and weight, e-mail address, telephone number.
- P1. LOOK BACK PERIOD: Look back period may vary according to state requirements and underwriting requirements. The Look Back period will range from 5-10 years.
- P1. REPLACEMENT QUESTION: The replacement question will be included as required by state.
- P1. BENEFICIARY designation will vary according to the responses provided by the prospective insured.
- P1. GUL086: "I have read the fraud notice..." reference to Fraud notice will vary based on use of language on the back of the Application.
- P1. The choice of automatic premium loan will be specific for each customer.
- P1. ADMINISTRATIVE OFFICE variability allows us to administer the product from different locations. The address on the forms will be one of the following:
 - a) 2700 West Plano Parkway
Plano, Texas 75075-8200
 - b) 520 Park Avenue
Baltimore, Maryland 21201
 - c) Valley Forge, Pennsylvania 19493
- P2. GUL086: The fraud warning notices will be used as required by state.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Stonebridge Life Insurance Company 2700 West Plano Parkway Plano, TX 75075	VT	Life, Accident/ Health	0468	65021	03-0164230	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Margaret Frei	1-877-527-6444 ext 6289	1-972-881-4097	mfrei@aegonusa.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	GUL086					
7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____					
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	L07G Group Life - Whole					
10.	Product Coding Matrix Filing Code	L07G.101 Fixed/Indeterminate Premium - Single Life					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input checked="" type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____					

12.	Filing Submission Date	July 22, 2008
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>07/17/08</u>
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number <u>7010067860</u>
14.	Date of Domiciliary Approval	N/A – Vermont does not require filing of Group A&H forms not issued in Vermont Approved in Missouri, our situs state, on July 17, 2008.
15.	Filing Description:	
<p>RE: Stonebridge Life Insurance Company NAIC # 0468-65021 FEIN: 03-0164230 "Out of State" Group GUL086: Group Underwritten Life Application GUL086AR: Group Underwritten Life Application</p> <p>Dear Commissioner:</p> <p>Attached for your review and approval are copies of the above captioned forms. These forms are new and do not replace any forms previously approved by your Department. The forms have been completed in "John Doe" fashion. Variable information is bracketed and printed in red.</p> <p>Group Underwritten Life Applications GUL086 and GUL086AR will be used to solicit Group Whole Life Certificate GC409 and other similar products. Group Whole Life Certificate GC409 was approved by your Department on March 14, 2007.</p> <p>The above described Application Verification Forms can have the fraud warning notice on the back or on the front. If the fraud warning notice appears on the back, GUL086 will be used. If the fraud warning notice appears on the front, GUL086AR will be used.</p> <p>The Flesch score for these applications is 43.7. Microsoft Word was used to obtain this score.</p> <p>We request approval of these forms in various dimensions, format and shading/colors. No dimension/format/shading/color change would produce unacceptable print.</p> <p>This form will be used in solicitations mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.</p> <p>Completed filing forms are attached. Our filing fee is being sent under separate cover.</p> <p>I respectfully request your favorable review and approval. We appreciate your consideration of these forms. Should you have any questions, please feel free to call us toll free at (877) 527-6444, Extension 6289 or contact me by e-mail at mfrei@aegonusa.com.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
Print Name <u>Margaret Frei</u>		Title <u>Filing Specialist</u>
Signature <u><i>Margaret Frei</i></u>		Date: <u>July 22, 2008</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		GUL086
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Underwritten Life Application	GUL086	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02	Group Underwritten Life Application	GUL086AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		GUL086		
This filing corresponds to form filing company tracking number		GUL086		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01	N/A	N/A	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

LH RFA-1