

SERFF Tracking Number: AEGX-126345067 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
Company Tracking Number: TL AR0051815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126345067 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 43789

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: TL AR0051815F01

State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 10/15/2009

Disposition Date: 10/16/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Term Life

Status of Filing in Domicile:

Project Number: TL AR0051815F01

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: 10/16/2009

Explanation for Other Group Market Type:

State Status Changed: 10/16/2009

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

RE: Stonebridge Life Insurance Company

NAIC # 0468-65021

FEIN: 03-0164230

Application Verification Form SL-T69-0406 APPVER

Dear Commissioner:

SERFF Tracking Number: AEGX-126345067 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
Company Tracking Number: TL AR0051815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

Attached for your review and approval is a copy of the above captioned form. This form is new and does not replace any form previously approved by your Department. This form has been completed in "John Doe" fashion. Variable information is bracketed and printed in red.

Individual Application Verification Form SLA-T69-0406 APPVER will be used to solicit Individual term life policy SL-T69-1002 approved by your Department on January 13, 2003. A copy of the completed application verification form will be issued with a policy when an Insured applies via telemarketing methods.

We request approval of this form in various formats, dimensions, shading and colors. We certify that no dimension, format, shading or color change will affect the text content or product unacceptable print.

Completed filing forms are attached. Our filing fee is being sent via EFT.

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

Attachments

Company and Contact

Filing Contact Information

Margaret Frei, Filing Specialist
2700 W Plano Parkway
Plano, TX 75075

mfrei@aegonusa.com
972-881-6289 [Phone] 6289 [Ext]
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: Life and Health
State ID Number:

SERFF Tracking Number: AEGX-126345067 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
Company Tracking Number: TL AR0051815F01
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	10/15/2009	31306974

SERFF Tracking Number: AEGX-126345067 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
Company Tracking Number: TL AR0051815F01
TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/16/2009	10/16/2009

SERFF Tracking Number: AEGX-126345067 *State:* Arkansas
Filing Company: Stonebridge Life Insurance Company *State Tracking Number:* 43789
Company Tracking Number: TL AR0051815F01
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

Disposition

Disposition Date: 10/16/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-126345067 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
 Company Tracking Number: TL AR0051815F01
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Term Life
 Project Name/Number: Term Life/TL AR0051815F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Application Verification Form		Yes

SERFF Tracking Number: AEGX-126345067 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43789
 Company Tracking Number: TL AR0051815F01
 TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: Term Life
 Project Name/Number: Term Life/TL AR0051815F01

Form Schedule

Lead Form Number: SLA-T69-0406 APPVER

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SLA-T69-0406 APPVER	Application/ Enrollment Form	Application Verification Form	Initial		48.000	SLA-T69-0406 APPVER.PDF

**Term To Age 69 Life Insurance
Application Verification**

Keep this form with your Policy of Insurance. Your acceptance of this offer is on file at our Administrative Office.

This document is a verification record of your telephone-recorded application for the Term To Age 69 Life Insurance plan. It is designed to help you verify that we have correctly recorded your name, address, date of [birth], [gender], [height] and [weight] and the answers and information you provided to the health questions which qualified you for this plan.

Our records indicate the following information:

Name/Address: [John Q. Public]
 [1000 Anywhere Street]
 [Any Town, USA 75000]

Date of Birth: [01/05/1968] [Gender:] [Male]

[Height:] [5'10"] [Weight:] [185 lbs.]

Will this insurance replace or change any life insurance or annuity contract that you now have? Yes No

Health Questions

1. Have you used any tobacco or nicotine based products within the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 3 years, have you had a driver's license suspended and/or revoked or been cited or arrested for driving while intoxicated (DWI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 10 years, has a licensed medical doctor diagnosed you with or treated you for any disease or disorder of the heart, blood, lungs, liver, kidneys; Acquired Immune Deficiency Syndrome (AIDS); any mental, nervous, circulatory, digestive or immune disorder; high blood pressure, stroke, hepatitis, cancer or tumor, diabetes, drug or alcohol abuse?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 10 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Other than those conditions covered in Question 3 during the last three years have you had an examination that was caused by an illness, injury, or abnormal physical condition, or follow-up of a diagnosed condition?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FULL DETAILS YOU PROVIDED TO QUESTIONS 2, 3, 4, or 5 THAT YOU ANSWERED "YES"

QUES. NO.	REASON OR CONDITION	DATE(S)	RESULTS	NAMES, COMPLETE ADDRESSES AND TELEPHONE NUMBERS OF DOCTORS AND MEDICAL FACILITIES

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]

<i>SERFF Tracking Number:</i>	<i>AEGX-126345067</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43789</i>
<i>Company Tracking Number:</i>	<i>TL AR0051815F01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0051815F01</i>		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
	AR - READABILITY CERTIFICATION.PDF		

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	The Application Verification Form is attached to the Forms Schedule.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability		
Comments:			
Attachment:			
	Explanation of Variability.PDF		

		Item Status:	Status Date:
Satisfied - Item:	AR - SERFF ONLY - FILING AT A GLANCE		
Comments:			
Attachment:			
	AR - SERFF ONLY - FILING AT A GLANCE.PDF		

		Item Status:	Status Date:
Satisfied - Item:	AR - NAIC FORM FILING		

SERFF Tracking Number: AEGX-126345067 *State:* Arkansas
Filing Company: Stonebridge Life Insurance Company *State Tracking Number:* 43789
Company Tracking Number: TL AR0051815F01
TOI: L04I Individual Life - Term *Sub-TOI:* L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Product Name: Term Life
Project Name/Number: Term Life/TL AR0051815F01

ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Stonebridge Life Insurance Company

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

Form Number	Score
SLA-T69-0406 APPVER	48



Signed: _____
Name: Edward G. Weigand
Title: Assistant Secretary

Date: October 14, 2009

EXPLANATION OF VARIABILITY

- The request for [date of birth], [gender], [height] and [weight] will be included or excluded in its entirety.
- The Name and Address, date of birth, marital status, gender, height, and weight will be unique to each applicant
- Either “before” or “within 21 days of the Effective Date” will print in the affirmation paragraph to reflect when the first premium is due.
- The telephone number for customer service will match the Administrative office location.
- The applicant’s electronic signature and date of application will be unique to each applicant.
- The Administrative office locations may be:

2700 West Plano Parkway Plano, Texas 75075-8200

520 Park Avenue Baltimore, Maryland 21201

Valley Forge, Pennsylvania 19493

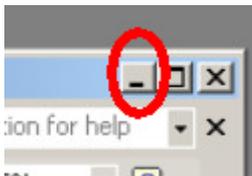
Fraud Warning Statement Section The appropriate/required fraud statements will be included or excluded in its entirety depending on the states in which the application will be used.



DO NOT open this form until the filing has been successfully sent to SERFF. The way to verify that the submission was successful is that there is a SERFF Filing ID and the SERFF Status has changed to Submitted. If you open this form prior to receiving the SERFF Filing ID and SERFF Status of Submitted, this form WILL NOT auto populate with all the required information.

To ensure the form properly auto populates, please take the following steps:

1. Minimize the form by clicking the "minimize button" in the upper right corner of the Word document.



2. "Edit Filing Form" window will then appear on your desktop.



3. Click the "Cancel" button.
4. Close the Word document. You will be returned to the "Filing Forms" tab.
5. Wait until you receive the SERFF Filing ID and the SERFF status advances to Submitted for the filing. When you open this form again, this form will be re-generated with the proper information auto populated. **If you close this form before clicking the "Cancel" button in the "Edit Filing Form" window, this form will not properly auto populate again.**

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	TL AR0051815F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Application Verification Form	SLA-T69-0406 APPVER	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	