

SERFF Tracking Number: AEGX-126353607 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 43852
Company Tracking Number: TL AR0051915F01
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 AR0051915F01

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126353607 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 43852

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

Co Tr Num: TL AR0051915F01

State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 10/21/2009

Disposition Date: 10/23/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Term Life

Status of Filing in Domicile: Pending

Project Number: TL AR0051915F01

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: 10/23/2009

Explanation for Other Group Market Type:

State Status Changed: 10/23/2009

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

October 21, 2009

Insurance Commissioner Jay Bradford

Compliance - Life and Health

Arkansas Department of Insurance

1200 West Third Street

Little Rock, AR 72201-1904

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RE: Form Filing - SLA-SU-0406 APPVER - Application Verification Form

Life Term

Company Filing#: TL AR0051915F01

Stonebridge Life Insurance Company NAIC#: 468-65021 FEIN#: 03-0164230

Lead Form No.: SLA-SU-0406 APPVER

Dear Commissioner Bradford:

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.

Application Verification Form SLA-SU-0406 APPVER will be used to solicit Individual term life policy SL-T85-0905 TX approved by your Department on 1/13/03. 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.

We appreciate your consideration of this form and look forward to receiving your notice of approval. Should you need any additional information, please contact me.

Sincerely,

Mary J. DiMarcantonio

Filing Specialist

1-800-233-4624 Ext 5263

mdimarcantonio@aegonusa.com

Company and Contact

Filing Contact Information

Mary DiMarcantonio, Filing Specialist

mdimarcantonio@aegonusa.com

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520 Park Avenue 410-209-5263 [Phone]
 Baltimore, MD 21201 410-209-5910 [FAX]

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
 29 South Main Street Group Code: 468 Company Type: Life and Health
 Rutland, VT 05701-5014 Group Name: State ID Number:
 (410) 685-5500 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	10/21/2009	31458821

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	10/23/2009	10/23/2009

SERFF Tracking Number: AEGX-126353607

State: Arkansas

Filing Company: Stonebridge Life Insurance Company

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Disposition

Disposition Date: 10/23/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Flesch Certification		Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	EOV for SLA-SU-0406 APPVER		Yes
Form	Application Verification Form		Yes

SERFF Tracking Number: AEGX-126353607 State: Arkansas
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 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 AR0051915F01

Form Schedule

Lead Form Number: SLA-SU-0406 APPVER

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SLA-SU-0406 APPVER	Application/ Enrollment Form	Application Verification Form	Initial		52.700	SLA-SU-0406 APPVER.PDF

**Term 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 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. Are you now disabled? If "Yes," give health problem causing the disability?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. In the past 7 years, have you been advised by a doctor or counselor to reduce or stop the use of alcohol or drugs or received a ticket for driving while intoxicated (DWI/DUI)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. In the past 7 years, have you been diagnosed or treated by a licensed medical doctor for: a. Diabetes requiring insulin; Heart disease or disorder; Stroke or Cancer? b. Brain, mental, or nervous disorder; chronic Liver, Kidney, or breathing disorder? c. Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. In the past 7 years have you tested positive for HIV (Human Immunodeficiency Virus)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

FULL DETAILS YOU PROVIDED TO QUESTIONS 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]

SLA-SU-0406 APPVER

I wish to apply for this Term Life Insurance Plan. I understand that no insurance is in effect until the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Policy Effective Date. If I fail to give true and complete answers on this application, (in Michigan and Texas: if I make a fraudulent or material misrepresentation in this application), I understand that benefits may be denied during the first 2 Policy Years. To the best of my knowledge and belief, the information on this entire application is true and complete. [I have read my state's fraud notice on the back of this application.]

FAILURE TO DISPUTE ANY OF THE STATEMENTS ABOVE IS AN ADMISSION THAT THE STATEMENTS ARE CORRECT. THE FALSITY OF ANY ANSWER MAY BAR YOUR BENEFICIARIES' RIGHT TO RECOVER BENEFITS.

If any of the information is incorrect, contact our Customer Service Department at: [1-800-XXX-XXXX]

[Application signed electronically. Signature on file with the Company] [01/06/2009]
Applicant's Signature Date Application signed

FOR MICHIGAN RESIDENTS: Countersignature of licensed agent _____ Signature

FOR OHIO RESIDENTS ONLY: Any person who submits an application or files a claim containing a false or deceptive statement with intent to defraud or knowing that he is facilitating a fraud against an insurer is guilty of insurance fraud.

FOR ARKANSAS and LOUISIANA RESIDENTS ONLY: 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.

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

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

SLA-SU-0406 APPVER

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See form attached under forms tab.		
Comments:		

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

	Item Status:	Status Date:

SERFF Tracking Number: AEGX-126353607 State: Arkansas
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Fixed/Indeterminate Premium - Single Life

Product Name: Term Life
Project Name/Number: Term Life/TL AR0051915F01
Satisfied - Item: AR - NAIC FORM FILING
ATTACHMENT

Comments:

Attachment:

AR - NAIC FORM FILING ATTACHMENT.PDF

Item Status:

Status

Date:

Satisfied - Item: EOv for SLA-SU-0406 APPVER

Comments:

Attachment:

EOV for SLA-SU-0406 APPVER.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-SU-0406 APPVER	52.7

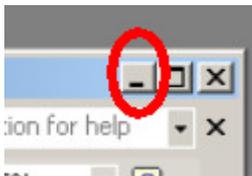
Signed: Mary J. DiMarcantonio
Name: Mary J. DiMarcantonio
Title: Filing Specialist
Date: 10/21/09



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.**

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Stonebridge Life Insurance Company 29 South Main Street Rutland VT 05701-5014	VT		468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Mary J. DiMarcantonio, ALHC 520 Park Avenue Baltimore MD 21201	800-233-4624	410-209-5910	mdimarcantonio@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): _____
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6. Company Tracking Number	TL AR0051915F01
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9. Type of Insurance	L04I Individual Life - Term
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10. Product Coding Matrix Filing Code	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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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: _____ <input type="checkbox"/> 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 Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other: <u>Explanation of Variability</u>
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12.	Filing Submission Date	10/21/09
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>EFT</u> Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	Pending
15.	Filing Description:	
<p>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.</p> <p>Application Verification Form SLA-SU-0406 APPVER will be used to solicit Individual term life policy SL-T85-0905 TX approved by your Department on 1/13/03. A copy of the completed application verification form will be issued with a policy when an Insured applies via telemarketing methods.</p> <p>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.</p> <p>We appreciate your consideration of this form and look forward to receiving your notice of approval. Should you need any additional information, please contact me.</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>		
<p>Print Name <u>Mary J. DiMarcantonio, ALHC</u> Title <u>Filing Specialist</u></p>		
<p>Signature <u></u> Date <u>10/21/09</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		TL AR0051915F01
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-SU-0406 APPVER	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
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 _____	

EXPLANATION OF VARIABILITY

- The request for [date of birth], [gender], [height] and [weight] will be included or excluded in its entirety. *Note, delete this section if these items are not bracketed on an app form state variation.*
- 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 be printed on an application 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 *note: delete this section if an app state form variation does not contain fraud statement or contains a fraud statement that is not bracketed.*

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