

<i>SERFF Tracking Number:</i>	<i>AEGX-126404995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44224</i>
<i>Company Tracking Number:</i>	<i>TL AR0052115F01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.203 Specified Age or Duration - Single Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0052115F01</i>		

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126404995 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-  
Closed State Tr Num: 44224

Sub-TOI: L04I.203 Specified Age or Duration -  
Single Premium - Single Life

Co Tr Num: TL AR0052115F01 State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 12/02/2009

Disposition Date: 12/04/2009

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 AR0052115F01

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: 12/04/2009

Explanation for Other Group Market Type:

State Status Changed: 12/04/2009

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

SLTL1800IP: Individual Single Premium Short Term Life Insurance Policy

SLTL1800IPA: Application

Actuarial Memorandum and Rate Table

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44224  
Company Tracking Number: TL AR0052115F01  
TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
Product Name: Term Life  
Project Name/Number: Term Life/TL AR0052115F01

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.

Policy SLTL1800IP provides term life insurance for a period of one or two years. An insured at the time of application selects whether coverage is for one or two years. Coverage is non-renewable. An insured can convert their coverage to a whole life policy. The whole life policy begins after the policy's term of coverage ends. The entire premium for the selected term of coverage is payable prior to or within 21 days of a policy's effective date. Issue ages are 18 to 59.

Application SLTL1800IPA will be used to underwrite individual applicants.

The Flesch scores for SLTL1800IP and SLTL1800IAP are 58.1 and 52.6, respectively. Microsoft Word was used to obtain these scores.

These forms were filed in Vermont, our state of domicile, and are currently pending.

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

This product is underwritten will be mass marketed using direct response methods including direct mail, telemarketing, and internet.

This product will be marketed without an illustration.

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](mailto:mfrei@aegonusa.com).

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY  
Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44224  
 Company Tracking Number: TL AR0052115F01  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Term Life  
 Project Name/Number: Term Life/TL AR0052115F01

Attachments

## Company and Contact

### Filing Contact Information

Margaret Frei, Senior Product Filing & Compliance Analyst  
 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 State of Domicile: Vermont  
 Group Code: 468 Company Type: Life and Health  
 Group Name: State ID Number:  
 FEIN Number: 03-0164230

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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 #
Stonebridge Life Insurance Company	\$50.00	12/02/2009	32418526

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44224  
Company Tracking Number: TL AR0052115F01  
TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
Product Name: Term Life  
Project Name/Number: Term Life/TL AR0052115F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/04/2009	12/04/2009

*SERFF Tracking Number:* AEGX-126404995      *State:* Arkansas  
*Filing Company:* Stonebridge Life Insurance Company      *State Tracking Number:* 44224  
*Company Tracking Number:* TL AR0052115F01  
*TOI:* L04I Individual Life - Term      *Sub-TOI:* L04I.203 Specified Age or Duration - Single  
Premium - Single Life  
  
*Product Name:* Term Life  
*Project Name/Number:* Term Life/TL AR0052115F01

## **Disposition**

Disposition Date: 12/04/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44224  
 Company Tracking Number: TL AR0052115F01  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Term Life  
 Project Name/Number: Term Life/TL AR0052115F01

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	Rate Table		Yes
Supporting Document	Explanation of Variability		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT		Yes
Form	Individual Single Premium Short Term Life Insurance Policy		Yes
Form	Application		Yes

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
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 Product Name: Term Life  
 Project Name/Number: Term Life/TL AR0052115F01

## Form Schedule

**Lead Form Number: SLTL1800IP**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SLTL1800IP	Policy/Contract	Individual Single Premium Short Term Life Insurance Policy Certificate	Initial		58.100	SLTL1800IP.PDF
	SLTL1800IPA	Application/Enrollment Form	Application	Initial		52.600	SLTL1800IPA.PDF

# STONEBRIDGE LIFE INSURANCE COMPANY

A Stock Company  
Home Office: 29 South Main Street, Rutland, Vermont 05701  
Administrative Offices: [2700 W. Plano Pkwy., Plano, TX 75075]  
[1-800-732-1821]

## POLICY SCHEDULE

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INSURED: [John Doe]	FACE AMOUNT: [\$25,000.00]
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POLICY NUMBER: [123456]	EFFECTIVE DATE: [10/01/2009]	ISSUE DATE: [10/01/2009]
TERM OF COVERAGE: [One] [Two] Year[s]	EXPIRATION DATE: [09/31/2010] [09/31/2011]	
AGE AT ISSUE: [35]      SEX: [Male]	TOBACCO USE: [YES] [NO] Within Past 12 Months	
POLICYOWNER: [JOHN DOE]	SINGLE PREMIUM: [\$89.25] [\$148.25]	

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### FOR YOUR INFORMATION

This is a term life insurance Policy. It provides non-renewable life insurance for the Term of Coverage that is stated in the Policy Schedule. In this Policy, Stonebridge Life Insurance Company is referred to as "we," "our," or "us." The Insured is "you," "your," or "yours." The Policy is a legal contract. We rely on your Application to issue it. We depend on your payment of Premium when it is due. You rely on us to honor its terms.

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Premium Payment.....	2	How You Can Convert To Permanent Life .....	3
What Benefits We Pay .....	2	Terms and Conditions.....	3

**YOUR RIGHT TO EXAMINE THE POLICY:** You may return this Policy for any reason within 30 days (31 days in South Carolina) of the date you receive it. Any Premium paid is immediately refunded. The Policy is treated as if it never existed. No benefits are paid.

In **Minnesota** the following provision applies:

**RIGHT TO CANCEL:** You may cancel this Policy by delivering or mailing a written notice or sending a telegram to Stonebridge Life Insurance Company, [Valley Forge, PA 19493] and by returning the Policy or contract before midnight of the twentieth day after the date you receive the Policy. Notice given by mail and return of the Policy or contract by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within ten days after we receive your notice of cancellation and the returned Policy.

**IN WITNESS**, this Policy is signed by our President and Secretary.



Secretary



President

**SINGLE PREMIUM TERM LIFE INSURANCE POLICY  
NON-RENEWABLE  
CONVERTIBLE      NON-PARTICIPATING**

## PART I: DEFINITIONS

- A. “**AGE**” means, on the Policy Effective Date, the age you became on your last birthday.
- B. “**POLICY EFFECTIVE DATE**” means the date your coverage starts.
- C. “**POLICY EXPIRATION DATE**” means the date your coverage is scheduled to stop.
- D. “**OWNER**” means the Policyowner. The Policyowner is named on the Policy Schedule. You are the Owner unless you designate someone else to be the Owner. Ownership is explained in Part VII.

## PART II: WHEN COVERAGE STARTS AND STOPS

### A. WHEN COVERAGE STARTS

This insurance takes effect only after two things happen while you are alive:

1. we approve your Application; and
2. we receive your Premium [on or before][within (21 days) of] the Policy Effective Date.

Your coverage then starts at 12:01 A.M. Standard Time at your home on the Policy Effective Date.

### B. WHEN COVERAGE STOPS

Coverage stops on the earliest of:

1. the date of your death;
2. 12:00 P.M. on the Policy Expiration Date; or
3. the date we receive your request to cancel.

Only you may cancel this Policy. You may cancel it by notifying us in writing, or verbally by telephone, or by any other means acceptable to us. If you do not specify a date, your cancellation is effective on the date we receive your request to cancel. Any Premium paid beyond the date of cancellation is refunded. Cancellation is without prejudice to any claim originating prior to the date of cancellation. No benefits are paid for any loss which occurs after the date your coverage stops.

**UNEARNED PREMIUM REFUND:** A refund of unearned Premium is payable to your beneficiary at the time of your death. You are also entitled to a refund of unearned Premium upon cancellation of the Policy. Unearned Premium is any amount paid by you beyond the date of your death or cancellation of this Policy.

## PART III: PREMIUM PAYMENT

The Single Premium for the Policy’s Term of Coverage is stated on the Policy Schedule. After the Single Premium is paid and the Policy is in force no other premium is due.

## PART IV: WHAT BENEFITS WE PAY

We pay the Face Amount when you die while covered under this Policy. The Face Amount is shown on the Policy Schedule. Before we pay, we must be given Proof of Loss.

**SUICIDE:** If you die by suicide while this Policy is in force, the benefit is limited to the amount of the paid Single Premium without interest.

**INTEREST AT SETTLEMENT:** If required, we pay interest on death proceeds according to the requirements of your state. The rate of interest is not less than that required by law.

**MAINE, MINNESOTA, and OHIO RESIDENTS ONLY:** All sums payable by us are payable within two months of our receipt of proof of death, to the Beneficiary or Beneficiaries on file with us, subject to rights of any assignee of record.

**NORTH CAROLINA RESIDENTS ONLY:** We must pay the benefit within 30 days after we are given proof of death. If we fail to do so, we must pay interest on the death benefit. It is accrued from: (1) the date of death until (2) the date we make payment. The rate of interest is equal to the rate of interest on death proceeds left on deposit with us.

**OREGON RESIDENTS ONLY:** We have 30 days from the date we receive due proof of death to pay the death benefit. If we delay payment beyond this 30 day period we will pay interest. The current rate of interest is set by Oregon law. It is paid from: (1) the date of your death; until (2) the date we make payment. If we do not pay during

this 30 day period we will notify the Beneficiary that we will pay interest. If we do pay during the 30 day period, no interest is paid.

**UTAH RESIDENTS ONLY:** We must pay the benefit within 15 days from the date we receive due proof of death

**VERMONT RESIDENTS ONLY:** The rate of interest is equal to the rate of interest on proceeds left on deposit with us or 6 percent, whichever is greater at the time the benefit is paid.

**WYOMING RESIDENTS ONLY:** We must pay the benefit within 45 days after we are given proof of death. We must also pay interest on the death benefit. It is accrued from: (1) the date we receive proof of death until; (2) the date we make payment. The rate of interest is equal to the rate of interest on proceeds left on deposit with us.

**PART V: HOW WE PAY BENEFITS**

Any benefit under this Policy is paid in one lump sum. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments shown in the table below. The monthly installments are based on an interest of 3% per annum.

If the Beneficiary dies before all installments are paid, the remaining installments are commuted into one sum at 3% per annum and paid to the estate.

**Installments for each \$1000 of Face Amount**

<u>Number of years Installments are to be paid</u>	<u>Amount of Each Monthly Installment</u>
2	\$42.86
3	28.99
4	22.06
5	17.91
10	9.61
15	6.87
20	5.51

**PART VI: WHO RECEIVES THE BENEFITS**

- A. BENEFICIARY:** If you are the Owner, you choose the person who receives the benefit when you die. This person is called the beneficiary. If there is no beneficiary when you die, benefits are paid: (1) to your living spouse; or (2) if you do not have one, in equal shares to your living, lawful children; or (3) if there are none, in equal shares to your living, lawful parents; or (4) if there are none, to your estate. Spouse means only the one to whom you are lawfully married on the date of your death. Except in the case of legal adoption, lawful children or parents do not mean "step" children or parents. (In **Wisconsin**, if there is no beneficiary when you die, benefits are paid to your estate)
- B. CHANGING THE BENEFICIARY:** If you are the Owner, you can change your beneficiary at any time, unless you name a permanent beneficiary. A permanent beneficiary is one that can never be changed unless the beneficiary approves the change. We must receive written notice of any change. The change is effective on the date the request for change is signed by you and any permanent beneficiary. (In **Wisconsin**, if there is no beneficiary when you die, benefits are paid to your estate)

**PART VII: HOW YOU CAN CONVERT TO PERMANENT LIFE**

You may exchange this Policy for an individual permanent life policy. This is subject to what individual permanent life policy we then have available, if any. This is called a "conversion." It may have a Face Amount of up to **[\$25,000]**. Your coverage must be in effect. You must notify us in writing within 31 days prior to your Policy Expiration Date that you want to exchange this Policy. New evidence of insurability is not required. The permanent life policy will start after the Policy Expiration Date. The new premium is based on your age and class at the time you convert to the new policy.

**PART VIII: TERMS AND CONDITIONS**

- A. INCONTESTABILITY:** All statements made at the time of Application will be deemed representations and not warranties. No statement will be used to void this Policy or be used in defense of a claim unless it is in the Application. (In **Michigan**: Benefits may be denied if you make a fraudulent or material misrepresentation in your Application.)

**B. THE CONTRACT:** The Policy, any attached riders and endorsements, your application, and any rider applications make up the entire legal contract between the parties. A copy of your Application is attached to the Policy.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you. A copy of the Application will be sent to your beneficiary if used to contest a claim.

No change in this Policy is effective until approved by one of our officers. Such approval must be noted on or attached to this Policy. No agent has the authority to change this Policy or waive any of its provisions.

**C. PROOF OF LOSS:** A certified copy of the death certificate showing the date and cause of your death must be given to us as soon as possible after the date of death.

**D. TIME PAYMENT OF CLAIMS:** We will pay the benefit as soon as we receive proper Proof of Loss that is sufficient to determine our liability.

**E. AUTOPSY:** At our expense, we may have an autopsy done where it is not forbidden by law.

**F. MISSTATEMENT OF AGE, SEX, OR TOBACCO USE STATUS:** If your Age, sex, or tobacco use status or all three are incorrectly stated on your Application, the benefits of this Policy are changed to what the premium would have paid for at the correct Age, sex, and tobacco use status according to our rate at the Policy Issue Date.

**G. ASSIGNMENT:** If you are the Owner, you may give your rights under this Policy to someone else. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our offices.

**H. NON-PARTICIPATING:** There are no dividends payable under this Policy. It does not share in our surplus earnings.

**I. OWNERSHIP:** This Policy belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Policy may be exercised solely by the Owner. This includes the right to change the beneficiary and assign benefits.

**J. CHANGE OF OWNERSHIP:** The Owner has the right to transfer this Policy to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

**SINGLE PREMIUM TERM LIFE INSURANCE POLICY  
NON-RENEWABLE  
CONVERTIBLE NON-PARTICIPATING**



**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.

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44224  
 Company Tracking Number: TL AR0052115F01  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.203 Specified Age or Duration - Single Premium - Single Life  
 Product Name: Term Life  
 Project Name/Number: Term Life/TL AR0052115F01

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> The Application being submitted for review and approval is attached to the Forms Schedule.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Rate Table		
<b>Comments:</b>		
<b>Attachment:</b> Rate Table.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanation of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Explanation of Variability.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT		

SERFF Tracking Number: AEGX-126404995 State: Arkansas  
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**Comments:**

**Attachment:**

AR - NAIC TRANSMITTAL DOCUMENT.PDF

**Item Status:**

**Status**

**Date:**

**Satisfied - Item:** AR - NAIC FORM FILING 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
SLTL1800IP	58.1
SLTL1800IPA	52.6

Signed:   
Name: Edward G. Weigand  
Title: Assistant Secretary  
Date: December 2, 2009

**ACTUARIAL RATE SHEET**  
**Stonebridge Life Insurance Company**  
**SLTL1800IP**

TERM LIFE INSURANCE  
Single Premiums per \$1,000 Face

(Add \$30 Policy Fee)

**One Year Term Coverage**

<u>Issue Age</u>	<u>NonTobacco</u>		<u>Tobacco</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
18-34	2.17	1.67	3.12	2.36
35-39	2.37	1.85	3.67	2.85
40-44	3.08	2.37	5.27	4.07
45-49	4.58	3.41	7.95	5.93
50-54	5.50	4.10	9.54	7.11
55-59	9.16	6.83	15.91	11.85

**Two Year Term Coverage**

<u>Issue Age</u>	<u>NonTobacco</u>		<u>Tobacco</u>	
	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>
18-34	4.33	3.33	6.24	4.72
35-39	4.73	3.69	7.35	5.71
40-44	6.16	4.73	10.55	8.13
45-49	9.16	6.83	15.91	11.85
50-54	10.99	8.19	19.09	14.22
55-59	18.32	13.65	31.81	23.71

(1) Sum of all benefits, & round to the near penny.

**The following is a “Explanation of Variability” for Single Premium Group Short Term Life Insurance Policy SLTL1800IP and Application SLTL1800IPA.**

**Policy SLTL1800IP:**

Page 1

COMPANY ADDRESS: Stonebridge Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. 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

The toll-free telephone number will be changed to the toll-free number for the Administrative Office that will administer the policy.

When issued the Policy Number, Effective Date, Policyholder, and Anniversary Date will contain information that reflects the policyholders name, number, and dates

Page 2:

In When Coverage Starts, “before/within 21 days after” is bracketed so that a certificate can be printed with “We must receive your first premium before the Certificate Effective Date” or “We must receive your first premium within 21 days after the Certificate Effective Date.”

Page 3:

In PART VI: How You Can Convert To Permanent Life, \$25,000 is bracketed to reflect our current face amount limit for conversions. This may change to reflect any future change to such face amount limits.

**Application SLTL1800IPA:**

1. The Administrative Office address may be.
  - d) 2700 West Plano Parkway  
Plano, Texas 75075-8200
  - e) 520 Park Avenue  
Baltimore, Maryland 21201
  - f) Valley Forge, Pennsylvania 19493
2. The Principal Insured’s information is bracketed to allow us to computer fill in this information when it is known at the time an application is printed.
3. The coverage amount section is bracketed so that it can be repositioned. In addition, this section is bracketed so that we may vary the benefit amounts and type of coverage offered as approved under the policy.
4. Spouse sections (personal information, benefit selection, answers to health questions) throughout the application are bracketed to allow us to delete these sections if an insurance offer is made to one person rather than two (married) people.

5. The phrase “a separate Policy will be issued to each applicant and that” that is in the affirmation paragraph is bracketed to allow us the ability to delete the statement if spouse coverage is not offered.
6. The statement “on the reverse side of” in the “I have read the fraud notice . . . ” sentence (bold face type) in the affirmation paragraph is bracketed so it may be deleted if the application is printed without the state fraud notices (if application is mailed in a state that does not require a fraud notice) or if the fraud notices are printed on the front of the application. The statement would appear on a printed application when space constraints require us to print the fraud notices on the reverse side of the application.
7. The statements “[before] and [within 21 days of]” in the affirmation paragraph are bracketed so that the application can be printed with “We must receive your first premium before the Policy Effective Date” or “We must receive your first premium within 21 days of the Policy Effective Date” to reflect the premium payment language that will be used in certificate that will be issued on the basis of the printed application.

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

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	Life, Accident and Health	468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Margaret A. Frei, AIRC, ACS, ACP, CCP, HIA, HCSA 2700 W Plano Parkway Plano TX 75075	877-527-6444 Ext. 6289	972-881-4097	mfrei@aegonusa.com

<b>5. Requested Filing Mode</b>	<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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<b>6. Company Tracking Number</b>	TL AR0052115F01
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b> Previous file # _____
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<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <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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<b>9. Type of Insurance</b>	L04I Individual Life - Term
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<b>10. Product Coding Matrix Filing Code</b>	L04I.203 Specified Age or Duration - Single Premium - Single Life
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<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input checked="" 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"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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<b>12.</b>	<b>Filing Submission Date</b>	December 2, 2009
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount <u>\$50.00</u> Check Date <u>N/A – via EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number <u>N/A – via EFT</u>
<b>14.</b>	<b>Date of Domiciliary Approval</b>	Filed in Vermont, our state of domicile, and is currently pending
<b>15.</b>	<b>Filing Description:</b>	
	<p>RE: Stonebridge Life Insurance Company            NAIC # 0468-65021 FEIN: 03-0164230            SLTL1800IP: Individual Single Premium Short Term Life Insurance Policy            SLTL1800IPA: Application            Actuarial Memorandum and Rate Table</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>Policy SLTL1800IP provides term life insurance for a period of one or two years. An insured at the time of application selects whether coverage is for one or two years. Coverage is non-renewable. An insured can convert their coverage to a whole life policy. The whole life policy begins after the policy's term of coverage ends. The entire premium for the selected term of coverage is payable prior to or within 21 days of a policy's effective date. Issue ages are 18 to 59.</p> <p>Application SLTL1800IPA will be used to underwrite individual applicants.</p> <p>The Flesch scores for SLTL1800IP and SLTL1800IAP are 58.1 and 52.6, respectively. Microsoft Word was used to obtain these scores.</p> <p>These forms were filed in Vermont, our state of domicile, and are currently pending.</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 product is underwritten will be mass marketed using direct response methods including direct mail, telemarketing, and internet.</p> <p>This product will be marketed without an illustration.</p> <p>Completed filing forms are attached. Our filing fee is being sent via EFT.</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 <a href="mailto:mfrei@aeonusa.com">mfrei@aeonusa.com</a>.</p> <p>Sincerely,</p> <p>STONEBRIDGE LIFE INSURANCE COMPANY            Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA</p>	

<b>16.</b>	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> 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>Margaret A. Frei, AIRC, ACS, ACP, CCP, HIA, HCSA</u> Title <u>Senior Product Filing &amp; Compliance Analyst</u></p> <p>Signature <u></u> Date <u>December 2, 2009</u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	TL AR0052115F01	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Individual Single Premium Short Term Life Insurance Policy	SLTL1800IP	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	N/A
02	Application	SLTL1800IPA	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	