

SERFF Tracking Number: AEGX-126409463 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44260
Company Tracking Number: TL AR0053615F02
TOI: L04I Individual Life - Term Sub-TOI: L04I.003 Single Life - Single Premium
Product Name: Term Life
Project Name/Number: Term Life/TL AR0053615F02

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126409463 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Approved-
Closed State Tr Num: 44260

Sub-TOI: L04I.003 Single Life - Single Premium Co Tr Num: TL AR0053615F02

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 12/08/2009

Date Submitted: 12/07/2009

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 AR0053615F02

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 12/08/2009

Explanation for Other Group Market Type:

State Status Changed: 12/08/2009

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

Filing Description:

Stonebridge Life Insurance Company

NAIC #65021 FEIN #03-0164230

Form Filing

Re: Enrollment Form SLTL1401IE

The five referenced enrollment form for term life insurance policy SLTL1400IP is submitted for your review and approval.

The referenced enrollment form SLTL1401IE replaces enrollment form SLTL1400IE which was approved along with

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individual term life policy SLTL1400IP on January 15, 2009 (SERFF Filing Id AEGX-125987244). The referenced enrollment form contains the life insurance replacement question that is required per Rule 97. to be on life insurance applications used in Arkansas on and after January 1, 2010.

The application is designed to be used in Arkansas only and, thus, are not required to be filed in the company's domicile state of Vermont.

Company and Contact

Filing Contact Information

Sam Hunt, Manager, Product Filing & Compliance shunt@aegonusa.com
 20 Moores Road 610-648-5816 [Phone]
 Frazer, PA 19355 610-648-4703 [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? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	12/07/2009	32517381

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/08/2009	12/08/2009

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Disposition

Disposition Date: 12/08/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: SLTL1401IE

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SLTL1401IE	Application/ Enrollment Form	Initial		55.200	SLTL1401IE.PDF

INDIVIDUAL TERM LIFE INSURANCE ENROLLMENT FORM

Yes

Please enroll me for this 12-Month Term Life Insurance Protection for a benefit amount of **[\$10,000]**

I understand that in order to enroll for this coverage, I, the applicant, must:

1. be a **[customer]** of **[Mother's Work Services, Inc.]**;
- [2. be between the ages of **[[18]** through **[49]]**, and reside in a state in which this insurance plan may legally be offered;]**
- [3.] be pregnant at the time of enrollment.]**

Name _____ Insured's Date of Birth ____/____/____
mo day yr
Address _____ **[Gender** Female Male**]**
City, ST ZIP Code _____ Home Telephone # (_____) _____

[Beneficiary designation: Unless you specify below, benefit for loss of life will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, otherwise to your estate.]

Beneficiary	Relationship
_____	_____

Will this coverage replace, discontinue or change an existing policy or contract? Yes No
If yes, please provide the company name, the policy number and the amount of coverage below.

I understand that this coverage will be provided **[at no cost to me]** for a period of 12 consecutive months. When my enrollment form **[[is] [and premiums of \$X.XX are]]** received, an Individual Term Life Policy will be sent to me and will be effective on the date stated on the Schedule of Insurance. **[I have read the fraud notice [below][on the back of this enrollment form as it applies to my state of residence].]**

X _____ Date ____/____/____
Insured's Signature - **Required** month day year

Stonebridge Life Insurance Company
Home Office: Rutland, Vermont /Administrative Offices: **[2700 West Plano Parkway, Plano, Texas 75075-8200]**

SLTL1401IE

[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 KENTUCKY: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.]

[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 and 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 MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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 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 PENNSYLVANIA: 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.]

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Supporting Document Schedules

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

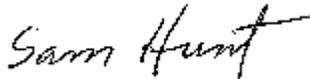
	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Application SLTL1401IE is under the Forms Tab.		
Comments:		

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
SLTL1401IE	55.2



Signed: _____
Name: Sam Hunt
Title: Manager, Product Filing & Compliance
Date: December 7, 2009