

<i>SERFF Tracking Number:</i>	<i>AEGX-126411995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44279</i>
<i>Company Tracking Number:</i>	<i>WL AR0054015F01</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/WL AR0054015F01</i>		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Whole Life

TOI: L071 Individual Life - Whole

SERFF Tr Num: AEGX-126411995 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 44279

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Co Tr Num: WL AR0054015F01 State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Linda Bird

Date Submitted: 12/08/2009

Disposition Date: 12/09/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Whole Life

Project Number: WL AR0054015F01

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/09/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 12/09/2009

Created By: SPI ADMSLH

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI ADMSLH

Filing Description:

RE: Application Verification Form IUL036 AR APPVER

Form Filing

NAIC # 0468-65021

FEIN: 03-0164230

<i>SERFF Tracking Number:</i>	<i>AEGX-126411995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44279</i>
<i>Company Tracking Number:</i>	<i>WL AR0054015F01</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/WL AR0054015F01</i>		

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 in red.

Application Verification Form IUL036 AR APPVER will be used when telemarketing Individual whole life policy D546AR. The policy was approved by your Department on December 11, 2006. A licensed agent records an applicant's information and responses to questions and reads the affirmation paragraphs and notices. A copy of the completed application verification form will be issued with an insured's policy..

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.

Company and Contact

Filing Contact Information

Cathy Wynn, Product Filing & Compliance Analyst	cwynn@aegonusa.com
400 Galleria Parkway	678-402-2085 [Phone]
Suite 1000	678-402-2105 [FAX]
Atlanta, GA 30339	

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:	

SERFF Tracking Number: AEGX-126411995 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44279
Company Tracking Number: WL AR0054015F01
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0054015F01
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	12/08/2009	32572987

SERFF Tracking Number: AEGX-126411995 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44279
Company Tracking Number: WL AR0054015F01
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0054015F01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/09/2009	12/09/2009

SERFF Tracking Number: AEGX-126411995 *State:* Arkansas
Filing Company: Stonebridge Life Insurance Company *State Tracking Number:* 44279
Company Tracking Number: WL AR0054015F01
TOI: L071 Individual Life - Whole *Sub-TOI:* L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: Whole Life
Project Name/Number: Whole Life/WL AR0054015F01

Disposition

Disposition Date: 12/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AEGX-126411995 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44279
 Company Tracking Number: WL AR0054015F01
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life
 Project Name/Number: Whole Life/WL AR0054015F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Flesch Certification		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Explanation of Variability		Yes
Supporting Document	Application		No
Form	Application Verification Form		Yes

SERFF Tracking Number: AEGX-126411995 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 44279
 Company Tracking Number: WL AR0054015F01
 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Whole Life
 Project Name/Number: Whole Life/WL AR0054015F01

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IUL036 AR APPVER	Other	Application Verification Form	Initial		49.300	IUL036 AR APPVER.PDF

**Whole Life Insurance
Application Verification**

Keep this form with your insurance Policy. 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 Whole 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]

Cover Amount you are applying for: [\$10,000]

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

[Are you selecting automatic premium loan? Yes No]

Health Questions

To the best of your knowledge and belief, have you:	
A. had any medical or surgical advice, examination or treatment for any disorder, injury or sickness during the past 5 years, or now have any impairment, deformity or disease diagnosed by a licensed physician?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B. ever received medical or surgical advice, examination or treatment for blood pressure, heart condition, diabetes, cancer or malignancy, alcoholism, drug habit, lung disease, nervous or mental disorder, liver disorder, sexually transmitted disease, digestive or intestinal disorder or blood disorder?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C. ever received medical diagnosis or treatment for AIDS, AIDS Related Complex (ARC), immunodeficiency disorder or tested positive on an AIDS-related blood test?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D. had any application for Life, Accident or Sickness insurance declined, cancelled, postponed or modified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

PROVIDE FULL DETAILS 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: [2700 West Plano Parkway, Plano Texas 75075-8200]

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 Policy is not effective until the effective date specified in the policy.

I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, consumer reporting agency (CRA), insurance support organization (ISO), or the MIB Inc. to give to Stonebridge Life Insurance Company (company) or its reinsurers any information it has in its records on me or any member of my family to use for underwriting insurance. The company may disclose information to MIB Inc and, except for information received from MIB Inc, to any CRA, ISO, or to any life insurance company to whom I apply for insurance or request benefits. This authorization shall be valid for two years from the date of this application. A photocopy of this authorization shall be as valid as the original, and a copy is available to me on request. I have received and read the Medical Information Bureau Notice accompanying this application.

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.

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

STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [2700 West Plano Parkway, Plano Texas 75075-8200]

IUL036 AR APPVER

<i>SERFF Tracking Number:</i>	<i>AEGX-126411995</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>44279</i>
<i>Company Tracking Number:</i>	<i>WL AR0054015F01</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Whole Life</i>		
<i>Project Name/Number:</i>	<i>Whole Life/WL AR0054015F01</i>		

Supporting Document Schedules

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

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		
Comments:		
Attachments: AR - NAIC TRANSMITTAL DOCUMENT.PDF AR - NAIC FORM FILING ATTACHMENT.PDF		

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

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: See 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
IUL036 APPVER	49.3



Signed: _____
Name: Edward Weigand
Title: Director, Product Filings and Compliance

Date: 12/04/2009 _____

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	L&H	468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Sam C. Hunt 20 Moores Road Frazer PA 19355	800-523-5626	610-648-4703	shunt@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	WL AR0054015F01
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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 Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td colspan="2">_____</td> </tr> </table>	<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:	_____	
<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:	_____												

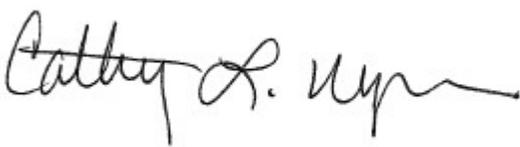
9. Type of Insurance	L07I Individual Life - Whole
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10. Product Coding Matrix Filing Code	L07I.101 Fixed/Indeterminate Premium - Single Life
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11. Submitted Documents	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	12/04/09
13.	Filing Fee (If required)	Amount <u> \$50.00 </u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
<p>RE: Application Verification Form IUL036 AR APPVER Form Filing NAIC # 0468-65021 FEIN: 03-0164230</p> <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 in red.</p> <p>Application Verification Form IUL036 AR APPVER will be used when telemarketing Individual whole life policy D546AR. The policy was approved by your Department on December 11, 2006. A licensed agent records an applicant's information and responses to questions and reads the affirmation paragraphs and notices. A copy of the completed application verification form will be issued with an insured's policy.</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.</p>		

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16. Certification (If required)
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> .
Print Name <u>Cathy L. Wynn</u> Title <u>Compliance Analyst</u>
Signature  Date <u>December 4, 2009</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	WL AR0054015F01	
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	IUL036 AR 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.
- The Name and Address, date of birth, gender, height, and weight will be unique to each applicant
- 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