

SERFF Tracking Number: AEGX-126146195 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42347
Company Tracking Number: HA AR0048115R01
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: Accidental Death/HA AR0048115R01

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Accidental Death

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Rate

SERFF Tr Num: AEGX-126146195 State: ArkansasLH

SERFF Status: Closed

Co Tr Num: HA AR0048115R01

Co Status:

Author: SPI ADMSLH

Date Submitted: 05/11/2009

State Tr Num: 42347

State Status: Filed-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 05/15/2009

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Accidental Death

Project Number: HA AR0048115R01

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/15/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 05/15/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Stonebridge Life Insurance Company

NAIC #: 65021; NAIC Group #: 0468; FEIN #: 30-0164230

Re: New Rate Table C

Effective August 1, 2009 For Individual Accidental Death Policy SL-212-1005

New Rate Table C is submitted for informational purposes. The rate table will be used with individual accidental death

SERFF Tracking Number: AEGX-126146195 State: Arkansas
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 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: Accidental Death/HA AR0048115R01

insurance policy SL-212-1005 approved on 01/09/2008. Rate Table C does not contain a Modal Discount for paying premiums by "Auto-Pay" (credit card or pre-authorized bank account deduction). The premium rates in the new rate table are the same as rate table A that was filed with the policy except the new table does not contain the Auto-Pay modal discount. New Rate Table C is effective on 8/1/09 for all policies issued on and after 8/1/09. It does not replace any existing rate table A. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.

Company and Contact

Filing Contact Information

Cathy Wynn, Filing Specialist cwynn@aegonusa.com
 400 Galleria Parkway (678) 402-2085 [Phone]
 Atlanta, GA 30339 (678) 402-2105[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	05/11/2009	27765176

SERFF Tracking Number: AEGX-126146195 State: Arkansas
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TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: Accidental Death/HA AR0048115R01

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Rosalind Minor	05/15/2009	05/15/2009

SERFF Tracking Number: AEGX-126146195 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42347
 Company Tracking Number: HA AR0048115R01
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: Accidental Death/HA AR0048115R01

Disposition

Disposition Date: 05/15/2009

Implementation Date:

Status: Filed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Stonebridge Life Insurance Company	%	%	\$		\$	%	%

SERFF Tracking Number: AEGX-126146195 State: Arkansas
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 Product Name: Accidental Death
 Project Name/Number: Accidental Death/HA AR0048115R01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Filed-Closed	No
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC RATE FILING ATTACHMENT	Filed-Closed	Yes
Rate	Rate Table C	Filed-Closed	Yes

SERFF Tracking Number: AEGX-126146195
 Filing Company: Stonebridge Life Insurance Company
 Company Tracking Number: HA AR0048115R01
 TOI: H02I Individual Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: Accidental Death/HA AR0048115R01

State: Arkansas
 State Tracking Number: 42347
 Sub-TOI: H02I.000 Health - Accident Only

Rate Information

Rate data applies to filing.

Filing Method:

File and Use

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Stonebridge Life Insurance Company	%	%				%	%

SERFF Tracking Number: AEGX-126146195 State: Arkansas
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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Filed-Closed	Rate Table C	SL-212-1005	New		Rate Tables.PDF

ACCIDENTAL DEATH PRODUCT

Policy Form: SL-212-1005

Rate Table C

Issue Ages 18 - 75

Annual Premiums At Various Face Amount Options

Option 1			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 100,000	\$94.49	\$156.59
60 - 75	\$ 50,000	\$94.49	\$156.59

Option 2			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 50,000	\$51.30	\$84.78
60 - 75	\$ 25,000	\$51.30	\$84.78

Option 3			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 75,000	\$71.27	\$117.71
60 - 75	\$ 37,500	\$71.27	\$117.71

Option 4			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 150,000	\$142.55	\$235.42
60 - 75	\$ 75,000	\$142.55	\$235.42

Option 5			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 200,000	\$190.06	\$313.71
60 - 75	\$ 100,000	\$190.06	\$313.71

Option 6 (upgrades only)			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 30,000	\$30.78	\$50.76
60 - 75	\$ 30,000	\$61.56	\$101.52

Option 7 (upgrades only)			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 20,000	\$21.06	\$34.56
60 - 75	\$ 20,000	\$41.04	\$69.12

Option 8 (upgrades only)			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 40,000	\$41.04	\$67.50
60 - 75	\$ 40,000	\$76.13	\$125.81

Option 9			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 125,000	\$118.79	\$196.00
60 - 75	\$ 62,500	\$118.79	\$196.00

Option 10			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 120,000	\$113.93	\$187.90
60 - 75	\$ 60,000	\$113.93	\$187.90

Option 11			
<u>Issue Ages</u>	<u>Face Amounts</u>	<u>Annual Premiums - Single Coverage</u>	<u>Annual Premiums - Joint Coverage *</u>
18 - 59	\$ 70,000	\$66.41	\$109.61
60 - 75	\$ 35,000	\$66.41	\$109.61

* Dependent spouse can be covered for the same benefit amount as the main insured.

** Coverage terminates at age 80.

<u>Mode</u>	<u>Factor</u>
Monthly	0.0926
Quarterly	0.2708
Semi-Annual	0.5278

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Supporting Document Schedules

Satisfied -Name: AR - NAIC TRANSMITTAL
DOCUMENT, AR - NAIC RATE
FILING ATTACHMENT

Review Status:

Filed-Closed

05/15/2009

Comments:

Attachments:

AR - NAIC TRANSMITTAL DOCUMENT.PDF
AR - NAIC RATE FILING ATTACHMENT.PDF

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 type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	HA AR0048115R01
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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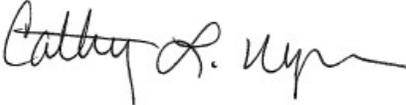
8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and 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 colspan="3"><input type="checkbox"/> Other: _____</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	H02I Individual Health - Accident Only
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10. Product Coding Matrix Filing Code	H02I.000 Health - Accident Only
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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 type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> RATES <input checked="" 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 type="checkbox"/> Other: _____
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12.	Filing Submission Date	05/08/2009
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
<p>Stonebridge Life Insurance Company NAIC #: 65021; NAIC Group #: 0468; FEIN #: 30-0164230</p> <p>Re: New Rate Table C Effective August 1, 2009 For Individual Accidental Death Policy SL-212-1005</p> <p>New Rate Table C is submitted for informational purposes. The rate table will be used with individual accidental death insurance policy SL-212-1005 approved on 01/09/2008. Rate Table C does not contain a Modal Discount for paying premiums by "Auto-Pay" (credit card or pre-authorized bank account deduction). The premium rates in the new rate table are the same as rate table A that was filed with the policy except the new table does not contain the Auto-Pay modal discount. New Rate Table C is effective on 8/1/09 for all policies issued on and after 8/1/09. It does not replace any existing rate table A. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.</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>Cathy L. Wynn</u> Title <u>Filing Specialist</u></p>		
<p>Signature  Date <u>05/08/2009</u></p>		

Rate Filing Attachment

18.			
This filing transmittal is part of company tracking number		HA AR0048115R01	
This filing corresponds to form filing company tracking number			
Overall percentage rate indication (when applicable)			
Overall percentage rate impact for this filing		Not Applicable %	
	Document Name	Affected Form Numbers	Previous State Filing Number
	Description		
01	Rate Table C	SL-212-1005	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other
12			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + _____ % - _____ % <input type="checkbox"/> Other