

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
Company Tracking Number: TL AR0048315R01  
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 AR0048315R01

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126147552 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Accepted State Tr Num: 42326

For Informational Purposes

Sub-TOI: L04I.213 Specified Age or Duration - Co Tr Num: TL AR0048315R01 State Status: Filed-Closed  
Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 05/14/2009

Date Submitted: 05/11/2009

Disposition Status: Accepted For  
Informational Purposes

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Term Life

Status of Filing in Domicile:

Project Number: TL AR0048315R01

Date Approved in Domicile:

Requested Filing Mode: Informational

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: 05/14/2009

Explanation for Other Group Market Type:

State Status Changed: 05/14/2009

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

New Rate Table D

Effective August 1, 2009 For Individual Term To Age 69 Life Insurance Policy SL-T69-1002

Dear Commissioner:

<i>SERFF Tracking Number:</i>	<i>AEGX-126147552</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42326</i>
<i>Company Tracking Number:</i>	<i>TL AR0048315R01</i>		
<i>TOI:</i>	<i>L04I Individual Life - Term</i>	<i>Sub-TOI:</i>	<i>L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Term Life</i>		
<i>Project Name/Number:</i>	<i>Term Life/TL AR0048315R01</i>		

New Rate Table D is submitted for informational purposes. The rate table will be used with Individual Term to Age 69 Life Insurance Policy SL-T69-1002. The policy was approved by your Department on January 13, 2003. Rate Table D 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 C that was filed with your Department on January 2, 2008 except the new table does not contain the Auto-Pay modal discount. New Rate Table D is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace any existing rate tables. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.

I respectfully request your favorable review. We appreciate your consideration of this submission. 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

Attachments

## Company and Contact

### Filing Contact Information

Margaret Frei, Filing Specialist	<a href="mailto:mfrei@aegonusa.com">mfrei@aegonusa.com</a>
2700 W Plano Parkway	972-881-6289 [Phone] 6289 [Ext]
Plano, TX 75075	972-881-4097 [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	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
Company Tracking Number: TL AR0048315R01  
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Fixed/Indeterminate Premium - Single Life  
Product Name: Term Life  
Project Name/Number: Term Life/TL AR0048315R01  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	05/11/2009	27775854

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
Company Tracking Number: TL AR0048315R01  
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 AR0048315R01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Linda Bird	05/14/2009	05/14/2009

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
 Company Tracking Number: TL AR0048315R01  
 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 AR0048315R01

## Disposition

Disposition Date: 05/14/2009

Implementation Date:

Status: Accepted For Informational Purposes

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-126147552 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
 Company Tracking Number: TL AR0048315R01  
 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 AR0048315R01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	No	No
Supporting Document	Application	No	No
Supporting Document	Life & Annuity - Acturial Memo	No	No
Supporting Document	Cover Letter	Yes	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Yes	Yes
Supporting Document	AR - NAIC RATE FILING ATTACHMENT	Yes	Yes
Rate	Table D Current Annual Premiums	Yes	Yes
Rate	Table D Guaranteed Maximum Annual Premiums	Yes	Yes

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
 Company Tracking Number: TL AR0048315R01  
 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 AR0048315R01

**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-126147552 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
 Company Tracking Number: TL AR0048315R01  
 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 AR0048315R01

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Table D Current Annual Premiums	SL-T69-1002	New		Table D.PDF
	Table D Guaranteed Maximum Annual Premiums	SL-T69-1002	New		Table D.PDF

**STONEBRIDGE LIFE INSURANCE COMPANY**

**Policy Form: SL-T69-1002**

**TABLE D**

**Current Annual Premiums Per \$1,000 Face Amount**

<b>NON-TOBACCO USER</b>						
Attained Age Last Birthday	<b>\$25,000-\$49,999</b>		<b>\$50,000-\$99,999</b>		<b>\$100,000+</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	18 - 29	2.73	2.10	2.39	1.84	2.28
30 - 34	2.73	2.10	2.39	1.84	2.28	1.75
35 - 39	2.99	2.33	2.61	2.04	2.49	1.94
40 - 44	3.89	2.99	3.40	2.61	3.24	2.49
45 - 49	5.78	4.30	5.05	3.76	4.81	3.59
50 - 54	8.49	6.24	7.43	5.46	7.08	5.20
55 - 59	12.54	9.16	10.98	8.03	10.45	7.64
60 - 64	21.69	15.84	18.98	13.86	18.08	13.20
65 - 68*	34.49	25.13	30.18	21.99	28.74	20.94

<b>TOBACCO USER</b>						
Attained Age Last Birthday	<b>\$25,000-\$49,999</b>		<b>\$50,000-\$99,999</b>		<b>\$100,000+</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	18 - 29	3.93	2.98	3.44	2.60	3.28
30 - 34	3.93	2.98	3.44	2.60	3.28	2.48
35 - 39	4.64	3.60	4.05	3.15	3.86	3.00
40 - 44	6.65	5.13	5.81	4.49	5.54	4.28
45 - 49	10.04	7.48	8.78	6.54	8.36	6.23
50 - 54	15.30	11.19	13.39	9.79	12.75	9.33
55 - 59	23.26	17.04	20.36	14.91	19.39	14.20
60 - 64	34.70	25.36	30.36	22.20	28.91	21.14
65 - 68*	58.45	42.63	51.15	37.30	48.71	35.53

Annual Policy Fee:                   \$   30.00

\* Renewal Only

<u>Mode</u>	<u>Modal Factors</u>
Monthly	0.083333
Quarterly	0.250000
Semi-Annually	0.500000
Annual	1.000000

**STONEBRIDGE LIFE INSURANCE COMPANY**

**Policy Form: SL-T69-1002**

**TABLE D**

**Guaranteed Maximum Annual Premiums Per \$1,000 Face Amount**

<b>NON-TOBACCO USER</b>						
Attained Age Last Birthday	<b>\$25,000-\$49,999</b>		<b>\$50,000-\$99,999</b>		<b>\$100,000+</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	18 - 29	4.77	3.36	4.56	3.21	4.20
30 - 34	5.19	3.66	4.74	3.36	4.29	3.03
35 - 39	5.67	3.90	4.98	3.45	4.89	3.36
40 - 44	7.32	5.13	6.93	4.86	6.66	4.68
45 - 49	11.67	8.16	10.41	7.11	9.90	6.75
50 - 54	17.73	12.33	15.99	11.19	14.58	10.23
55 - 59	28.59	19.89	24.69	17.16	22.59	15.72
60 - 64	48.51	33.69	42.60	29.64	39.09	27.18
65 - 68*	78.33	54.42	68.64	47.64	62.13	43.11

<b>TOBACCO USER</b>						
Attained Age Last Birthday	<b>\$25,000-\$49,999</b>		<b>\$50,000-\$99,999</b>		<b>\$100,000+</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
	18 - 29	7.32	5.13	6.72	4.68	5.76
30 - 34	7.77	5.46	6.93	4.83	6.15	4.26
35 - 39	9.09	6.27	8.28	5.64	7.59	5.19
40 - 44	12.96	9.06	11.67	8.22	11.40	8.04
45 - 49	19.92	13.83	17.85	12.15	17.22	11.70
50 - 54	30.27	21.06	26.58	18.54	26.25	18.33
55 - 59	48.45	33.75	42.60	29.70	41.91	29.22
60 - 64	78.81	54.75	69.03	48.03	62.52	43.50
65 - 68*	132.51	91.98	116.70	81.03	105.33	73.14

Annual Policy Fee:                   \$   30.00

\* Renewal Only

<u>Mode</u>	<u>Modal Factors</u>
Monthly	0.083333
Quarterly	0.250000
Semi-Annually	0.500000
Annual	1.000000

SERFF Tracking Number: AEGX-126147552 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42326  
 Company Tracking Number: TL AR0048315R01  
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 Product Name: Term Life  
 Project Name/Number: Term Life/TL AR0048315R01

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> N/A - This is a rates only filing. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A - This is a rates only filing. <b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter <b>Comments:</b> <b>Attachment:</b> Cover Letter.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT <b>Comments:</b> <b>Attachment:</b> AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC RATE FILING ATTACHMENT		

*SERFF Tracking Number:* AEGX-126147552      *State:* Arkansas  
*Filing Company:* Stonebridge Life Insurance Company      *State Tracking Number:* 42326  
*Company Tracking Number:* TL AR0048315R01  
*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 AR0048315R01

**Comments:**

**Attachment:**

AR - NAIC RATE FILING ATTACHMENT.PDF



STONEBRIDGE LIFE  
Insurance Company  
2700 West Plano Parkway • Plano, Texas 75075-8200

May 11, 2009

The Honorable Jay Bradford  
Commissioner of Insurance  
Arkansas Insurance Department  
Life & Health Division  
1200 W 3rd St  
Little Rock AR 72201-1904

Attention: Mr. Joe Musgrove

RE: Stonebridge Life Insurance Company  
NAIC # 0468-65021  
FEIN: 03-0164230  
New Rate Table D  
Effective August 1, 2009 For Individual Term To Age 69 Life Insurance Policy SL-T69-1002

Dear Commissioner:

New Rate Table D is submitted for informational purposes. The rate table will be used with Individual Term to Age 69 Life Insurance Policy SL-T69-1002. The policy was approved by your Department on January 13, 2003. Rate Table D 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 C that was filed with your Department on January 2, 2008 except the new table does not contain the Auto-Pay modal discount. New Rate Table D is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace any existing rate tables. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.

I respectfully request your favorable review. We appreciate your consideration of this submission. 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

A handwritten signature in cursive script that reads "Margaret Frei".

Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA

Attachments

**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 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 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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<b>6. Company Tracking Number</b>	TL AR0048315R01
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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: <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:	_____												

<b>9. Type of Insurance</b>	L04I Individual Life - Term
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<b>10. Product Coding Matrix Filing Code</b>	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
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<b>11. Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <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"/> <b>RATES</b> <input checked="" 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 type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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<b>12.</b>	<b>Filing Submission Date</b>	May 11, 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                  New Rate Table D                  Effective August 1, 2009 For Individual Term To Age 69 Life Insurance Policy SL-T69-1002</p> <p>Dear Commissioner:</p> <p>New Rate Table D is submitted for informational purposes. The rate table will be used with Individual Term to Age 69 Life Insurance Policy SL-T69-1002. The policy was approved by your Department on January 13, 2003. Rate Table D 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 C that was filed with your Department on January 2, 2008 except the new table does not contain the Auto-Pay modal discount. New Rate Table D is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace any existing rate tables. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.</p> <p>I respectfully request your favorable review. We appreciate your consideration of this submission. 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.</p> <p>Sincerely,</p> <p>STONEBRIDGE LIFE INSURANCE COMPANY                  Margaret Frei, ACS, AIRC, ACP, CCP, HIA, HCSA</p> <p>Attachments</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</u> Title <u>Filing Specialist</u></p> <p>Signature <u></u> Date <u>May 11, 2009</u></p>	

**Rate Filing Attachment**

<b>18.</b>			
<b>This filing transmittal is part of company tracking number</b>		TL AR0048315R01	
<b>This filing corresponds to form filing company tracking number</b>			
<b>Overall percentage rate indication (when applicable)</b>			
<b>Overall percentage rate impact for this filing</b>		Not Applicable %	
	<b>Document Name</b>	<b>Affected Form Numbers</b>	<b>Previous State Filing Number</b>
	<b>Description</b>		
01	Table D Current Annual Premiums	SL-T69-1002	<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
02	Table D Guaranteed Maximum Annual Premiums	SL-T69-1002	<input checked="" type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
03			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
04			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
05			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
06			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
07			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
08			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
09			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
10			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
11			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>
12			<input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Revised</b> Request + _____ % - _____ % <input type="checkbox"/> <b>Other</b>