

SERFF Tracking Number:	AEGX-126149542	State:	Arkansas
Filing Company:	Stonebridge Life Insurance Company	State Tracking Number:	42379
Company Tracking Number:	TL AR0048215R01		
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 AR0048215R01		

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Term Life

SERFF Tr Num: AEGX-126149542 State: Arkansas

TOI: L04I Individual Life - Term

SERFF Status: Closed-Accepted State Tr Num: 42379

For Informational Purposes

Sub-TOI: L04I.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life

Co Tr Num: TL AR0048215R01

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI ADMSLH

Disposition Date: 05/14/2009

Date Submitted: 05/12/2009

Disposition Status: Accepted For
Informational Purposes

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Term Life

Status of Filing in Domicile: Pending

Project Number: TL AR0048215R01

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:

New Rate Table B is submitted for informational purposes. The rate table will be used with individual term to age 80 life insurance policy SL-T80-0705. The policy was approved on August 19, 2005.

Rate Table B 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 B is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace the existing rate table A. All inforce policies that

SERFF Tracking Number: AEGX-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.

Company and Contact

Filing Contact Information

Mary DiMarcantonio, Filing Specialist mdimarcantonio@aegonusa.com
 520 Park Avenue 410-209-5263 [Phone]
 Baltimore, MD 21201 410-209-5910 [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? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	05/12/2009	27822492

SERFF Tracking Number: AEGX-126149542 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
Company Tracking Number: TL AR0048215R01
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 AR0048215R01

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-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

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-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Flesch Certification		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT		Yes
Supporting Document	AR - NAIC RATE FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Rate	SL-T80-0705 Rate Table B		Yes

SERFF Tracking Number: AEGX-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval
Rate Change Type: Neutral
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-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	SL-T80-0705 Rate Table B	SL-T80-0705	New		Rate Table B.PDF

Company: STONEBRIDGE LIFE INSURANCE COMPANY

Form: SL-T80-0705

Rate Table: B

Current Annual Premium Per \$1,000 Face Amount

Attained Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
45 - 49	10.00	6.82	18.59	12.21
50 - 54	14.32	9.66	26.49	17.87
55 - 59	21.43	14.82	38.36	26.97
60 - 64	30.56	21.28	52.26	38.08
65 - 69	43.31	29.48	68.86	51.01
70 - 74	72.58	47.84	105.96	79.90
75 - 79*	123.38	78.94	178.90	124.73

Guaranteed Maximum Annual Premium Per \$1,000 Face Amount

Attained Age	Non-Tobacco		Tobacco	
	Male	Female	Male	Female
45 - 49	30.00	20.46	55.77	36.63
50 - 54	42.96	28.98	79.47	53.61
55 - 59	64.29	44.46	115.08	80.91
60 - 64	91.68	63.84	156.78	114.24
65 - 69	129.93	88.44	206.58	153.03
70 - 74	217.74	143.52	317.88	239.70
75 - 79*	370.14	236.82	536.70	374.19

Policy Fee: \$30.00

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

*For renewal only

SERFF Tracking Number: AEGX-126149542 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
 Company Tracking Number: TL AR0048215R01
 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 AR0048215R01

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: AR - SERFF ONLY - FILING AT A GLANCE		
Comments:		
Attachment: AR - SERFF ONLY - FILING AT A GLANCE.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT		
Comments:		
Attachment: AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC RATE FILING		

SERFF Tracking Number: AEGX-126149542 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 42379
Company Tracking Number: TL AR0048215R01
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 AR0048215R01

ATTACHMENT

Comments:

Attachment:

AR - NAIC RATE FILING ATTACHMENT.PDF

Item Status:

Status

Date:

Satisfied - Item: Cover Letter

Comments:

Attachment:

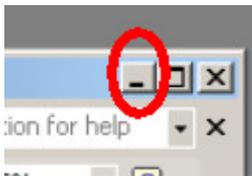
Cover Letter.PDF



DO NOT open this form until the filing has been successfully sent to SERFF. The way to verify that the submission was successful is that there is a SERFF Filing ID and the SERFF Status has changed to Submitted. If you open this form prior to receiving the SERFF Filing ID and SERFF Status of Submitted, this form WILL NOT auto populate with all the required information.

To ensure the form properly auto populates, please take the following steps:

1. Minimize the form by clicking the "minimize button" in the upper right corner of the Word document.



2. "Edit Filing Form" window will then appear on your desktop.



3. Click the "Cancel" button.
4. Close the Word document. You will be returned to the "Filing Forms" tab.
5. Wait until you receive the SERFF Filing ID and the SERFF status advances to Submitted for the filing. When you open this form again, this form will be re-generated with the proper information auto populated. **If you close this form before clicking the "Cancel" button in the "Edit Filing Form" window, this form will not properly auto populate again.**

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
-----------	----------------------------------	----------

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		468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Mary J. DiMarcantonio, ALHC 520 Park Avenue Baltimore MD 21201	800-233-4624	410-209-5910	mdimarcantonio@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): _____
---------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

6. Company Tracking Number	TL AR0048215R01
-----------------------------------	-----------------

7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
-----------	------------------------------------------------------------------------------------------------------------------------------

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	L04I Individual Life - Term
-----------------------------	-----------------------------

10. Product Coding Matrix Filing Code	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
----------------------------------------------	--------------------------------------------------------------------------------

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: _____
--------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

12.	Filing Submission Date	5/12/09
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	New Rate Table B is submitted for informational purposes. The rate table will be used with individual term to age 80 life insurance policy SL-T80-0705. The policy was approved on August 19, 2005. Rate Table B 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 B is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace the existing rate table A. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.	

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>Mary J. DiMarcantonio, ALHC</u> Title <u>Filing Specialist</u>		
Signature <u></u> Date <u>5/12/09</u>		

Rate Filing Attachment

18.			
This filing transmittal is part of company tracking number		TL AR0048215R01	
This filing corresponds to form filing company tracking number			
Overall percentage rate indication (when applicable)			
Overall percentage rate impact for this filing		Rate Neutral %	
	Document Name	Affected Form Numbers	
	Description		
01	SL-T80-0705 Rate Table B	SL-T80-0705	<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



Administrative Offices: Valley Forge, Pennsylvania 19493

May 12, 2009

Insurance Commissioner Jay Bradford
Compliance - Life and Health
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: New Rate Table B
Effective August 1, 2009 For Individual Term To Age 80 Life Insurance Policy SL-T80-0705
NAIC #: 468-65021
Company FEIN #: 30-0164230

Dear Commissioner Bradford:

New Rate Table B is submitted for informational purposes. The rate table will be used with individual term to age 80 life insurance policy SL-T80-0705. The policy was approved on August 19, 2005.

Rate Table B 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 B is effective on August 1, 2009 for all policies issued on and after August 1, 2009. It does not replace the existing rate table A. All inforce policies that are currently paying premiums with an "Auto-Pay" discount will continue to receive the discount.

We trust with the enclosed information, you will be able to review our filing. If you should have any questions, please contact me. Thank you in advance for your help and attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Mary J. DiMarcantonio".

Mary J. DiMarcantonio, ALHC
Contracts/Compliance
(800) 233-4624, ext. 5263 / FAX # (410) 209-5910
E-mail address: mdimarcantonio@aegonusa.com