

SERFF Tracking Number: STAR-126285222 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 43465
Company Tracking Number:
TOI: L04I Individual Life - Term Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium
Product Name: Starlife Application Revision
Project Name/Number: /21-001

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Starlife Application Revision

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Filing Type: Form

SERFF Tr Num: STAR-126285222 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 43465

Co Tr Num:

State Status: Approved-Closed

Author: Natka Varisco

Date Submitted: 08/31/2009

Reviewer(s): Linda Bird

Disposition Date: 09/03/2009

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Project Number: 21-001

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/03/2009

Status of Filing in Domicile: Pending

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: 09/10/2009

Created By: Natka Varisco

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Natka Varisco

Filing Description:

PETITE APPLICATION 21-001P-APP

I have enclosed 21-001P-APP2, our revised Petite application to our StarLife Gold Policy. The previous application was approved in Arkansas on April 18, 2007.

We wish to replace the previously approved application with the attached amended application. The policy remains unchanged.

SERFF Tracking Number: STAR-126285222 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 43465
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TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life -
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The changes to the previously approved application are below:

A question section has been added to the application. The following questions will be asked of the applicant:

1. Are you: hospitalized, bedridden, confined to a nursing home, on kidney dialysis, have a terminal illness, receiving supplemental oxygen, receiving or been advised to receive hospice care?
2. Have you ever been diagnosed as having AIDS (Acquired Immunization Deficiency Syndrome) or ARC (AIDS Related Complex), or being HIV (Human Immunodeficiency Virus) positive, Cirrhosis, Leukemia, Alzheimer's, Dementia, Schizophrenia, or other loss of memory or intellectual functions?
3. In the last two years have you received treatment for Cancer, Heart problems, COPD (Chronic Obstructive Pulmonary Disease), Emphysema or Stroke?

STARLIFE GOLD CONVERSION 21-001 CONV APP 1

Application form 21-001 EXCH APP is submitted for approval. This form is used with policy form 21-001 StarLife Gold to market additional insurance to existing policyholders.

We wish to replace the previously approved application (21-001 CONV APP 1) with the attached amended application. The application was previously approved in Arkansas on April 24, 2008. The policy remains unchanged.

The following changes have been made to the previously approved application are below:

Exchange only part of my ValueLife policy in the amount of \$____. Leave the rest as is. This option has been removed from the application.

Leave the amount I pay the same and issue me this new level cost * policy to age 95 for the amount of insurance that payment will buy. This option has been added to the application.

*Only if everyone in your classification has an increase can your cost ever increase. You cannot be singled out. This statement has been added to the application.

Minor wording changes have also been made to make the application clearer. The application now includes a letter to the insured describing StarLife Gold.

STARLIFE GOLD APPLICATION 21-001-APP

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We are pleased to file the above referenced forms, as an informational filing, for your review and approval. The application was previously approved on November 29, 2007.

APPLICATION CHANGES:

The policy benefit amounts have changed. We now offer the following amounts:

\$250,000, \$150,000, \$100,000, \$75,000, \$50,000, \$20,000, \$10,000, \$5,000

The form number has been changed to 21-001 APP REG 4.

There are no additional changes to the policy. If you have any questions, you may contact me by phone at 225-926-2888, Extension 219 or my email address of natkav@starmountlife.com.

Company and Contact

Filing Contact Information

Natka Varisco, compliance specialist natkav@starmountlife.com
 7800 Office Park Blvd. 225-926-2888 [Phone] 219 [Ext]
 Baton Rouge, LA 70809 225-610-1419 [FAX]

Filing Company Information

Starmount Life Insurance Company CoCode: 68985 State of Domicile: Louisiana
 7800 Office Park Boulevard Group Code: 68985 Company Type:
 Baton Rouge, LA 70809 Group Name: State ID Number:
 (225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

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Product Name: Starlife Application Revision
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Starmount Life Insurance Company \$100.00 08/31/2009 30232007

SERFF Tracking Number: STAR-126285222

State: Arkansas

Filing Company: Starmount Life Insurance Company

State Tracking Number: 43465

Company Tracking Number:

TOI: L04I Individual Life - Term

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	09/03/2009	09/03/2009

SERFF Tracking Number: STAR-126285222

State: Arkansas

Filing Company: Starmount Life Insurance Company

State Tracking Number: 43465

Company Tracking Number:

TOI: L04I Individual Life - Term

Sub-TOI: L04I.103 Renewable - Single Life -
Fixed/Indeterminate Premium

Product Name: Starlife Application Revision

Project Name/Number: /21-001

Disposition

Disposition Date: 09/03/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Petite Application		Yes
Form	Exchange Application		Yes
Form	Application		Yes

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Form Schedule

Lead Form Number: 21-001

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	21-001P APP2	Application/ Petite Application Enrollment Form	Initial		44.200	Starlife Gold Petite 8-09 comp.pdf
	21-001 EXCH APP 1	Application/ Exchange Enrollment Application Form	Initial		54.900	Conversion Letter STD 8- 09.pdf
	21-001 APP REG4	Application/ Application Enrollment Form	Initial		52.700	StarlGold REGION 4 app comp.pdf



StarLife

GOLD

The simple way to upgrade your financial protection...

Main Insured

Mr. John Doe
123 Elm Street
Anywhere, USA 00000

As a Starmount preferred policyholder, you can add to your life insurance without a medical exam...and get a special Living Benefit at no extra cost!

Please reply by August 3, 2009

Dear Mr. Lindsay:

You can have more than you've got!

Many policyholders ask, "Is it possible to increase my life insurance protection?" **The answer is YES!** No one ever has enough when it is needed.

There are many reasons you need to add to the life insurance you bought a while back. Now, as a preferred Starmount policyholder, you can increase your protection quickly and easily by adding:

\$10,000.00 of Starlife Gold term life insurance for only \$28.08 per month. This cost never goes up because of your age or health.* Your first month's cost is just \$1! There is no medical exam.

We'll approve you for this additional protection based on the information you gave us on your original application, if there has been no change in your health. It's that simple. You are pre-approved. This insurance is yours in addition to any other coverage you have.

Lasts until you are 95 years old. Your cost will never go up because of your age or health.* And your insurance amount will never go down. Cash values will build. Even more: You can get cash during your lifetime. Yes...

Form No. 21-001P ADV
APP-STLGLD PET 8/09 GEN/TX

✂ DETACH HERE ✂

(Over, please)

90-Day Money-Back Guarantee Application**

Starmount Life Insurance Company The Starmount Building • P.O. Box 98100 • Baton Rouge, LA 70898-9100

TERM LIFE INSURANCE POLICY FORM NOS. 21-001 & 21-001 TX

ACCIDENTAL DEATH RIDER FORM NOS. 97-005 & 97-005 TX • ADB RIDER FORM NOS. 98-010 ACC & 98-010 ACC TX

Mr. John Doe
123 Elm Street
Anywhere, USA 00000

Underwritten by Starmount Life Insurance Company

Enroll me in StarLifeGold TermLifeInsurance for \$10,000.00 at the rate of only \$28.08 per month.

Yes!

Please add Accidental Death Protection: \$10,000.00 for just \$2 a month \$20,000.00 for just \$4 a month

Beneficiary (Full Name): _____ Relationship: _____
(If none listed, cash will go to your estate.)

Do you have any life insurance or annuity policies or contracts this will replace or change? Yes No

- Are you: hospitalized, bedridden, confined to a nursing home, on kidney dialysis, have a terminal illness, receiving supplemental oxygen, receiving or been advised to receive hospice care? Yes No
- Have you ever been diagnosed as having AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex), or being HIV (Human Immunodeficiency Virus) positive, Cirrhosis, Leukemia, Alzheimer's, Dementia, Schizophrenia, or other loss of memory or intellectual functions? Yes No
- In the last two years have you received treatment for Cancer, Heart problems, COPD (Chronic Obstructive Pulmonary Disease), Emphysema or Stroke? Yes No

The information on this application is true and complete. This application and a copy of my original application for policy # _____ will be part of my policy for this new insurance. I understand that this coverage will not be in effect until my policy has been issued, received by me, and the first premium is received by Starmount provided that my health and other conditions affecting my insurability stay the same as described on this application.

I understand that benefits for my policy can be denied during the first two years if I do not give, to the best of my knowledge and belief, true and complete answers on this application; or my health or any other conditions affecting my insurability as described on this application change before my policy's effective date.

FRAUD STATEMENT: I understand that 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 crime and may be subject to fines and confinement in prison.

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, the Medical Information Bureau or other organization or person that has any record of me, my health, or any member of my family to give Starmount Life, my legal representative for medical records receipt, or its reinsurers any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, or mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) can have a copy of the information obtained. This authorization will expire in 30 months (in KS, KY, NM, OK and WV 24 months; in MN, 26 months); (in AZ, 180 days to disclose HIV-related information), but can be revoked at any time with the applicant's written notification. I understand that I (or my authorized representative) can have a copy of the authorization form. A copy is as valid as the original. The records may be subject to re-disclosure by the recipient.

X _____
Main Insured Signature

Date Signed

(For Company Use) Authorized Agent _____

...we'll pay you! Your StarLife Gold plan automatically includes--at no extra cost--an acceleration of life insurance benefits known as a Living Benefit. Your Living Benefit allows you to collect 50% of your insurance during your lifetime. After your policy is in force and you are diagnosed as terminally ill with less than 12 months to live, you can choose to receive this prepayment of your life insurance benefit. The benefit will be paid direct to you in cash. Use it for long-term care, doctor care, routine bills, a vacation, or anything you wish. The rest of your insurance continues as before.*

Add \$10,000.00 in accidental death coverage for only \$2 per month!

For even more security and peace of mind, you can add \$10,000.00 in accidental death coverage for only \$2 per month...or \$20,000.00 in accidental death coverage for only \$4 per month. To add the benefit, simply check the appropriate box on your application. At age 75, your StarLife Gold life insurance continues unchanged. Your accidental death benefit continues at half.

Your coverage continues to age 95. Apply today.

Once you are covered by StarLife Gold, you can keep your protection until you are 95 years old without an increase in cost regardless of changes in your health--provided you pay your premiums on time.*

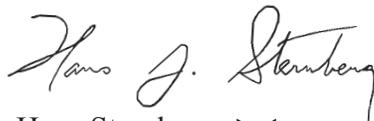
Please take a moment to read the enclosed brochure, then complete, sign and mail your application in the postage-free envelope.

To enroll, send no money now. Upon acceptance, we will mail you a policy. To put your coverage into force, just pay your first premium when due. We'll bill you the same way your other policy is billed. Full protection will then immediately begin.

We want you to be absolutely satisfied. That's why we back StarLife Gold (and all our Starmount life insurance plans) with a 90-Day Money-Back Guarantee**. If for any reason you change your mind during the first 90 days, return the policy. We will send you a full refund for all the money you paid. No questions asked.

Don't miss out. Apply today.

Sincerely,



Hans Sternberg ◀▶
Chairman, Starmount Life Insurance Company

P.S. Any questions? We're here to help. Call us toll-free at **1-888-SAY LIFE** (1-888-729-5433), Ext. 2014.

* See rate chart for continuing rates. You cannot be singled out for a rate increase because of your age or changes in your health. Your cost can only increase if the costs for all persons in your classification are changed. The Living Benefit is not available in IN, MA, MI, MN, MT, NC, NE, NJ, VT and WA.

** See your policy for state specific guarantees.

In **New Mexico** and **Tennessee**, 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 civil fines and criminal penalties.

In **Washington**, any person who knowingly presents a false or fraudulent claim for payment of a loss or knowingly makes a false statement in an application for insurance may be guilty of a criminal offense under state law.

In **Kentucky**, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

In **Ohio**, 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 insurance fraud.

In **Kansas**, **Nebraska** and **Oregon**, 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 may be guilty of a crime as determined by a court of law.

In **Texas** and **Georgia**, 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 may be guilty of a felony.

In **Arkansas** and **Louisiana**, 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 crime and may be subject to fines and confinement in prison.

In **Vermont**, any person who knowingly and with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be proven guilty of fraud or may be found guilty of fraud.

In **Maine**, 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.

Protect Tomorrow... by Planning Today!®



~ A 2008 Winner of BBB of South Central LA Award for Ethics in Business.

~ 2007 Recognized as One of the Country's Fastest Growing Private Companies by *Inc. 5000*.

~ 2006 Company of the Year (under 100 employees) by *Baton Rouge Business Report*.

Have a question? Call Toll-free: ☎ 1-888-SAY-LIFE That's 1-888-729-5433.

Visit our web site! www.StarmountLife.com



Starmount Life Insurance Company

The Starmount Building
Post Office Box 98100
Baton Rouge, LA 70898-9100

Hans Sternberg, Chairman

NAME
ADDRESS
ADDRESS
CITY, STATE, ZIP

Mr. Jackson:

Your ValueLife Policy #:
XXXXXXXXXXXXXXXX

Your Benefit Amount:
\$XX,XXX

Your Current ValueLife Premium:
\$XX.XX Monthly

Your StarLife Gold Premium:
\$XX.XX Monthly

Your Potential 10-Year Cost Cut:
\$XX,XXX

Dear **Mr. Jackson**,

I'm writing today with news about an important option available to you. The option is simplicity itself: an opportunity to exchange your ValueLife Gold insurance for our *StarLife Gold Term Life Insurance Plan*.

StarLife Gold is an enhanced policy with two outstanding additional benefits. Before we get to those benefits, you should know about a unique protection I put in place to guarantee your satisfaction with StarLife Gold:

When you exchange, you will have 90-days to review your new StarLife Gold program with the option to reverse the conversion, return to your original ValueLife policy, and receive a complete refund of additional StarLife Gold premiums paid.* You have nothing to lose by changing now.

StarLife Gold's Key Additional Benefits: *Premium Protection* and *Living Benefit*.

StarLife Gold's Premium Protection means that the premium you pay can never go up because of your age or health! In other words, you can never be singled out for an increase.**

This one feature alone can save you thousands of dollars, an estimated **\$XX,XXX.XX** over the life of the policy ... even though the monthly premium for StarLife Gold is higher than the premium you pay now for your ValueLife policy. Think of it as minor short term pain for significant long term gain.

And StarLife Gold's **Living Benefit** can be a blessing if you are ever diagnosed with a terminal illness and expected to live 12 months or fewer. In that case, you will receive 50% of the face value of your StarLife Gold policy right away ... to use as you see fit while the rest of your insurance continues. (*This benefit is not available in IN, MA, MI, MN, MT, NC, NE, NJ, VT or WA.*)

Exchanging now makes a great deal of sense if, as I suspect, you're a person with the foresight to plan for the long term. If, however, you do nothing now, rest assured that your ValueLife program will continue as before.

To exchange for StarLife Gold, simply **complete the conversion form on the back of this letter and mail the whole letter back to us today.** We've even enclosed a self-addressed, postage-free envelope!

If you have any questions, just call our toll-free Helpline at 1-888-SAY-LIFE (1-888-729-5433) for assistance. I look forward to hearing from you soon.

Sincerely,

Hans Sternberg, Chairman

P.S. I saved an important benefit for last. As you know, companies in the financial services industry tend to charge high fees to process changes. We don't do that; there will be no fee for processing your exchange of all or part of your ValueLife policy for a StarLife Gold policy. Also, if you have the optional Accidental Death Benefit with your current policy, it will automatically transfer to your StarLife Gold policy.

P.P.S. The enclosed extra application for StarLife Gold is for your spouse or a friend.

(Over, Please)

TO BE COMPLETED ONLY BY ADDRESSEE ON THE FACE OF THIS LETTER

Choose one of the four options below.

To exchange all or part of your existing Starmount Life Insurance Policy to our new level premium,** level benefit to age 95, StarLife Gold Term Plan, please complete and sign the form below.

- Exchange my existing Starmount ValueLife Gold policy in full. **OR**
- Reduce my insurance to \$_____ and exchange it for this new protection. **OR**
- Leave my present insurance as is; and add StarLife Gold protection in the amount of \$_____. **OR**
- Leave the amount I pay the same and issue me this new level cost** policy to age 95 for the amount of insurance that payment will buy.

(Adding more insurance is not automatic. To add insurance, complete and return the "For a Friend" application which accompanies this letter. Use the enclosed postage-free envelope.)

We will bill you as you are being billed now.

I agree that my original application and this exchange form will become a part of the policy. I understand this new protection can last for life until age 95. My cost can never be changed because of my health or age. Rates can only be changed if changed for everyone in my classification. In case of terminal illness with 12 months or less to live, I am entitled to half of my life insurance as an advance payment (not applicable in IN, MA, MI, MN, MT, NC, NE, NJ, WA, or VT). See the limitations in the enclosed brochure or your policy upon receipt.

Please sign and date below and mail this entire letter back in the enclosed postage-free envelope.

X Your Signature _____ Date ____/____/____

21-001 EXCH APP 1

(For Company Use) Authorized Agent: _____

FRAUD STATEMENTS:

In 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.

In Maine: 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 or insurance benefits.

In 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 include imprisonment, fines and denial of insurance benefits.

* See your policy for state-specific guarantees.

** Only if everyone in your classification has an increase can your cost ever increase. You cannot be singled out.

Switch and Save... It's worth it! Visit our website at

www.StarmountLife.com

The fastest way to get the life insurance protection you need.

**Or Call Toll Free 1-888-SAY-LIFE
1-888-729-5433, ext. 2015**



Starmount Life Insurance Company
The Starmount Building • Post Office Box 98100 • Baton Rouge, Louisiana 70898-9100



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Protect Tomorrow... Now!

TERM LIFE INSURANCE APPLICATION

STARLIFE GOLD

This application is for use with Life Insurance Policy Form No. 21-001
Accidental Death Rider Form No. 97005 • Accelerated Death Benefit Rider Form No. 98-010 ACC
STARMOUNT LIFE INSURANCE CO. • The Starmount Building • Box 98100 • Baton Rouge, LA 70898-9100 • 1-888-729-5433

Name of Proposed Insured: Birth Date (mm/dd/yyyy)
Address City State Zip
Sex M F Height (Ft. In.) Weight (Lbs.) Email Address:
Home Phone (REQUIRED) Work or Cell Phone
Do you have a job? Yes No Job/Duties (If you are self-employed, please explain)
Name of Doctor or Clinic: Address of Doctor or Clinic (City and State):
Beneficiary (Full Name)(If none listed, cash will go to your estate.) Relationship

I want to apply for insurance in the amount of:
[\$250,000 \$150,000 \$100,000 \$75,000 \$50,000 \$20,000 \$10,000 \$5,000]

Name of Spouse (if to be insured): Birth Date (mm/dd/yyyy)
Sex M F Height (Ft. In.) Weight (Lbs.) Email Address:
Home Phone (REQUIRED) Work or Cell Phone
Do you have a job? Yes No Job/Duties (If you are self-employed, please explain)
Name of Doctor or Clinic: Address of Doctor or Clinic (City and State):
Beneficiary (Full Name)(If none listed, cash will go to your estate.) Relationship

I want to apply for insurance in the amount of:
[\$250,000 \$150,000 \$100,000 \$75,000 \$50,000 \$20,000 \$10,000 \$5,000]

Check Method of Payment

- My check for \$1 is enclosed. Make check out to: Starmount Life Insurance Company. Deduct future payments from my bank account. (We prefer this.)
Charge \$1 and future payments to VISA MasterCard Credit Card # Exp. Date: /
My check for \$1 is enclosed. Please bill me for future payments. (There is an extra \$1 charge each month if direct billing is monthly. Billing is free if you are billed every 3 months or once a year.)

I want to pay: Annually (5% discount for annual payment) Every 3 Months Each Month (We recommend Annual or Every 3 Months.)

Check one: Add Accidental Death Cash Option for: Double Benefits Triple Benefits Not interested.

Main Insured and Spouse (if to be covered) Must Answer These Questions:

Table with 3 columns: Question, Main Insured, Spouse. Contains 7 questions regarding medical history, insurance status, and smoking habits.

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy and the insurance will not be in force until this application has been approved by the company and the policy issued and delivered to me when I am in the same health condition as described above, and the first premium paid. In Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company. (See enclosed brochure for exclusions and limitations.) AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, the Medical Information Bureau or other organization or person that has any medical record of me, my health, or any member of my family to give Starmount Life, my legal representative for medical records receipt, or its reinsurers this information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV and/or AIDS status. Although information about drug or alcohol abuse may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand that I am entitled to a copy of the information obtained; that this authorization will expire in 30 months (in KS and OK, in 24 months), but can be revoked at any time with written notice from the applicant. A photostatic copy is as valid as the original. I am also aware that the records may be subject to re-disclosure by the recipient. 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 in the third degree. (Please see back for fraud statements specific to your state.)

X Main Insured's Signature Date X Spouse's Signature (if to be insured) Date
Send me more applications for friends and relatives. (For Company Use) Authorized Agent:

FRAUD STATEMENTS:

In Kansas: 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 may be guilty of a crime as determined by a court of law.

In Arkansas and Louisiana: 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 crime and may be subject to fines and confinement in prison.



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Call toll-free 888-729-5433 or visit our web site www.StarmountLife.com

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Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Certification of Rule 19 .pdf

Flesch Readability.pdf

Item Status:

**Status
Date:**

Bypassed - Item: Application

Bypass Reason: n/a

Comments:

Starmount Life Insurance Company

P.O. Box 98100
Baton Rouge, LA 70898

Certification

This is to certify that I have reviewed Regulation 19 and this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Department of Insurance.

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: August 31, 2009

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
21-001P APP2	1135	50	54	44.2
21-001 EXCH APP 1	933	40	48	54.9
21-001 APP REG 4	1160	40	44	52.7

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

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