

SERFF Tracking Number: LHLI-126771406 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46857
Company Tracking Number: ADBDMSIL10-AR RS
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Individual Accidental Death Benefit Life Insurance
Project Name/Number: /

Filing at a Glance

Company: Sterling Investors Life Insurance Company

Product Name: Individual Accidental Death Benefit Life Insurance SERFF Tr Num: LHLI-126771406 State: Arkansas

Benefit Life Insurance

TOI: H02I Individual Health - Accident Only SERFF Status: Closed-Approved-Closed State Tr Num: 46857

Sub-TOI: H02I.000 Health - Accident Only Co Tr Num: ADBDMSIL10-AR RS State Status: Approved-Closed
Filing Type: Form Reviewer(s): Rosalind Minor

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally Roudebush, Rodney Hartwig, Robin Sellars

Date Submitted: 09/21/2010 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Georgia is the state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/08/2010

Explanation for Other Group Market Type:

State Status Changed: 10/08/2010

Deemer Date:

Created By: Robin Sellars

Submitted By: Robin Sellars

Corresponding Filing Tracking Number:

Filing Description:

September 21, 2010

Re: Sterling Investors Life Insurance Company, NAIC #89184

SERFF Tracking Number: LHLI-126771406 State: Arkansas
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46857
Company Tracking Number: ADBDMSIL10-AR RS
TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Individual Accidental Death Benefit Life Insurance
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Form: ADBDMSIL10-AR – Accidental Death Benefit Direct Market Life Insurance Policy
ADBSILAPP10-AR – Accidental Death Benefit Life Insurance Application
Actuarial Memorandum
Letter of Authorization
Certification of FLESCH
\$150.00 Filing Fee

Dear Sir or Madam:

We are submitting the above noted forms for your review and approval. Lincoln Heritage Life Insurance Company has been authorized to file the above captioned filing on behalf of Sterling Investors Life Insurance Company. Enclosed is a copy of the authorization letter and the actuarial memorandum. These products will be marketed through direct response mailings to individuals who are residing in the state of Arkansas. These policies will have unisex rates.

These forms will not be marketed with an illustration. These are new forms and do not replace any previously filed or approved forms.

Form ADBDMSIL10-AR is an accidental death benefit direct market life insurance policy.

Form ADBSILAPP10-AR is the application that will be completed by individuals applying for accidental death benefit coverage. This form will initially be used with form ADBMSIL10-AR.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

If you have any questions or require any further information please contact me at 800-433-8181 or email me at robin.sellars@londen-insurance.com.

Sincerely,

Robin Sellars
Compliance Associate
Lincoln Heritage Life Insurance Company

SERFF Tracking Number: LHLI-126771406 State: Arkansas
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46857
 Company Tracking Number: ADBDMSIL10-AR RS
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Company and Contact

Filing Contact Information

Robin Sellars, compliance associate robin.sellars@londen-insurance.com
 4343 E Camelback Road 800-433-8181 [Phone]
 Suite 400 602-808-8845 [FAX]
 Phoenix, AZ 85018

Filing Company Information

Sterling Investors Life Insurance Company CoCode: 89184 State of Domicile: Georgia
 210 E Second Avenue, Suite 105 Group Code: Company Type: Life
 Rome, GA 30161 Group Name: State ID Number:
 (706) 235-8154 ext. [Phone] FEIN Number: 59-1838073

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? Yes
 Fee Explanation: 2 forms filed and one rate filed x \$50.00 per form = \$150.00 total filing fee.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Investors Life Insurance Company	\$150.00	09/21/2010	39711973

SERFF Tracking Number: LHLI-126771406 State: Arkansas
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 Product Name: Individual Accidental Death Benefit Life Insurance
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/08/2010	10/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	10/06/2010	10/06/2010	Robin Sellars	10/06/2010	10/06/2010

SERFF Tracking Number: LHLI-126771406 State: Arkansas
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Product Name: Individual Accidental Death Benefit Life Insurance
Project Name/Number: /

Disposition

Disposition Date: 10/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LHLI-126771406 State: Arkansas
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 Product Name: Individual Accidental Death Benefit Life Insurance
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	3rd Party Authorization	Approved-Closed	Yes
Supporting Document	Arkansas Consent to Submit Rates	Approved-Closed	Yes
Form (revised)	Accidental Death Benefit Direct Market Life Insurance Policy	Approved-Closed	Yes
Form	Accidental Death Benefit Direct Market Life Insurance Policy	Replaced	Yes
Form	Accidental Death Benefit Life Insurance Application	Approved-Closed	Yes
Rate	ADBRATES	Approved-Closed	Yes

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TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
Product Name: Individual Accidental Death Benefit Life Insurance
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 10/06/2010

Submitted Date 10/06/2010

Respond By Date

Dear Robin Sellars,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accidental Death Benefit Direct Market Life Insurance Policy, ADBDMSIL10-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 10/06/2010
 Submitted Date 10/06/2010

Dear Rosalind Minor,

Comments:

We have received your objection and are responding with the following information and changes.

Response 1

Comments: We have revised the Payment of Claim provision in ADBDMSIL10-AR policy form. This provision is found on page seven and is paragraph four. We have added the following wording as the last sentence of the provision.

I have uploaded the revised policy.

Related Objection 1

Applies To:

- Accidental Death Benefit Direct Market Life Insurance Policy, ADBDMSIL10-AR (Form)

Comment:

There needs to be a provision for the refund of unearned premium in the event of death of the insured. Refer to ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death Benefit Direct Market Life Insurance Policy	ADBDMI L10-AR		Policy/Contract/Fraternal Certificate	Initial		45.400	ADBDMI L10-AR.pdf

SERFF Tracking Number: LHLI-126771406 *State:* Arkansas
Filing Company: Sterling Investors Life Insurance Company *State Tracking Number:* 46857
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TOI: H02I Individual Health - Accident Only *Sub-TOI:* H02I.000 Health - Accident Only
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Previous Version

<i>Accidental Death</i>	<i>ADBDSI</i>	<i>Policy/Contract/Fraternal</i>	<i>Initial</i>	<i>45.400</i>	<i>ADBDSI</i>
<i>Benefit Direct Market</i>	<i>L10-AR</i>	<i>Certificate</i>			<i>L10-</i>
<i>Life Insurance Policy</i>					<i>AR.pdf</i>

No Rate/Rule Schedule items changed.

Thank you for your time and consideration in this matter. If you have any questions or need further information please feel free to contact us.

Sincerely,

Cathy Patterson, Robin Sellars, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

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 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Form Schedule

Lead Form Number: ADBDMSIL10-AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 10/08/2010	ADBDMSIL10-AR	Policy/Contract	Accidental Death Benefit Direct Market Life Insurance Policy Certificate	Initial		45.400	ADBDMSIL10-AR.pdf
Approved-Closed 10/08/2010	ADBSILAP P10-AR	Application/Enrollment Form	Accidental Death Benefit Life Insurance Application	Initial		40.100	ADBSILAPP10-AR.pdf

STERLING INVESTORS LIFE INSURANCE COMPANY
Principal Office: Rome, Georgia

Principal Office

[210 East Second Avenue, Suite 105]
[Rome, GA 30161]
Toll Free: [877-604-5240]

Administrative Office

[7930 Century Boulevard]
[Chanhassen, MN 55317-8001]
Toll Free: [800-XXX-XXX]

THIS POLICY PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS POLICY PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS A RESULT OF AUTOMOBILE AND COMMON CARRIER ACCIDENTS.

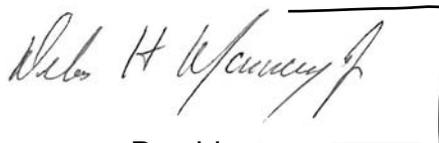
NOTICE: THIS IS A LIMITED ACCIDENTAL DEATH POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS POLICY PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR POLICY CAREFULLY – This is a legal contract between You and Sterling Investors Life Insurance Company. This Policy is issued in consideration of the application and payment of premium. We agree to pay benefits for certain losses as shown on the Benefit Schedule page and subject to the provisions, exclusions and limitations found in this Policy. The term of this Policy begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Policy Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard Time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY – If for any reason You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. If this policy is so returned, We will void the policy from the effective date and refund any premium paid.



Secretary



President

**THIS IS A TEN-YEAR LIMITED ACCIDENTAL DEATH POLICY
READ IT CAREFULLY**

TABLE OF CONTENTS

Benefits.....	1
Notice to Buyer.....	1
Read Your Policy Carefully.....	1
Notice of 30 Day Right to Examine Policy.....	1
Table of Contents.....	2
Benefit Schedule.....	3
Definitions.....	4
Accidental Death Benefit.....	5
Accidental Death Exclusions.....	5
Special Common Carrier.....	5
Passenger Automobile.....	5
Policy Provisions	
Entire Contract	6
Changes.....	6
Grace Period.....	6
Time Limit on Certain Defenses.....	6
Reinstatement.....	6
Notice of Claim.....	6
Claim Forms.....	7
Proof of Death.....	7
Payment of Claims.....	7
Unpaid Premium.....	7
Legal Actions.....	7
Assignment.....	7
Misstatement of Age.....	7
Change of Beneficiary.....	7
Conformity with State Statute.....	7
Premium Payment.....	8
Nonparticipation.....	8
Termination of Policy.....	8

BENEFIT SCHEDULE

Accidental Death	\$125,000.00
Automobile Accidental Death	\$250,000.00
Common Carrier Accidental Death	\$500,000.00

Death must occur within ninety (90) days of a covered accident.

Policy Number	[1234567]	Effective Date	[September 21, 2010]
Insured/Policyholder	[John Doe]	Premium Payable	[\$9.00]
Age	[65]		

PREMIUM

	Annual	Semi-Annual	Quarterly	Direct Pay Monthly	Authorized Draft Monthly
Accidental Death Benefit	\$108.00	\$54.00	\$21.00	\$9.00	\$9.00
Policy Fee	\$12.00	\$6.00	\$3.00	\$1.00	\$1.00
Total	\$120.00	\$60.00	\$24.00	\$10.00	\$10.00

**THIS IS A TEN-YEAR LIMITED LIABILITY POLICY
READ IT CAREFULLY**

DEFINITIONS

Accidental Death – death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Death must be independent of disease, bodily infirmity or any other non-accidental cause.

Age – the age of the Insured on their last birthday.

Effective Date – the date coverage under this Policy begins and the date from which Policy anniversaries and premium due dates are determined.

Application – the form used to apply for this policy as completed by the owner.

Exclusion – a risk We do not assume and is not covered under this Policy.

Insured – the person on whose life coverage is based.

Injury – bodily injury resulting directly from a covered accident and independent of disease or bodily infirmity which occurs while the Insured is covered under this Policy.

Lapse – the termination of this Policy due to nonpayment of premium.

Reinstatement – restoring coverage after this Policy has lapsed.

We, Us and Our – Sterling Investors Life Insurance Company.

You and Your – the owner of the Policy and controls all rights and benefits under this Policy.

ACCIDENTAL DEATH BENEFIT – We agree to pay the benefit amount shown on the Schedule Page to the beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Policy was in force. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined below.

ACCIDENTAL DEATH EXCLUSION – These are risks We do not assume.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled;
 1. except when taken as prescribed by a physician;
 2. except the accidental ingestion of a poisonous food substance; and
 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If death of the Insured occurs as a result of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental death Benefit.

AIRPLANES – While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS – While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES – While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public bus is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS – While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS – While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, we will pay an amount equal to two times the Accidental Death Benefit.

POLICY PROVISIONS

Entire Contract – The entire contract of insurance consists of this Policy, endorsements, if any, and Your attached application. All statements made in the application will be considered representations and not warranties. No statement made by You relating to insurability will be used in contesting the validity of this insurance unless it is contained in the application.

Changes – No change in this Policy will be valid unless it is made in writing by Us and signed by an Officer of Our Company. All changes will be endorsed and attached to this Policy. No producer has the authority to change or waive any provisions of this Policy.

Grace Period – A period of thirty-one (31) days, without interest, will be granted for the payment of each premium due after the first premium. During this period this Policy will continue in force. If the premium has not been received before the end of the thirty-one (31) day grace period, this Policy will lapse.

Time Limit on Certain Defenses – After three years from the Effective Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application will be used to void this Policy or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after three years from the Effective Date of this Policy will be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Effective Date of coverage of this Policy.

Reinstatement - If this Policy has lapsed due to nonpayment of premium, You may reinstate it within five years from the date of premium default. We will require that this Policy was not surrendered. We will need Your written request to reinstate the Policy and a completed reinstatement application. We may require the Insured to furnish proof of insurability based on the answers provided in the reinstatement application, acceptable to Us. All past due premiums must be paid with interest at the rate of four (4%) percent per year. Any debt that was owed on the date of premium default plus interest must be paid or reinstated. Our determination of the continued insurability of the Insured and the payment of all overdue premiums with interest must occur during the lifetime of the Insured.

The reinstated Policy shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects You and Sterling Investors Life Insurance Company shall have the same right as They had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Policy in connection with the reinstatement.

If any premium is not paid within the grace period, any subsequent acceptance of premium by Us or by any authorized producer, without requiring an application of reinstatement shall reinstate this Policy. If a reinstatement application is completed and a conditional receipt is issued for the premium paid, the Policy will be reinstated upon approval of the reinstatement application. We will notify You in writing if We disapprove the reinstatement application. If You have not been notified by Us on the forty-fifth (45th) day following the date of the conditional receipt the reinstatement of coverage will automatically become effective.

Notice of Claim – Written notice of claim must be given to Us within thirty (30) days or as soon as is reasonably possible, after the occurrence of any accidental death covered by this Policy. Notice given to Us by or on behalf of the beneficiary with information sufficient to identify the Insured will be considered notice to Us.

Claim Forms – When We receive a written notice of claim that includes all of the required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving the notice of claim, We shall consider that the requirements for filing a proof of death have been fulfilled. The written notice of claim should include written proof covering the occurrence and the character of the accidental death for which claim is being made.

Proof of Death – Written proof of death must be furnished to Us within ninety (90) days after the date of death. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof of death within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required the proof of death will be accepted.

Written proof for death benefits should include a certified copy of the death certificate, copy of the accident report, copy of the doctor's statement, copy of the police report, if any, copy of the autopsy, if performed, and proof of being a fare paying passenger on a common carrier if applicable.

Payment of Claims – Benefits payable under this Policy will be paid immediately when We receive due written proof of accidental death. Benefits will be payable in accordance with the beneficiary designation on the application, unless We have been notified of a change of beneficiary. Any payment made by Us in good faith under this provision will fully discharge Us to the extent of the payment amount. Benefits will include any premiums paid beyond the end of the policy month in which the death occurred.

Unpaid Premium – Any unpaid premium owed to Us and which is due on or before the time of any benefit payment will be deducted from the benefit amount.

Legal Actions – No legal action shall be brought to recover on this Policy prior to the end of sixty (60) days after written proof of death has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

Assignment – You have the right to assign this Policy. The assignment must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment will be subject to proof of interest and extent.

Misstatement of Age – If the age of the Insured has been misstated, all amounts payable under this Policy will be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Policy, Our liability shall be limited to the return of all the premiums that were paid.

Change of Beneficiary – The beneficiary is named in the application. Unless You have made an irrevocable beneficiary designation, the right to change a beneficiary is reserved to You. A request to change the beneficiary must be made in writing to Us. If You have made an irrevocable beneficiary designation We will require the written consent of the irrevocable beneficiary to make any change. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Conformity with State Statutes – Any provision of this Policy which, on its effective date is in conflict with the statutes of the state, in which the Insured resides, will be amended to conform to the minimum requirements of such statutes.

Premium Payment – Each premium is due at the end of the Policy term as defined in this Policy. Premiums are payable at Our administrative office. Premiums may be paid as shown on the Benefit Schedule page. The payment of any premium will not continue this Policy in force beyond the end of the grace period for the date when the next premium is due and payable. Any check or draft given to Us as payment of any premium will constitute payment when the check or draft is paid upon the first presentation to the bank or person on which it is drawn.

Nonparticipation – This Policy is issued on a nonparticipating basis. It does not share in Our surplus earnings.

Termination of Policy - This Policy will terminate and become null and void on the earliest of the following dates or events. No action will be required by Us. No notice will be sent to You and no notice will be required from You.

1. The prior lapse for nonpayment of any premium; or
2. The surrender of this Policy; or
3. Written request to cancel this Policy; or
4. The end of the period for which premiums are payable.

**THIS IS A TEN-YEAR LIMITED ACCIDENTAL DEATH POLICY
READ IT CAREFULLY**

Application for Accidental Death Insurance

Sterling Investors Life Insurance Company
7930 Century Boulevard, Chanhassen, MN 55317

Please correct any inaccurate information below:

[XXXXXXXXXXXXX XXXXXXXXXXXXX]

[name]

Birth Date: _____

[address]

[city, state, zip]

Telephone: () _____

[Monthly] Premium \$ _____

Name Your Beneficiary: _____

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance policy.

Relationship: _____

Sign, date and return this application form

Please enroll me for Accidental Death Coverage with additional death benefits in the event of an Automobile Accident and Common Carrier Accident. I understand that coverage will become effective on the date stated on my Policy Benefit Schedule page.

Any person who knowingly presents a false or fraudulent claim for a loss or payment 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.

Insured/Policyholder's Signature _____ Date _____

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 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 10/08/2010	ADBRATES		New		ADBRATES.pdf

Annual Premium:

Premium is \$9 per month plus \$1 per month policy fee.

Active Life Reserves:

The reserves are based on 100% 1959 ADB table at 3% using a benefit of \$100,000. As appropriate, unearned premium reserves, claim reserves and IBNR reserves will be held.

Trend Assumptions – Medical and Insurance:

This policy provides for the payment of limited benefits for accidental death. The Medical trend is expected to have little or no impact on anticipated future claims.

Anticipated Loss Ratio:

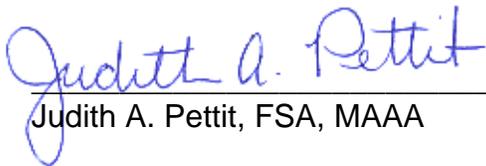
The lifetime anticipated loss ratio is at least 50%. It is calculated as benefits divided by the premium received, using assumed distribution of group tenure and assumed percentage of additional benefits. It is assumed that 38.5% are motor vehicle accidents, no common carrier accidents and 62.5% other accidents. This was based on information contained in Injury Facts, 2009 Edition. A small provision for adverse deviation was included to account for a different mix of tenure business or type of accident.

Distribution of Business:

The expected distribution of business is 40% male and 60% female.

Actuarial Certification:

I hereby certify that to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws and rules of this state, and complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, December, 2005, which standard is hereby adopted and incorporated by reference, and that the benefits provided are reasonable in relation to the proposed premiums. The anticipated loss ratio is 50%. The anticipated loss ratio is calculated as the benefits divided by the premiums received.



Judith A. Pettit, FSA, MAAA

August 16, 2010

Date

SERFF Tracking Number: LHLI-126771406 State: Arkansas
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46857
 Company Tracking Number: ADBDMSIL10-AR RS
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	10/08/2010
Comments:		
Attachment: CERT OF FLESCH ADB.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	10/08/2010
Bypass Reason: The application being submitted has not been previously approved or used.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	10/08/2010
Bypass Reason: This is an accident only filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: 3rd Party Authorization	Approved-Closed	10/08/2010
Comments:		
Attachment: authorization - for filing.pdf		

	Item Status:	Status Date:
Satisfied - Item: Arkansas Consent to Submit Rates	Approved-Closed	10/08/2010
Comments:		
Attachment: Arkansas Consent to Submit Rates.pdf		

CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I certify that the forms listed below achieve the following:

- (1) The text achieves a minimum score of 40 on the Flesch reading ease test.
- (2) Except for specification pages, schedules and tables the forms are printed in not less than ten (10) point type, one (1) point leaded.

Policy Form(s):

ABDMSIL10-AR – Individual Accidental Death Benefit Direct Market Life Insurance Policy

ADBSILAPP10-AR – Accidental Death Benefit Life Insurance Application

STERLING INVESTORS LIFE INSURANCE COMPANY



Robin Sellars, Compliance Associate

September 21, 2010



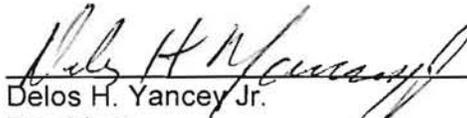
STERLING INVESTORS LIFE INSURANCE COMPANY

210 E. Second Avenue
Ste.105
Rome, Georgia 30161
Tel (706) 235-8154
Fax (866) 889-4054

May 14, 2010

Lincoln Heritage Life Insurance Company, located at 4343 E. Camelback Road, Phoenix AZ 85018, is hereby authorized in its capacity as Sterling Investors Life Insurance Company's reinsurer, to file on behalf of Sterling Investors Life Insurance Company forms, rates and advertising materials for the Company's Direct Market Life Insurance policies with the state insurance departments and correspond with state insurance departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.



Delos H. Yancey Jr.
President

CONSENT TO SUBMIT RATES AND/OR COST BASES FOR APPROVAL

The Lincoln Heritage Life Insurance Company of Springfield, Illinois, does hereby consent and agree:

- A) That all premium rates and/or cost bases both maximum and current or projected used in relation to forms numbered ADBDMSIL10-AR and ADBSILAPP10-AR must be filed with the Insurance Commissioner for the State of Arkansas at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

OR

- B) That where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a change of rates it will stay within and will notify the Department at least sixty (60) days prior to any changes in the range of rates. The company must also document the method used to calculate its premiums and range of rates.

STERLING INVESTORS LIFE INSURANCE COMPANY



Robin Sellars Compliance Associate

Date: September 21, 2010

SERFF Tracking Number: LHLI-126771406 State: Arkansas
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 46857
 Company Tracking Number: ADBDMSIL10-AR RS
 TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only
 Product Name: Individual Accidental Death Benefit Life Insurance
 Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/21/2010	Form	Accidental Death Benefit Direct Market Life Insurance Policy	10/06/2010	ADBDMSIL10-AR.pdf (Superseded)

STERLING INVESTORS LIFE INSURANCE COMPANY
Principal Office: Rome, Georgia

Principal Office

[210 East Second Avenue, Suite 105]
[Rome, GA 30161]
Toll Free: [877-604-5240]

Administrative Office

[7930 Century Boulevard]
[Chanhassen, MN 55317-8001]
Toll Free: [800-XXX-XXX]

THIS POLICY PROVIDES LIMITED BENEFITS FOR ACCIDENTAL DEATH CAUSED BY ACCIDENTAL BODILY INJURY AS SHOWN ON THE BENEFIT SCHEDULE PAGE. THIS POLICY PROVIDES ADDITIONAL BENEFITS FOR ACCIDENTAL DEATH AS A RESULT OF AUTOMOBILE AND COMMON CARRIER ACCIDENTS.

NOTICE: THIS IS A LIMITED ACCIDENTAL DEATH POLICY. IT DOES NOT PAY ANY BENEFITS FOR LOSS FROM SICKNESS. THIS POLICY PROVIDES RESTRICTIVE COVERAGE FOR CERTAIN LOSSES WHICH OCCUR AS A RESULT OF AN ACCIDENT ONLY.

READ YOUR POLICY CAREFULLY – This is a legal contract between You and Sterling Investors Life Insurance Company. This Policy is issued in consideration of the application and payment of premium. We agree to pay benefits for certain losses as shown on the Benefit Schedule page and subject to the provisions, exclusions and limitations found in this Policy. The term of this Policy begins at twelve (12:00) o'clock midnight, Standard Time, at the place where You reside on the Policy Effective Date shown on the Benefit Schedule. It ends at twelve (12:00) o'clock midnight, the same Standard Time, on the date Your premium is due if it is not paid prior to the end of the Grace Period.

NOTICE OF THIRTY (30) DAY RIGHT TO EXAMINE POLICY – If for any reason You are not satisfied with this Policy, You may return it to Us within thirty (30) days after You receive it. If this policy is so returned, We will void the policy from the effective date and refund any premium paid.



Secretary



President

**THIS IS A TEN-YEAR LIMITED ACCIDENTAL DEATH POLICY
READ IT CAREFULLY**

ADBMSIL10-AR

TABLE OF CONTENTS

Benefits.....	1
Notice to Buyer.....	1
Read Your Policy Carefully.....	1
Notice of 30 Day Right to Examine Policy.....	1
Table of Contents.....	2
Benefit Schedule.....	3
Definitions.....	4
Accidental Death Benefit.....	5
Accidental Death Exclusions.....	5
Special Common Carrier.....	5
Passenger Automobile.....	5
Policy Provisions	
Entire Contract	6
Changes.....	6
Grace Period.....	6
Time Limit on Certain Defenses.....	6
Reinstatement.....	6
Notice of Claim.....	6
Claim Forms.....	7
Proof of Death.....	7
Payment of Claims.....	7
Unpaid Premium.....	7
Legal Actions.....	7
Assignment.....	7
Misstatement of Age.....	7
Change of Beneficiary.....	7
Conformity with State Statute.....	7
Premium Payment.....	8
Nonparticipation.....	8
Termination of Policy.....	8

BENEFIT SCHEDULE

Accidental Death	\$125,000.00
Automobile Accidental Death	\$250,000.00
Common Carrier Accidental Death	\$500,000.00

Death must occur within ninety (90) days of a covered accident.

Policy Number	[1234567]	Effective Date	[September 21, 2010]
Insured/Policyholder	[John Doe]	Premium Payable	[\$9.00]
Age	[65]		

PREMIUM

	Annual	Semi-Annual	Quarterly	Direct Pay Monthly	Authorized Draft Monthly
Accidental Death Benefit	\$108.00	\$54.00	\$21.00	\$9.00	\$9.00
Policy Fee	\$12.00	\$6.00	\$3.00	\$1.00	\$1.00
Total	\$120.00	\$60.00	\$24.00	\$10.00	\$10.00

**THIS IS A TEN-YEAR LIMITED LIABILITY POLICY
READ IT CAREFULLY**

DEFINITIONS

Accidental Death – death which results from accidental bodily injury as a direct result of a covered accident sustained by the Insured. Death must be independent of disease, bodily infirmity or any other non-accidental cause.

Age – the age of the Insured on their last birthday.

Effective Date – the date coverage under this Policy begins and the date from which Policy anniversaries and premium due dates are determined.

Application – the form used to apply for this policy as completed by the owner.

Exclusion – a risk We do not assume and is not covered under this Policy.

Insured – the person on whose life coverage is based.

Injury – bodily injury resulting directly from a covered accident and independent of disease or bodily infirmity which occurs while the Insured is covered under this Policy.

Lapse – the termination of this Policy due to nonpayment of premium.

Reinstatement – restoring coverage after this Policy has lapsed.

We, Us and Our – Sterling Investors Life Insurance Company.

You and Your – the owner of the Policy and controls all rights and benefits under this Policy.

ACCIDENTAL DEATH BENEFIT – We agree to pay the benefit amount shown on the Schedule Page to the beneficiary when We receive due proof of the accidental death of the Insured. Such proof must show that death occurred within ninety (90) days of a covered accident and while this Policy was in force. The proof of accidental death must show that death is not a direct result and is not caused by any one or more of the **Accidental Death Exclusions** outlined below.

ACCIDENTAL DEATH EXCLUSION – These are risks We do not assume.

- a. Intentional self-inflicted injury, while sane or insane.
- b. Any poison, drug, alcohol, narcotic, sedative, medicine of any kind, gas or fumes, voluntarily taken, administered, absorbed or inhaled;
 1. except when taken as prescribed by a physician;
 2. except the accidental ingestion of a poisonous food substance; and
 3. except while conducting one's duties during the course of employment, in the case of gas or fumes.
- c. Bodily or mental infirmity or illness or disease of any kind or by infections, except infections occurring as the result of an accidental bodily injury.
- d. Medical or surgical treatment, except when required as the result of an accident.
- e. Operating, riding in or descending from any military, naval or air force aircraft of any country or any aircraft of which the Insured is a pilot, officer or member of the crew or which is being operated for any kind of training.
- f. Committing or attempting to commit an assault or felony.
- g. Operating a vehicle while legally intoxicated as specified by state law.

SPECIAL COMMON CARRIER – If death of the Insured occurs as a result of an accidental injury, as defined in the following, We will pay an amount equal to four times the Accidental death Benefit.

AIRPLANES – While riding as a fare-paying passenger in a licensed passenger aircraft provided by a certified scheduled airline carrier and operated by a licensed pilot on a regularly scheduled flight between definitely established airports.

RAILWAYS – While riding as a fare-paying passenger in a railroad passenger car provided by and operating as a common carrier for passenger service only.

MOTOR BUSES – While riding as a fare-paying passenger in a public motor bus, operating as a common carrier. While such public bus is being driven or operated by a licensed driver for public hire on a regular schedule between definitely established terminals.

BOATS, SHIPS – While riding as a fare-paying passenger in or upon a passenger boat or ship provided by and operating as a common carrier licensed for the transportation of passengers on a regular schedule between definitely established ports.

ELEVATED, SUBWAYS AND STREET CARS – While riding as a fare-paying passenger in a street railway car, elevated or subway car provided by and operating as a common carrier for passenger service.

PASSENGER AUTOMOBILE – If the death of the Insured occurs as a result of an injury sustained while riding in a passenger automobile traveling on a designated and maintained public roadway, we will pay an amount equal to two times the Accidental Death Benefit.

POLICY PROVISIONS

Entire Contract – The entire contract of insurance consists of this Policy, endorsements, if any, and Your attached application. All statements made in the application will be considered representations and not warranties. No statement made by You relating to insurability will be used in contesting the validity of this insurance unless it is contained in the application.

Changes – No change in this Policy will be valid unless it is made in writing by Us and signed by an Officer of Our Company. All changes will be endorsed and attached to this Policy. No producer has the authority to change or waive any provisions of this Policy.

Grace Period – A period of thirty-one (31) days, without interest, will be granted for the payment of each premium due after the first premium. During this period this Policy will continue in force. If the premium has not been received before the end of the thirty-one (31) day grace period, this Policy will lapse.

Time Limit on Certain Defenses – After three years from the Effective Date of this Policy no misstatements, except fraudulent misstatements, made by You in the application will be used to void this Policy or to deny a claim for accidental death after the expiration of such three-year period.

No claim for accidental death after three years from the Effective Date of this Policy will be reduced or denied on the grounds that a disease or physical condition not excluded from coverage by name or specific description effective on the date of death had existed prior to the Effective Date of coverage of this Policy.

Reinstatement - If this Policy has lapsed due to nonpayment of premium, You may reinstate it within five years from the date of premium default. We will require that this Policy was not surrendered. We will need Your written request to reinstate the Policy and a completed reinstatement application. We may require the Insured to furnish proof of insurability based on the answers provided in the reinstatement application, acceptable to Us. All past due premiums must be paid with interest at the rate of four (4%) percent per year. Any debt that was owed on the date of premium default plus interest must be paid or reinstated. Our determination of the continued insurability of the Insured and the payment of all overdue premiums with interest must occur during the lifetime of the Insured.

The reinstated Policy shall cover only death due to an accident which is sustained after the date of reinstatement. In all other respects You and Sterling Investors Life Insurance Company shall have the same right as They had under this Policy immediately before the due date of the defaulted premium, subject to any provisions endorsed or attached to this Policy in connection with the reinstatement.

If any premium is not paid within the grace period, any subsequent acceptance of premium by Us or by any authorized producer, without requiring an application of reinstatement shall reinstate this Policy. If a reinstatement application is completed and a conditional receipt is issued for the premium paid, the Policy will be reinstated upon approval of the reinstatement application. We will notify You in writing if We disapprove the reinstatement application. If You have not been notified by Us on the forty-fifth (45th) day following the date of the conditional receipt the reinstatement of coverage will automatically become effective.

Notice of Claim – Written notice of claim must be given to Us within thirty (30) days or as soon as is reasonably possible, after the occurrence of any accidental death covered by this Policy. Notice given to Us by or on behalf of the beneficiary with information sufficient to identify the Insured will be considered notice to Us.

Claim Forms – When We receive a written notice of claim that includes all of the required information, We will furnish any claim forms necessary for filing a proof of death. If We do not furnish the necessary claim forms within fifteen (15) days of receiving the notice of claim, We shall consider that the requirements for filing a proof of death have been fulfilled. The written notice of claim should include written proof covering the occurrence and the character of the accidental death for which claim is being made.

Proof of Death – Written proof of death must be furnished to Us within ninety (90) days after the date of death. Failure to furnish such proof within ninety (90) days shall not invalidate nor reduce any claim if it was not reasonably possible to give proof of death within that time. If the proof of death is furnished as soon as reasonably possible and no later, except in the absence of legal capacity, than one year after the time proof is required the proof of death will be accepted.

Written proof for death benefits should include a certified copy of the death certificate, copy of the accident report, copy of the doctor's statement, copy of the police report, if any, copy of the autopsy, if performed, and proof of being a fare paying passenger on a common carrier if applicable.

Payment of Claims – Benefits payable under this Policy will be paid immediately when We receive due written proof of accidental death. Benefits will be payable in accordance with the beneficiary designation on the application, unless We have been notified of a change of beneficiary. Any payment made by Us in good faith under this provision will fully discharge Us to the extent of the payment amount.

Unpaid Premium – Any unpaid premium owed to Us and which is due on or before the time of any benefit payment will be deducted from the benefit amount.

Legal Actions – No legal action shall be brought to recover on this Policy prior to the end of sixty (60) days after written proof of death has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the end of three years after the time written proof of death is required to be furnished.

Assignment – You have the right to assign this Policy. The assignment must be made in writing. We are not responsible for the validity, correctness, adequacy or effect of any assignment. Any claim made under the assignment will be subject to proof of interest and extent.

Misstatement of Age – If the age of the Insured has been misstated, all amounts payable under this Policy will be such as the premium paid would have purchased at the correct age. In the event that the age is misstated and We would not have originally issued the Policy, Our liability shall be limited to the return of all the premiums that were paid.

Change of Beneficiary – The beneficiary is named in the application. Unless You have made an irrevocable beneficiary designation, the right to change a beneficiary is reserved to You. A request to change the beneficiary must be made in writing to Us. If You have made an irrevocable beneficiary designation We will require the written consent of the irrevocable beneficiary to make any change. The effective date of the change will be the date the request was signed. We will not be liable for any payment made or action taken by Us before We receive Your request.

Conformity with State Statutes – Any provision of this Policy which, on its effective date is in conflict with the statutes of the state, in which the Insured resides, will be amended to conform to the minimum requirements of such statutes.

Premium Payment – Each premium is due at the end of the Policy term as defined in this Policy. Premiums are payable at Our administrative office. Premiums may be paid as shown on the Benefit Schedule page. The payment of any premium will not continue this Policy in force beyond the end of the grace period for the date when the next premium is due and payable. Any check or draft given to Us as payment of any premium will constitute payment when the check or draft is paid upon the first presentation to the bank or person on which it is drawn.

Nonparticipation – This Policy is issued on a nonparticipating basis. It does not share in Our surplus earnings.

Termination of Policy - This Policy will terminate and become null and void on the earliest of the following dates or events. No action will be required by Us. No notice will be sent to You and no notice will be required from You.

1. The prior lapse for nonpayment of any premium; or
2. The surrender of this Policy; or
3. Written request to cancel this Policy; or
4. The end of the period for which premiums are payable.

**THIS IS A TEN-YEAR LIMITED ACCIDENTAL DEATH POLICY
READ IT CAREFULLY**