Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: WL10 AR
SERFF Tr Num: AEGB-126866434
State: Arkansas

TOI: L08 Life - Other
SERFF Status: Closed-Approved-Closed
State Tr Num: 47200

Sub-TOI: L08.000 Life - Other
Co Tr Num: WL10 AR
State Status: Approved-Closed

Filing Type: Form
Reviewer(s): Linda Bird

Author: Deb Andregg
Disposition Date: 11/05/2010

Date Submitted: 11/02/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name: Simplified Issue Whole Life
Status of Filing in Domicile: Pending

Project Number: WL10 AR
Date Approved in Domicile:

Requested Filing Mode: Review & Approval
Domicile Status Comments:

Explanation for Combination/Other:
Market Type: Individual

Submission Type: New Submission
Group Market Size:

Overall Rate Impact:
Group Market Type:

Filing Status Changed: 11/05/2010
Explanation for Other Group Market Type:

State Status Changed: 11/05/2010

Deemer Date:
Created By: Deb Andregg

Submitted By: Deb Andregg
Corresponding Filing Tracking Number: SL 30822760

Filing Description:
November 1, 2010

Commissioner of Insurance
Arkansas Insurance Division
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: STONEBRIDGE LIFE INSURANCE COMPANY NAIC#468-65021
Form Numbers: WL10 AR – Whole Life Insurance Policy

Dear Sir/Madam:

Please find an attached copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

WL10 AR, Whole Life Insurance Policy – This is a single life policy based on the Insured age at nearest birthday. This is a whole life policy that provides a level death benefit with benefits payable to age 121. The premiums are level and are payable until age 100. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 0-80.

This policy is designed to accommodate the conversion privilege commonly found in our term insurance products and riders. It will not be promoted for new sales. It will be marketed through our agent field force.

We intend to use application form L 107 0405 with this policy. This application was approved by your Department on November 29, 2007.

We would appreciate your review and approval of these forms.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

Deb Andregg
Policy Analyst
Contract Development
(319) 355-7265 (collect)
Fax #: (319) 355-2501
dandregg@aegonusa.com

Company and Contact

Filing Contact Information

Debra Andregg, Policy Analyst
4333 Edgewood Rd. NE
MS 2225
Cedar Rapids, IA 52499

dandregg@aegonusa.com
319-355-7265 [Phone]
319-355-2501 [FAX]

Filing Company Information

Stonebridge Life Insurance Company	CoCode: 65021	State of Domicile: Vermont
4333 Edgewood Rd. NE	Group Code: 468	Company Type: Life & Health
Cedar Rapids, IA 52499	Group Name:	State ID Number:
(319) 355-8511 ext. [Phone]	FEIN Number: 03-0164230	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	Retaliatory fee is the same as the AR fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	$50.00	11/02/2010	41445994

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/05/2010	11/05/2010

Disposition

Disposition Date: 11/05/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AEGB-126866434*	*State:*	*Arkansas*
Filing Company:	*Stonebridge Life Insurance Company*	*State Tracking Number:*	*47200*
Company Tracking Number:	*WL10 AR*		
TOI:	*L08 Life - Other*	*Sub-TOI:*	*L08.000 Life - Other*
Product Name:	*WL10 AR*		
Project Name/Number:	*Simplified Issue Whole Life/WL10 AR*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Supporting Documents		Yes
Form	Simplified Issue Whole Life Policy		Yes

Form Schedule

Lead Form Number: WL10 AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	WL10 AR	Policy/Contract/Fraternal Certificate	Simplified Issue Whole Life Policy	Initial		50.000	WL10 AR - SL.pdf

STONEBRIDGE LIFE
Insurance Company

Stonebridge Life Insurance Company
Home Office: Rutland, Vermont
Administrative Office:
[4333 Edgewood Rd NE
Cedar Rapids, IA 52499
(319) 355-8511]

(Referred to as the Company, we, our or us)

Policy Number: [SPECIMEN]

Face Amount: $[100,000]

Policy Date: [SEPTEMBER 01, 2010]

Insured: [John Doe]

Owner: [John Doe]
[Jane Doe]

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.

[ ] [ ]

[Secretary] [President]

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

Whole Life Insurance with
Death Benefit Payable at Death While the Policy is In Force
Premiums Payable for a Stated Period Shown in the Policy Data
Nonparticipating – No Dividends

This policy is a legal contract between you and the Company.

READ YOUR POLICY CAREFULLY

GUIDE TO POLICY PROVISIONS

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POLICY DATA

POLICY NUMBER:	[SPECIMEN]	**POLICY DATE:**	[SEPTEMBER 01, 2010]
FACE AMOUNT:	$[100,000]	**DATE OF ISSUE:**	[SEPTEMBER 01, 2010]
AGE OF INSURED:	[35]	**MATURITY DATE:**	[SEPTEMBER 01, 2096]
SEX OF INSURED:	[MALE]		
INSURED:	[JOHN DOE]		
CLASS OF RISK:	[STANDARD]		
OWNER:	[JOHN DOE] [JANE DOE]		

SCHEDULE OF BENEFITS

TYPE OF COVERAGE	AMOUNT	POLICY YEARS PREMIUM IS PAYABLE	*PREMIUM PAYMENTS (ANNUAL)
BASIC POLICY	$ [100,000.00]	TO AGE 100	$[1,610.00]

***Total Annual Premium on Policy Date**..... $ [1,610.00]

*THE "PREMIUM PAYMENTS (ANNUAL)" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNTS YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE. THE “PREMIUM PAYMENTS (ANNUAL)” AND “TOTAL ANNUAL PREMIUM ON POLICY DATE” INCLUDE AN ANNUAL POLICY FEE OF $[30.00]. THE POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

Initial Premium Payment Amount and Mode..... [$1,610.00] [ANNUALLY] [DIRECT BILL]
Total Payments Per Year..... [$1,610.00]

SCHEDULE OF PREMIUMS

	Annually	Semi-Annually	Quarterly	Monthly
Premium Due Per Payment	$ [1,610.00]	$ [821.10]	$ [418.60]	$ [140.88]
Total Payments Per Year	$ [1,610.00]	$ [1,642.20]	$ [1,674.40]	$ [1,690.56]

The Schedule of Premiums above reflects direct billing options when made available by the Company. A Schedule of Premiums for other payment modes will be provided on request.

TABLE OF POLICY VALUES

POLICY NUMBER: [SPECIMEN]
INSURED: [JOHN DOE]
NONFORFEITURE INTEREST RATE: [4.00%]

IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:

END OF POLICY YEAR	AGE OF INSURED	CASH VALUE	REDUCED PAID-UP INSURANCE
[1	36	$ 0.00	$ 0.00]
[2	37	0.00	0.00]
[3	38	700.00	3,053.00]
[4	39	1,800.00	7,583.00]
[5	40	2,800.00	11,396.00]
[6	41	3,900.00	15,337.00]
[7	42	5,100.00	19,381.00]
[8	43	6,300.00	23,140.00]
[9	44	7,500.00	26,634.00]
[10	45	8,700.00	29,880.00]
[11	46	10,000.00	33,228.00]
[12	47	11,300.00	36,336.00]
[13	48	12,600.00	39,218.00]
[14	49	13,900.00	41,879.00]
[15	50	15,400.00	44,915.00]
[16	51	16,800.00	47,436.00]
[17	52	18,300.00	50,034.00]
[18	53	19,800.00	52,436.00]
[19	54	21,400.00	54,915.00]
[20	55	23,000.00	57,215.00]
	[@55	23,000.00	57,215.00]
	[@60	31,300.00	67,126.00]
	[@65	40,100.00	75,005.00]

DEFINITIONS

Age	A person's age in years on his or her nearest birthday, unless otherwise specified. For purposes of this policy, the Insured's Age changes on each Policy Anniversary.
Beneficiary	The person(s) designated to receive the death benefit on the death of the Insured. The Beneficiary named on the application may be changed as provided in this policy.
Date of Issue	The date this policy is prepared in our office. The Date of Issue is shown in the Policy Data. The Date of Issue may or may not be the same as the Policy Date.
Face Amount	The amount upon which the death benefit is determined. The Face Amount is shown in the Policy Data.
In Force	Insurance coverage is in effect and has not terminated.
Insured	The person whose life is insured under this policy. The Insured is identified in the Policy Data.
Lapse	Termination of the policy due to non-payment of premiums, when there is no remaining Net Cash Value.
Loan Balance	The sum of any unpaid policy loans and accrued loan interest. We will deduct any Loan Balance from any amounts payable by us under this policy.
Monthly Anniversary Date	The day of each month coinciding with the Policy Date. If there is no day in a calendar month that coincides with the Policy Date, the Monthly Anniversary Date for that month will be the first day of the following month.
Policy Anniversary	The same day and month as the Policy Date for each year this policy remains In Force.
Policy Date	The date coverage is effective under this policy. We will use the Policy Date to determine the premium due dates, Monthly Anniversary Dates, Policy Anniversaries, and Policy Years. The Policy Date is shown in the Policy Data.
Policy Year	The 12 month period directly preceding a Policy Anniversary.
Reinstate	To restore coverage after the policy has Lapsed, in accordance with the Reinstatement provision.
Rider	An attachment to this policy that provides an additional benefit.
Written Request	A signed request in a form satisfactory to us that is received at our Administrative Office.
You and your	The owner of this policy. The owner as of the Date of Issue is identified in the Policy Data. Ownership may be transferred as provided in this policy. Following a transfer of ownership, you and your will refer to the new owner.

OWNERSHIP

Owner of the Policy

The owner may exercise all rights under this policy during the Insured's lifetime, including the right to transfer ownership subject to applicable law and regulation. If the owner dies during the Insured's lifetime, ownership of this policy will pass to the owner's estate if no contingent owner is named. You may change the owner by filing a Written Request with us. We will not be bound by any change of ownership until we record it in our records. Unless otherwise specified by you, the change will then take effect as of the date the change is signed by you, subject to any payments made or actions taken by us prior to our recording of the change.

Assignment of the Policy

You may assign this policy by filing a Written Request with us. We will not be bound by any assignment until we record it in our records. Unless otherwise specified by you, the assignment will then take effect on the date the assignment is signed by you, subject to any payments made or actions taken by us prior to our recording of the assignment. We assume no responsibility for the validity or effect of any assignment of this policy or of any interest in it. Any death benefit which becomes payable to an assignee will be payable in a single sum and will be subject to proof of the assignee's interest and the extent of the assignment.

THE BENEFICIARY

Who Receives the Death Benefit

When the death benefit is payable under this policy, we will pay it to the Beneficiary named by you in accordance with this policy. If no Beneficiary has been designated, or if the interest of all designated Beneficiaries has ended before we make payment of the death benefit, we will pay the death benefit to you. If you are not living at the time, we will pay the death benefit to the executor or administrator of your estate.

Unless you specify otherwise, the following will apply:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest in the death benefit will end.
2. If any Beneficiary dies at the same time as the Insured, or within 30 days after the Insured, that Beneficiary's interest in the death benefit will end if no benefits have been paid to that Beneficiary.
3. If the Beneficiary is a partnership, we will pay the death benefit to the partnership as it existed when the Insured died.

How to Change a Beneficiary

You may name or change the Beneficiary while the Insured is living by sending us a Written Request. The change will not be effective until we record it in our records. Even if the Insured is not living when we record the change, the change will take effect as of the date it was signed. However, any benefits we pay before we record the change will not be subject to the change.

A Beneficiary designated irrevocably may not be changed without the written consent of that Beneficiary.

PAYMENT OF THE DEATH BENEFIT

Proof of Death

We will pay any benefit payable because of death when we receive due proof that the Insured's death occurred while this policy was In Force. The proof must be sent to us at our Administrative Office. We will send appropriate forms to the Beneficiary upon request. Any of our agents will help the Beneficiary fill out the forms without charge.

Death Benefit

The amount of the death benefit is equal to:

(a) the Face Amount of this policy,

plus (b) the amount payable under any attached rider, subject to its terms,

plus (c) the amount of any portion of a paid premium which applies to a period beyond the Insured's date of death (excluding any premiums waived under any disability rider attached to this policy),

minus (d) any premium needed, under the terms of the Grace Period provision, to provide insurance through the date of death,

minus (e) the amount of any Loan Balance.

The amount of the death benefit may be affected by the Misstatement of Age or Sex in the Application provision of this policy.

Interest from Date of Death

We will pay interest on the death benefit under this policy after we receive due proof of the Insured's death. We will pay interest on the death benefit from the date of death to the date of payment. The annual interest rate will be at least 1%.

We will pay additional interest at a rate of 10% annually, beginning with the date that is 31 calendar days from the latest of items 1, 2 and 3 below to the date payment is made:

1. The date we receive due proof of the Insured's death.
2. The date we receive sufficient information to determine our liability, the extent of our liability and the appropriate payee legally entitled to the death benefit.
3. The date that legal impediments to payment of the death benefit that depend on the action of parties other than us are resolved and sufficient evidence is provided to us. Legal impediments include, but are not limited to:

   a) The establishment of guardianships and conservatorships;
   b) The appointment and qualification of trustees, executors and administrators; and
   c) The submission of information required to satisfy state and federal reporting requirements.

In the event of the death of the Insured, the death benefit payable under this policy shall include a refund of all premiums, if any, paid beyond the Insured's date of death. If the refund of premiums is not paid within 30 days after we receive due proof of the death of the Insured, we will pay interest on such refund from the date of death to the date of payment. The interest rate will be determined by us, but will never be less than 1%.

PREMIUMS

Premium

To keep this policy In Force, each premium must be paid in advance. Premiums should be sent to our Administrative Office or as otherwise instructed by us. We will give you a receipt if you ask for one. The first premium is due on the Policy Date. Subsequent premiums are payable while the Insured is living and within the grace period. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The mode of premium payment may be changed on any Policy Anniversary to any other mode shown in the Policy Data.

Grace Period

If premiums are not paid when they are due, this policy will Lapse if there is no remaining Net Cash Value. We will allow a period of 31 days after the premium due date for payment of each premium after the first premium. This means that if a premium is not paid on or before the date it is due, you may pay that premium during the 31 day period immediately following the due date. The Insured's life will continue to be insured during this 31 day period. During the grace period, we will not charge any interest on the premium due. If you do not pay the premium due before the end of the grace period:

1. If there is no remaining Net Cash Value, the policy will Lapse and all coverage will terminate;
2. If there is any remaining Net Cash Value, it will be applied as stated in the Nonforfeiture Provisions.

You will have the entire grace period within which to remit payment. Any payments sent by U.S. mail must be postmarked within the grace period. If the Insured dies during the grace period before the premium is paid, we will deduct the portion of the premium required to provide insurance from the premium due date to the date of the Insured’s death from the death benefits payable under this policy.

Reinstatement

If this policy Lapses or the Net Cash Value is applied to purchase Reduced Paid-Up insurance, you may Reinstate it as provided in this section. You may not Reinstate this policy if it has been surrendered for its Net Cash Value. Any Reinstatement must be made during the lifetime of the Insured and within five years from the end of the grace period. Before we Reinstate your policy, we will require:

1. Your Written Request to Reinstate this policy;
2. The Insured's written consent to Reinstatement;
3. Evidence of insurability satisfactory to us;
4. Payment or reinstatement of any Loan Balance at the interest rate in the Interest on Policy Loans provision; and
5. Payment of all overdue premiums with interest from the due date of each premium. The interest rate is 6% per annum compounded annually.

The date of Reinstatement will be the Monthly Anniversary Date on or following the date the application for Reinstatement is approved by us, so long as the Insured is still living.

POLICY VALUES

Cash Value

The Cash Value of this policy is determined from the Table of Policy Values. The Cash Values shown in the Table of Policy Values assume there is no Loan Balance outstanding. Any Loan Balance is subtracted to find the Net Cash Value. You may receive the Net Cash Value upon surrender of the policy, borrow it as a policy loan, or use it to exercise nonforfeiture options.

Cash Surrender

You may surrender this policy for its Net Cash Value at any time upon Written Request. The surrender will take effect on the date you sign the Written Request. Upon surrender, all insurance provided by the policy and any riders will terminate. If this policy is surrendered within 30 days following a Policy Anniversary the Cash Value will not be less than the Cash Value as of that Policy Anniversary.

POLICY LOANS

Policy Loans

You may obtain a policy loan by Written Request. The loan will be secured by a portion of the Cash Value equal to the outstanding loan. We can defer a policy loan for up to six months from the date we receive your Written Request but not if it is being used to pay premiums to us by an Automatic Premium Loan. Any Loan Balance will be deducted from any amounts payable by us under this policy.

The maximum amount you may borrow is the Cash Value on the next Policy Anniversary:

minus (a) any existing Loan Balance,

minus (b) interest from the date of the new loan to the next Policy Anniversary,

minus (c) premiums due through the next Policy Anniversary.

Interest on Policy Loans

Interest is due on the total Loan Balance each year, in advance, on the Policy Anniversary. The loan interest rate is 8% (7.4% in advance). If you do not pay the interest when it is due, the interest on the Loan Balance will be treated as a new loan at the above interest rate.

Repayment of Loan Balance

All or part of any Loan Balance may be repaid at any time while this policy is In Force. Failure to repay the Loan Balance will not terminate this policy unless the Loan Balance exceeds the Cash Value. If this happens, we will send a notice of termination to you and any assignee of which we have a record. We will mail this notice at least 30 days before terminating the policy. If you do not make the required loan payment by the date indicated, the policy will terminate.

Automatic Premium Loans

If this feature is in effect, any unpaid premium for this policy and attached Riders, if any, which falls due one year or more from the Policy Date will be paid at the end of the grace period by an automatic loan. An automatic loan will not be granted if the premium due exceeds the Net Cash Value.

Automatic loans will be subject to all of this policy's provisions regarding policy loans. The loan will bear interest from the premium due date.

This feature will not take effect unless selected in the application or elected by Written Request. If active, this feature can be cancelled by Written Request.

NONFORFEITURE PROVISIONS

Nonforfeiture Options

If a premium is not paid before the end of a grace period, the Net Cash Value as of the date of Lapse will be applied under one of the following options. The owner may elect an option, upon Written Request, within 60 days after the date to which premiums have been paid. If no election is made, the Reduced Paid-Up Option will apply. The basic life benefit continued under the Reduced Paid-Up Option will not include additional benefits provided under any Rider attached to this policy, unless specifically provided in such Rider.

Reduced Paid-Up Option

Under this option, the Net Cash Value is used to buy a level amount of whole life insurance. No further premiums are due. The Face Amount will be reduced to that which the Net Cash Value will buy when applied as a net single premium at the Insured's Age and class of risk as of the date of Lapse.

Surrender Option

This policy may be surrendered for its Net Cash Value as described in the Cash Surrender provision.

Basis of Computation

Nonforfeiture values for this policy are shown in the Table of Policy Values. The nonforfeiture values are shown for the Age at which this policy was issued and at the end of certain Policy Years, with the assumption that premiums are paid to the end of those years and there is no Loan Balance outstanding. The value at any time during a Policy Year will be calculated on the same basis, with allowance for any premium paid for part of the Policy Year. Nonforfeiture values for any Policy Years not shown will be furnished upon Written Request.

Nonforfeiture values and net single premiums are calculated using the Nonforfeiture Interest Rate shown in the Table of Policy Values, assuming immediate payment of claims.

The nonforfeiture values of this policy are not less than the minimum values and benefits required by the laws of the state in which this policy is delivered. On each Policy Anniversary, the value of any Reduced Paid-Up insurance is equal to the net single premium for such Reduced Paid-Up insurance at the Age of the Insured using the Nonforfeiture Interest Rate shown in the Table of Policy Values. A detailed statement of the method of computing nonforfeiture values has been filed with the proper supervisory officials of the state where this policy is delivered.

GENERAL PROVISIONS

This Policy is Our Contract with You

This policy is issued in consideration of the application and the payment of premiums as provided in this policy.

This policy, any amendment(s) or endorsement(s), and a copy of the application(s) and any questionnaires for issuance or Reinstatement of the policy attached to it contain the entire contract between you and us. Any statements made in such application(s), questionnaires or any amendments either by you or by the Insured will, in the absence of fraud (when such defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) be considered representations and not warranties. Also, any written statement made either by you or by the Insured will not be used to void this policy nor defend against a claim under this policy unless the statement is contained in the application(s), questionnaires or any amendments thereto.

Any extra benefit rider attached to this policy will become a part of this policy and will be subject to all of the terms and conditions of this policy unless we state otherwise in the rider.

Incontestability

We cannot contest this policy, except for fraud (when such a defense is permitted by the applicable law in the state where the policy will be delivered or issued for delivery) or non-payment of premium, after it has been In Force during the lifetime of the Insured for two years after the later of:

1. The Date of Issue; and
2. The effective date of Reinstatement of this policy.

If this policy is Reinstated, a new two year contestability period (in addition to any remaining contestability period) will apply from the date of Reinstatement and will apply only to statements made in the application for Reinstatement.

The Insured, the owner and the Beneficiary are obligated to cooperate in any contestability investigation that we may conduct, including supplying us with necessary authorizations for medical and other information.

Amount Payable Is Limited in the Event of Suicide

If the Insured, whether sane or insane, dies by suicide within two years from the Date of Issue, our liability will be limited to an amount equal to the premiums paid for this policy.

Misstatement of Age or Sex in the Application

If there is a misstatement of the Insured's date of birth or sex in the application, we will adjust the death benefit to that which the premiums paid would have purchased at the correct Age or sex.

Extra Benefit Riders

The extra benefit riders, if any, are listed in the Policy Data.

Who Can Make Changes in the Policy

No change or waiver of any of the provisions of this Policy will be valid unless made in writing by us and signed by an officer of the Company. Any change or waiver must be signed by our President or a Vice President together with our Secretary. No agent or other person has the authority to change or waive any provision of this Policy.

Termination of Insurance

This policy will terminate and all coverage on the Insured's life will end on the earliest of the following dates or events:

1. The date this policy Lapses; or
2. The date this policy is surrendered for its Net Cash Value by Written Request; or
3. The date the Loan Balance exceeds the Cash Value; or
4. The date of the Insured's death; or
5. The maturity date shown in the Policy Data. On the maturity date, we will pay the Net Cash Value to you.

Our acceptance of a premium for any period after the date of termination of this policy shall create no liability by us with respect to this policy, nor will it constitute a waiver of the termination. Any premium paid for this policy following its termination will be refunded.

No Dividends are Payable

This is nonparticipating insurance. It does not participate in our profits or surplus. We do not distribute past surplus or recover past losses by changing the premium rates.

Your Rights

During the Insured's lifetime and unless otherwise provided in this policy, you have the exclusive right to assign this policy and to exercise every right, privilege and option this policy grants or that we allow. Some of your rights are:

1. To change the owner or Beneficiary.
2. To change the frequency of premium payments.
3. To Reinstate the policy after Lapse in accordance with the Reinstatement provision.

To exercise any of these rights, or to apply for the death benefits or any benefits under this policy, communicate with our nearest representative or directly with our Administrative Office. Please notify us promptly of any change of address.

SETTLEMENT PROVISIONS

Lump Sum Payment

When the death benefit is payable, we will pay it in a lump sum, unless a settlement option is elected. We may discharge our obligation to make payment in a lump sum by providing you with drafts by which you may draw at any time all or any portion of the remaining benefit. If we do so, we will pay interest from time to time on any amount remaining unpaid. Such interest will be at a rate declared by us from time to time, and may differ from the rate we pay under the settlement options below. There is no minimum interest rate.

Settlement Options

During the Insured's lifetime, you may request that we pay the death benefit under one of the following settlement options. We will also use any other method of payment that is agreeable to you and us. After the Insured's death, a Beneficiary may elect to receive such Beneficiary's share of the death benefit under a settlement option. However, you may provide that the Beneficiary will not be permitted to change the settlement option you have selected. If a settlement option is requested, we will prepare an agreement to be signed which will state the terms and conditions under which the payments will be made. This agreement will include a statement regarding the withdrawal value, if any, and to whom any remaining proceeds will be paid following the death of the person receiving the payments.

Annuity

We will use the benefit as a single premium to buy an annuity. The annuity may be payable to one or two payees. It may be payable for a guaranteed period, or for life with or without a guaranteed period as long as we agree to it. The annuity

payment will not be less than what our newly issued immediate annuity contracts with the same features are then paying.

Benefit Deposited with Interest

We will hold the benefit on deposit with us and it will earn interest. Such interest will be at a rate declared by us from time to time, but not less than an annual interest rate of 1%, and may differ from the rate we pay under other options or as a Lump Sum Payment. We will pay the earned interest monthly, quarterly, semi-annually or annually, as requested. The payee may withdraw part or all of the benefit and earned interest at any time, but unlike for Lump Sum Payment, no drafts will be provided.

Conditions

Settlements of less than $10,000 will be paid in a lump sum and may not be applied under any settlement option. We may change the payment frequency if payments under an option become less than $100.

A corporation may receive payments under a life income option only if the payments are based on the life of the surviving spouse or dependent of the Insured.

Payments Exempt from the Claims of Creditors

To the extent permitted by law:

1. No payment of death benefit or interest we make will be subject to the claims of any creditor; and
2. If you provide that the option selected cannot be changed after the Insured's death, the payments will not be subject to the debts or contracts of the person receiving the payments.

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Stonebridge Life Insurance Company
Home Office: Rutland, Vermont
Administrative Office:
[4333 Edgewood Road NE
Cedar Rapids, IA 52499]
[(319) 355-8511]

Whole Life Insurance with
Death Benefit Payable at Death While the Policy is In Force
Premiums Payable for a Stated Period Shown in the Policy Data
Nonparticipating – No Dividends

WL10 AR

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

AR - Bulletin 11-83.pdf

AR - Cert of Regulation 49.pdf

AR - Rule and Regulation 19.pdf

AR Bulletin 15-2009 Certification.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The L 107 0405 will be used with the WL10 AR. It was approved by your Department on 11/29/07.

Attachment:

L 107 0405 SL - specimen.pdf

Item Status: **Status Date:**

Satisfied - Item: Supporting Documents

Comments:

Attachments:

Act Memo.pdf

Flesch Score Cert SL.pdf

Statement of Variability WL10 - SL.pdf

WL10 AR cover letter - SL.pdf

STONEBRIDGE LIFE INSURANCE COMPANY

BULLETIN 11-83
STATE OF ARKANSAS

Form Number: WL10 AR

Date: November 1, 2010

I hereby certify that the accompanying life product is in compliance with Bulletin 11-83.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: WL10 AR

Date: November 1, 2010

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number: WL10 AR

Date: November 1, 2010

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

BULLETIN 15-2009 CERTIFICATION

Policy Forms: WL10 AR

We certify that, for policies issued in Arkansas on the above-referenced policy form numbers, we will deliver the Consumer Information Notice required by Bulletin 15-2009.

Cheryl Bock

_____ 11/01/10

Cheryl Bock
Assistant Vice President

Date

Application for Conversion of Existing Insurance

Stonebridge Life Insurance Company
Home Office: 4333 Edgewood Road NE, Cedar Rapids, IA 52499

Existing Policy Number	
Name (First, M.I., Last)	Social Security Number
Address (Street, City, State, Zip) (Cannot be a P.O. Box)	E-mail Address
Date of Birth / Age / Sex / Daytime Phone ( )	Evening Phone ( )
Owner (if other than proposed Insured) / Owner's Social Security Number	Owner's Date of Birth
Relationship to proposed Insured	Are you a citizen of: ☐ USA ☐ Other Country _____ Type of VISA _____
New Plan / Amount of Insurance $	Death Benefit Option ☐ Level ☐ Increasing
Effective Date / Planned Premium $	Billing Method ☐ Automatic Bank Draft ☐ Direct Bill

Billing Frequency: ☐ Monthly (Automatic Bank Draft only) ☐ Quarterly ☐ Semiannually ☐ Annually

APPLICANT MAY SPECIFY A PAYOR / SECONDARY ADDRESSEE OTHER THAN OWNER.

Name (First, M.I., Last)	Relationship to proposed Insured	Home Phone
Address (Street, City, State, Zip) (Cannot be a P.O. Box)		SS# / Tax ID

Primary Beneficiary	Relationship to Insured	Contingent Beneficiary	Relationship to Insured

EXISTING RIDERS TO BE CARRIED FORWARD

☐ WP ☐ Child (Coverage for individuals converting will be cancelled automatically.) ☐ Other Coverages (Indicate in Special Instructions)

Name	Relationship	Birth Date	Sex	Special Instructions:

SPECIMEN

Under current federal tax laws, the Company is required to obtain your Taxpayer Identification Number (e.g., a social security or employer identification number, or "TIN") and certification that you are not subject to backup withholding. Please review the following certification and sign accordingly.

Under penalties of perjury, I certify that (1) the TIN listed in this application is my correct TIN; (2) I have not been notified that I am subject to backup withholding or I am not subject to backup withholding because I am an exempt recipient; and (3) I am a U.S. Person (U.S. citizen/legal resident). If not a U.S. Person, I have completed the appropriate Form W-8BEN. The IRS does not require your consent to any provision of this form other than this certification.

I acknowledge and agree that (A) by submitting this application, I am requesting a conversion from my existing policy to the new plan specified above; (B) this application, any amendments, and my existing policy and previous application(s) shall be the basis for any insurance issued; and (C) only a writing signed by an officer of the Company can change the terms of this application or the terms of any insurance issued by the Company. Unless otherwise stated the undersigned applicant is the premium payor and owner of the policy applied for.

I understand that any omissions or misstatements in this application could cause an otherwise valid claim to be denied under any insurance issued from this application.

Signature of proposed Insured (or parent or guardian if Primary Insured is a minor) — **Date**

Signature of Owner if other than Insured — **Date**

Signature of Licensed Agent — **Agent No.** — **Date**

Split Agent Signature — **Agent No.** — **Date**

PLEASE MAKE CHECKS PAYABLE TO STONEBRIDGE LIFE INSURANCE COMPANY

WHOLE LIFE
NONPARTICIPATING LEVEL PREMIUMS
Form WL10

Actuarial Memorandum

1.) Product Description

Whole Life is non-participating, whole life insurance with a level death benefit. Premiums are level and payable during the life of the insured prior to age 100. The policy matures at the insured's age 121. The policy issue ages are 0-80. The minimum specified amount is $1,000.

2.) Mortality Tables Used

Reserve, Net Single Premiums and Reduced Paid-Up are based on the 2001 Commissioner's Standard Ordinary Ultimate table, uni-smoker, sex-distinct, age nearest birthday mortality table and 4% interest.

3.) Valuation Net Premiums

a) For all issue ages, the valuation net premium for the first policy year is:

$\alpha^{FPT}_x = 1000\ A_x^{1}{}_{:\overline{1}|} = 1000\ C_x/D_x$

For example, for a male issue age 35:

$\alpha^{FPT}_{35} = 1000\ C_{35}/D_{35} = 1.16$, rounded to the nearest cent.

b) For all issue ages, the valuation net premium for any policy year after the first policy year is:

$\beta^{FPT}_x = 1000\ A_{x+1} / \ddot{a}_{x+1} = 1000\ M_{x+1}/N_{x+1}$

For example, for a male issue age 35:

$\beta^{FPT}_{35} = 1000\ M_{36}/N_{36} = 10.47$, rounded to the nearest cent.

4.) Reserves

Reserves are calculated by the Commissioner's Reserve Valuation Method (CRVM). The same premium adjustment which was used for valuation net premium was also used to calculate the reserves.

The first year terminal reserve is:

$${}_1V_x = \alpha^{FPT}_x * D_x/D_{x+1} - 1000\ C_x/D_{x+1} = 0$$

The terminal reserves for duration 2 and later are calculated by:

$${}_tV_x = 1000\ A_{x+t} - \sum_{j=t}^{99-x} \beta^{FPT}_x\ D_{x+j} / D_{x+t}$$

For example, for a male issue age 35, the third year terminal reserve is:

$${}_3V_{35} = 1000\ A_{38} - \sum_{j=3}^{64} \beta^{FPT}_{35}\ D_{35+j} / D_{38} = 19.57$$, rounded to the nearest cent.

5.) Non-Forfeiture Factors

a) For all ages, the initial expense allowance is:

$E_1 = \text{MIN}\ (1.25*1000\ A_x / \ddot{a}_x + 10, 60)$

For example, for a male issue age 35, the initial expense allowance is

$E_1 = \text{MIN}\ (1.25*1000\ A_{35} / \ddot{a}_{35} + 10, 60) = 22.52$, rounded to the nearest cent.

b) For all issue ages, the non-forfeiture factor is:

$NF_x = (1000A_x + E_1) / \ddot{a}_x$

For example, for a male issue age 35, the non-forfeiture factor is

$NF_{35} = (1000A_{35} + E_1) / \ddot{a}_{35} = 11.11$, rounded to the nearest cent.

6.) Nonforfeiture Provision

If a premium or loan interest due is not paid by the end of the Grace Period, and there is no Net Cash Value remaining, the policy will Lapse. If there is remaining Net Cash Value at the end of the Grace Period, the policyholder may choose one of the following options.

Option 1: Cash Surrender Values

Cash values are equal to the excess of the present value of future benefits over the present value of the remaining non-forfeiture factors. All cash values are rounded to the higher dollar.

For example, for a male issue age 35, the cash value at the end of the tenth policy year is:

$${}_{10}CV_{35} = 1000A_{45} - NF_{35} * \ddot{a}_{45}$$

$$= 1000M_{45} / D_{45} - 11.11 * N_{45} / D_{45} = 87.00$$, rounded to the higher dollar.

Option 2: Reduced Paid-Up Insurance

Reduced face amount of the Reduced Paid-Up Insurance is determined by using the Cash Surrender Value to purchase the Reduced Paid-Up Insurance.

For all ages x, the Net Single Premium is:
$A_x = M_x / D_x$

For all issue ages, the Reduced Paid-Up Insurance is:
${}_tRPU_x = {}_tCV_x / A_{x+t}$

For example, for a male issue age 35, the Reduced Paid-Up Insurance at the end of the tenth policy year is:

${}_{10}RPU_{35} = {}_{10}CV_{35} / A_{45} = 87.00 / A_{45} = 299.00$, rounded up to the nearest dollar.

Anton Harper

Anton A. Harper, FSA, MAAA
Assistant Vice President, Life Pricing

September 17, 2010
Date

STONEBRIDGE LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION

Form Number (may vary by State)	**Flesch Score**
WL10	50.0

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY
STATEMENT OF VARIABILITY

Date: September 2, 2010

WL10 Policy Form

1. Administrative Office Address (face page header): This may change to another location in the future.

2. Telephone Number (face page header): This may change to another number.

3. Policy Number (face page policy information): This will be assigned sequentially.

4. Insured (face page policy information): This will be the name of the insured indicated on the application for insurance.

5. Owner (face page policy information): This will be the insured, unless otherwise indicated on the application of insurance.

6. Face Amount (face page policy information): This will be the amount we approve, and will be case specific at time of issue.

7. Policy Date (face page policy information): This will be the date coverage under the policy becomes effective.

8. Signed for the Company at (face page, second paragraph): This may change to another location.

9. Officer Signature and Titles (face page, second paragraph): These may change in the future. In the event the title of an officer signing the policy form changes, any new title will be the title of an officer of the company.

10. Policy Number (policy data page 3): This will be assigned sequentially.

11. Face Amount (policy data page 3): This will be the amount we approve, and will be case specific at time of issue.

12. Age of Insured (policy data page 3): This policy form is issued to ages 0-80.

13. Sex of Insured (policy data page 3): This will be either male or female, based on the gender of the Insured.

14. Insured (policy data page 3): This will be the name of the insured indicated on the application for insurance.

15. Class of Risk (policy data page 3): The class of risk will be standard or substandard with no distinction for tobacco use.

16. Owner (policy data page 3): This will be the insured, unless otherwise indicated on the application for insurance.

17. Policy Date (policy data page 3): This will be the date coverage under the policy becomes effective.

18. Date of Issue (policy data page 3): This will be case specific at time of issue.

19. Maturity Date (policy data page 3): This will be the policy anniversary nearest the insured's age 121.

20. Type of Coverage (policy data page 3): This will indicate any optional riders the owner may choose on the application for insurance.

21. Amount (policy data page 3): The face amount of the policy will be the amount we approve, and will be case specific at time of issue.

22. Policy Year Premium is Payable (policy data page 3): The period of time that premiums are payable for the policy. The premiums will be level during the life of the insured until age 100 when premiums will stop.

23. Annual Premium (policy data page 3): The annual premium for the policy and any optional riders will depend on the face amount of the policy; and the insured's age, sex, and class of risk.

24. Total Annual Premium on Policy Date (policy data page 3): This will depend on the premium payable for the policy and any optional riders the owner may choose on the application for insurance.

25. Initial Premium Payment Amount and Mode (policy data page 3): The initial premium payment amount will depend on the mode, the premiums payable for the policy and any optional riders the owner may choose on the application for insurance. The mode will be either annually, semi-annually, quarterly or monthly and will depend on the option the owner chooses on the application for insurance. The billing method will depend on the various options allowed by the company and the option the owner chooses on the application for insurance.

26. Total Premiums Per Year (policy data page 3): The amount will vary depending on the mode, the premiums payable for the policy and any optional riders that owner may choose on the application for insurance.

27. Schedule of Premiums (policy data page 3): These premium amounts will vary depending on the modal factor times the annual premium.
    Annual: 1.00 factor
    Semi-Annual: 0.51 factor
    Quarterly: 0.26 factor
    Monthly: 0.0875 factor

28. Policy Number (policy data page 3A): The will be assigned sequentially.

29. Insured (policy data page 3A): This will be the name of the insured indicated on the application for insurance.

30. Nonforfeiture Interest Rate (policy data page 3A): Shown as 4%, but it may vary based on the updates provided by the Standard Nonforfeiture Law.

31. Table of Policy Values (policy data page 3A): Case specific at time of issue.

32. Administrative Office (back of cover page): This may change to another location.

33. Telephone Number (back cover page): This may change to another number.

STONEBRIDGE LIFE

Insurance Company

A Stock Company
Home Office located at: Rutland, Vermont
Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] #1
(Hereafter called the Company, we, our or us) [(319) 355-8511] #2

Policy Number: [SPECIMEN] #3

Face Amount: $[100,000] #6

Policy Date: [SEPTEMBER 01, 2010] #7

Insured: [John Doe] #4

Owner: [John Doe] #5
[Jane Doe]

We will pay the death benefit to the Beneficiary if the Insured dies while this policy is In Force. All payments are subject to the provisions of this policy.

#8

Signed for the Company at [Cedar Rapids, Iowa], on the Date of Issue.

[ ] #9 [ ] [

[Secretary] [President]

10 DAY RIGHT TO CANCEL - You may cancel this policy by delivering or mailing a Written Request to us or to the agent from whom it was purchased. You must return the policy to us or the agent before midnight of the 10th day after the day you receive it. Your Written Request given by mail and return of the policy by mail are effective on being postmarked, properly addressed and postage prepaid. We must return all payments made for this policy within 30 days after we receive notice of cancellation and the returned policy.

If you are terminating or borrowing from another life insurance policy owned by you in connection with your purchase of this policy, then this policy may be considered a replacement policy. If this policy is a replacement policy, your right to cancel is extended to midnight of the 30th day after the day you receive it.

Whole Life Insurance with
Death Benefit Payable at Death While the Policy is In Force
Premiums Payable for a Stated Period Shown in the Policy Data
Nonparticipating – No Dividends

WL10

POLICY DATA

POLICY NUMBER:	[SPECIMEN]	#10	**POLICY DATE:**	[SEPTEMBER 01, 2010]	#17
FACE AMOUNT:	$[100,000]	#11	**DATE OF ISSUE:**	[SEPTEMBER 01, 2010]	#18
AGE OF INSURED:	[35]	#12	**MATURITY DATE:**	[SEPTEMBER 01, 2096]	#19
SEX OF INSURED:	[MALE]	#13			
INSURED:	[JOHN DOE]	#14			
CLASS OF RISK:	[STANDARD]	#15			
OWNER:	[JOHN DOE] [JANE DOE]	#16			

SCHEDULE OF BENEFITS

TYPE OF COVERAGE #20	AMOUNT #21	POLICY YEARS PREMIUM IS PAYABLE #22	*PREMIUM PAYMENTS (ANNUAL) #23
BASIC POLICY	$[100,000.00]	TO AGE 100	$[1,610.00]

***Total Annual Premium on Policy Date** ..... $ [1,610.00] #24

*THE "PREMIUM PAYMENTS (ANNUAL)" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" LISTED ON THIS PAGE ARE THE AMOUNTS YOU WILL PAY PER YEAR ONLY IF YOU CHOOSE THE ANNUAL PREMIUM PAYMENT MODE. THE AMOUNT YOU PAY PER YEAR MAY BE HIGHER IF YOU PAY PURSUANT TO ANY OTHER PAYMENT MODE. THE "PREMIUM PAYMENTS (ANNUAL)" AND "TOTAL ANNUAL PREMIUM ON POLICY DATE" INCLUDE AN ANNUAL POLICY FEE OF $[30.00]. THE POLICY FEE MAY BE HIGHER IF YOU PAY PURSUANT TO ANY PAYMENT MODE OTHER THAN ANNUAL.

Initial Premium Payment Amount and Mode..... [$1,610.00] [ANNUALLY] [DIRECT BILL] #25

Total Payments Per Year..... [$1,610.00] #26

SCHEDULE OF PREMIUMS #27

	Annually	Semi-Annually	Quarterly	Monthly
Premium Due Per Payment	$ [1,610.00]	$ [821.10]	$ [418.60]	$ [140.88]
Total Payments Per Year	$ [1,610.00]	$ [1,642.20]	$ [1,674.40]	$ [1,690.56]

The Schedule of Premiums above reflects direct billing options when made available by the Company. A Schedule of Premiums for other payment modes will be provided on request.

TABLE OF POLICY VALUES

POLICY NUMBER: [SPECIMEN] #28
INSURED: [JOHN DOE] #29
NONFORFEITURE INTEREST RATE: [4.00%] #30

IF ALL THE PREMIUMS DUE HAVE BEEN PAID TO THE POLICY ANNIVERSARY AND THERE IS NO LOAN BALANCE OUTSTANDING, THE POLICY VALUES WILL BE:

#31

END OF POLICY YEAR	AGE OF INSURED	CASH VALUE	REDUCED PAID-UP INSURANCE
[1	36	$ 0.00	$ 0.00]
[2	37	0.00	0.00]
[3	38	700.00	3,053.00]
[4	39	1,800.00	7,583.00]
[5	40	2,800.00	11,396.00]
[6	41	3,900.00	15,337.00]
[7	42	5,100.00	19,381.00]
[8	43	6,300.00	23,140.00]
[9	44	7,500.00	26,634.00]
[10	45	8,700.00	29,880.00]
[11	46	10,000.00	33,228.00]
[12	47	11,300.00	36,336.00]
[13	48	12,600.00	39,218.00]
[14	49	13,900.00	41,879.00]
[15	50	15,400.00	44,915.00]
[16	51	16,800.00	47,436.00]
[17	52	18,300.00	50,034.00]
[18	53	19,800.00	52,436.00]
[19	54	21,400.00	54,915.00]
[20	55	23,000.00	57,215.00]
	[@55	23,000.00	57,215.00]
	[@60	31,300.00	67,126.00]
	[@65	40,100.00	75,005.00]

STONEBRIDGE LIFE
Insurance Company

A Stock Company
Home Office located at: Cedar Rapids, Iowa
Administrative Office located at: [4333 Edgewood Road NE, Cedar Rapids, Iowa 52499] #32
(Hereafter called the Company, we, our or us) [(319) 355-8511] #33

Whole Life Insurance with
Death Benefit Payable at Death While the Policy is In Force
Premiums Payable for a Stated Period Shown in the Policy Data
Nonparticipating – No Dividends

WL10

Stonebridge Life Insurance Company
Home Office: Rutland, VT
Administrative Office: 4333 Edgewood Road NE
Cedar Rapids, Iowa 52499

November 1, 2010

Commissioner of Insurance
Arkansas Insurance Division
1200 West 3rd Street
Little Rock, AR 72201-1904

Attn.: Policy Examination Division (Individual Life)

RE: STONEBRIDGE LIFE INSURANCE COMPANY NAIC#468-65021
Form Numbers: WL10 AR – Whole Life Insurance Policy

Dear Sir/Madam:

Please find an attached copy of the above referenced form. This is a new form and is not intended to replace any forms previously approved by your Department. This form has been submitted in final printed form in which it will be distributed to Insureds. This form is subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures.

WL10 AR, Whole Life Insurance Policy – This is a single life policy based on the Insured age at nearest birthday. This is a whole life policy that provides a level death benefit with benefits payable to age 121. The premiums are level and are payable until age 100. If the Insured is still living at age 121, the policy terminates and the cash surrender value (equal to the death benefit) is paid out. The issue ages for this policy are 0-80.

This policy is designed to accommodate the conversion privilege commonly found in our term insurance products and riders. It will not be promoted for new sales. It will be marketed through our agent field force.

We intend to use application form L 107 0405 with this policy. This application was approved by your Department on November 29, 2007.

We would appreciate your review and approval of these forms.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

Deb Andregg
Policy Analyst
Contract Development
(319) 355-7265 (collect)
Fax #: (319) 355-2501
dandregg@aegonusa.com