

SERFF Tracking Number: STAR-126916255 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 47395
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Guaranteed Issue Whole Life 42-001
Project Name/Number: /

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Guaranteed Issue Whole Life 42-001 SERFF Tr Num: STAR-126916255 State: Arkansas

TOI: L071 Individual Life - Whole SERFF Status: Closed-Approved- Closed State Tr Num: 47395

Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Author: Natka Varisco Reviewer(s): Linda Bird
Date Submitted: 11/24/2010 Disposition Date: 11/30/2010
Disposition Status: Approved-Closed

Implementation Date Requested: On Approval
State Filing Description:

Implementation Date:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: 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: 11/30/2010 Explanation for Other Group Market Type:
State Status Changed: 11/30/2010
Deemer Date: Created By: Natka Varisco
Submitted By: Natka Varisco Corresponding Filing Tracking Number:
Filing Description:
The above referenced Guaranteed Issued Whole Life policy was previously approved in the state of Arkansas on May 9, 2007. We have made changes to the previously approved form (Policy Form No. 41-001) and application (Application form 41-001-APP). The policy has been assigned form number 42-001 and application has been assigned form number 42-001 APP.

The changes to the policy and application are as follows:

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Policy Form 42-001

The following exclusions have been added to the policy:

- a. Suicide, while sane or insane (while sane in Missouri and Texas);
- b. Bodily or Mental illness or disease;
- c. Medical or surgical treatment except when required because of accidental bodily injury;
- d. Any poison gas, or narcotic (unless administered on the advice of or in the dosage prescribed by a physician) voluntarily taken;
- e. Riding in or descent from any kind of aircraft, except as a fare-paying passenger in a regularly scheduled commercial airline;
- f. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organization;
- g. Committing an assault, or felony, or participation in a riot or insurrection, or being engaged in an illegal occupation;
- h. Participation in sky or skin diving, auto or motorcycle racing, hang gliding or mountain climbing. Engaging in any activity which involves the use of hang gliders, parachutes, or parachutes in tow;
- i. Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces (Send us proof of service; we will refund any premium paid for this time.);
- j. Injuries sustained while intoxicated or under the influence of narcotics, unless administered on the advice of and in the dosage prescribed by a physician;
- k. Loss due to an injury which occurred prior to the date the rider is in force; or
- l. Death must occur within 90 days of the accident.

Application Form No. 42-001 APP

The following portions of the application are now bracketed:

[AD RDR FORM NO. 97005]
[ADB RIDER FORM NO. 98-010 ACC]
[My check for \$1 to pay for the first month* is enclosed.]

The benefit amounts are now bracketed.

The following statement has been added below the blank to name the Beneficiary.

(If Beneficiary is a minor, please include their date of birth)

Additionally, our Accidental Death Rider form no. 97-005 R/6 and/or Accelerated Death Benefit form no. 98-010 may be

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marketed with this policy.

The enclosed forms are in final printed format, subject only to minor changes in ink, color, paper stock, company logo, margins and positioning.

This filing is being filed without an illustration. To market this policy in Arkansas, Starmount Life will buy lists of recent mail order purchasers, use third party inserts, place the application on our website, seek referrals from friends and/or family members of current insureds and use any other methods of direct marketing that the company may subsequently develop. At this time Starmount Life has no plans to market this policy through agents.

Company and Contact

Filing Contact Information

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

Filing Company Information

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

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	11/24/2010	42303754

SERFF Tracking Number: STAR-126916255 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/30/2010	11/30/2010

SERFF Tracking Number: *STAR-126916255* *State:* *Arkansas*
Filing Company: *Starmount Life Insurance Company* *State Tracking Number:* *47395*
Company Tracking Number:
TOI: *L071 Individual Life - Whole* *Sub-TOI:* *L071.101 Fixed/Indeterminate Premium - Single*
Product Name: *Guaranteed Issue Whole Life 42-001*
Project Name/Number: */*
Life

Disposition

Disposition Date: 11/30/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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

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Form Schedule

Lead Form Number: 42-001

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	42-001-AR	Policy/Cont GIWL ract/Fraternal Certificate	Initial		56.300	42-001-AR GIWL.pdf
	42-001 APP	Application/ Enrollment Form	Initial		65.400	GIWL General App 11-9-10.pdf

STARMOUNT
LIFE INSURANCE COMPANY
8485 Goodwood Boulevard
Baton Rouge, LA 70806-7878

A STOCK LIFE INSURANCE COMPANY

Guaranteed Issue Whole Life

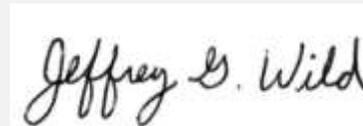
Starmount Life Insurance Company will pay the proceeds of this policy to the beneficiary upon receiving due proof of the insured's death.

90 Day right to examine the policy – You have the right to cancel this policy within 90 days after you receive it. To cancel, mail or return the policy to our home office or to the agent who sold it. The policy will be treated as if it had never been issued and any premium paid will be returned.

Please read your policy! This policy is a legal contract between Starmount Life Insurance Company and the.



Chairman



Secretary/Treasurer

Increasing Benefit Whole Life Insurance

- Proceeds payable at the insured's death
- Premiums due for the premium period shown on page 3
- Premium change provision
- Does not participate in dividends

Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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STARMOUNT LIFE INSURANCE COMPANY
GUARANTEED ISSUE WHOLE LIFE

OWNER: [John Atkinson]
 BENEFICIARY: [Helen Atkinson, wife]
 PREMIUM CLASS: Non-Smoker
 BENEFITS and PREMIUMS:

			PREMIUM			
			CURRENT		GUARANTEED MAXIMUM	
FORM #	BENEFIT	PREMIUM PERIOD	ANNUAL PREMIUM	MONTHLY PREMIUM	ANNUAL PREMIUM	MONTHLY PREMIUM
42-001	Modified Indeterminate Premium Permanent Whole Life	Life	\$388.20	\$32.35	\$582.36	\$48.53
	TOTAL		\$388.20	\$32.35		

*These are the guaranteed maximum premiums after the first policy year the highest premiums that can ever be charged.

This policy has limited benefits for non-accidental death in the first two policy years. See the schedule below for details.
 See definition of Accidental Death on page 6.

The first billing is for 2 month's premiums

INSURED: [John Atkinson]
 AGE & SEX: [65, Male]

POLICY NUMBER: L111129449
 AMOUNT OF INSURANCE IN EFFECT:

Policy Year	Accidental Death	Death From All Other Causes
1	\$5,000	[value taken from table 1]
2	\$5,000	[value taken from table 1]
3+	\$5,000	\$5,000

POLICY DATE: January 3, 2006

[Table 1: Death Benefits per Unit of Coverage (\$)

Issue age	Policy year 1	Policy year 2	Policy year 3+
45-54	28.00	56.00	1000.00
55-64	40.00	80.00	1000.00
65-70	60.00	120.00	1000.00
71-75	88.00	176.00	1000.00]
76+	125.00	250.00	1000.00

STARMOUNT LIFE INSURANCE COMPANY

INSURED: John Atkinson
AGE & SEX: 65, Male

POLICY NUMBER: L111129449
RISK CLASS: Non-Smoker

TABLE OF GUARANTEED POLICY VALUES

For explanation of Table, see Page 7

<u>END OF YEAR</u>	<u>CASH VALUE</u>	<u>PAID UP INSURANCE</u>
1	0.00	0.00
2	193.05	390.00
3	339.00	665.00
4	487.45	930.00
5	638.15	1180.00
6	790.40	1420.00
7	943.15	1645.00
8	1095.35	1855.00
9	1247.30	2060.00
10	1399.15	2250.00
11	1550.90	2430.00
12	1701.95	2605.00
13	1851.35	2765.00
14	1997.80	2920.00
15	2140.70	3060.00
16	2279.40	3190.00
17	2413.65	3315.00
18	2543.90	3430.00
19	2669.95	3535.00
20	2791.15	3635.00

NON-FORFEITURE BASIS: Commissioners 2001 Standard Ordinary Mortality Table
Sex Distinct, Smoker Distinct with Interest at [5%].

VALUATION BASIS: Commissioners 2001 Standard Ordinary Mortality Table
Sex Distinct, Smoker Distinct with Interest at [4%].

THE PARTIES IN THIS POLICY

The Parties

In this policy, the word **we** refers to **Starmount Life Insurance Company**. **You** means the owner of the policy named on page 3.

We have issued this policy to you on the life of the **Insured** named on page 3. As the owner, you can exercise the rights described in this policy.

If you are not the insured, you can name a **contingent owner**. The contingent owner would be the party to whom ownership of this policy would pass if you die before the insured. If there is no contingent owner, ownership would pass to your estate.

You have the right to name a **beneficiary**. The beneficiary is the party who is to receive the proceeds payable at the insured's death. The beneficiary is named on page 3.

You can name any beneficiary to be an **irrevocable beneficiary**. An irrevocable beneficiary is a beneficiary whose consent is required before you can:

- change the beneficiary under this policy;
- reduce or terminate the irrevocable beneficiary's right to the proceeds;
- transfer ownership of the policy or assign it; or
- exercise any other policy right that may reduce the proceeds.

Your Right to Change the Beneficiary

During the insured's life, you have the right to change the beneficiary other than an irrevocable beneficiary.

How to Change the Beneficiary. Send a signed, written notice of the change on a form satisfactory to us to our home office. When we receive the notice, the change will take effect as of the date you signed it. But the change will not affect any payment we make before receiving and recording the notice.

Your Right to Assign This Policy

You can assign (transfer) your rights under this policy as security for a loan or for other reasons. This does not change the ownership of this policy, but your rights and any beneficiary's rights are subject to the terms of the assignment.

The assignment is not binding on us until we receive and record a copy at our home office. We are not responsible for the validity of the assignment. All assignments are subject to policy debt. See **Cash Values and Net Cash Values** in the **Cash Values** section.

GENERAL PROVISIONS

Policy Dates

Premium due dates and policy months, years, and anniversaries are measured from the policy date shown on page 3.

The Contract

The entire contract consists of this policy, any riders or endorsements, and the attached application. We have issued this policy to you in exchange for the application and the payment of premiums. Any agreement to change or waive the contract's terms must be in writing and signed by one of our officers at our home office.

Limits on Our Contesting the Policy

We rely on all statements made in the application. Legally, these statements are considered to be representations and not warranties. We can contest the validity of this policy or deny a claim for any material misrepresentation of a fact. To do so, the misrepresentation must have been made in the application and a copy of the application must have been attached to this policy.

We cannot contest this policy after it has been in effect during the insured's life for two years from the policy date. This does not prevent us from legally terminating the policy if premiums are not paid.

Legal Action

You cannot sue Us for benefits under this policy sooner than sixty (60) days after We have been provided with written proof of death as required. No such action may be brought after six (6) years from the time written proof of death is required.

Misstatement of Age or Sex

The policy benefits are based on the insured's age and sex as shown in the application. If the age or sex has been misstated, the amount of any benefit will be what the premiums paid would have bought at the correct age or sex at the rates in effect on the policy date.

Accidental Death

Death due to Accidental Bodily Injury caused by Accident occurring while the insurance is in force; the death must occur within 90 days after the date of the Accident, directly and independently of all other causes.

The above limitations are the only life insurance exceptions. There are no others. The exclusions are:

- a. Suicide, while sane or insane (while sane in Missouri and Texas);
- b. Bodily or Mental illness or disease;
- c. Medical or surgical treatment except when required because of accidental bodily injury;
- d. Any poison gas, or narcotic (unless administered on the advice of or in the dosage prescribed by a physician) voluntarily taken;
- e. Riding in or descent from any kind of aircraft, except as a fare-paying passenger in a regularly scheduled commercial airline;
- f. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organization;
- g. Committing an assault, or felony, or participation in a riot or insurrection, or being engaged in an illegal occupation;
- h. Participation in sky or skin diving, auto or motorcycle racing, hang gliding or mountain climbing. Engaging in any activity which involves the use of hang gliders, parachutes, or parachutes in tow;
- i. Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces (Send us proof of service; we will refund any premium paid for this time.);
- j. Injuries sustained while intoxicated or under the influence of narcotics, unless administered on the advice of and in the dosage prescribed by a physician;
- k. Loss due to an injury which occurred prior to the date the rider is in force; or
- l. Death must occur within 90 days of the accident.

HOW TO PAY FOR YOUR POLICY

When and Where to Pay Premiums

We provide insurance coverage in return for premium payments. The amount of the total annual premium is shown on page 3.

This policy will go into effect when the required premium is paid and the policy is delivered during the lifetime and continued insurability of the insured. Payments can be made annually, semiannually, quarterly, or monthly. Payments other than annual must not be less than the minimum we allow. During the insured's life, each premium is due on or before the due date for the premium period shown on page 3.

How to Change Your Payment Frequency. Write to our home office to request the change. All premiums due after we approve your request will be billed on the new schedule.

Pay your premiums to our home office. Only the first premium should be paid to your authorized agent. Your agent will give you a receipt for the first premium.

Grace Period after Each Premium Due Date

After the first premium has been paid, this policy will stay in effect for 31 days after each premium due date. These 31 days are called the **grace period**. If the insured dies during a grace period, any premium then due will be subtracted from the proceeds.

Premium Unpaid at the End of the Grace Period

If a premium is not paid by the end of its grace period, the policy will terminate as of the premium due date. However, coverage can be continued if there is cash value that can be applied to pay the premium. This is explained in **Cash Values**.

Your Right to Reinstate This Policy

Unless you have surrendered this policy for its net cash value, which is defined in **Cash Values**, you may reinstate the original coverage. We will consider reinstatement during the insured's life within five years after the due date of the first unpaid premium. We can contest the validity of this policy or deny a claim for any material misrepresentation during the first two (2) years following reinstatement.

How to Reinstate Coverage. You must apply in writing and provide proof satisfactory to us that the insured is still insurable. All unpaid premiums must be paid with interest at 6% per year. Any policy debt must be paid or reinstated with interest due at the policy loan interest rate.

Premium Rates

The insured's **premium class** is shown on page 3. During the policy's premium period, premiums will be at the rates in effect on the policy date for that class.

Premium Change Provision

The premium will never be more than the maximum premium shown on page 3. The current premium as shown on page 3 will be charged for the first policy year. After the first policy year, the current premium may increase or decrease. We will provide written notice of any change in the premium before each policy year. Any such change in premiums will be applied uniformly by:

- issue age and sex;
- premium class;
- amount of insurance; and/or
- the number of years the policy has been in force.

The policy values will not be affected by any premium change. We will not change your policy premium or your premium class because of a change in your health.

NONPARTICIPATING

This policy is issued at a guaranteed premium rate and will not share in our surplus earnings. Therefore dividends will not be paid on this policy.

CASH VALUES

Cash Values and Net Cash Values

During the insured's life, you may use this policy's cash value as described in this section. The table of guaranteed policy values on page 4 shows the cash value at the end of certain policy years, assuming that premiums have been paid to the end of those policy years. We will furnish cash values for years not shown on request.

The net cash value at any time is:

- The cash value as of the end of the current policy month; plus
- The part of any premium paid for a period beyond the current month; less
- Any unpaid premiums for coverage through the current policy month; less
- Any outstanding policy loans with interest earned to date (policy date).

Your Right to Borrow Money

You may borrow money from us by completing a loan agreement satisfactory to us. The only security we require for the loan is your policy's cash value.

Here is how we determine the maximum amount you may borrow:

- First we determine your policy's cash value as of the next premium due date. If premiums have been paid beyond the next policy anniversary or if no further premiums are due, we determine the cash value as of the next policy anniversary.
- Then we subtract any premiums due and interest in advance to the next policy anniversary.

We may delay making a loan for up to six months.

Interest. Interest on loans is 8% per year. On each policy anniversary, interest is due in advance to the next policy anniversary. Any interest not paid when due becomes part of the loan and bears interest at the same rate.

Repaying Policy Debt. Policy debt may be repaid in part or in full at any time during the insured's life while this policy is in effect. If at any time policy debt should reduce the net cash value below zero, this policy will terminate 31 days after we send written notice to you and any assignee.

Automatic Premium Loan Option. If this option is in effect, we will automatically make a loan to cover the unpaid premium at the end of the 31 day grace period. If there is not enough net cash value to cover the premium then due, we will continue this policy for the period that the amount of net cash value will cover. At the end of this period, the policy will terminate 31 days after we send you written notice.

How to Apply for the Option. You can apply for the automatic premium loan option by requesting it in writing to our home office on a form satisfactory to us. But we must receive your request before the end of the grace period for an unpaid premium. You can cancel the option at any time.

We will not delay paying a premium loan. In all other ways, a premium loan is treated as any other policy loan.

Your Right to Surrender This Policy for Cash

You may surrender this policy for its net cash value by:

- completing a form satisfactory to us; and
- returning this policy to us.

If this policy is surrendered within 60 days after the due date of an unpaid premium, the net cash value will not be less than it was on the due date. After surrender, you have no further rights under this policy.

We may delay paying the net cash value for up to six months.

CONTINUING THIS POLICY WITHOUT PAYING PREMIUMS

If a premium is not paid by the end of the 31 day grace period and the policy is not continued under the automatic premium loan provision, this policy will terminate as of the premium due date unless the net cash value can be used to keep it in effect. We call this premium due date the **termination date**.

If this policy has a net cash value, we will use it as a single premium at the insured's attained age to continue the policy as paid-up life insurance.

This type of insurance is explained below. It will begin as of the termination date.

Paid-Up Insurance

You can use the net cash value to buy life insurance for which no further premiums are due. This paid-up insurance is payable at the insured's death under the conditions of this policy.

The table of guaranteed policy values shows how much paid-up insurance would be provided if the net cash value were used as a single premium at the end of certain policy years. The net cash value determines how much insurance would actually be provided.

Which Type of Insurance Applies

If the automatic premium loan provision has not been requested, we automatically provide reduced paid-up insurance.

While this policy is in effect as paid-up life insurance, all rights provided by this policy are still available unless the policy states otherwise.

Benefit Riders Do Not Apply. Any benefit riders attached to this policy will terminate when reduced paid-up insurance goes into effect.

PROCEEDS

Payment of the Proceeds

We will pay the life insurance proceeds to the beneficiary. If there is no beneficiary living at the time of the insured's death, the proceeds will be payable to you or your estate. Proceeds will be paid in a single sum unless applied as explained under **Options at Settlement**.

How to Claim Proceeds. We must receive the policy and due proof of the death of the insured. This due proof of death must show that the insured died while this policy was in effect. In addition, the due proof of death must be submitted in a manner satisfactory to us. Interest will be paid in accordance with all applicable state statutes. We will provide specific instructions for claiming proceeds on request.

Amount of the Proceeds

To calculate the amount of the proceeds, we add:

- the amount of insurance currently in effect under this policy on the insured's life;
- any insurance on the insured's life provided by any benefit riders in effect; and

From the above total, we subtract:

- any policy debt; and
- any unpaid premiums for coverage through the policy month of the insured's death.

The amount of insurance currently in effect under this policy is shown on page 3.

Any premium waived under a benefit rider will not be added or subtracted from the proceeds.

We will pay the proceeds as soon as possible after receiving proof of death.

Full payment of the policy proceeds discharges insurer of all claims.

Suicide

If the insured commits suicide, while sane or insane, within two years from the policy date, the insurer will return the amount of all premiums paid.

Claims of Creditors

The proceeds of this policy will be paid free from creditors' claims to the extent allowed by law.

OPTIONS AT SETTLEMENT

Options at settlement provide alternate ways in which payment of proceeds or net cash values can be made. If an option is selected, the policy must be returned to us. Unless the selection is shown in the application for this policy, we will attach an endorsement explaining the method of settlement selected.

Availability of Options

All or part of the proceeds or net cash value may be applied under any option. If this policy is assigned, amounts due the assignee will be paid in one sum. The balance, if any, may be applied under any option.

How to Select an Option. To select an option, a written request satisfactory to us must be received at our home office. You may select any option during the insured's lifetime. If the option has not been selected before the insured dies, the beneficiary may select an option. Options for any amount payable to an association, corporation, partnership or fiduciary are available with our consent.

Minimum Amounts

If the amount to be applied under any option for any one person is less than \$2,000, we may pay that amount in one sum instead. If the payments under any option come to less than \$20 each, we have the right to make payments at less frequent intervals. If the total payment for a year would be less than \$20, we can make one final payment and end the option.

Description of Settlement Options

Our options are described below in terms of monthly payments. Quarterly, semiannual or annual payments may be requested instead and will be determined in a way which is consistent with monthly payments.

Option 1 - Income for a Fixed Period. Equal monthly payments will be made for any period selected, up to 30 years. The amount of each payment depends on the total amount applied and the period selected. The monthly payment rates are shown in the Option 1 table below.

Option 1 Table

Minimum monthly payment rates for each \$1,000 applied

<u>Years</u>	<u>Monthly Payment</u>	<u>Years</u>	<u>Monthly Payment</u>
1	\$ 84.47	16	\$ 6.53
2	42.86	17	6.23
3	28.99	18	5.96
4	22.06	19	5.73
5	17.91	20	5.51
6	15.14	21	5.32
7	13.16	22	5.15
8	11.68	23	4.99
9	10.53	24	4.84
10	9.61	25	4.71
11	8.86	26	4.59
12	8.24	27	4.47
13	7.71	28	4.37
14	7.26	29	4.27
15	6.87	30	4.18

For quarterly payment, multiply by 2.99. For semiannual payment, multiply by 5.96. For annual payment, multiply by 11.84.

Option 2 - Lifetime Income With Payments for a Guaranteed Period. Equal monthly payments are based on the life of a named person. Payments will continue for the lifetime of that person. We will make payments for the selected guaranteed period and for as long after that as the named person lives. The Option 2 table shows the monthly payment for each \$1,000 applied.

Option 2 Table

Monthly payment rates for each \$1,000 applied

<u>Age Last Birthday</u>		<u>Payments Guaranteed For</u>			<u>AgeLast Birthday</u>		<u>Payments Guaranteed For</u>		
		<u>10</u>	<u>15</u>	<u>20</u>			<u>10</u>	<u>15</u>	<u>20</u>
<u>Male</u>	<u>Female</u>	<u>years</u>	<u>years</u>	<u>years</u>	<u>Male</u>	<u>Female</u>	<u>years</u>	<u>years</u>	<u>years</u>
0-15	0-19	2.97	2.97	2.97	51	55	4.54	4.46	4.34
16	20	2.99	2.98	2.98	52	56	4.64	4.55	4.41
17	21	3.00	3.00	3.00	53	57	4.74	4.63	4.48
18	22	3.02	3.02	3.02	54	58	4.84	4.72	4.55
19	23	3.04	3.04	3.04	55	59	4.95	4.82	4.61
20	24	3.07	3.06	3.06	56	60	5.07	4.91	4.68
21	25	3.09	3.09	3.08	57	61	5.19	5.01	4.75
22	26	3.11	3.11	3.11	58	62	5.32	5.11	4.82
23	27	3.14	3.13	3.13	59	63	5.45	5.21	4.89

24	28	3.16	3.16	3.15	60	64	5.59	5.32	4.95
25	29	3.19	3.18	3.18	61	65	5.74	5.42	5.02
26	30	3.21	3.21	3.21	62	66	5.89	5.53	5.08
27	31	3.24	3.24	3.23	63	67	6.05	5.64	5.13
28	32	3.27	3.27	3.26	64	68	6.22	5.74	5.19
29	33	3.30	3.30	3.29	65	69	6.39	5.85	5.24
30	34	3.34	3.33	3.32	66	70	6.56	5.95	5.28
31	35	3.37	3.37	3.36	67	71	6.74	6.06	5.32
32	36	3.41	3.40	3.39	68	72	6.93	6.15	5.36
33	37	3.44	3.44	3.43	69	73	7.12	6.25	5.39
34	38	3.48	3.48	3.46	70	74	7.31	6.33	5.42
35	39	3.53	3.52	3.50	71	75	7.50	6.42	5.44
36	40	3.57	3.56	3.54	72	76	7.70	6.49	5.46
37	41	3.61	3.60	3.58	73	77	7.89	6.56	5.47
38	42	3.66	3.65	3.62	74	78	8.07	6.62	5.49
39	43	3.71	3.69	3.67	75	79	8.25	6.67	5.49
40	44	3.76	3.74	3.72	76	80	8.43	6.72	5.50
41	45	3.82	3.80	3.76	77	81	8.59	6.75	5.50
42	46	3.87	3.85	3.81	78	82	8.75	6.78	5.51
43	47	3.94	3.91	3.87	79	83	8.89	6.81	5.51
44	48	4.00	3.97	3.92	80	84	9.02	6.83	5.51
45	49	4.07	4.03	3.97	81	85 Up	9.13	6.84	5.51
46	50	4.14	4.10	4.03	82		9.23	6.85	5.51
47	51	4.21	4.16	4.09	83		9.32	6.86	5.51
48	52	4.29	4.23	4.15	84		9.39	6.86	5.51
49	53	4.37	4.31	4.21	85 Up		9.45	6.87	5.51
50	54	4.45	4.38	4.28					

Monthly payment rates for ages not shown will be given on request. Monthly payment rates for ages over 85 will be the same as the rates for age 85. For quarterly payment, multiply by 2.99. For semiannual payment, multiply by 5.93. For annual payment, multiply by 11.70

Option 3 - Interest Payment. Under this option, proceeds are left with us to earn interest at an annual rate of not less than 3%. Interest payments can be made for the life of the person named to receive payments

Option 4 - Fixed Amount Payment. Each monthly payment will be for an agreed fixed amount. The total amount paid each year must be at least \$60 for each \$1,000 applied. Interest will be credited at a rate of 3% per year and added to the unpaid balance. Payments continue until the amount we hold runs out. The last payment will be for the balance only

Effective Date and Payment Dates The effective date of an option is the date of the insured's death or the effective date of surrender for the net cash value. The first payment is due on the effective date, except the first payment under Option 3 is due one payment period later. All payment dates will fall on the same day as the first one. No partial payments will be made.

Withdrawals and Changes If provided in the option selection, the following rights will be available: Under Option 3, all or part of the unpaid balance may be withdrawn or applied under any other option. The minimum amount that may be withdrawn is \$500. Under Options 1 and 4, the commuted value of future payments may be withdrawn or applied under any other option. We discuss commuted value below. The commuted value of future guaranteed payments under Option 2 may not be withdrawn. We may delay payment of any withdrawal for up to six months. Interest at the rate in effect for the option during this period will be paid on the amount withdrawn.

Payments After Death If the person entitled to the payment dies, the following rights will be available: Under Options 1, 2 and 4, the future guaranteed payments may be continued to an alternate or the future guaranteed payments will be paid in one lump sum. Under Option 3, any balance of the proceeds remaining will be paid in one lump sum.

Commuted Value When computing the payments under Options 1, 2 and 4, we include interest from the effective date of the option to the date of each payment. If future payments are withdrawn or paid early, we must deduct the amount of interest

included for the period after withdrawal or early payment. The commuted value of future payments is the sum of those payments, less the interest from the date of each future payment. The interest rate originally used in computing the settlement option will be the rate used to determine the commuted value.

Interest

The amounts guaranteed under Options 1, 2, 3 and 4 are based on an interest rate of 3% per year. We may declare extra interest for any year. However, no extra interest will be paid under Option 2.

Income Protection

The settlement payment and any withdrawal will be paid free from creditors' claims to the extent allowed by law. No payment and no amount held under an option can be commuted and taken in advance of its payment date, unless the owner's written consent is given before the insured dies. Neither the owner nor any person entitled to the payment may assign any payment.

CALCULATIONS

Guaranteed Values and Reserves

The guaranteed values in this policy are not less than those required by law where the policy is delivered. We have filed a detailed statement of the method we use to calculate the values used in this policy with the insurance department where the policy is delivered.

The cash values and reduced paid-up insurance values are guaranteed values and are shown in the table of guaranteed policy values. Values for any year not shown in the table will be furnished to you upon request. The cash values in this policy are calculated in accordance with the Standard Nonforfeiture Law.

The **reserve** for this policy is the amount of money which must be held and invested to provide the future guaranteed benefits of this policy. The reserves are calculated by the Commissioners' Reserve Valuation Method. The mortality table and interest rate used in the calculation of policy reserves and policy cash values are shown on page 4.

Rider Values Not Included

Unless the rider states otherwise, the benefits provided by a rider are not included in our calculations of values under this policy.

90-DAY MONEY-BACK** APPLICATION FORM FOR YOU AND YOUR SPOUSE Starmount Life Insurance Company
8485 Goodwood Boulevard P.O. Box 98100 Baton Rouge, LA 70898-9100

WHOLE LIFE POLICY FORM NO. 42-001 [AD RDR FORM NO. 97005] [ADB RIDER FORM NO. 98-010 ACC]

Yes! I want the Modified Benefit Guarantee Issue Whole Life Insurance plan. [My check for \$1 to pay for the first month* is enclosed. My payment after that is shown in the rate chart.]

MAIN INSURED INFORMATION: Please Print

Name _____ Date of Birth _____ Sex _____
Address: _____ Email Address: _____
Home Phone (Required) (_____) _____ Cell or Work Phone (_____) _____
Name of Beneficiary _____ Relationship _____
(If Beneficiary is a minor, please include their date of birth)

Choose the Insurance Amount you want (Choose one):

\$20,000.00 \$15,000.00 \$10,000.00 \$7,500.00 \$5,000.00 \$2,500.00

Add Accidental Death Cash Option for: Double Benefits Triple Benefits Not Interested

SPOUSE or CIVIL UNION PARTNER INFORMATION (if to be insured): Please Print.

Name _____ Date of Birth _____ Sex _____
Home Phone (Required)(_____) _____ Cell or Work Phone (_____) _____
Name of Beneficiary _____ Relationship _____
(If Beneficiary is a minor, please include their date of birth)

Choose the Insurance Amount you want (Choose one):

\$20,000.00 \$15,000.00 \$10,000.00 \$7,500.00 \$5,000.00 \$2,500.00

Add Accidental Death Cash Option for: Double Benefits Triple Benefits Not Interested

Have you smoked or chewed tobacco in the last 24 months? Yes No Your Spouse? Yes No
If you are a cigarette smoker, do you smoke more than 2 packs a day? Yes No Your Spouse? Yes No
Do you have any existing insurance policies or contracts this would replace or change? Yes No Your Spouse? Yes No
If yes, Company name and location _____ Policy No. _____

Indicate Method of Payment: Charge premiums to: VISA MasterCard

Credit Card No. _____ Expiration Date ____/____/____

Deduct future payments from my personal checking account automatically. My check for the first month's protection is enclosed. (Starmount prefers this method of payment.)

Bill me direct for future payments. (There is an extra \$1 charge each month if direct billing is monthly)

I want to pay: Annually Every 3 months Monthly (We recommend every 3 months.)

This application will become a part of the policy. All statements are true and complete (in CT, MD, MN and NJ) to the best of my knowledge and belief. I understand that during the first two years, full benefits are paid for death from covered accidental causes (except in Kansas and Arkansas), which occur after my policy is (in NJ, delivered to) received by me and the premium paid. In the case of death from other causes in the first two years, benefits are a full refund of total premiums paid plus 10% interest. (In Kansas and Arkansas, benefits in the first two years are reduced but are still more than you paid.) Full details will be in your policy. **After the first two years, the full insurance (in GA, Policy Benefit) amount will be paid (in GA, payable) for death from any cause.** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement or an application containing any false, incomplete, or misleading information is guilty (in KS and OR, may be guilty of a crime as determined by a court of law) (in GA, may be guilty of a felony), (in OH, is guilty of insurance fraud), (in AR and LA, is guilty of a crime and may be subject to fines and confinement in prison) of a felony in the third degree. In NM and TN, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for life insurance is guilty of a crime and may be subject to civil fines and criminal penalties. In KY, any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. In NJ, any person who included any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. Having reviewed my current insurance, I feel this policy for which I am applying for is suitable for my needs. (except in OR). (In NJ, I understand that I may qualify for a full death benefit policy which provides full benefits from inception.)

Main Insured's Signature X _____ Date ____/____/____

Spouse or Civil Union Partner's Signature (if to be insured) X _____ Date ____/____/____

(For Company Use) Authorized Agent _____

SERFF Tracking Number: STAR-126916255 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 47395
Company Tracking Number:
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: Guaranteed Issue Whole Life 42-001
Project Name/Number: /

Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachments:

Certification of Rule 19 .pdf

Guaranty Association Notice.pdf

Flesch Readability.pdf

Starmount Life Insurance Company

P.O. Box 98100
Baton Rouge, LA 70898

Certification

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

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: November 23, 2010

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

Little Rock, Arkansas 72201

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverage, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contract holders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery(unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverage. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverage. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

FORM	WORDS	PARAGRAPHS	SENTENCES	SCORE
42-001 APP	619	37	28	65.4
42-001-AR	4937	314	242	56.3

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

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: November 23, 2010