

SERFF Tracking Number: SELX-126519522 State: Arkansas
Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
Company Tracking Number: INLAR0172404F01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life
Project Name/Number: Individual Life/INLAR0172404F01

Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Individual Life

SERFF Tr Num: SELX-126519522 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed State Tr Num: 45001

Sub-TOI: L08.000 Life - Other

Co Tr Num: INLAR0172404F01

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: SPI SentryInsuranceLH

Disposition Date: 03/17/2010

Date Submitted: 02/26/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 02/26/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Individual Life

Status of Filing in Domicile:

Project Number: INLAR0172404F01

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/17/2010

Explanation for Other Group Market Type:

State Status Changed: 02/26/2010

Deemer Date:

Created By: SPI SentryInsuranceLH

Submitted By: SPI SentryInsuranceLH

Corresponding Filing Tracking Number:

Filing Description:

The above new form is being submitted for your review.

The Good Health Statement, form 340-171(SLIC) will be completed by the applicant before the delivery of the policy.

This new form will be used with all individual life policy contracts currently approved, as well as any individual life policy contracts that may be approved by your department in the future.

Company and Contact

SERFF Tracking Number: SELX-126519522 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
 Company Tracking Number: INLAR0172404F01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Individual Life
 Project Name/Number: Individual Life/INLAR0172404F01

Filing Contact Information

Linda Mijal, Compliance/Development Analyst Linda.Mijal@sentry.com
 1800 North Point Drive 715-346-7187 [Phone]
 Stevens Point, WI 54481 715-346-6044 [FAX]

Filing Company Information

SENTRY LIFE INSURANCE COMPANY	CoCode: 68810	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name:	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 39-6040276	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
SENTRY LIFE INSURANCE COMPANY	\$50.00	02/26/2010	34469374

SERFF Tracking Number: SELX-126519522 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	03/17/2010	03/17/2010
Approved-Closed	Linda Bird	02/26/2010	02/26/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Good Health Statement	SPI SentryInsuranceL H	03/16/2010	03/16/2010
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE	SPI SentryInsuranceL H	02/26/2010	02/26/2010
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT	SPI SentryInsuranceL H	02/26/2010	02/26/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Request to re-open	Note To Filer	Linda Bird	03/16/2010	03/16/2010

SERFF Tracking Number: SELX-126519522 State: Arkansas
Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
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Product Name: Individual Life
Project Name/Number: Individual Life/INLAR0172404F01

Disposition

Disposition Date: 03/17/2010

Implementation Date:

Status: Approved-Closed

Comment: Company has made correction to the original submission.

Rate data does NOT apply to filing.

SERFF Tracking Number: SELX-126519522 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
 Company Tracking Number: INLAR0172404F01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Individual Life
 Project Name/Number: Individual Life/INLAR0172404F01

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Form (<i>revised</i>)	Good Health Statement		Yes
Form	Good health Statement	Replaced	Yes

SERFF Tracking Number: *SELX-126519522* *State:* *Arkansas*
Filing Company: *SENTRY LIFE INSURANCE COMPANY* *State Tracking Number:* *45001*
Company Tracking Number: *INLAR0172404F01*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Individual Life*
Project Name/Number: *Individual Life/INLAR0172404F01*

Disposition

Disposition Date: 02/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SELX-126519522 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
 Company Tracking Number: INLAR0172404F01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Form (revised)	Good Health Statement		Yes
Form	Good health Statement	Replaced	Yes

SERFF Tracking Number: SELX-126519522 State: Arkansas
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
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Amendment Letter

Submitted Date: 03/16/2010

Comments:

Attached is the correct copy of the form we would like you to review. The form now includes the anti-fraud warning, which it did not previously. The form number has also changed since this is an Arkansas specific form. Sorry for any inconvenience this may have caused.

I hope this information will allow further consideration of this filing.

Thank you,

Linda Mijal
 Compliance/Development Analyst
 715-346-7187(voice)
 715-346-6044(fax)
 Linda.Mijal@sentry.com

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
340-171(AR)	Other	Good Health Initial Statement					0.000	340-171(AR).PDF

SERFF Tracking Number: SELX-126519522 State: Arkansas
Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
Company Tracking Number: INLAR0172404F01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life
Project Name/Number: Individual Life/INLAR0172404F01

Note To Filer

Created By:

Linda Bird on 03/16/2010 08:42 AM

Last Edited By:

Linda Bird

Submitted On:

03/16/2010 08:42 AM

Subject:

Request to re-open

Comments:

Filing has been re-opened in order for amendment to be made to original submission.

SERFF Tracking Number: SELX-126519522 State: Arkansas
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Company Tracking Number: INLAR0172404F01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life
Project Name/Number: Individual Life/INLAR0172404F01

Amendment Letter

Submitted Date: 02/26/2010

Comments:

I inadvertently left out the transmittal forms with the earlier submission. Sorry for any inconvenience this may have caused.

Thank you,

Linda Mijal
Compliance/Development Analyst
715-346-7187(voice)
715-346-6044(fax)
Linda.Mijal@sentry.com

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - SERFF ONLY - FILING AT A GLANCE

Comment:

AR - SERFF ONLY - FILING AT A GLANCE.PDF

User Added -Name: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT

Comment:

AR - NAIC TRANSMITTAL DOCUMENT.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

SERFF Tracking Number: SELX-126519522 State: Arkansas
 Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
 Company Tracking Number: INLAR0172404F01
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Individual Life
 Project Name/Number: Individual Life/INLAR0172404F01

Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	340-171(AR)	Other	Good Health Statement	Initial		0.000	340-171(AR).PDF

Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1 (800) 533-7827



SENTRY[®]
LIFE INSURANCE
COMPANY

GOOD HEALTH STATEMENT

Supplementary Life Insurance Application for Policy Number: 40-55555-71

on the life of: MARK M SENTRY

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties.

Since the date Part 1 of the life insurance application was completed for the above identified policy, has the proposed insured, or any eligible child(ren) to be insured under the Child Term Rider, if applicable, under such policy:

- 1. been examined, advised or treated by any member of the medical profession other than any medical exams required by and completed for Sentry Life Insurance Company Yes No
- 2. applied for or received other life or health insurance Yes No
- 3. changed their aviation activities Yes No
- 4. changed their occupation Yes No
- 5. had a change in health of any kind Yes No

Give details to any "Yes" answers. Identify the person(s) involved and give the complete name and address of any member of the medical profession consulted.

Questions were asked of me, the proposed insured; or, if applicable, of parent(s) of the proposed insured listed on the application for the above identified policy. Please review all information before signing.

I understand that these statements and answers will be made part of the application attached to the above identified policy and together with such application will form the basis of issuing the policy to me. I declare that each of the above statements is true and complete to the best of my knowledge and belief.

Proposed Insured (Print if under age 15)

Date

Parent (If Proposed Insured is under age 15)

Date

Writing Agent Signature

Salescode

SERFF Tracking Number: SELX-126519522 State: Arkansas
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 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: Individual Life
 Project Name/Number: Individual Life/INLAR0172404F01

Supporting Document Schedules

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

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

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: Cover Letter.PDF		

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

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		

SERFF Tracking Number: SELX-126519522 State: Arkansas
Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 45001
Company Tracking Number: INLAR0172404F01
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life
Project Name/Number: Individual Life/INLAR0172404F01

Comments:

Attachments:

AR - NAIC TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING ATTACHMENT.PDF

Sentry Life Insurance Company
1800 North Point Drive
P.O. Box 8018
Stevens Point, WI 54481-8018



SENTRY[®]
INSURANCE

February 26, 2010

COMPLIANCE - LIFE AND HEALTH
ARKANSAS DEPARTMENT OF INSURANCE
1200 WEST THIRD STREET
LITTLE ROCK, AR 72201-1904

**SENTRY LIFE INSURANCE COMPANY NAIC #169-68810
FORM 340-171(SLIC) – GOOD HEALTH STATEMENT**

The above new form is being submitted for your review.

The Good Health Statement, form 340-171(SLIC) will be completed by the applicant before the delivery of the policy.

This new form will be used with all individual life policy contracts currently approved, as well as any individual life policy contracts that may be approved by your department in the future.

We respectfully request your approval. If you have any questions, please do not hesitate to give me a call.

A handwritten signature in cursive script that reads "Linda Mijal".

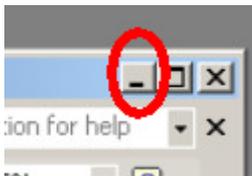
Linda Mijal
Compliance/Development Analyst
715-346-7187(voice)
715-346-6044(fax)
Linda.Mijal@sentry.com



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

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

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



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



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

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas
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2.	Department Use Only	
	State Tracking ID	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
SENTRY LIFE INSURANCE COMPANY 1800 North Point Drive Stevens Point WI 54481	WI		169	68810	39-6040276	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Linda Mijal 1800 North Point Drive Stevens Point WI 54481	800-533-7827	715-346-6044	Linda.Mijal@sentry.com

5. Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6. Company Tracking Number	INLAR0172404F01
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8. Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9. Type of Insurance	L08 Life - Other
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10. Product Coding Matrix Filing Code	L08.000 Life - Other
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: <u>supplement</u>
	<input type="checkbox"/> RATES <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate
	<input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____
	SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____

12.	Filing Submission Date	2-26-2010
13.	Filing Fee (If required)	Amount <u>\$50.00</u> Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	WI - waiting approval
15.	Filing Description:	
<p>The above new form is being submitted for your review.</p> <p>The Good Health Statement, form 340-171(SLIC) will be completed by the applicant before the delivery of the policy.</p> <p>This new form will be used with all individual life policy contracts currently approved, as well as any individual life policy contracts that may be approved by your department in the future.</p>		

16.	Certification (If required)	
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>		
<p>Print Name <u>Linda Mijal</u> Title <u>Compliance/Development Analyst</u></p>		
<p>Signature <u><i>Linda Mijal</i></u> Date <u>2-26-2010</u></p>		

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	INLAR0172404F01	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Good health Statement	340-171(SLIC)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

SERFF Tracking Number: *SELX-126519522* *State:* *Arkansas*
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Company Tracking Number: *INLAR0172404F01*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Individual Life*
Project Name/Number: *Individual Life/INLAR0172404F01*

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/26/2010	Form	Good health Statement	03/16/2010	340-171(SLIC).PDF (Superseded)

Sentry Life Insurance Company

1800 North Point Drive
Stevens Point, WI 54481
1 (800) 533-7827



SENTRY®
LIFE INSURANCE
COMPANY

GOOD HEALTH STATEMENT

Supplementary Life Insurance Application for Policy Number: 40-55555-71

on the life of: MARK M SENTRY

Since the date Part 1 of the life insurance application was completed for the above identified policy, has the proposed insured, or any eligible child(ren) to be insured under the Children’s Term Life Insurance Rider, if applicable, under such policy:

- 1. been examined, advised or treated by any member of the medical profession other than any medical exams required by and completed for Sentry Life Insurance Company Yes No
- 2. applied for or received other life or health insurance Yes No
- 3. changed their aviation activities Yes No
- 4. changed their occupation Yes No
- 5. had a change in health of any kind Yes No

Give details to any “Yes” answers. Identify the person(s) involved and give the complete name and address of any member of the medical profession consulted.

Questions were asked of me, the proposed insured; or, if applicable, of parent(s) of the proposed insured listed on the application for the above identified policy. Please review all information before signing.

I understand that these statements and answers will be made part of the application attached to the above identified policy and together with such application will form the basis of issuing the policy to me. I declare that each of the above statements is true and complete to the best of my knowledge and belief.

Proposed Insured (Print if under age 15)

Date

Parent (If Proposed Insured is under age 15)

Date

Writing Agent Signature

Salescode