

SERFF Tracking Number: FIVE-126664943 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
Company Tracking Number: 1209
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Individual Life - Term
Project Name/Number: /

Filing at a Glance

Company: 5 Star Life Insurance Company

Product Name: Individual Life - Term

TOI: L04I Individual Life - Term

Sub-TOI: L04I.500 Other

Filing Type: Form

SERFF Tr Num: FIVE-126664943

SERFF Status: Closed-Approved-Closed

Co Tr Num: 1209

Author: Mildred Hunt

Date Submitted: 06/08/2010

State: Arkansas

State Tr Num: 45898

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 06/15/2010

Disposition Status: Approved-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/15/2010

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: 02/02/2010

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/15/2010

Created By: Mildred Hunt

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Mildred Hunt

Filing Description:

ICC09-IST10-1209-25AR: 25 Year Individual Term Life Insurance Policy, 10 Year Guarantee Period

ICC09-IST10-1209-30AR: 30 Year Individual Term Life Insurance Policy, 10 Year Guarantee Period

ICC09 I-Term App R1209: Application for Life Insurance

Company and Contact

Filing Contact Information

Mildred Hunt, Compliance Manager

909 North Washington Street

mhunt@afba.com

703-706-5975 [Phone]

SERFF Tracking Number: FIVE-126664943 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
 Company Tracking Number: 1209
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: Individual Life - Term
 Project Name/Number: /

Alexandria, VA 22314 703-224-0214 [FAX]

Filing Company Information

5 Star Life Insurance Company CoCode: 77879 State of Domicile: Louisiana
 909 North Washington Street Group Code: 77879 Company Type: Life Insurance
 Company
 Alexandria, VA 22314 Group Name: NAIC State ID Number:
 (703) 706-5975 ext. [Phone] FEIN Number: 54-1829709

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
5 Star Life Insurance Company	\$100.00	06/08/2010	37066473
5 Star Life Insurance Company	\$50.00	06/15/2010	37217758

SERFF Tracking Number: FIVE-126664943 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
 Company Tracking Number: 1209
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: Individual Life - Term
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/15/2010	06/15/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	06/15/2010	06/15/2010	Mildred Hunt	06/15/2010	06/15/2010

SERFF Tracking Number: FIVE-126664943 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
Company Tracking Number: 1209
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Individual Life - Term
Project Name/Number: /

Disposition

Disposition Date: 06/15/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: FIVE-126664943 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
 Company Tracking Number: 1209
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: Individual Life - Term
 Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Policy Cost and Benefit		Yes
Supporting Document	Statement of Variability		Yes
Form	25 Year Individual Term Life Insurance Policy, 10 Year Guarantee Period		Yes
Form	30 Year Individual Term Life Insurance Policy, 10 Year Guarantee Period		Yes
Form	Individual Level Term Programs Application		Yes

SERFF Tracking Number: FIVE-126664943 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
Company Tracking Number: 1209
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Individual Life - Term
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/15/2010
Submitted Date 06/15/2010
Respond By Date 07/15/2010

Dear Mildred Hunt,

This will acknowledge receipt of the captioned filing.

Objection 1

No Objections

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

SERFF Tracking Number: FIVE-126664943 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
Company Tracking Number: 1209
TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
Product Name: Individual Life - Term
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/15/2010
Submitted Date 06/15/2010

Dear Linda Bird,

Comments:

Thank you for your notification.

Response 1

Comments: The additional \$50.00 is submitted.

Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$50.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If additional information is required, please feel free to contact me.

Sincerely,

Mildred E. Hunt
Compliance Manager

Sincerely,
Mildred Hunt

SERFF Tracking Number: FIVE-126664943 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
 Company Tracking Number: 1209
 TOI: L041 Individual Life - Term Sub-TOI: L041.500 Other
 Product Name: Individual Life - Term
 Project Name/Number: /

Form Schedule

Lead Form Number: ICC09-IST10-1209-25AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	ICC09-IST10-1209-25AR	al	Policy/Cont 25 Year Individual ract/Fratern Term Life Insurance Policy, 10 Year Certificate Guarantee Period	Initial			ICC09-IST10-1209-25-AR.pdf
	ICC09-IST10-1209-30AR	al	Policy/Cont 30 Year Individual ract/Fratern Term Life Insurance Policy, 10 Year Certificate Guarantee Period	Initial			ICC09-IST10-1209-30-AR.pdf
	ICC09 I-Term App R1209	I-Form	Application/Individual Level Term Enrollment Programs Application	Initial			ICC09 I-Term App R1209.pdf



(a Baton Rouge, Louisiana Company)

Administrative Office: 909 North Washington Street, Alexandria, VA 22314 • 800-776-2322 • www.afba.com

INDIVIDUAL TERM LIFE INSURANCE

This policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of this policy. All payments are subject to the terms of this policy. We will pay the Coverage Amount in a lump sum to the Beneficiary if we receive due proof that the insured's death occurred while this policy was in force and prior to the Expiry Date.

Convertible – May be converted to a permanent plan of life insurance issued by the Company prior to the Expiry Date.

APPLICANT'S NOTICE OF RIGHT TO EXAMINE

PLEASE READ THIS NOTICE CAREFULLY - This policy is a legal contract between you, the Policy Owner, and 5 Star Life Insurance Company. You have the right to cancel this coverage. To cancel coverage, you must return this policy to our administrative offices or to your agent within 30 days after this policy is received. We will then refund any premium paid, this policy will be deemed void from the beginning, and the parties shall be in the same position as if no Policy had been issued.

Signed for 5 Star Life Insurance Company at its administrative offices in Alexandria, Virginia on the policy Effective Date.

Secretary

President

Individual Term Life Insurance With 10 Year Guarantee Period

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.

Guide to Policy Provisions

Sections	<u>Page</u>
1. Policy Specifications.....	PS-1
2. Table of Rates	PS-1
3. Definitions.....	3
4. Proceeds	4
5. Settlement Options.....	4
6. Owner, Beneficiary	4
7. Premium Payment.....	4
8. Change of Premium	5
9. Grace Period.....	5
10. Reinstatement.....	5
11. Conversion Privilege.....	6
12. Reduction in Policy Class	6
13. Evidence.....	7
14. Claims of Creditors	7
15. Assignment	7
16. Contestability	7
17. Misstatements	8
18. Suicide.....	8
19. The Contract.....	8

1. POLICY SPECIFICATIONS

Policy ID: [ICC09-IST10-25]

Plan: [IST10-25]

Insured: [John Doe Jr.]

PIN: [000-00-0000]

Coverage Amount: [\$100,000.00]

Effective Date: [12/01/2009]

Option Date: [12/01/2019]

Expiry Date: [12/01/2069]

Date of Birth: [07/01/1974] **Issue Age:** [35]

Rating Class: [Male, Standard, Non-Tobacco User]

Owner and Beneficiary: As selected on the application subject to Section 5 of this policy.

Individual level term life insurance to expiry date with premium increases as shown in the Table of Rates.

Monthly Premium for the First Policy Year: [\$19.00]

The initial premium is based on your age and rating class as shown above. The premium is guaranteed to be level for 10 years. After the 10th Policy Year, the premium may increase each year for this coverage, but will never be more than the Guaranteed Maximum Premium. Any change will be set by 5Star Life and will be based on interest rates and mortality. After a term period of 25 years, the premium will convert to an annual renewable term basis. Insurance will continue until the Expiry Date. See section entitled "Change of Premium".

2. TABLE OF RATES

[Guaranteed Maximum Premiums]

<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>	<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>
1	\$228.00	31	\$4,415.28
2	\$228.00	32	\$4,883.76
3	\$228.00	33	\$5,391.48
4	\$228.00	34	\$5,936.40
5	\$228.00	35	\$6,530.88
6	\$228.00	36	\$7,201.68
7	\$228.00	37	\$8,085.00
8	\$228.00	38	\$9,000.36
9	\$228.00	39	\$10,139.76
10	\$228.00	40	\$11,631.96
11	\$739.20	41	\$13,282.20
12	\$795.00	42	\$15,093.36
13	\$854.88	43	\$17,058.24
14	\$918.84	44	\$19,165.56
15	\$991.08	45	\$21,285.36
16	\$1,067.40	46	\$23,640.36
17	\$1,158.24	47	\$26,292.60
18	\$1,263.48	48	\$29,316.36
19	\$1,381.20	49	\$32,503.20
20	\$1,517.40	50	\$35,732.28
21	\$1,668.00	51	\$39,163.68
22	\$1,835.28	52	\$42,728.28
23	\$2,012.76	53	\$46,395.96
24	\$2,204.64	54	\$50,091.60
25	\$2,421.36	55	\$53,866.56
26	\$2,662.92	56	\$57,771.72
27	\$2,931.24	57	\$61,873.92
28	\$3,236.64	58	\$66,306.36
29	\$3,585.48	59	\$71,255.76
30	\$3,979.68	60	\$77,640.84

3. DEFINITIONS

Age	On any given date, the age of the Insured on his or her last birthday.
Application	The application for this policy attached to and made a part of this policy.
Beneficiary	The party (ies) so named in the application, unless later changed as provided in this policy.
Coverage Amount	The death benefit amount shown in the Policy Specifications.
Due Proof	Reasonable information as to the existence of a fact or condition.
Effective Date of Issue	The date shown in the Policy Specifications. The Suicide and Contestability provisions use this date.
Expiry Date	The date the Insured reaches age 95.
In full force	That this policy has not lapsed in accordance with the Grace Period provision (Section 9).
Insured	The person whose life is insured under this policy as shown in the Policy Specifications.
Owner	The Insured, unless otherwise changed as provided in the policy.
Policy Anniversary	The same day and month as the Effective Date of Issue for each succeeding year this policy remains in full force.
Policy Class	The mortality classifications (gender/tobacco use) assigned under this policy, and shown in the Policy Specifications.
Policy Specifications	The pages of this policy so titled which show your benefits, premiums and other information.
Policy Year	A one-year period of time starting on successive policy anniversaries, with the first policy year starting on the Effective Date of Issue.
Request	A request in writing on a form acceptable to us signed by you and received by us.
We, Our, Ours, Us	5 Star Life Insurance Company.
Written notice	Unless otherwise stated, a written notice filed at our administrative office in Alexandria, Virginia.
You, Your, Yours	The party (ies) named as Owner in the application unless later changed as provided in this policy.

4. PROCEEDS

This section concerns the death benefit that is payable under this policy

The proceeds are subject to adjustment under the Suicide provision (Section 18). The amount of proceeds as defined below is subject to all provisions of this Policy.

The proceeds payable on the death of the Insured are equal to:

- (a) the Coverage Amount; plus
- (b) any advanced premium deposits which are paid past the current payment period; less
- (c) the amount of any Emergency Death Benefit; less
- (d) any modal premium needed as set forth in the Grace Period provision (Section 9).

We will pay interest at the rate of 8% per year or as required by law on proceeds paid in one sum in the event of the insured's death starting from the date of death to the date of payment.

5. SETTLEMENT OPTIONS

All proceeds will be paid to the beneficiary(ies) in one lump sum.

6. OWNER, BENEFICIARY

This section indicates who is entitled to the death benefit under this policy.

The Owner and the Beneficiary will be as designated in the application unless the Owner changes them by written notice.

The Owner shall have the sole and absolute power to exercise all rights and privileges without the consent of any other person unless the Owner provides otherwise by written notice.

If the Insured dies and there is no surviving Beneficiary, the Owner will be the Beneficiary; but if the Owner was the Insured, the Owner's estate will be the Beneficiary.

While the Insured is alive, the Owner may change the Owner and Beneficiary by written notice to us. The Owner can also designate a contingent Owner. No change will take effect unless we acknowledge receipt on the notice. If such acknowledgment occurs, then: (a) a change of Beneficiary will take effect on the date the notice is signed by the Owner; and (b) a change of Owner will take effect as of the date specified in the notice, or if no such date is specified, on the date the notice is signed. The change will take effect whether or not the Owner or the Insured is then alive. A change shall be subject to the rights of any assignee of record with us and subject to any payment made or other action taken by us before we acknowledged receipt.

7. PREMIUM PAYMENTS

This section informs you of our rules regarding payment of premiums.

Premiums are payable as shown in Section 2, Table of Rates. They may be paid at less frequent (e.g., semi-annual or annual) intervals in accordance with our published rates and requirements. Each premium is due on the monthly anniversary date. For the first premium, this day is the Effective Date of Issue. Payment of premiums shall be made to us at our administrative office.

8. CHANGE OF PREMIUM

This section advises you that premiums are subject to change after a certain period of time as shown in Section 2, Table of Rates.

Any premiums after the initial guarantee period shown in Section 2 may be changed, subject to the table of Maximum Guaranteed Premiums. Premium changes will never be more frequent than annual, and shall be by class. Any such adjustment would be based on future or anticipated emerging experience, including factors such as mortality, investment earnings, persistency, among others.

If Policy premiums are changed under this provision, the premiums on any attached riders will be unaffected.

9. GRACE PERIOD

This section provides for a grace period in the event of late premium payments.

Any premium, other than the first, not paid when due may, prior to the Expiry Date as shown on your Policy Specifications document, be paid within a grace period of 31 days after its due date if premiums have been paid to that due date. The policy will continue in full force during that period.

If the Insured dies while this policy is in full force, the overdue premium will be deducted in any settlement under the policy. Interest will not be added to any overdue premium.

The Owner shall have the entire Grace Period within which to remit premium. Any payments sent by U.S. Mail shall be postmarked within the Grace Period.

10. REINSTATEMENT

This section allows you to restore this policy within a certain period of time if it has been canceled due to non-payment of premium.

Reinstatement means to restore this policy to “In full force” status after it has gone into default because a premium due was not paid before the end of the grace period. This policy may be reinstated within 3 years after the due date of the first unpaid premium and before the Expiry Date as shown in your Policy Summary document.

The Reinstatement requirements are:

- (a) Submission of a written request for reinstatement signed and dated by the Insured and Owner;
- (b) Production of evidence of insurability satisfactory to us; and
- (c) Payment of overdue premiums with interest.

Interest at the rate of 6% on premiums due compounded annually will be payable to the date of reinstatement.

A reinstatement will be effective only as of the date we approve your request for reinstatement.

With respect to statements made in an application for reinstatement, the policy is, in the absence of fraud in the procurement of the reinstated policy (where permitted by applicable law in the state where the policy is delivered or issued for delivery), incontestable after it has been in force during the Insured's lifetime for two (2) years beginning with the day of reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

11. CONVERSION PRIVILEGE

This section permits you to convert this policy for a new 5 Star Life permanent plan of life insurance under certain conditions.

The Insured may convert to an individual policy of permanent life insurance then issued by 5 Star Life, without evidence of insurability. The amount of that policy shall not be more than the amount of life insurance under this Policy.

The following shall apply with respect to issue of the permanent individual policy.

- (1) Written application and the first premium must be submitted to 5 Star Life within the Conversion Period. The Conversion Period is the 31-day period following the date the Insured's insurance coverage ends.
- (2) The policy will be issued in any of the forms of individual permanent life insurance then issued by 5 Star Life. The policy shall not have any disability or supplementary benefits.
- (3) Premium for the policy will be determined from the rates used by 5 Star Life at the date of issue of such policy. The rates will be based upon:
 - (A) The Insured's attained age on the effective date of the new permanent plan individual policy;
 - (B) the class of risk to which the Insured belongs at such date; and
 - (C) the form and amount of such Policy.
- (4) The incontestability and suicide provisions attributable to the coverage converted will run from the date of the original policy. If the new policy contains additional coverage for which evidence of insurability was given, new incontestability and suicide provisions may apply to that coverage.
- (5) 5 Star Life will not require evidence of insurability.
- (6) The minimum amount allowed for conversion is \$50,000.00.

12. REDUCTION IN POLICY CLASS

This section offers you an opportunity to change your policy class, which would result in a more favorable premium schedule, if certain conditions are met.

You may request that we reduce your policy class if you are eligible. We will allow a reduction in policy class if we receive satisfactory evidence to us that your risk classification has improved. A reduction in policy class will be subject to the following conditions:

1. You are required to pay for any evidence of insurability we may need.
2. Any evidence we may require must be provided by a company approved Medical Examiner.

13. EVIDENCE

This section authorizes us to obtain certain types of evidence under various circumstances upon the death of the insured.

We will require Due Proof of:

- (a) the death of any person which will result in proceeds being paid, or rights being transferred, under this policy; and
- (b) the age and sex of the person on whose life a payment is based.

14. CLAIMS OF CREDITORS

This section advises you that creditors generally do not have access to the death benefit payable under this policy.

The proceeds under this policy will be exempt from the claims of creditors to the extent permitted by law. Such proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

15. ASSIGNMENT

This section authorizes you to transfer your interest in this policy to another party.

Your interest in this policy may be assigned without the consent of any revocable Beneficiary. Your interest, any interest of the Insured, and any interest of a revocable Beneficiary shall be subject to the terms of the assignment.

We will not be on notice of any assignment unless it is in writing; nor will we be on notice until the assignment has been filed at our administrative offices. We assume no responsibility for the validity or sufficiency of any assignment. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of this notice.

16. CONTESTABILITY

This section authorizes us to dispute a claim for payment within a certain period of time.

We rely on the statements made in the Application for this policy. We also rely on statements made in any subsequent request for a change of this policy. Such statements are deemed representations and not warranties. In addition to the other reasons permitted by law, we can contest the validity of this policy or any reinstatement of this policy, if:

- (a) any material misrepresentation of fact is made in the Application or subsequent request for a change to this policy; and
- (b) a copy of that Application or subsequent request for a change is attached to this policy when issued or delivered or is later made a part of this policy.

We will not contest the validity of this policy after it has been in full force, during the Insured's life, for 2 years from the Effective Date of Issue. With respect to any reinstatement of this policy, we will not contest the validity of the change or reinstatement after this policy has been in effect, during the Insured's life, for 2 years. However, we can always contest the validity of this policy for the non-payment of any premium due.

17. MISSTATEMENT

This section addresses the effect of misstating your age or sex.

If the age or sex of the Insured has been misstated, we will adjust the benefits under the policy to those that would be applicable at the correct age or sex.

18. SUICIDE

This section addresses the effect of suicide on the benefits payable under this policy.

If the Insured commits suicide, while sane or insane, within 2 years from the Effective Date of Issue we will pay in place of all other benefits an amount equal to the premiums paid..

19. THE CONTRACT

This section describes what constitutes the entire contract.

The written application for this policy is attached at issue. The entire contract between the applicant and us consists of this policy and such application. However, additional written requests and/or applications for policy changes may be submitted to us after issue and such requests and/or applications may become part of this policy. All statements made in the request and/or application shall, in the absence of fraud, be deemed representations and not warranties. We will use no statement made by or on behalf of the Insured to defend a claim under this policy unless it is in the written request and/or application.

Policy years, policy months, and policy anniversaries are measured from the Effective Date of Issue.

Any reference in this policy to a date means a calendar day ending at midnight local time at our administrative offices.

Changes in this policy may be made by agreement between you and us. Only the Chairman of the Board or the President of the Company has authority to waive or agree to change in any respect any of the conditions or provisions of this policy, or to extend or to make an agreement for us.

Descriptions of each section of this policy which appear immediately beside the title of each section and are set forth in boldface type have been inserted for convenience of reference only, and shall not be construed to affect the meaning, construction, or effect of the policy terms.

Any reference in this policy to a percentage interest rate shall mean such percentage on an annualized effective basis unless otherwise specified to the contrary.

Communications about this policy may be sent to the Company at the address below:

Administrative Office
909 North Washington Street,
Alexandria, Virginia 22314.

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.



(a Baton Rouge, Louisiana Company)

Administrative Office: 909 North Washington Street, Alexandria, VA 22314 • 800-776-2322 • www.afba.com

INDIVIDUAL TERM LIFE INSURANCE

This policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of this policy. All payments are subject to the terms of this policy. We will pay the Coverage Amount in a lump sum to the Beneficiary if we receive due proof that the insured's death occurred while this policy was in force and prior to the Expiry Date.

Convertible – May be converted to a permanent plan of life insurance issued by the Company prior to the Expiry Date.

APPLICANT'S NOTICE OF RIGHT TO EXAMINE

PLEASE READ THIS NOTICE CAREFULLY - This policy is a legal contract between you, the Policy Owner, and 5 Star Life Insurance Company. You have the right to cancel this coverage. To cancel coverage, you must return this policy to our administrative offices or to your agent within 30 days after this policy is received. We will then refund any premium paid, this policy will be deemed void from the beginning, and the parties shall be in the same position as if no Policy had been issued.

Signed for 5 Star Life Insurance Company at its administrative offices in Alexandria, Virginia on the policy Effective Date.

Secretary

President

Individual Term Life Insurance With 10 Year Guarantee Period

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.

Guide to Policy Provisions

Sections	<u>Page</u>
1. Policy Specifications.....	PS-1
2. Table of Rates	PS-1
3. Definitions.....	3
4. Proceeds	4
5. Settlement Options.....	4
6. Owner, Beneficiary	4
7. Premium Payments	4
8. Change of Premium	5
9. Grace Period.....	5
10. Reinstatement.....	5
11. Conversion Privilege.....	6
12. Reduction in Policy Class	6
13. Evidence.....	7
14. Claims of Creditors	7
15. Assignment	7
16. Contestability	7
17. Misstatements	8
18. Suicide.....	8
19. The Contract.....	8

1. POLICY SPECIFICATIONS

Policy ID: [ICC09-IST10-30]

Plan: [IST10-30]

Insured: [John Doe Jr.]

PIN: [000-00-0000]

Coverage Amount: [\$100,000.00]

Effective Date: [12/01/2009]

Option Date: [12/01/2019]

Expiry Date: [12/01/2069]

Date of Birth: [07/01/1974] **Issue Age:** [35]

Rating Class: [Male, Standard, Non-Tobacco User]

Owner and Beneficiary: As selected on the application subject to Section 5 of this policy.

Individual level term life insurance to expiry date with premium increases as shown in the Table of Rates.

Monthly Premium for the First Policy Year: [\$22.17]

The initial premium is based on your age and rating class as shown above. The premium is guaranteed to be level for 10 years. After the 10th Policy Year, the premium may increase each year for this coverage, but will never be more than the Guaranteed Maximum Premium. Any change will be set by 5Star Life and will be based on interest rates and mortality. After a term period of 30 years, the premium will convert to an annual renewable term basis. Insurance will continue until the Expiry Date. See section entitled "Change of Premium".

2. TABLE OF RATES

[Guaranteed Maximum Premiums]

<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>	<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>
1	\$266.00	31	\$4,415.28
2	\$266.00	32	\$4,883.76
3	\$266.00	33	\$5,391.48
4	\$266.00	34	\$5,936.40
5	\$266.00	35	\$6,530.88
6	\$266.00	36	\$7,201.68
7	\$266.00	37	\$8,085.00
8	\$266.00	38	\$9,000.36
9	\$266.00	39	\$10,139.76
10	\$266.00	40	\$11,631.96
11	\$739.20	41	\$13,282.20
12	\$795.00	42	\$15,093.36
13	\$854.88	43	\$17,058.24
14	\$918.84	44	\$19,165.56
15	\$991.08	45	\$21,285.36
16	\$1,067.40	46	\$23,640.36
17	\$1,158.24	47	\$26,292.60
18	\$1,263.48	48	\$29,316.36
19	\$1,381.20	49	\$32,503.20
20	\$1,517.40	50	\$35,732.28
21	\$1,668.00	51	\$39,163.68
22	\$1,835.28	52	\$42,728.28
23	\$2,012.76	53	\$46,395.96
24	\$2,204.64	54	\$50,091.60
25	\$2,421.36	55	\$53,866.56
26	\$2,662.92	56	\$57,771.72
27	\$2,931.24	57	\$61,873.92
28	\$3,236.64	58	\$66,306.36
29	\$3,585.48	59	\$71,255.76
30	\$3,979.68	60	\$77,640.84

3. DEFINITIONS

Age	On any given date, the age of the Insured on his or her last birthday.
Application	The application for this policy attached to and made a part of this policy.
Beneficiary	The party (ies) so named in the application, unless later changed as provided in this policy.
Coverage Amount	The death benefit amount shown in the Policy Specifications.
Due Proof	Reasonable information as to the existence of a fact or condition.
Effective Date of Issue	The date shown in the Policy Specifications. The Suicide and Contestability provisions use this date.
Expiry Date	The date the Insured reaches age 95.
In full force	That this policy has not lapsed in accordance with the Grace Period provision (Section 9).
Insured	The person whose life is insured under this policy as shown in the Policy Specifications.
Owner	The Insured, unless otherwise changed as provided in the policy.
Policy Anniversary	The same day and month as the Effective Date of Issue for each succeeding year this policy remains in full force.
Policy Class	The mortality classifications (gender/tobacco use) assigned under this policy, and shown in the Policy Specifications.
Policy Specifications	The pages of this policy so titled which show your benefits, premiums and other information.
Policy Year	A one-year period of time starting on successive policy anniversaries, with the first policy year starting on the Effective Date of Issue.
Request	A request in writing on a form acceptable to us signed by you and received by us.
We, Our, Ours, Us	5 Star Life Insurance Company.
Written notice	Unless otherwise stated, a written notice filed at our administrative office in Alexandria, Virginia.
You, Your, Yours	The party (ies) named as Owner in the application unless later changed as provided in this policy.

4. PROCEEDS

This section concerns the death benefit that is payable under this policy

The proceeds are subject to adjustment under the Suicide provision (Section 18). The amount of proceeds as defined below is subject to all provisions of this Policy.

The proceeds payable on the death of the Insured are equal to:

- (a) the Coverage Amount; plus
- (b) any advanced premium deposits which are paid past the current payment period; less
- (c) the amount of any Emergency Death Benefit; less
- (d) any modal premium needed as set forth in the Grace Period provision (Section 9).

We will pay interest at the rate of 8% per year or as required by law on proceeds paid in one sum in the event of the insured's death starting from the date of death to the date of payment.

5. SETTLEMENT OPTIONS

All proceeds will be paid to the beneficiary(ies) in one lump sum.

6. OWNER, BENEFICIARY

This section indicates who is entitled to the death benefit under this policy.

The Owner and the Beneficiary will be as designated in the application unless the Owner changes them by written notice.

The Owner shall have the sole and absolute power to exercise all rights and privileges without the consent of any other person unless the Owner provides otherwise by written notice.

If the Insured dies and there is no surviving Beneficiary, the Owner will be the Beneficiary; but if the Owner was the Insured, the Owner's estate will be the Beneficiary.

While the Insured is alive, the Owner may change the Owner and Beneficiary by written notice to us. The Owner can also designate a contingent Owner. No change will take effect unless we acknowledge receipt on the notice. If such acknowledgment occurs, then: (a) a change of Beneficiary will take effect on the date the notice is signed by the Owner; and (b) a change of Owner will take effect as of the date specified in the notice, or if no such date is specified, on the date the notice is signed. The change will take effect whether or not the Owner or the Insured is then alive. A change shall be subject to the rights of any assignee of record with us and subject to any payment made or other action taken by us before we acknowledged receipt.

7. PREMIUM PAYMENTS

This section informs you of our rules regarding payment of premiums.

Premiums are payable as shown in Section 2, Table of Rates. They may be paid at less frequent (e.g., semi-annual or annual) intervals in accordance with our published rates and requirements. Each premium is due on the monthly anniversary date. For the first premium, this day is the Effective Date of Issue. Payment of premiums shall be made to us at our administrative office.

8. CHANGE OF PREMIUM

This section advises you that premiums are subject to change after a certain period of time as shown in Section 2, Table of Rates.

Any premiums after the initial guarantee period shown in Section 2 may be changed, subject to the table of Maximum Guaranteed Premiums. Premium changes will never be more frequent than annual, and shall be by class. Any such adjustment would be based on future or anticipated emerging experience, including factors such as mortality, investment earnings, persistency, among others.

If Policy premiums are changed under this provision, the premiums on any attached riders will be unaffected.

9. GRACE PERIOD

This section provides for a grace period in the event of late premium payments.

Any premium, other than the first, not paid when due may, prior to the Expiry Date as shown on your Policy Specifications document, be paid within a grace period of 31 days after its due date if premiums have been paid to that due date. The policy will continue in full force during that period.

If the Insured dies while this policy is in full force, the overdue premium will be deducted in any settlement under the policy. Interest will not be added to any overdue premium.

The Owner shall have the entire Grace Period within which to remit premium. Any payments sent by U.S. Mail shall be postmarked within the Grace Period.

10. REINSTATEMENT

This section allows you to restore this policy within a certain period of time if it has been canceled due to non-payment of premium.

Reinstatement means to restore this policy to "In full force" status after it has gone into default because a premium due was not paid before the end of the grace period. This policy may be reinstated within 3 years after the due date of the first unpaid premium and before the Expiry Date as shown in your Policy Summary document.

The Reinstatement requirements are:

- (a) Submission of a written request for reinstatement signed and dated by the Insured and Owner;
- (b) Production of evidence of insurability satisfactory to us; and
- (c) Payment of overdue premiums with interest.

Interest at the rate of 6% on premiums due compounded annually will be payable to the date of reinstatement.

A reinstatement will be effective only as of the date we approve your request for reinstatement.

With respect to statements made in an application for reinstatement, the policy is, in the absence of fraud in the procurement of the reinstated policy (where permitted by applicable law in the state where the policy is delivered or issued for delivery), incontestable after it has been in force during the Insured's lifetime for two (2) years beginning with the day of reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

11. CONVERSION PRIVILEGE

This section permits you to convert this policy for a new 5 Star Life permanent plan of life insurance under certain conditions.

The Insured may convert to an individual policy of permanent life insurance then issued by 5 Star Life, without evidence of insurability. The amount of that policy shall not be more than the amount of life insurance under this Policy.

The following shall apply with respect to issue of the permanent individual policy.

- (1) Written application and the first premium must be submitted to 5 Star Life within the Conversion Period. The Conversion Period is the 31-day period following the date the Insured's insurance coverage ends.
- (2) The policy will be issued in any of the forms of individual permanent life insurance then issued by 5 Star Life. The policy shall not have any disability or supplementary benefits.
- (3) Premium for the policy will be determined from the rates used by 5 Star Life at the date of issue of such policy. The rates will be based upon:
 - (A) The Insured's attained age on the effective date of the new permanent plan individual policy;
 - (B) the class of risk to which the Insured belongs at such date; and
 - (C) the form and amount of such Policy.
- (4) The incontestability and suicide provisions attributable to the coverage converted will run from the date of the original policy. If the new policy contains additional coverage for which evidence of insurability was given, new incontestability and suicide provisions may apply to that coverage.
- (5) 5 Star Life will not require evidence of insurability.
- (6) The minimum amount allowed for conversion is \$50,000.00.

12. REDUCTION IN POLICY CLASS

This section offers you an opportunity to change your policy class, which would result in a more favorable premium schedule, if certain conditions are met.

You may request that we reduce your policy class if you are eligible. We will allow a reduction in policy class if we receive satisfactory evidence to us that your risk classification has improved. A reduction in policy class will be subject to the following conditions:

1. You are required to pay for any evidence of insurability we may need.
2. Any evidence we may require must be provided by a company approved Medical Examiner.

13. EVIDENCE

This section authorizes us to obtain certain types of evidence under various circumstances upon the death of the insured.

We will require Due Proof of:

- (a) the death of any person which will result in proceeds being paid, or rights being transferred, under this policy; and
- (b) the age and sex of the person on whose life a payment is based.

14. CLAIMS OF CREDITORS

This section advises you that creditors generally do not have access to the death benefit payable under this policy.

The proceeds under this policy will be exempt from the claims of creditors to the extent permitted by law. Such proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

15. ASSIGNMENT

This section authorizes you to transfer your interest in this policy to another party.

Your interest in this policy may be assigned without the consent of any revocable Beneficiary. Your interest, any interest of the Insured, and any interest of a revocable Beneficiary shall be subject to the terms of the assignment.

We will not be on notice of any assignment unless it is in writing; nor will we be on notice until the assignment has been filed at our administrative offices. We assume no responsibility for the validity or sufficiency of any assignment. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of this notice.

16. CONTESTABILITY

This section authorizes us to dispute a claim for payment within a certain period of time.

We rely on the statements made in the Application for this policy. We also rely on statements made in any subsequent request for a change of this policy. Such statements are deemed representations and not warranties. In addition to the other reasons permitted by law, we can contest the validity of this policy or any reinstatement of this policy, if:

- (a) any material misrepresentation of fact is made in the Application or subsequent request for a change to this policy; and
- (b) a copy of that Application or subsequent request for a change is attached to this policy when issued or delivered or is later made a part of this policy.

We will not contest the validity of this policy after it has been in full force, during the Insured's life, for 2 years from the Effective Date of Issue. With respect to any reinstatement of this policy, we will not contest the validity of the change or reinstatement after this policy has been in effect, during the Insured's life, for 2 years. However, we can always contest the validity of this policy for the non-payment of any premium due.

17. MISSTATEMENT

This section addresses the effect of misstating your age or sex.

If the age or sex of the Insured has been misstated, we will adjust the benefits under the policy to those that would be applicable at the correct age or sex.

18. SUICIDE

This section addresses the effect of suicide on the benefits payable under this policy.

If the Insured commits suicide, while sane or insane, within 2 years from the Effective Date of Issue we will pay in place of all other benefits an amount equal to the premiums paid.

19. THE CONTRACT

This section describes what constitutes the entire contract.

The written application for this policy is attached at issue. The entire contract between the applicant and us consists of this policy and such application. However, additional written requests and/or applications for policy changes may be submitted to us after issue and such requests and/or applications may become part of this policy. All statements made in the request and/or application shall, in the absence of fraud, be deemed representations and not warranties. We will use no statement made by or on behalf of the Insured to defend a claim under this policy unless it is in the written request and/or application.

Policy years, policy months, and policy anniversaries are measured from the Effective Date of Issue.

Any reference in this policy to a date means a calendar day ending at midnight local time at our administrative offices.

Changes in this policy may be made by agreement between you and us. Only the Chairman of the Board or the President of the Company has authority to waive or agree to change in any respect any of the conditions or provisions of this policy, or to extend or to make an agreement for us.

Descriptions of each section of this policy which appear immediately beside the title of each section and are set forth in boldface type have been inserted for convenience of reference only, and shall not be construed to affect the meaning, construction, or effect of the policy terms.

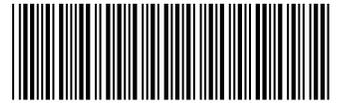
Any reference in this policy to a percentage interest rate shall mean such percentage on an annualized effective basis unless otherwise specified to the contrary.

Communications about this policy may be sent to the Company at the address below:

Administrative Office
909 North Washington Street,
Alexandria, Virginia 22314.

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.



IT 2 1209

Other Insurance

Check if you want to cancel current group coverage underwritten by 5Star Life if new coverage is approved. If so, specify certificate or account number:

Answer only if this is an agent or broker initiated sale:

Do you, your spouse*, or children have any existing life insurance or annuity contracts? If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. Will the coverage applied for replace any existing life insurance or annuities?

Owner (If other than Applicant)

Payor

Form with fields for Owner and Payor including SSN, Name, Address, City, State, Zip, Relationship to Applicant, and Phone No.

If Contingent Owner is desired, check here and a form will be sent to the Owner. If not, the Contingent Owner will be the Applicant.

Beneficiary(ies)

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive the Applicant, or if none, by all secondary beneficiaries who survive the Applicant. The right to change the beneficiary is reserved to the Owner unless otherwise stated.

Beneficiary information table with columns for First Name, Last Name, SSN, Relationship, and DOB for Primary and Secondary beneficiaries.

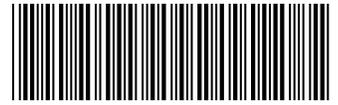
Coverage and Premiums

Price class applying for* and Payment Method selection boxes.

* Ultra Preferred class is for those who have not used any tobacco or nicotine products in the past 60 months. Preferred class is for those who have not used any tobacco or nicotine products in the past 24 months. Standard Non-Tobacco class is for those who have not used any tobacco or nicotine products in the past 12 months. Price class subject to other underwriting criteria based on health.

Coverage Amount field: \$ [] , [] [] [] , [] [] []

Monthly Premium calculation: Monthly Premium x Recurring Premium Value = Amount payable to 5Star Life



IT 1209 3

Statement of Health

Answer each question and initial in box to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers in the section below.

Height [] Ft [] [] In Weight [] [] [] Lbs

- I. In the last 10 years, has the Applicant:
A. Had a life or health insurance application declined, postponed, modified or rated?
B. Been diagnosed or treated by a physician for the listed conditions:
1. Coronary artery disease, cardiac chest pain, heart attack, heart failure, heart murmur, or any heart disorder?
2. High blood pressure, peripheral vascular disease (plaque in arteries), or any blood vessel disorder?
3. Stroke, paralysis, seizures, epilepsy, loss of consciousness, multiple sclerosis, any neurological disorder?
4. Skin disorder, cyst, tumor, or cancer?
5. Asthma, Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, chronic cough or shortness of breath, or any disorder of the lungs or respiratory system?
6. Diabetes, thyroid, pituitary, adrenal, or hormone disorder?
7. Disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system?
8. Ulcers, hepatitis, colitis, gastritis, disorder of the pancreas, liver, esophagus, stomach or intestines?
9. Rheumatoid disease, connective tissue disease, or disorder of the blood or lymph glands?
10. Schizophrenia, depression, personality disorder, or any mental health problem?
II. In the past 5 years, has the Applicant:
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?
B. Been convicted of driving under the influence of alcohol or drugs or while intoxicated?
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics, or any drug except as medication prescribed by a physician?
III. Has the Applicant ever been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?
IV. List each prescribed medication the Applicant takes regularly or frequently:
V. In the past 12 months, has the Applicant used any tobacco or nicotine products (including nicotine patch, gum, or spray)?
VI. Did the Applicant's parent(s) or sibling(s) die before age 60 of cardiovascular or cerebrovascular disease?
VII. Does the Applicant receive disability benefits from any source?
VIII. Is the Applicant planning to reside outside of the United States for at least 180 days and establish residence in the next 2 years?

Initial Here []

Details:
[]
[]
[]
[]
[]
[]
[]
[]
[]
[]

SERFF Tracking Number: FIVE-126664943 State: Arkansas
 Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
 Company Tracking Number: 1209
 TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
 Product Name: Individual Life - Term
 Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: ARKANSAS Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: ICC09 I-Term App R1209.pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment: ARKANSAS Cover Letter.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Policy Cost and Benefit		
Comments:		
Attachments: ICC09-IST10-1209-25.pdf ICC09-IST10-1209-30.pdf		

	Item Status:	Status Date:

SERFF Tracking Number: FIVE-126664943 State: Arkansas
Filing Company: 5 Star Life Insurance Company State Tracking Number: 45898
Company Tracking Number: 1209
TOI: L04I Individual Life - Term Sub-TOI: L04I.500 Other
Product Name: Individual Life - Term
Project Name/Number: /
Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability.pdf

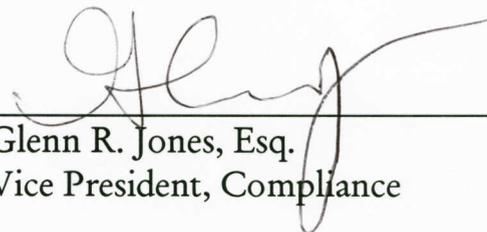


ARKANSAS DEPARTMENT OF INSURANCE

READABILITY CERTIFICATION

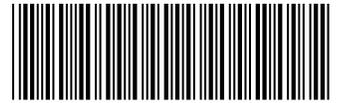
Re: *ICC09-IST10-1209-25AR: 25 Year Individual Term Life Insurance Policy,
10 Year Guarantee Period;
ICC09-IST10-1209-30AR: 30 Year Individual Term Life Insurance Policy,
10 Year Guarantee Period;
ICC09 I-Term App R1209: Application for Insurance*

The undersigned, authorized as Vice President of Compliance to be responsible for policy and related material filings by the officers of 5 Star Life Insurance Company, hereby certifies that each form in this filing meets the Flesch minimum reading ease score of 47.



Glenn R. Jones, Esq.
Vice President, Compliance

Dated: June 8, 2010



IT 2 1209

Other Insurance

Check if you want to cancel current group coverage underwritten by 5Star Life if new coverage is approved. If so, specify certificate or account number:

Answer only if this is an agent or broker initiated sale:

Do you, your spouse*, or children have any existing life insurance or annuity contracts? If yes, and you live in AK, AL, AR, AZ, CO, HI, IA, KY, LA, MD, ME, MS, MT, NE, NH, NJ, NM, NC, OH, OR, RI, TX, UT, VA, VT or WV please complete and sign the Notice: Replacement of Life Insurance and Annuity. Will the coverage applied for replace any existing life insurance or annuities?

Owner (If other than Applicant)

Payor

Form with fields for Owner and Payor including SSN, Name, Address, City, State, Zip, Relationship to Applicant, and Phone No.

If Contingent Owner is desired, check here and a form will be sent to the Owner. If not, the Contingent Owner will be the Applicant.

Beneficiary(ies)

Unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive the Applicant, or if none, by all secondary beneficiaries who survive the Applicant. The right to change the beneficiary is reserved to the Owner unless otherwise stated.

Beneficiary information table with columns for First Name, Last Name, SSN, Relationship, and DOB for Primary and Secondary beneficiaries.

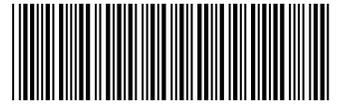
Coverage and Premiums

Price class applying for* and Payment Method selection boxes.

* Ultra Preferred class is for those who have not used any tobacco or nicotine products in the past 60 months. Preferred class is for those who have not used any tobacco or nicotine products in the past 24 months. Standard Non-Tobacco class is for those who have not used any tobacco or nicotine products in the past 12 months. Price class subject to other underwriting criteria based on health.

Coverage Amount \$

Monthly Premium \$ x Recurring Premium Value = Amount payable to 5Star Life \$



IT 1209 3

Statement of Health

Answer each question and initial in box to acknowledge you've read and, TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, understood each question. Circle the specific condition and give full details to any "yes" answers in the section below.

Height [] Ft [] [] In Weight [] [] [] Lbs

- I. In the last 10 years, has the Applicant:
A. Had a life or health insurance application declined, postponed, modified or rated?
B. Been diagnosed or treated by a physician for the listed conditions:
1. Coronary artery disease, cardiac chest pain, heart attack, heart failure, heart murmur, or any heart disorder?
2. High blood pressure, peripheral vascular disease (plaque in arteries), or any blood vessel disorder?
3. Stroke, paralysis, seizures, epilepsy, loss of consciousness, multiple sclerosis, any neurological disorder?
4. Skin disorder, cyst, tumor, or cancer?
5. Asthma, Chronic Obstructive Pulmonary Disease (COPD), tuberculosis, chronic cough or shortness of breath, or any disorder of the lungs or respiratory system?
6. Diabetes, thyroid, pituitary, adrenal, or hormone disorder?
7. Disorder of the kidney, bladder, urinary tract, genital tract, or reproductive system?
8. Ulcers, hepatitis, colitis, gastritis, disorder of the pancreas, liver, esophagus, stomach or intestines?
9. Rheumatoid disease, connective tissue disease, or disorder of the blood or lymph glands?
10. Schizophrenia, depression, personality disorder, or any mental health problem?
II. In the past 5 years, has the Applicant:
A. Been treated by a physician or medical facility or received professional counseling for alcohol or drug dependency or been advised to reduce or discontinue the use of alcohol?
B. Been convicted of driving under the influence of alcohol or drugs or while intoxicated?
C. Used amphetamines, cocaine, heroin, hallucinogens, barbiturates, marijuana, narcotics, or any drug except as medication prescribed by a physician?
III. Has the Applicant ever been diagnosed or treated by a physician or tested positive for Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), or AIDS-Related Complex (ARC)?
IV. List each prescribed medication the Applicant takes regularly or frequently:
V. In the past 12 months, has the Applicant used any tobacco or nicotine products (including nicotine patch, gum, or spray)?
VI. Did the Applicant's parent(s) or sibling(s) die before age 60 of cardiovascular or cerebrovascular disease?
VII. Does the Applicant receive disability benefits from any source?
VIII. Is the Applicant planning to reside outside of the United States for at least 180 days and establish residence in the next 2 years?

Initial Here []

Details:
[]
[]
[]
[]
[]
[]
[]
[]
[]
[]



June 8, 2010

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201

RE: **5Star Life Insurance Company**
FEIN# 54-1829709; NAIC# 77879; NAIC Code: 0000
ICC09 – IST10-1209–25AR; 25Year Individual Term Life Insurance Policy, 10 Year Guarantee
Period
ICC09-IST10-1209-30AR; 30Year Individual Term Life Insurance Policy, 10 Year Guarantee
Period
ICC09 I-Term App R 1209; Application for Life Insurance

Dear Sir/Madam:

Enclosed for your review and approval are duplicate copies of the above-referenced forms. These are new individual term life insurance policy forms and are not intended to replace any other forms previously approved by you.

While these products do contain a premium change provision, our Sales Department wishes to market them as non-illustrated, showing only the maximum guaranteed rates in the specifications pages.

These forms will be marketed by life agents. The agents market both from members of our parent organization, Armed Forces Benefit Association, who indicate interest in life coverage, as well as separately-developed leads. Our primary markets are armed forces personnel (Army, Navy, Air Force, Marines, National Guard) as well as civilian defense contractors, and uniformed fire and police.

The specifications pages, appropriately bracketed, are the only ones considered variable.

Also enclosed you will find an Actuarial Memorandum as well as all other required certifications.

We trust the enclosed is found to be in order and look forward to receiving your favorable reply. Should you have any questions or if we can provide additional information, please call me at any time. Thank you for your time and consideration.

Sincerely,



Glenn R. Jones, JD, CLU, ChFC, FLMI, RHU
Vice President, Compliance

Attachments



(a Baton Rouge, Louisiana Company)

Administrative Office: 909 North Washington Street, Alexandria, VA 22314 • 800-776-2322 • www.afba.com

INDIVIDUAL TERM LIFE INSURANCE

This policy is issued in consideration of the application and of the payment of the first premium as provided herein. A copy of the application is attached and is made a part of this policy. All payments are subject to the terms of this policy. We will pay the Coverage Amount in a lump sum to the Beneficiary if we receive due proof that the insured's death occurred while this policy was in force and prior to the Expiry Date.

Convertible – May be converted to a permanent plan of life insurance issued by the Company prior to the Expiry Date.

APPLICANT'S NOTICE OF RIGHT TO EXAMINE

PLEASE READ THIS NOTICE CAREFULLY - This policy is a legal contract between you, the Policy Owner, and 5 Star Life Insurance Company. You have the right to cancel this coverage. To cancel coverage, you must return this policy to our administrative offices or to your agent within 30 days after this policy is received. We will then refund any premium paid, this policy will be deemed void from the beginning, and the parties shall be in the same position as if no Policy had been issued.

Signed for 5 Star Life Insurance Company at its administrative offices in Alexandria, Virginia on the policy Effective Date.

Secretary

President

Individual Term Life Insurance With 10 Year Guarantee Period

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.

Guide to Policy Provisions

Sections	<u>Page</u>
1. Policy Specifications.....	PS-1
2. Table of Rates	PS-1
3. Definitions.....	3
4. Proceeds	4
5. Settlement Options.....	4
6. Owner, Beneficiary	4
7. Premium Payment.....	5
8. Change of Premium	5
9. Grace Period.....	5
10. Reinstatement.....	5
11. Conversion Privilege.....	6
12. Reduction in Policy Class	7
13. Evidence.....	7
14. Claims of Creditors	7
15. Assignment	7
16. Contestability	7
17. Misstatements	8
18. Suicide.....	8
19. The Contract.....	8
20. Interstate Compact Standards	9

3. DEFINITIONS

Age	On any given date, the age of the Insured on his or her last birthday.
Application	The application for this policy attached to and made a part of this policy.
Beneficiary	The party (ies) so named in the application, unless later changed as provided in this policy.
Coverage Amount	The death benefit amount shown in the Policy Specifications.
Due Proof	Reasonable information as to the existence of a fact or condition.
Effective Date of Issue	The date shown in the Policy Specifications. The Suicide and Contestability provisions use this date.
Expiry Date	The date the Insured reaches age 95.
In full force	That this policy has not lapsed in accordance with the Grace Period provision (Section 9).
Insured	The person whose life is insured under this policy as shown in the Policy Specifications.
Owner	The Insured, unless otherwise changed as provided in the policy.
Policy Anniversary	The same day and month as the Effective Date of Issue for each succeeding year this policy remains in full force.
Policy Class	The mortality classifications (gender/tobacco use) assigned under this policy, and shown in the Policy Specifications.
Policy Specifications	The pages of this policy so titled which show your benefits, premiums and other information.
Policy Year	A one-year period of time starting on successive policy anniversaries, with the first policy year starting on the Effective Date of Issue.
Request	A request in writing on a form acceptable to us signed by you and received by us.
We, Our, Ours, Us	5 Star Life Insurance Company.
Written notice	Unless otherwise stated, a written notice filed at our administrative office in Alexandria, Virginia.
You, Your, Yours	The party (ies) named as Owner in the application unless later changed as provided in this policy.

4. PROCEEDS

This section concerns the death benefit that is payable under this policy

The proceeds are subject to adjustment under the Suicide provision (Section 18). The amount of proceeds as defined below is subject to all provisions of this Policy.

The proceeds payable on the death of the Insured are equal to:

- (a) the Coverage Amount; plus
 - (b) any advanced premium deposits which are paid past the current payment period; less
 - (c) [the amount of any Emergency Death Benefit; less]
 - (d) any modal premium needed as set forth in the Grace Period provision (Section 9).
- I. Interest shall accrue and be payable from the date of death. Interest shall accrue at the rate applicable to the policy for funds left on deposit or, if no such rate is in effect, at the Two Year Treasury Constant Maturity Rate as published by the Federal Reserve. In determining the effective annual rate or rates, the Company shall use the rate in effect on the date of death.
- II. Interest shall accrue at the interest rate in Item I above, plus additional interest at the rate of 10% annually beginning with the date that is 31 calendar days from the latest of Items (i), (ii), and (iii) to the date the claim is paid, where it is:
- (i) The date that proof of death is received by the Company;
 - (ii) The date the Company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
 - (iii) The date that legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. 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 a state and federal reporting requirements.
- III. The death benefit proceeds paid shall be at least equal to the death benefit of the Policy and any riders that are payable, plus or minus any premium adjustments with interest. If death occurs during a period for which premium has been paid, the Company shall add to the Policy proceeds a refund of any premium actually paid for any period beyond the end of the Policy Month.

5. SETTLEMENT OPTIONS

All proceeds will be paid to the beneficiary(ies) in one lump sum.

6. OWNER, BENEFICIARY

This section indicates who is entitled to the death benefit under this policy.

The Owner and the Beneficiary will be as designated in the application unless the Owner changes them by written notice.

The Owner shall have the sole and absolute power to exercise all rights and privileges without the consent of any other person unless the Owner provides otherwise by written notice.

If the Insured dies and there is no surviving Beneficiary, the Owner will be the Beneficiary; but if the Owner was the Insured, the Owner's estate will be the Beneficiary.

While the Insured is alive, the Owner may change the Owner and Beneficiary by written notice to us. The Owner can also designate a contingent Owner. No change will take effect unless we acknowledge receipt on the notice. If such acknowledgment occurs, then: (a) a change of Beneficiary will take effect on the date the notice is signed by the Owner; and (b) a change of Owner will take effect as of the date specified in the notice, or if no such date is specified, on the date the notice is signed. The change will take effect whether or not the Owner or the Insured is then alive. A change shall be subject to the rights of any assignee of record with us and subject to any payment made or other action taken by us before we acknowledged receipt.

7. PREMIUM PAYMENTS

This section informs you of our rules regarding payment of premiums.

Premiums are payable as shown in Section 2, Table of Rates. They may be paid at less frequent (e.g., semi-annual or annual) intervals in accordance with our published rates and requirements. Each premium is due on the monthly anniversary date. For the first premium, this day is the Effective Date of Issue. Payment of premiums shall be made to us at our administrative office.

8. CHANGE OF PREMIUM

This section advises you that premiums are subject to change after a certain period of time as shown in Section 2, Table of Rates.

Any premiums after the initial guarantee period shown in Section 2 may be changed, subject to the table of Maximum Guaranteed and Current Premiums. Premium changes will never be more frequent than annual, and shall be by class. Any such adjustment would be based on future or anticipated emerging experience, including factors such as mortality, investment earnings, persistency, among others.

If Policy premiums are changed under this provision, the premiums on any attached riders will be unaffected.

9. GRACE PERIOD

This section provides for a grace period in the event of late premium payments.

Any premium, other than the first, not paid when due may, prior to the Expiry Date as shown on your Policy Specifications document, be paid within a grace period of 31 days after its due date if premiums have been paid to that due date. The policy will continue in full force during that period.

If the Insured dies while this policy is in full force, the overdue premium will be deducted in any settlement under the policy. Interest will not be added to any overdue premium.

10. REINSTATEMENT

This section allows you to restore this policy within a certain period of time if it has been canceled due to non-payment of premium.

Reinstatement means to restore this policy to "In full force" status after it has gone into default because a premium due was not paid before the end of the grace period. This policy may be

reinstated within 3 years after the due date of the first unpaid premium and before the Expiry Date as shown in your Policy Summary document.

The Reinstatement requirements are:

- (a) Submission of a written request for reinstatement signed and dated by the Insured and Owner;
- (b) Production of evidence of insurability satisfactory to us; and
- (c) Payment of overdue premiums with interest.

Interest at the rate of 6% on premiums due compounded annually will be payable to the date of reinstatement.

A reinstatement will be effective only as of the date we approve your request for reinstatement.

With respect to statements made in an application for reinstatement, the policy is, in the absence of fraud in the procurement of the reinstated policy (where permitted by applicable law in the state where the policy is delivered or issued for delivery), incontestable after it has been in force during the Insured's lifetime for two (2) years beginning with the day of reinstatement. The contestable period is based only on statements in the reinstatement application, unless the original contestable period has not yet expired.

11. CONVERSION PRIVILEGE

This section permits you to convert this policy for a new 5 Star Life permanent plan of life insurance under certain conditions.

The Insured may convert to an individual policy of permanent life insurance then issued by 5 Star Life, without evidence of insurability. The amount of that policy shall not be more than the amount of life insurance under this Policy.

The following shall apply with respect to issue of the permanent individual policy.

- (1) Written application and the first premium must be submitted to 5 Star Life within the Conversion Period. The Conversion Period is the 31-day period following the date the Insured's insurance coverage ends.
- (2) The policy will be issued in any of the forms of individual permanent life insurance then issued by 5 Star Life. The policy shall not have any disability or supplementary benefits.
- (3) Premium for the policy will be determined from the rates used by 5 Star Life at the date of issue of such policy. The rates will be based upon:
 - (A) The Insured's attained age on the effective date of the new permanent plan individual policy;
 - (B) the class of risk to which the Insured belongs at such date; and
 - (C) the form and amount of such Policy.
- (4) The incontestability and suicide provisions attributable to the coverage converted will run from the date of the original policy. If the new policy contains additional

coverage for which evidence of insurability was given, new incontestability and suicide provisions may apply to that coverage.

- (5) 5 Star Life will not require evidence of insurability.
- (6) The minimum amount allowed for conversion is \$50,000.00. The maximum amount is \$250,000.00.

12. REDUCTION IN POLICY CLASS

This section offers you an opportunity to change your policy class, which would result in a more favorable premium schedule, if certain conditions are met.

You may request that we reduce your policy class if you are eligible. We will allow a reduction in policy class if we receive satisfactory evidence to us that your risk classification has improved. A reduction in policy class will be subject to the following conditions:

1. You are required to pay for any evidence of insurability we may need.
2. Any evidence we may require must be provided by a company approved Medical Examiner.

13. EVIDENCE

This section authorizes us to obtain certain types of evidence under various circumstances upon the death of the insured.

We will require Due Proof of:

- (a) the death of any person which will result in proceeds being paid, or rights being transferred, under this policy; and
- (b) the age and sex of the person on whose life a payment is based.

14. CLAIMS OF CREDITORS

This section advises you that creditors generally do not have access to the death benefit payable under this policy.

The proceeds under this policy will be exempt from the claims of creditors to the extent permitted by law. Such proceeds and payments may not be assigned or withdrawn before becoming payable without our agreement.

15. ASSIGNMENT

This section authorizes you to transfer your interest in this policy to another party.

Your interest in this policy may be assigned without the consent of any revocable Beneficiary. Your interest, any interest of the Insured, and any interest of a revocable Beneficiary shall be subject to the terms of the assignment.

We will not be on notice of any assignment unless it is in writing; nor will we be on notice until the assignment has been filed at our administrative offices. We assume no responsibility for the validity or sufficiency of any assignment. Assignments, unless otherwise specified by the Owner, shall take effect on the date the notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of this notice.

16. CONTESTABILITY

This section authorizes us to dispute a claim for payment within a certain period of time.

We rely on the statements made in the Application for this policy. We also rely on statements made in any subsequent request for a change of this policy. Such statements are deemed representations and not warranties. In addition to the other reasons permitted by law, we can contest the validity of this policy or any reinstatement of this policy, if:

- (a) any material misrepresentation of fact is made in the Application or subsequent request for a change to this policy; and
- (b) a copy of that Application or subsequent request for a change is attached to this policy when issued or delivered or is later made a part of this policy.

We will not contest the validity of this policy after it has been in full force, during the Insured's life, for 2 years from the Effective Date of Issue. With respect to any reinstatement of this policy, we will not contest the validity of the change or reinstatement after this policy has been in effect, during the Insured's life, for 2 years. However, we can always contest the validity of this policy for the non-payment of any premium due.

17. MISSTATEMENT

This section addresses the effect of misstating your age or sex.

If the age or sex of the Insured has been misstated, we will adjust the benefits under the policy to those that would be applicable at the correct age or sex.

18. SUICIDE

This section addresses the effect of suicide on the benefits payable under this policy.

If the Insured commits suicide, while sane or insane, within 2 years from the Effective Date of Issue we will pay in place of all other benefits an amount equal to the premiums paid..

19. THE CONTRACT

This section describes what constitutes the entire contract.

The written application for this policy is attached at issue. The entire contract between the applicant and us consists of this policy and such application. However, additional written requests and/or applications for policy changes may be submitted to us after issue and such requests and/or applications may become part of this policy. All statements made in the request and/or application shall, in the absence of fraud, be deemed representations and not warranties. We will use no statement made by or on behalf of the Insured to defend a claim under this policy unless it is in the written request and/or application.

Policy years, policy months, and policy anniversaries are measured from the Effective Date of Issue.

Any reference in this policy to a date means a calendar day ending at midnight local time at our administrative offices.

Changes in this policy may be made by agreement between you and us. Only the Chairman of the Board or the President of the Company has authority to waive or agree to change in any

respect any of the conditions or provisions of this policy, or to extend or to make an agreement for us.

Descriptions of each section of this policy which appear immediately beside the title of each section and are set forth in boldface type have been inserted for convenience of reference only, and shall not be construed to affect the meaning, construction, or effect of the policy terms.

Any reference in this policy to a percentage interest rate shall mean such percentage on an annualized effective basis unless otherwise specified to the contrary.

20. INTERSTATE COMPACT STANDARDS

This Policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under Commission standards. Any provision of this policy that is in conflict with Interstate Insurance Product Regulation Commission standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission standards for this product type as of the provision's effective date.

Communications about this policy may be sent to the Company at the address below:

Administrative Office
909 North Washington Street,
Alexandria, Virginia 22314.

If this policy is in full force:

1. The Coverage Amount is payable at Insured's death prior to Expiry Date.
2. Premiums vary by age as shown in Section 2.
3. A change of premium provision is applicable.
4. Premiums are payable to age 95.
5. This policy is non-participating and no dividends are payable.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

Policy ID: IST10-ICC09-30

Insured: John Doe

SSN: 000-00-0000

Rating Class: Male, Standard, Non-Tobacco User

Any correspondence regarding this summary may be forwarded either to our administrative offices or the Agent listed below:

Administrative Office

5 Star Life Insurance Company
909 N. Washington Street
Alexandria, VA 22314

Agent

James Agent
123 Main Street
Anytown, State 00000

This summary was prepared on December 1, 2009 for the life of John Doe.

Your policy provides premiums that are guaranteed level for 10 years, projected to remain level for the entire initial term period of 30 years. Thereafter, premiums increase annually. After the initial level premium period, the policy may be renewed annually until the final expiry date. Your coverage amount is shown below.

Riders: None

This policy contains no:

1. Dividends
2. Cash Value
3. Cash Surrender Values
4. Loan Provisions

The Death Benefit is equal to \$100,000 and is the same amount at all times.

Guaranteed and Current Maximum Premiums

<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>	<u>Current Annual Premium</u>	<u>Policy Year</u>	<u>Guaranteed Annual Premium</u>	<u>Current Annual Premium</u>
1	\$266.00	\$266.00	31	\$4,415.28	\$4,415.28
2	\$266.00	\$266.00	32	\$4,883.76	\$4,883.76
3	\$266.00	\$266.00	33	\$5,391.48	\$5,391.48
4	\$266.00	\$266.00	34	\$5,936.40	\$5,936.40
5	\$266.00	\$266.00	35	\$6,530.88	\$6,530.88
6	\$266.00	\$266.00	36	\$7,201.68	\$7,201.68
7	\$266.00	\$266.00	37	\$8,085.00	\$8,085.00
8	\$266.00	\$266.00	38	\$9,000.36	\$9,000.36
9	\$266.00	\$266.00	39	\$10,139.76	\$10,139.76
10	\$266.00	\$266.00	40	\$11,631.96	\$11,631.96
11	\$739.20	\$266.00	41	\$13,282.20	\$13,282.20
12	\$795.00	\$266.00	42	\$15,093.36	\$15,093.36
13	\$854.88	\$266.00	43	\$17,058.24	\$17,058.24
14	\$918.84	\$266.00	44	\$19,165.56	\$19,165.56
15	\$991.08	\$266.00	45	\$21,285.36	\$21,285.36
16	\$1,067.40	\$266.00	46	\$23,640.36	\$23,640.36
17	\$1,158.24	\$266.00	47	\$26,292.60	\$26,292.60

18	\$1,263.48	\$266.00	48	\$29,316.36	\$29,316.36
19	\$1,381.20	\$266.00	49	\$32,503.20	\$32,503.20
20	\$1,517.40	\$266.00	50	\$35,732.28	\$35,732.28
21	\$1,668.00	\$266.00	51	\$39,163.68	\$39,163.68
22	\$1,835.28	\$266.00	52	\$42,728.28	\$42,728.28
23	\$2,012.76	\$266.00	53	\$46,395.96	\$46,395.96
24	\$2,204.64	\$266.00	54	\$50,091.60	\$50,091.60
25	\$2,421.36	\$266.00	55	\$53,866.56	\$53,866.56
26	\$2,662.92	\$266.00	56	\$57,771.72	\$57,771.72
27	\$2,931.24	\$266.00	57	\$61,873.92	\$61,873.92
28	\$3,236.64	\$266.00	58	\$66,306.36	\$66,306.36
29	\$3,585.48	\$266.00	59	\$71,255.76	\$71,255.76
30	\$3,979.68	\$266.00	60	\$77,640.84	\$77,640.84

Life Insurance Cost Indexes Based on Guaranteed Amount Payable at Death

Plan Name	Guaranteed Values		Current Values	
	10 Year	20 Year	10 Year	20 Year
Surrender Cost Index	\$2.66	\$6.67	\$2.66	\$2.66
Net Cost Index	\$2.66	\$6.67	\$2.66	\$2.66

An explanation of the intended use of these indexes is provided in the Life Insurance Buyer's Guide. These indexes are useful only for the comparison of relative costs of two or more similar policies.

STATEMENT OF VARIABILITY

Individual Term Life Insurance Policy Filing ICC09 – IST10-1209-25 and ICC09 – IST10-1209-30

As required by the IC standards, the only variable fields applicable to this filing are on the policy specifications pages referenced above. These variable fields are as follows:

Policy ID:	New one given for each policy issued
Insured:	Name of insured; will vary with each contract
Coverage Amount:	Varies within actuarial guidelines for the product
Effective Date:	Date policy is placed into force
Expiry Date:	Date that, assuming all premiums are paid timely, coverage ends under the policy
Date of Birth:	Date that the insured was born
Issue Age:	Age of insured on the Effective Date of the policy
Rating Class:	Will vary male/female; rating, and smoker/nonsmoker status
Monthly Premium	
First Policy Year:	Policy-specific
Current Maximum Rates:	Vary by age