

SERFF Tracking Number: SELX-G126751050 State: Arkansas
Filing Company: SENTRY LIFE INSURANCE COMPANY State Tracking Number: 46462
Company Tracking Number: AR017510400003
TOI: L04G Group Life - Term Sub-TOI: L04G.500 Other
Product Name: Group Life
Project Name/Number: Group Life/AR017510400003

Filing at a Glance

Company: SENTRY LIFE INSURANCE COMPANY

Product Name: Group Life

SERFF Tr Num: SELX-
G126751050

State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
Closed

State Tr Num: 46462

Sub-TOI: L04G.500 Other

Co Tr Num: AR017510400003

State Status: Approved-Closed

Filing Type: Form

Author: SPI SentryInsuranceLH

Reviewer(s): Linda Bird

Date Submitted: 08/11/2010

Disposition Date: 08/12/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: 08/11/2010

Implementation Date:

State Filing Description:

General Information

Project Name: Group Life

Project Number: AR017510400003

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/12/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/12/2010

Created By: SPI SentryInsuranceLH

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: SPI SentryInsuranceLH

Filing Description:

THIS FILING DOES NOT PERTAIN TO PPACA. At this time, we do not have access to SERFF direct. We are using SERFF through Tracker and are not able to select the options regarding grandfathering and PPACA.

The above referenced forms are submitted for your review and approval.

Sentry Life Insurance Company would like to enhance our Group Life product by adding new benefits and exclusions to our Accidental Death, Dismemberment and Loss of Sight Benefit; see attached Actuarial Memorandum for further details. The attached Amendatory Rider, form 585-1106 and Certificate Amendment, form 585-1107 will be sent to

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existing Group Life policy and certificate holders and included in new policies and certificates upon state approval and applicable filing requirements. The new benefits are being added at no extra charge. The exclusions and new section "When Accidental Death, Dismemberment And Loss of Sight Benefit Ends" further clarify when benefits will be paid.

We also will be offering the Child Care and Education Benefits, policy form 585-1108 and certificate form 585-1109 to enhance our Group Life product. The attached Actuarial Memorandum explains the benefits and rates further.

Finally the Amendatory Rider, form 585-1110 and Certificate Amendment, form 585-1111 are necessary to amend our Group Life policy and certificates to reflect how the new Child Care and Education Benefits will coordinate with existing benefits. We have restated; with no changes, the "Amount" paragraph which is found in the Extended Insurance provision to replace Group Life Amendatory Rider form 585-1088 and Certificate Amendment form 585-1089 which were previously approved by the department on August 10, 2005. The riders will be sent to existing policy and certificate holders as well as included in new policies and certificates upon state approval and applicable filing requirements.

Company and Contact

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 #
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SENTRY LIFE INSURANCE COMPANY	\$50.00	08/11/2010	38699236
SENTRY LIFE INSURANCE COMPANY	\$350.00	08/11/2010	38714913

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/12/2010	08/12/2010

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	08/11/2010	08/11/2010	SPI SentryInsuranceLH	08/11/2010	08/11/2010

SERFF Tracking Number: *SELX-G126751050* *State:* *Arkansas*
Filing Company: *SENTRY LIFE INSURANCE COMPANY* *State Tracking Number:* *46462*
Company Tracking Number: *AR017510400003*
TOI: *L04G Group Life - Term* *Sub-TOI:* *L04G.500 Other*
Product Name: *Group Life*
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Disposition

Disposition Date: 08/12/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SELX-G126751050 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Application		No
Supporting Document	Flesch Certification		Yes
Supporting Document	Group Life Actuarial Memoradnum-ADD Benefit Change		No
Supporting Document	Group Life Actuarial Memoradnum- Expanded Benefit		No
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE		Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT, AR - NAIC FORM FILING ATTACHMENT		Yes
Supporting Document	Cover Letter		Yes
Form	ADD Amendatory Rider		Yes
Form	ADD Certificate Amendment		Yes
Form	GL Policy-Child Care and Education Benefits		Yes
Form	GL Certificate-Child Care and Education Benefits		Yes
Form	Amendatory Rider		Yes
Form	Certificate Amendment		Yes
Form	Group Life Table of Contents		Yes
Form	Group Life Certificate Table of Contents		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/11/2010
Submitted Date 08/11/2010
Respond By Date 09/13/2010

Dear Linda Mijal,

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 \$350.00 is received.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/11/2010
Submitted Date 08/11/2010

Dear Linda Bird,

Comments:

Thank you for your letter of 8-11-2010.

Response 1

Comments: The additional \$350.00 is attached. Sorry for the inconvenience.

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 \$350.00 is received.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

I hope this 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

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Sincerely,
SPI SentryInsuranceLH

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	585-1106	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	ADD Amendatory	Initial		0.000	585-1106 ADD Amendatory Rider with changes accepted 7-14-10 Grp life enhancement. PDF
	585-1107	Certificate	ADD Certificate Amendment	Initial		0.000	585-1107 ADD Certificate Amendment with changes accepted 7-14-10 grp life enhancements.PDF
	585-1108	Policy/Cont ract/Fratern al Certificate	GL Policy-Child Care and Education Benefits	Initial		0.000	585-1108 GL Policy - Child Care Education Benefit with changes accepted 7-14-10 grp life enhanc.PDF
	585-1109	Certificate	GL Certificate-Child Care and Education Benefits	Initial		0.000	585-1109 GL Cert - Child Care Education

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Item ID	Description	Initial	Value	Notes	
585-1110	Policy/Cont Amendatory Rider ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	Benefit with changes accepted 7- 14-10 grp life enhancem.PD F 585-1110 Amend Rider - Bene Ext Ins Conv Gen Prov with changes accepted 7- 15-10 (3).PDF	
585-1111	Certificate Certificate Amendment	Initial	0.000	585-1111 Certificate Amendment - Bene Ext Ins Conv with changes accepted 7- 15-10 (2).PDF	
585-2(Rpt- 1)	Policy Jacket	Group Life Table of Contents	Initial	0.000	585-2 (Rpt-1) Group Life Policy TOC.PDF
585-4(Rpt- 1)	Policy Jacket	Group Life Certificate Table of Contents	Initial	0.000	585-4 (Rpt-1) Group Life Cert TOC.PDF

**ACCIDENTAL DEATH, DISMEMBERMENT
AND LOSS OF LIFE BENEFIT
CERTIFICATE AMENDMENT**

Amendment Effective Date:

Your certificate is revised as follows:

1. The following benefits are added to the **Losses Covered** section:

Seat Belt Benefit: An additional 25% of the maximum AD&D benefit, up to a maximum of \$25,000, will be paid if loss of life results from a vehicle accident and You were riding in the vehicle and wearing a properly fastened seat belt.

Air Bag Benefit: An additional 10% of the maximum AD&D benefit, up to a maximum of \$10,000, will be paid if loss of life results from a vehicle accident, You were wearing a properly fastened seat belt and positioned in a seat protected by a Supplemental Restraint System ("air bag") which inflated on impact.

Repatriation Benefit: An additional AD&D benefit will be paid as reimbursement for expenses incurred for the transportation of Your body, as the result of an accidental death that occurs more than 100 distance-traveled miles from Your primary home residence. Expenses covered under this provision include transportation of Your body to the first resting place (including a funeral home or the place of interment) in proximity to Your normal place of residence. The maximum benefit to be paid under the Repatriation Benefit is 10% of the maximum AD&D benefit, up to a maximum of \$10,000.

2. The following are added to the **Exclusions** section.

- (9) Injuries suffered where alcohol intoxication was a contributing factor. Alcohol intoxication is having a blood alcohol content (BAC) level of 0.08 or higher;
- (10) Injuries suffered where voluntary consumption of an illegal or controlled substance was a contributing factor;
- (11) An accident that occurred while serving in the armed forces;
- (12) Injuries suffered where a heart attack, stroke or seizure were contributing factors.

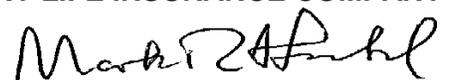
3. The following section is added at the end of the provision:

When Accidental Death, Dismemberment And Loss of Sight Benefit Ends

Accidental Death, Dismemberment And Loss of Sight Benefit will end when Your insurance ends, or when Base Life insurance is extended under the Extended Insurance section.

No other provisions of this section are changed.

SENTRY LIFE INSURANCE COMPANY



President

CHILD CARE AND EDUCATION BENEFITS

Child Day-Care Benefit

Sentry will pay charges incurred within the three-year period following the death of the Insured Employee, for child care for their Dependent Children provided by a Day-Care Center. This benefit is subject to the reasonable and necessary expenses actually incurred up to a maximum of \$5,000, all children combined, over each 12-month period following the Insured Employee's date of death. The total maximum benefit is \$15,000.

Day-Care Center means a licensed facility that is operated according to the laws applicable to day-care facilities and which provides for the care and supervision of children in a group setting on a regular basis. Day-Care Center does not include a hospital, the child's home, care provided during normal school hours while the child is attending grades one through twelve, nor any other facility that does not charge a fee for services.

The benefit will be paid upon satisfactory proof that each Dependent Child is enrolled in a Day-Care Center and that the expense was paid.

Dependent Child College Education Benefit

Sentry will pay charges incurred for Education Expenses within the four-year period following the death of the Insured Employee, for Dependent Children that are enrolled on a full-time basis in an institution for higher education above the secondary school level or attending such institution within one year following the date of death of the Insured Employee. This benefit covers Dependent Children that meet the above requirement and is subject to a maximum benefit of \$10,000, all children combined, over each 12-month period following the Insured Employee's date of death. The total maximum benefit is \$40,000.

The benefit will be paid upon satisfactory proof that each Dependent Child is enrolled at an institution of higher education and that the Education Expense was paid.

Spouse Education Benefit

Sentry will pay charges incurred for Education Expenses within - the two year period following the death of the Insured Employee for a Qualified Spouse who enrolls on a full-time basis in an institution for higher education above the secondary school level or is attending such institution within one year following the date of death of the Insured Employee. This benefit is subject to a maximum of \$10,000 over each 12-month period following the Insured Employee's date of death. The total maximum benefit is \$20,000.

Definitions

A Qualified Spouse is a spouse that does not hold a Bachelor's Degree or higher. The benefit will be paid upon satisfactory proof that the spouse is enrolled at an institution of higher education and that the Education Expense was paid.

Education Expenses means all reasonable and necessary expenses incurred and paid to the institution within three months of the due date. Education Expenses does not include room, board or other ordinary living, travel or clothing expenses. An institution for higher education includes any accredited university, college, technical or trade school.

Dependent Children includes any unmarried children of the Insured Employee who are natural children, stepchildren, legally adopted children or foster children if they depended on the Insured Employee for support and maintenance on the date of death of the Insured Employee. Dependent Children does not include children over the age of 26.

Limitations

Benefits payable under the Child Care and Education Benefits provision are reduced by similar benefits payable under any other policy issued by Us. The benefits paid under the Child Care and Education Benefits provision is not included as part of the Base Life Insurance amount. No additional Accidental Death, Dismemberment And Loss of Sight Benefits are applicable to amounts paid under the Child Care and Education Benefits provision. Coverage under the Child Care and Education Benefits provision ceases when coverage is extended under the Extended Insurance provision of this policy. Coverage under the Child Care and Education Benefits provision are not convertible under the Conversion provision of this policy.

CHILD CARE AND EDUCATION BENEFITS

Child Day-Care Benefit

Sentry will pay charges incurred within the three-year period following Your death, for child care for Your Dependent Children provided by a Day-Care Center. This benefit is subject to the reasonable and necessary expenses actually incurred up to a maximum of \$5,000, all children combined, over each 12-month period following Your date of death. The total maximum benefit is \$15,000.

Day-Care Center means a licensed facility that is operated according to the laws applicable to day-care facilities and which provides for the care and supervision of children in a group setting on a regular basis. Day-Care Center does not include a hospital, the child's home, care provided during normal school hours while the child is attending grades one through twelve, nor any other facility that does not charge a fee for services.

The benefit will be paid upon satisfactory proof that each Dependent Child is enrolled in a Day-Care Center and that the expense was paid.

Dependent Child College Education Benefit

Sentry will pay charges incurred for Education Expenses within the four-year period following Your date of death, for Dependent Children that are enrolled on a full-time basis in an institution for higher education above the secondary school level or attending such institution within one year following Your date of death. This benefit covers Dependent Children that meet the above requirement and is subject to a maximum benefit of \$10,000, all children combined, over each 12-month period following Your date of death. The total maximum benefit is \$40,000.

The benefit will be paid upon satisfactory proof that each Dependent Child is enrolled at an institution of higher education and that the Education Expense was paid.

Spouse Education Benefit

Sentry will pay charges incurred for Education Expenses within the two-year period following Your death, for a Qualified Spouse who enrolls on a full-time basis in an institution for higher education above the secondary school level or is attending such institution within one year following Your date of death. This benefit is subject to a maximum of \$10,000 over each 12-month period following Your date of death. The total maximum benefit is \$20,000.

Definitions

A Qualified Spouse is a spouse that does not hold a Bachelor's Degree or higher. The benefit will be paid upon satisfactory proof that the spouse is enrolled at an institution of higher education and that the Education Expense was paid.

Education Expenses means all reasonable and necessary expenses incurred and paid to the institution within three months of the due date. Education Expenses does not include room, board or other ordinary living, travel or clothing expenses. An institution for higher education includes any accredited university, college, technical or trade school.

Dependent Children includes any of Your unmarried children who are natural children, stepchildren, legally adopted children or foster children, if they depended on You for support and maintenance on Your date of death. Dependent Children does not include children over the age of 26.

Limitations

Benefits payable under the Child Care and Education Benefits provision are reduced by similar benefits payable under any other policy issued by Us. The benefits paid under the Child Care and Education Benefits provision is not included as part of the Base Life Insurance amount. No additional Accidental Death, Dismemberment And Loss of Sight Benefits are applicable to amounts paid under the Child Care and Education Benefits provision. Coverage under the Child Care and Education Benefits provision ceases when coverage is extended under the Extended Insurance provision of the policy. Coverage under the Child Care and Education Benefits provision are not convertible under the Conversion provision of the policy.

AMENDATORY RIDER

Amendment Effective Date:

The group policy is changed as follows:

1. The following is added as the third paragraph in the **BENEFICIARY** provision, to the **To Whom Benefits Will Be Paid** section:

Benefits under the Accidental Death, Dismemberment And Loss of Sight Benefit provision are paid to the Insured Employee, if living, otherwise according to the Beneficiary provisions of this section. Benefits under the Child Care and Education Benefits provision (if applicable) are paid to the person or persons who incurred the expense being reimbursed and are legally responsible for payment.

2. The first paragraph of the **EXTENDED INSURANCE** provision is deleted in its entirety and replaced with the following:

An Insured Employee who becomes totally disabled may have insurance extended. "Total Disability" or "Disability" means that because of Sickness or Injury, an Insured Employee is unable to engage in any occupation for wage or profit. For this extension to apply, Total Disability must begin before the Insured Employee reaches age 60 and must exist continuously for at least 9 months. Premiums should be paid during the 9 month period. Coverage under the Accidental Death, Dismemberment And Loss of Sight Benefit provision, Dependents Life Insurance provision and Child Care and Education Benefits provision (if applicable) cease when Base Group Life benefits are extended under this section.

3. The fourth paragraph of the **EXTENDED INSURANCE** provision is deleted in its entirety and replaced with the following:

Successive extensions of insurance of one year each during the continuation of the Total Disability may be granted. Sentry will make an annual request to receive proof of the continued Total Disability. Proof of the Disability must be sent to Sentry's Home Office within 90 days before the end of each one year period. No premiums are due during the one year extensions of insurance.

4. The paragraph entitled **Amount** under the **EXTENDED INSURANCE** provision is restated and reads as follows:

The amount of insurance extended under this section will be the amount the Insured Employee was insured for on the date the Disability began. However, if this policy calls for benefits to be reduced or ended at a certain age, those changes will apply. Benefits provided by this section will end on the first day of the coverage month following the Insured Employee's 65th birthday.

5. The second paragraph of the **CONVERSION** provision is deleted in its entirety and replaced with the following:

The amount of insurance converted may be the amount of insurance terminated or less. Coverage amounts under the Child Care and Education Benefits provision (if applicable) are not convertible under the provisions of this section.

6. The **Entire Contract** section in **GENERAL PROVISIONS** is deleted in its entirety and replaced with the following:

The policy, the applications of the Policyholder and the Insured Employees and any endorsements, amendments or riders make up the entire contract.

No other provisions are changed.

SENTRY LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Mark A. Hibel". The signature is written in a cursive, flowing style.

President

CERTIFICATE AMENDMENT

Amendment Effective Date:

Your certificate is revised as follows:

1. The following is added as the third paragraph in the **BENEFICIARY** provision, to the **To Whom Benefits Will Be Paid** section:

Benefits under the Accidental Death, Dismemberment And Loss of Sight Benefit provision are paid to You, if living, otherwise according to the Beneficiary provisions of this section. Benefits under the Child Care and Education Benefits provision (if applicable) are paid to the person or persons who incurred the expense being reimbursed and are legally responsible for payment.

2. The first paragraph of the **EXTENDED INSURANCE** provision is deleted in its entirety and replaced with the following:

If You become totally disabled while insured under the Group Policy, Your insurance may be extended. "Total Disability" or "Disability" means that because of Sickness or Injury You are unable to engage in any occupation for wage or profit. For this extension to apply, Total Disability must begin before You reach age 60 and must exist continuously for at least 9 months. Premiums should be paid during the 9 month period. Coverage under the Accidental Death, Dismemberment And Loss of Sight Benefit, provision, Dependents Life Insurance provision and Child Care and Education Benefits provision (if applicable) cease when Base Group Life benefits are extended under this section.

3. The third paragraph of the **EXTENDED INSURANCE** provision is deleted in its entirety and replaced with the following:

As long as You remain Totally Disabled, insurance may be extended for additional periods of one year each. Sentry will make an annual request to receive proof of the continued Total Disability. Proof of Disability must be sent to Sentry's Home Office within 90 days before the end of each one year period. No premiums are due during the one year extensions of insurance.

4. The paragraph entitled **Amount** under the **EXTENDED INSURANCE** provision is restated and reads as follows:

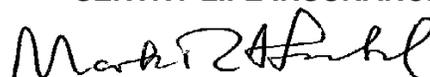
The amount of insurance extended under this section will be the amount You were insured for on the date the Disability began. However, if the policy calls for benefits to be reduced or ended at a certain age, those changes will apply. Benefits provided by this section will end on the first day of the coverage month following Your 65th birthday.

5. The second paragraph of the **CONVERSION** provision is deleted in its entirety and replaced with the following:

The amount of insurance converted may be the amount of insurance terminated or less. Coverage amounts under the Child Care and Education Benefits provision (if applicable) are not convertible under the provisions of this section.

No other provisions are changed.

SENTRY LIFE INSURANCE COMPANY



President

GROUP LIFE POLICY TABLE OF CONTENTS

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Premium Rates.....	585-1002
Definitions.....	585-1003
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When Insurance Begins	
Changes in an Insured Employees Insurance	
When Insurance Ends	
Beneficiary.....	585-1005
Extended Insurance.....	585-1006
Conversion.....	585-1007
General Provisions.....	585-1008
Accidental Death, Dismemberment.....	585-1009
Dependents Life Insurance (If Applicable).....	585-1010
Accelerated Death Benefit Rider (If Applicable).....	585-1076
Child Care and Education Benefits (If Applicable).....	585-1108

Amendatory Riders (If Applicable)

GROUP LIFE CERTIFICATE TABLE OF CONTENTS

Section	Page
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Conversion	585-1017
General Provisions	585-1018
Accidental Death, Dismemberment and Loss of Sight (If Applicable)	585-1019
Dependents Life Insurance (If Applicable)	585-1020
Accelerated Death Benefit Rider (If Applicable)	585-1077
Child Care and Education Benefits (If Applicable).....	585-1109
 Certificate Amendments (If Applicable)	

SERFF Tracking Number: SELX-G126751050 State: Arkansas
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Product Name: Group Life
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR - READABILITY CERTIFICATION.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 Comments: Attachments: AR - NAIC TRANSMITTAL DOCUMENT.PDF AR - NAIC FORM FILING ATTACHMENT.PDF		

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

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: SENTRY LIFE INSURANCE COMPANY

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
585-1106	45.1
585-1107	42.6
585-1108	42.0
585-1109	42.0
585-1110	49.1
585-1111	43.0
585-2(Rpt-1)	0
585-4(Rpt-1)	0

Signed: *William O'Reilly*
Name: William O'Reilly
Title: Secretary

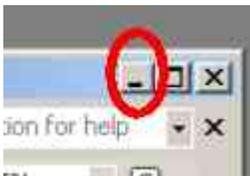
Date: 8-11-2010



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	AR017510400003
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
-----------	--

8. Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input checked="" 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	L04G Group Life - Term
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10. Product Coding Matrix Filing Code	L04G.500 Other
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11. Submitted Documents	<input checked="" type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____
	<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	8-11-2010
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	7-16-2010
15.	Filing Description:	
	<p>THIS FILING DOES NOT PERTAIN TO PPACA. At this time, we do not have access to SERFF direct. We are using SERFF through Tracker and are not able to select the options regarding grandfathering and PPACA.</p> <p>The above referenced forms are submitted for your review and approval.</p> <p>Sentry Life Insurance Company would like to enhance our Group Life product by adding new benefits and exclusions to our Accidental Death, Dismemberment and Loss of Sight Benefit; see attached Actuarial Memorandum for further details. The attached Amendatory Rider, form 585-1106 and Certificate Amendment, form 585-1107 will be sent to existing Group Life policy and certificate holders and included in new policies and certificates upon state approval and applicable filing requirements. The new benefits are being added at no extra charge. The exclusions and new section "When Accidental Death, Dismemberment And Loss of Sight Benefit Ends" further clarify when benefits will be paid.</p> <p>We also will be offering the Child Care and Education Benefits, policy form 585-1108 and certificate form 585-1109 to enhance our Group Life product. The attached Actuarial Memorandum explains the benefits and rates further.</p> <p>Finally the Amendatory Rider, form 585-1110 and Certificate Amendment, form 585-1111 are necessary to amend our Group Life policy and certificates to reflect how the new Child Care and Education Benefits will coordinate with existing benefits. We have restated; with no changes, the "Amount" paragraph which is found in the Extended Insurance provision to replace Group Life Amendatory Rider form 585-1088 and Certificate Amendment form 585-1089 which were previously approved by the department on August 10, 2005. The riders will be sent to existing policy and certificate holders as well as included in new policies and certificates upon state approval and applicable filing requirements.</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></u> Date <u>8-11-2010</u></p>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number	AR017510400003	
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	ADD Amendatory Rider	585-1106	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	ADD Certificate Amendment	585-1107	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	GL Policy-Child Care and Education Benefits	585-1108	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	GL Certificate-Child Care and Education Benefits	585-1109	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Amendatory Rider	585-1110	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	Certificate Amendment	585-1111	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Group Life Table of Contents	585-2(Rpt-1)	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Group Life Certificate Table of Contents	585-4(Rpt-1)	<input checked="" 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 _____	

Sentry Life Insurance Company
1800 North Point Drive
P.O. Box 8024
Stevens Point, WI 54481-8024



August 11, 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

585-2 (Rpt-1) - Group Life Policy Table of Contents

585-4 (Rpt-1) - Group Life Certificate Table of Contents

585-1106 - Accidental Death, Dismemberment and Loss of Sight Benefit Amendatory Rider

585-1107 - Accidental Death, Dismemberment and Loss of Sight Benefit Certificate
Amendment

585-1108 - Policy Form for Child Care and Education Benefits

585-1109 - Certificate Form for Child Care and Education Benefits

585-1110 - Amendatory Rider changing Beneficiary Provision, Extended Insurance Provision,
Conversion Provision and General Provisions

585-1111 - Certificate Amendment changing Beneficiary Provision, Extended Insurance
Provision and Conversion Provision

THIS FILING DOES NOT PERTAIN TO PPACA. At this time, we do not have access to SERFF direct. We are using SERFF through Tracker and are not able to select the options regarding grandfathering and PPACA.

The above referenced forms are submitted for your review and approval.

Sentry Life Insurance Company would like to enhance our Group Life product by adding new benefits and exclusions to our Accidental Death, Dismemberment and Loss of Sight Benefit; see attached Actuarial Memorandum for further details. The attached Amendatory Rider, form 585-1106 and Certificate Amendment, form 585-1107 will be sent to existing Group Life policy and certificate holders and included in new policies and certificates upon state approval and applicable filing requirements. The new benefits are being added at no extra charge. The exclusions and new section "When Accidental Death, Dismemberment And Loss of Sight Benefit Ends" further clarify when benefits will be paid.

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1089 which were previously approved by the department on August 10, 2005. The riders will be sent to existing policy and certificate holders as well as included in new policies and certificates upon state approval and applicable filing requirements.

We respectfully request your approval. If you have any questions, please do not hesitate to give me a call or send me an e-mail.

Linda Mijal

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