

SERFF Tracking Number: AEGX-G126815751 State: Arkansas  
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 46797  
 Company Tracking Number: AR003041500017  
 TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness  
 Product Name: Accidental Death  
 Project Name/Number: Accidental Death/AR003041500017

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: Accidental Death

SERFF Tr Num: AEGX-G126815751

State: Arkansas

TOI: H04 Health - Blanket Accident/Sickness

SERFF Status: Closed-Approved-Closed

State Tr Num: 46797

Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Co Tr Num: AR003041500017

State Status: Approved-Closed

Filing Type: Form

Author: SPI ADMSLH

Reviewer(s): Rosalind Minor

Date Submitted: 09/15/2010

Disposition Date: 09/27/2010

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Accidental Death

Project Number: AR003041500017

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/21/2007

Domicile Status Comments: This is the situs state approval date.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Blanket

Filing Status Changed: 09/27/2010

Explanation for Other Group Market Type:

State Status Changed: 09/27/2010

Deemer Date:

Created By: SPI ADMSLH

Submitted By: SPI ADMSLH

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

Attached for your review and approval is a copy of the above captioned forms. This form is new and does not replace any forms previously approved by your Department. The forms have been completed in "John Doe" fashion. This coverage is not PPACA related.

GM528 is an Accidental Death Blanket Policy. It provides benefits for any insured who suffers loss of life as a result of

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bodily injury caused by an accident. We plan to issue the policy to LifeNexus, Inc. for their personal health cardholders who are insured under the blanket contract. Blanket Certificate GC528 will be issued to each individual insured under the Blanket Policy.

Our situs state Colorado approved this policy on May 21, 2007.

The Flesch score for this Policy is 49.9. Microsoft Word was used to obtain this score.

Variable information is printed in red. Any variable data that appears in red in this filing will never be more or less than required by statute. This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.

his product may be mass marketed by direct response and possibly on the Internet through our website.

Completed filing forms are attached.

I respectfully request your favorable review and approval. If you have any questions or need any additional information, please call Cheryl Penner toll-free at 1-877-527-6444 ext. 6409 or contact her by email at cpenner@aegonusa.com.

## Company and Contact

### Filing Contact Information

Cheryl Penner, Manager, Product Filing & Compliance cpenner@aegonusa.com  
2700 W Plano Parkway 972-881-6409 [Phone] 6409 [Ext]  
Plano, TX 75075 972-881-4097 [FAX]

### Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont  
187 West Street Group Code: 468 Company Type: Life and Health  
Rutland, VT 05701 Group Name: State ID Number:  
(410) 685-5500 ext. [Phone] FEIN Number: 03-0164230

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes

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Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$50.00	09/15/2010	39523538

SERFF Tracking Number: AEGX-G126815751 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/27/2010	09/27/2010

*SERFF Tracking Number:* AEGX-G126815751      *State:* Arkansas  
*Filing Company:* Stonebridge Life Insurance Company      *State Tracking Number:* 46797  
*Company Tracking Number:* AR003041500017  
*TOI:* H04 Health - Blanket Accident/Sickness      *Sub-TOI:* H04.000 Health - Blanket Accident/Sickness  
*Product Name:* Accidental Death  
*Project Name/Number:* Accidental Death/AR003041500017

## **Disposition**

Disposition Date: 09/27/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Supporting Document	AR - SERFF ONLY - FILING AT A GLANCE	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Group Blanket Accidental Death Policy	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: GM528**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/27/2010	GM528	Policy/Cont ract/Fratern al	Group Blanket Accidental Death Policy Certificate	Initial		49.900	Blanket Policy.PDF

# Stonebridge Life Insurance Company

A STOCK COMPANY

[Home Office: Rutland, Vermont]  
[Administrative Office: 2700 West Plano Parkway  
Plano, Texas 75075]

**Stonebridge Life Insurance Company**  
(Herein called the Company)

Having issued this Policy to

**[LifeNexus, Inc.]**

(Herein called the Policyholder)

Agrees to pay the benefits herein provided with respect to  
persons insured hereunder, subject to all terms of this Policy.

This Policy is issued in consideration of the payment of premium and statements made in the application herein provided, and shall take effect on [JANUARY 1, 2008] which shall be its date of issue. Policy anniversaries shall be [YEARLY] and each subsequent [YEAR].

This Policy is issued in the State of Colorado, and its terms shall be construed in accordance with the laws of the State of Colorado.

The provisions and conditions of this Policy shall form a part of the contract as fully as if recorded in detail above the signatures hereunder affixed.



Secretary



President

**Policy No.** [25795 GM528]

**BLANKET ACCIDENTAL DEATH INSURANCE POLICY**

## DEFINITIONS

**INJURY** means bodily harm caused by an accident which occurs while this Policy is in force. The Injury must be the direct cause of Loss, independent of all other causes. Injury must not be caused by or contributed to by sickness, disease or bodily infirmity.

**LOSS** means Loss of life.

**INSURED** means a person who is a [Personal Health Cardholder of LifeNexus, Inc., with an account in good standing], after the Policy effective date and who is a resident of the United States of America.

**POLICYHOLDER** means the group named on the front of this Policy.

**WE, US AND OUR** refers to Stonebridge Life Insurance Company.

## ELIGIBILITY

Each natural person [WHO IS A PERSONAL HEALTH CARDHOLDER OF LIFENEXUS, INC., WITH AN ACCOUNT IN GOOD STANDING], is eligible to become an Insured. Such persons are herein called eligible persons.

In no event will a corporation, partnership, or business entity, other than a natural person, be eligible for insurance.

## WHEN COVERAGE BEGINS FOR EACH INSURED

Coverage for each [Personal Health Cardholder] will become effective under this Policy on:

1. the Policy Effective Date shown on the Schedule Page; or
2. the date a [Personal Health Cardholder] becomes eligible for coverage.

## TERMINATION OF COVERAGE

**Termination by Policyholder.** The Policyholder may terminate this Policy on the first renewal date or at any time after that date by delivering to Us a written notice to end this Policy at least [180] days in advance of such termination.

**Termination by Us.** The Company may terminate this Policy by giving the Policyholder at least [180] days notice of Our intent to terminate. Such notice shall state the exact date this Policy will terminate. The Company may also end this Policy for non-payment of premium on any premium due date if the payment is not received prior to the end of the Grace Period. The Company will mail a notice of such termination to the Policyholder's last address shown in Our records.

**Termination for each Insured.** The insurance on each Insured will automatically terminate at 12:01 A.M. on whichever of the following dates occurs first: (a) the date that he or she no longer fulfills the requirements of an Insured as defined; or (b) the date this Policy is terminated or cancelled. Termination shall be without prejudice to any claim originating prior to the effective date of termination.

## COVERAGE

If an Insured dies as a result of an Injury from an accident not otherwise excluded in this Policy and the Loss occurs within [365] days following the date of the accident which caused the Injury, we will pay the benefit amount specified on the Policy Schedule of Insurance for the Loss.

## REDUCTION

Benefits reduce to [twenty five percent (25%)] of that otherwise payable if, before the date of Injury resulting in a covered Loss, the Insured attains age [85].

## PREMIUM

We will provide coverage as described in this Policy in return for premium payments. Premiums are payable by the Policyholder. The premium amount due is shown on the Policy Schedule Page.

The Company has the right to change the table of rates on any premium due date. We will provide written notice to the Policyholder at least 31 days before the date of change. The premium rates may also be changed at any time the terms of this Policy are changed.

## EXCLUSIONS

No benefit shall be paid for Loss or Injury that is caused by, results from or contributed to by:

1. an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane or insane (while sane in Colorado and Missouri);
2. any active participation in a riot, insurrection or war, either declared or undeclared;
3. an Insured's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a physician;
4. an Insured's blood alcohol level being [.08] percent weight by volume or higher;
5. an Insured operating or riding in any kind of aircraft except as a fare-paying passenger on a regularly scheduled commercial flight;
6. an Insured committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
7. sickness, disease, bodily infirmity, mental disease or disorder or their medical or surgical treatment including diagnosis (except bacterial infections which result from an Injury);
8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled; or
9. taking alcohol in combination with any drug, medication or sedative.

## **BENEFICIARY**

Any amount due for Loss will be paid as follows:

1. to the Insured's living lawful spouse; or if the Insured does not have one,
2. in equal shares to the Insured's living lawful children; or if there are none,
3. in equal shares to the Insured's living lawful parents; or if there are none,
4. in equal shares to the Insured's living lawful brothers and sisters, or if there are none,
5. to the Insured's estate.

Spouse means only the one to whom the Insured is lawfully married on the date of the Insured's death. Except in the case of a legal adoption, lawful children, parents, brothers and sisters do not mean "step" children, parents, brothers or sisters.

Any payment made under this section will fully release Us to the extent of the payment.

## **GENERAL PROVISIONS**

### **ENTIRE CONTRACT**

This Policy is issued in consideration of the application and payment of the premium. The Policy and the copy of the application from the Policyholder form the entire contract.

Any change in this Policy must be in the form of an amendment or endorsement signed by one of the officers of the Company. Agreements made by the Policyholder and the Company in this manner will be binding on all Insureds.

### **INFORMATION TO BE FURNISHED**

The Policyholder shall furnish the Company with any information required to administer this Policy. The Company shall have the right to inspect any record of the Policyholder or in possession of the Policyholder which relates to this Policy.

### **CLERICAL ERROR**

A clerical error in the records relative to this insurance shall not invalidate insurance or cause insurance to be in force or to continue in force. Upon discovery of such error, an equitable adjustment shall be made in the premium.

### **PAYMENT OF PREMIUM**

All premiums due by the terms of this Policy shall be paid by the Policyholder to the Administrative Office of the Company on or prior to the day they are due.

### **GRACE PERIOD**

If a premium is not paid when due, the insurance shall be in default. The Company will allow a 31-day Grace Period to pay each premium after the first one. If a premium is not paid on or before the end of the Grace Period, the insurance shall terminate effective the last day of the period covered by the last premium payment.

**NOTICE OF CLAIM**

Written Notice of Claim must be given to the Company within 30 days after any Loss covered under this Policy occurs or as soon as possible thereafter. Notice should be mailed to the Company at its Administrative office.

**CLAIM FORMS**

When the Company receives the Notice of Claim, the Company will send the claimant forms for filing Proof of Loss. If the Company does not send the forms within 15 days, the claimant can meet the Proof of Loss requirement by providing the Company with a written statement describing what happened. The Company must receive this statement within the time given for filing Proof of Loss.

**PROOF OF LOSS**

Written Proof of Loss must be given to the Company within 90 days after the date of the Loss or as soon as possible thereafter. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

**TIME OF PAYMENT OF CLAIMS**

The Company will pay all benefits covered by this Policy as soon as the Company receives proper written Proof of Loss sufficient to determine liability.

**AUTOPSY**

At Our expense, We may have an autopsy done where it is not forbidden by law.

**LEGAL ACTIONS**

No action can be brought to recover on this Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.



STONEBRIDGE LIFE INSURANCE COMPANY

SCHEDULE PAGE

This Schedule Page is part of the Policy. It supersedes any Schedule Page bearing an earlier effective date issued under Policy No. 25795 GM528 to LifeNexus, Inc.

**POLICY EFFECTIVE DATE:** 01/01/2008

**PREMIUM:** \$ .50

**PREMIUMS ARE TO BE PAID MONTHLY FOR EACH INSURED.**

**BENEFIT AMOUNT FOR INSUREDS THROUGH AGE 84:** \$ 5,000.00

**INSUREDS AGE 85 AND OVER:**

**BENEFITS ARE TWENTY FIVE PERCENT (25%) OF THE ABOVE AMOUNT IF, BEFORE THE DATE OF INJURY RESULTING IN A COVERED LOSS, THE INSURED HAS ATTAINED AGE 85.]**

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	09/27/2010
<b>Comments:</b>		
<b>Attachment:</b>		
AR - READABILITY CERTIFICATION.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application	Approved-Closed	09/27/2010
<b>Bypass Reason:</b> This is blanket coverage that is automatically provided so there is no application for the insured to complete.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary	Approved-Closed	09/27/2010
<b>Bypass Reason:</b> This coverage is not PPACA related.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Explanation of Variables	Approved-Closed	09/27/2010
<b>Comments:</b>		
<b>Attachment:</b>		
Explanation of Variables.PDF		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - SERFF ONLY - FILING AT A GLANCE	Approved-Closed	09/27/2010

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**Comments:**

**Attachment:**

AR - SERFF ONLY - FILING AT A GLANCE.PDF

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	09/27/2010

**Comments:**

**Attachment:**

AR - NAIC TRANSMITTAL DOCUMENT.PDF

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	09/27/2010

**Comments:**

**Attachment:**

AR - NAIC FORM FILING ATTACHMENT.PDF

**STATE OF ARKANSAS**  
**READABILITY CERTIFICATION**

**COMPANY NAME: Stonebridge 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.

<b>Form Number</b>	<b>Score</b>
GM528	49.9

Signed:   
Name: Laurie A. Renko  
Title: Vice President  
Date: September 15, 2010

## EXPLANATION OF VARIABLES

The following is an explanation of the variables indicated in the submitted form.

### **POLICY GM528:**

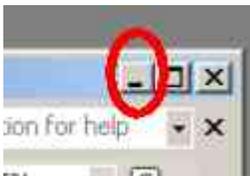
1. **COMPANY ADDRESS:** Stonebridge Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the forms will be one of the following:  
  
2700 West Plano Parkway  
Plano, Texas 75075-8200  
  
520 Park Avenue  
Baltimore, Maryland 21201  
  
Valley Forge, Pennsylvania 19493
2. **DEFINITIONS:** The definition of INSURED is variable in order to define the group of insureds of the Blanket Group Policyholder.
3. **ELIGIBILITY:** Eligibility will vary based on group policyholder to which the policy is issued.
4. **WHEN COVERAGE BEGINS FOR EACH INSURED:** Insureds are identified based on the Blanket Policyholder.
5. **TERMINATION OF COVERAGE:** The number of days for advance notification is variable based on the agreement between the company and the policyholder.
6. **COVERAGE:** The number of days in which Loss occurs is variable to enable changes in legal requirements.
7. **EXCLUSIONS:** The percent of the blood alcohol level is variable to enable changes which reflect any changes in legal requirements.
8. **REDUCTION:** It is our intention to market this product with a 25% reduction of benefits if, before the date of injury resulting in a covered loss, the covered person has attained age 85. However, we would like the option of changing both the percentage and attained age as it relates to the reduction of benefits to enable a variety of marketing options.
9. **SCHEDULE PAGE:** Premium and Benefit Amounts on the Schedule of Insurance are variable as it pertains to the amount of coverage purchased by the Group Policyholder



**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**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
Stonebridge Life Insurance Company 187 West Street Rutland VT 05701	VT		468	65021	03-0164230	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Cheryl L. Penner, ACS, AIRC, ACP 2700 W Plano Parkway Plano TX 75075	877-527-6444 Ext. 6409	972-881-4097	cpenner@aegonusa.com

<b>5. Requested Filing Mode</b>	<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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<b>6. Company Tracking Number</b>	AR003041500017
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<b>7. <input checked="" type="checkbox"/> New Submission</b>	<input type="checkbox"/> Resubmission	Previous file # _____
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<b>8. Market</b>	<input type="checkbox"/> Individual	<input type="checkbox"/> Franchise	
	Group	<input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input checked="" type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	

<b>9. Type of Insurance</b>	H04 Health - Blanket Accident/Sickness
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<b>10. Product Coding Matrix Filing Code</b>	H04.000 Health - Blanket Accident/Sickness
----------------------------------------------	--------------------------------------------

<b>11. Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	<b>Filing Submission Date</b>	September 15, 2010
13.	<b>Filing Fee (If required)</b>	Amount <u>50.00</u> Check Date _____ Retaliatory <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	May 21, 2007
15.	<b>Filing Description:</b>	
<p>Attached for your review and approval is a copy of the above captioned form. This forms is new and does not replace any forms previously approved by your Department. The form has been completed in "John Doe" fashion.</p> <p>GM528 is an Accidental Death Blanket Policy. It provides benefits for any insured who suffers loss of life as a result of bodily injury caused by an accident. We plan to issue the policy to LifeNexus, Inc. for their personal health cardholders who are insured under the blanket contract. Blanket Certificate GC528 will be issued to each individual insured under the Blanket Policy.</p> <p>Our situs state Colorado approved this policy on May 21, 2007.</p> <p>The Flesch score for this Policy is 49.9. Microsoft Word was used to obtain this score.</p> <p>Variable information is printed in red. Any variable data that appears in red in this filing will never be more or less than required by statute. This product will be mass marketed by direct response and telemarketing methods and possibly on the Internet through our website.</p> <p>This product may be mass marketed by direct response and possibly on the Internet through our website.</p> <p>Completed filing forms are attached.</p> <p>I respectfully request your favorable review and approval. If you have any questions or need any additional information, please call Cheryl Penner toll-free at 1-877-527-6444 ext. 6409 or contact her by email at cpenner@aegonusa.com.</p>		

16.	<b>Certification (If required)</b>	
<p><b>I HEREBY CERTIFY</b> 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>Cheryl L. Penner, ACS, AIRC, ACP</u> Title <u>Manager, Product Filing &amp; Compliance</u></p>		
<p>Signature <u></u> Date <u>September 15, 2010</u></p>		

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	AR003041500017	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Group Blanket Accidental Death Policy	GM528	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	