

SERFF Tracking Number: AEGB-127765990 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50188
 Company Tracking Number: SLTL2100GC
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: SLTL2100GC
 Project Name/Number: ADvantage SU T70 Certificate Filings/L008*-1

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: SLTL2100GC

SERFF Tr Num: AEGB-127765990 State: Arkansas

TOI: L04G Group Life - Term

SERFF Status: Closed-Approved-
 Closed State Tr Num: 50188

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: SLTL2100GC

State Status: Approved-Closed

Fixed/Indeterminate Premium - Single Life

Filing Type: Form

Reviewer(s): Linda Bird

Author: Tania Craft

Disposition Date: 11/14/2011

Date Submitted: 11/04/2011

Disposition Status: Approved-
 Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ADvantage SU T70 Certificate Filings

Status of Filing in Domicile: Not Filed

Project Number: L008*-1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Discretionary

Overall Rate Impact:

Filing Status Changed: 11/14/2011

State Status Changed: 11/14/2011

Deemer Date:

Created By: Tania Craft

Submitted By: Tania Craft

Corresponding Filing Tracking Number: 40943000

Filing Description:

The referenced Term To Age 70 Life Insurance Certificate SLTL2100GC, Accident Hospital Indemnity Certificate Rider SLTL2001CR, and Will Preparation and Legal Information Certificate Rider SLTL2002CR are submitted for your review and approval in accordance with your state's rules for filing out-of-state group life insurance forms. The forms are new and do not replace any forms previously approved by your Department. The forms are completed in "John Doe" fashion. Variable information is printed and bracketed in red.

Missouri approved the controlling group term to age 70 policy SLTL2100GP on 9/15/2011 for issuing to discretionary

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groups and group trusts that are situated in Missouri.

The controlling group blanket accident hospital indemnity insurance policy SLTL2100GC will initially be issued to the National Financial Institution Group Insurance Trust. The Trust is comprised of banks and financial institutions who agree to participate in the Trust. For the purposes of the Trust, each bank and financial institution is referred to as a "participating group". The group term life coverage (with or without the accident hospital indemnity benefit and will preparation and legal information benefit) will be offered to customers of participating banks and financial institutions. The Trust is situated in the Missouri. Eligible customers are defined as:

Each natural person AGE 18 THROUGH 80 WHO IS A MEMBER OF A PARTICIPATING GROUP (OR THE SPOUSE OF A MEMBER OF A PARTICIPATING GROUP AGE 18 THROUGH 80) who elect to participate in plans of group insurance issued to the Trustee on behalf of THE NATIONAL FINANCIAL INSTITUTION GROUP INSURANCE TRUST is eligible to become an Insured.

The forms will be marketed using direct response methods including direct mail, telemarketing, and internet.

Term to Age 70 Life Insurance Certificate SLTL2100GC provides term life insurance until a covered person attains age 70. Additional benefits are provided if death is due to a covered accident or due to a covered accident involving a common carrier. If death is due to a covered accident then the benefit amount is equal to the accidental death benefit plus the life insurance benefit that are shown on an insured's certificate schedule. If death is due to a covered accident involving a common carrier then the benefit amount is double what would be paid for an accidental death.

Accident Hospital Indemnity Certificate Rider SLTL2001CR provides a daily indemnity benefit for each day an insured is confined in a hospital due to a covered accident, for a maximum of 365 days.

Will Preparation and Legal Information Certificate Rider SLTL2002CR provides an insured with access to a provider of legal services that 1) will assist the insured in preparing a last will and testament and 2) provide legal information and referrals to local attorneys.

Depending on marketing campaigns and group policyholder preference, the term life insurance may be offered by itself or bundled with the accident hospital indemnity rider or with the will preparation and legal information rider or with both the accident hospital indemnity and will preparation riders.

Issue ages are 18 to 64. Coverage is issued on a simplified issue basis. Premiums are level for five year periods. The premium rate you are charged on the Certificate Effective Date remains the same for five (5) Certificate Years. Premiums then increase on the fifth Certificate Anniversary to the rate charged for someone at your Age at the time of the increase. This happens every five (5) years on the applicable Certificate Anniversary. Premiums may be adjusted

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after the first certificate anniversary but will never exceed the guaranteed maximum rates shown on an insured's certificate schedule.

Company and Contact

Filing Contact Information

Tania Craft, Tania.craft@transamerica.com
 4333 Edgewood 319-355-8511 [Phone]
 Cedar Rapids, IA 52499

Filing Company Information

Stonebridge Life Insurance Company CoCode: 65021 State of Domicile: Vermont
 4333 Edgewood Rd. NE Group Code: 468 Company Type: Life & Health
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (319) 355-8511 ext. [Phone] FEIN Number: 03-0164230

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation: \$50/form x 3 forms = \$150
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$150.00	11/04/2011	53478003

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/14/2011	11/14/2011

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	11/09/2011	11/09/2011	Tania Craft	11/10/2011	11/10/2011

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Disposition

Disposition Date: 11/14/2011

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		No
Supporting Document (revised)	Application		No
Supporting Document	Application	Replaced	No
Supporting Document	Copy of Group Policy		No
Supporting Document	Copy of Group Policy Riders		No
Supporting Document	Actuarial Documents		No
Supporting Document	Certification of Compliance		No
Supporting Document	Compliance with Regulation 19 s 10		No
Form	AHIP Certificate Rider		No
Form	Will Prep Certificate Rider		No
Form	Group Term to Age 70 Life Insurance Certificate		No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/09/2011
Submitted Date 11/09/2011
Respond By Date 12/09/2011

Dear Tania Craft,

This will acknowledge receipt of the captioned filing.

Objection 1

Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

We found no indication of the application to be used with this policy as required by Bulletin 12-81(4).

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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 11/10/2011
Submitted Date 11/10/2011

Dear Linda Bird,

Comments:

In response to your objections, we provide the following answers:

Response 1

Comments: Please see supporting documentation for all three objections.

Related Objection 1

Comment:

Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 15-2009 further address this issue.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

We found no indication of the application to be used with this policy as required by Bulletin 12-81(4).

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Application

Comment: Form #: SLTL2100GCA-1

Approval date: 9/15/2011

Satisfied -Name: Certification of Compliance

Comment:

Satisfied -Name: Compliance with Regulation 19 s 10

Comment:

No Form Schedule items changed.

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Fixed/Indeterminate Premium - Single Life

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Project Name/Number: *ADvantage SU T70 Certificate Filings/L008*-1*

No Rate/Rule Schedule items changed.

Your continued review and approval is appreciated. Please contact me should you have any further questions. Thank you!

Sincerely,
Tania Craft

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Form Schedule

Lead Form Number: SLTL2100GC

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	SLTL2001 CR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	AHIP Certificate Rider	Initial		50.200	SLTL2001CR - AHIP Certificate Rider.pdf
	SLTL2002 CR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Will Prep Certificate Rider	Initial		52.200	SLTL2002CR Will Prep Certificate Rider.pdf
	SLTL2100 GC	Certificate	Group Term to Age 70 Life Insurance Certificate	Initial		51.300	SLTL2100GC Certificate.pdf

STONEBRIDGE LIFE INSURANCE COMPANY

Administrative Office: [Valley Forge, Pennsylvania 19493]

GROUP ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT RIDER

This Rider is part of your Certificate and has the same Effective Date. The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium is included in the premiums shown in Certificate Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT

We pay the Accident Daily Hospital Confinement Benefit shown on the Certificate Schedule if you are Confined to a Hospital as a Resident Patient for the Necessary Treatment of a covered Injury. The benefit is paid beginning with the first day of Confinement. The maximum number of days we pay this benefit for a covered Injury is shown on the Certificate Schedule. The Injury must be caused by a covered accident that occurs while this Rider is in force. The Confinement must begin 1) while this Rider is in force and 2) within 90 days of the accident causing the Injury.

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of the previously covered Confinement.

EXCLUSIONS

No benefits are paid for any Injury that is caused or contributed to by or resulting from any of the following:

1. intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. sickness, disease, bodily or mental infirmity or their medical or surgical treatment, including diagnosis (except bacterial or pyogenic infections which result from an Injury or the accidental ingestion of contaminated substances) or mental disease or disorder;
3. the Insured having a blood alcohol level of [.08%] (by weight or volume) or higher;
4. the Insured's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
5. taking alcohol in combination with any drug, medication or sedative;
6. any active participation in a riot, insurrection or war either declared or undeclared;
7. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
8. committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
9. the Insured operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight; or
10. Military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

DEFINITIONS

CONFINEMENT / CONFINEMENTS / CONFINED means being a Resident Patient in a Hospital for Necessary Treatment of an Injury. Such Confinement must be prescribed by a Physician. Confinement does not include Outpatient care and treatment, including Outpatient surgery or Outpatient observation received in a Hospital.

HOSPITAL means an institution which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured persons as Resident Patients. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a registered nurse. It must have organized departments of medicine. It may not include a hospital operating primarily as a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes, whether or not such a facility is part of a hospital, as defined herein, or is an entirely separate facility.

INJURY means bodily harm caused by an accident which occurs while this Rider 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 or mental infirmity.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

We may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed Necessary Treatment.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be you or a member of your immediate family.

RESIDENT PATIENT means a Covered Person who is confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. A Covered Person is considered to be a resident patient each day of Confinement in the Hospital except for the day of discharge; unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if the Hospital is used primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

TERMINATION

Coverage under this Rider stops on the earlier of:

1. the date the Certificate stops; or
2. non-payment of any premium for the Certificate on or before the due date, except as provided in the Grace Period.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict with this Rider.

This Rider is signed by our Secretary.



Secretary

STONEBRIDGE LIFE INSURANCE COMPANY

Administrative Office: [Valley Forge, Pennsylvania 19493]

WILL PREPARATION AND LEGAL INFORMATION BENEFIT RIDER

This Rider is part of your Certificate and has the same Effective Date. The consideration for this Rider is (1) receipt of the signed enrollment form, if required, and (2) payment of the premium. The premium for this Rider is included in the premiums shown in Certificate Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

WILL PREPARATION SERVICE AND LEGAL INFORMATION BENEFIT: We provide you with access to a provider of will preparation services and legal information. The provider will permit you to create one basic last will and testament. You will also have telephonic or internet access to the provider's licensed attorneys who can provide you with: 1) legal information regarding personal legal matters, including estate planning; and 2) referrals to local attorneys. The provider will not charge you for the basic last will and testament preparation service or for any legal information you receive from the provider.

TERMINATION

Coverage under this Rider stops on the earlier of:

1. the date the Certificate stops; or
2. non-payment of any premium for the Certificate on or before the due date, except as provided in the Grace Period.

This Rider is subject to all of the Certificate provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict with this Rider.

This Rider is signed by our Secretary.



Secretary

STONEBRIDGE LIFE INSURANCE COMPANY

A Stock Company
Home Office: Rutland, Vermont
Administrative Offices: [Valley Forge, Pennsylvania 19493]

[1-800-732-1821]

INSURED: JOHN DOE

CERTIFICATE NUMBER: 0123456

FOR YOUR INFORMATION

In this Certificate, Stonebridge Life Insurance Company is referred to as “we,” “our,” or “us.” The Insured is “you,” “your,” or “yours.” The Group Policy is a legal contract. This Certificate explains your coverage under that Group Policy. We rely on your Application to issue your Certificate. We depend on your payment of premiums when due. You rely on us to honor its terms.

The Group Policy Number and the name of the Policyholder are shown in the Certificate Schedule. The Policy may be inspected during business hours at the office of the Policyholder.

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YOUR RIGHT TO EXAMINE THE CERTIFICATE: You may return this Certificate for any reason within [30/60/90] days of the date you receive the Certificate. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

This Certificate supersedes any Certificate previously issued to you under the Policy issued to the Group Policyholder named on the Schedule of Insurance. You may qualify under one Certificate only. If you are insured under more than one Certificate, we will consider you to be insured under the Certificate which provides the greatest amount of coverage. Upon discovery of the duplication, we will refund any duplicated payments which may have been made on your behalf. The records maintained by the Group Policyholder determine the insurance provided under the Policy for any Insured. Important provisions of the Policy are outlined in this Certificate.

RENEWABLE AT THE OPTION OF THE COMPANY: We promise to renew this Certificate as long as: (1) the Group Policy remains in force; (2) you continue to pay your premium when due; and (3) we renew all other certificates that are issued under the Policy.

IN WITNESS, this Certificate is signed by our President and Secretary.


Craig D. Vermie
Secretary


President

**GROUP TERM LIFE INSURANCE CERTIFICATE WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
COVERAGE STOPS AT AGE 70
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating**

“**AGE**” means, on the Certificate Effective Date, an Insured's current age based on his last birthday. An Insured's Age increases by one on each Certificate Anniversary. An Insured's Age increase, for purposes of this Certificate, will always occur on the Certificate Anniversary even if his actual birthday occurs (in most cases) during the Certificate Year prior to the Certificate Anniversary.

“**CERTIFICATE ANNIVERSARY**” means any anniversary of the date this Certificate takes effect.

“**CERTIFICATE YEAR**” means the 12 month period ending on any Certificate Anniversary.

“**CERTIFICATE EFFECTIVE DATE**” means the date your coverage starts.

“**COMMON CARRIER**” means a public conveyance which is:

1. licensed to transport passengers for hire by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with regularly published schedules of departures and arrivals between established and recognized points of departure and arrival; and
3. provided and operated under a valid license or operating specifications for commercial transportation at the time of Loss.

The following modes of transportation are specifically excluded under Common Carrier:

1. chartered buses, chartered airplanes, chartered helicopters and chartered boats
2. taxis, limousines and shuttle services
3. school buses and vans.

“**INJURY**” means bodily harm caused by an accident which occurs while this Certificate 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 or mental infirmity.

“**INSURED**” means the individual named in the Certificate Schedule.

“**OWNER**” means the Owner of this Certificate. The Owner is named as the Certificate Owner in the Certificate Schedule. Ownership is explained in Part IX.

[“**PARTICIPATING GROUP**” means a group that requests to participate in the Insurance Trust known as the Policyholder and whose participation is approved by us. The name of such group is shown in the Schedule of Insurance.]

“**POLICY**” means the Group Policy. The Policy is the controlling contract under which the Certificate is issued. The Policy is held by the Policyholder.

“**POLICYHOLDER**” means the Group Policyholder. It is the entity which holds the Policy.

“**PREMIUM**” means the payment required to keep your insurance in force.

[“**AEGON AFFILIATE**” includes Stonebridge Casualty Insurance Company, Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company and Monumental Life Insurance Company.]

PART II: WHEN THE COVERAGE STARTS AND STOPS

A. ELIGIBLE MEMBERS

All members of the Policyholder as explained in the Policy are eligible to apply for this coverage.

B. COVERAGE STARTS

This insurance starts on the Certificate's Effective Date after the following happens while you are alive:

1. we approve your application form; and
2. we receive the initial Premium [before] [within 21 days of] the Certificate's Effective Date.

C. WHEN COVERAGE STOPS

Coverage stops on the earliest of:

1. the date you reach Age 70;
2. the date you convert to a permanent life insurance policy;
3. the date the 31 day Grace Period ends if you fail to pay the premium when due;
4. the date of your death;
5. the date you cancel your coverage
6. the first monthly renewal date of the Certificate following the date the Policy is terminated or cancelled

You may cancel your coverage upon notice to us. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to us. Unless required otherwise, coverage is cancelled as of the date the cancellation request is made. Any unused premium is prorated from the date of cancellation and refunded to you.

We can cancel the Group Policy at any time. You will be given 60 days notice prior to the date that the Group Policy is cancelled. Any premium paid beyond the date of cancellation is refunded to you. The Group Policyholder may cancel the Group Policy only with respect to issuing new certificates. Any certificate in force when the Group Policyholder cancels the Group Policy remains in force.

Cancellation is without prejudice to any claim originating prior to the date of cancellation.

PART III: WHAT BENEFITS WE PAY

LIFE INSURANCE BENEFIT: We pay the Life Insurance Benefit that is shown in the Certificate Schedule if you die while you are covered under this Certificate.

ACCIDENTAL DEATH BENEFIT: We pay an additional benefit if your death is the result of a covered Injury. The Injury must occur while you are insured under this Certificate. You must die within 90 days of the accident causing the Injury. We pay the Accidental Death Benefit that is shown in the Certificate Schedule. It is paid in addition to the Life Insurance Benefit.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT: We pay an additional benefit if your death is the result of a covered Injury that occurs:

- a) as a direct result of a collision, crash or sinking of a duly licensed Common Carrier while you are riding as a fare paying passenger inside such Common Carrier; or
- b) while you are getting on or off a Common Carrier.

The Injury must occur while you are insured under this Certificate. You must die within 90 days of the accident causing the Injury. The Common Carrier Accidental Death Benefit is equal to the Accidental Death Benefit plus the Life Insurance Benefit that are shown in the Certificate Schedule. It is paid in addition to the Accidental Death Benefit and the Life Insurance Benefit.

SUICIDE: If you die by suicide within one year following the Certificate's Issue Date, the benefit is limited to the amount of premiums paid without interest.

PART IV: EXCLUSIONS

The Accidental Death Benefit and Common Carrier Accidental Death Benefit are not paid if your death is caused or contributed to by or resulting from any of the following Exclusions.

1. intentionally self-inflicted Injury, suicide or any attempt thereof while sane or insane;
2. sickness, disease, bodily or mental infirmity or their medical or surgical treatment, including diagnosis (except bacterial or pyogenic infections which result from an Injury or the accidental ingestion of contaminated substances) or mental disease or disorder;
3. the Insured having a blood alcohol level of **[.08%]** (by weight or volume) or higher;
4. the Insured's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
5. taking alcohol in combination with any drug, medication or sedative;
6. any active participation in a riot, insurrection or war either declared or undeclared;

7. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
8. committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
9. the Insured operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight; or
10. Military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

PART V: WHO ARE BENEFITS PAID TO

BENEFICIARY: At your death, unless you specify otherwise, any benefit for loss of life will be paid to your then living lawful spouse; otherwise equally to your then living lawful children, if any; otherwise equally to your then living parents or parent, otherwise to your estate. Any payment made under this section will fully release us to the extent of the payment. Spouse means only the one to whom you are lawfully married on the date of your death. Except in the case of legal adoption, lawful children or parents do not mean "step" children or parents.

CHANGING THE BENEFICIARY: You can change your beneficiary at any time by writing to us at our Administrative Office. Once we record the change, it will take effect on the day you signed the request, subject to any claim payment made before such recording. The consent of the beneficiary is not needed for the change, unless the beneficiary designation is irrevocable.

PART VI: HOW YOU CAN CONVERT TO PERMANENT LIFE

You may convert this Certificate to an individual permanent life insurance policy before you attain Age 70. This is subject to what individual permanent life insurance policy we then have available, if any. This Certificate must be in force at the time of the conversion. The conversion may only occur on premium due dates. We require 31 days prior written notice. The amount of life insurance under the new policy may not exceed this Certificate's Life Insurance Benefit. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Certificate may be made part of the permanent life insurance policy. It may be used to contest benefits under the permanent life insurance policy during the balance of the time that it may be contested under this Certificate. The new premium will be based on your Age and class at the time you convert to the new policy.

PART VII: PREMIUMS

PREMIUM PAYMENTS: You keep your Certificate in force by paying the Premiums. Premiums are payable to Age 70. All Premiums after the initial Premium must be paid in advance at our Administrative Office, subject to the Grace Period. Premiums are also payable to an authorized agent in exchange for an official receipt signed by our President and Secretary. We do not have the right to refuse a premium paid on or before the date due or within the Grace Period.

[For the first [two/three] month[s] of coverage, the premium will be paid by the [Policyholder] [Participating Group]. After the first [two/three] month[s] you are required to contribute 100 percent of the premium payable for this Certificate.]

RENEWAL PREMIUM RATE ADJUSTMENTS: Premiums are level for five year periods. The premium rate you are charged on the Certificate Effective Date remains the same for five (5) Certificate Years. Premiums then increase on the fifth Certificate Anniversary to the rate charged for someone at your Age at the time of the increase. This happens every five (5) years on the applicable Certificate Anniversary. Age group premium rates are shown in the Table of Renewal Premiums that is on the Certificate Schedule. Premium rates are subject to the Right To Adjust Premium Rates provision.

RIGHT TO ADJUST PREMIUM RATES: We may change rates by class on any date. We will not increase your rates in the first Certificate year of coverage. After that, rates will not increase more than once in any 12 month period. Class means all individuals of the same age, sex, and underwriting classification. There will be no change in your class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will provide written notice at least 60 days before the date of change. Your premium rates will never exceed the guaranteed maximum premiums that are listed in the Table of Renewal Premiums.

GRACE PERIOD: We allow a grace period of 31 days to pay each premium due after the first one. Coverage continues during this grace period. If you die during the grace period, any premium due is deducted from the death benefit. This provision applies as long as the Certificate has not stopped.

REINSTATEMENT: If your coverage stops because premiums have not been paid, it may be reinstated. This happens if you: (1) make written request for reinstatement; (2) send satisfactory evidence of insurability; (3) are alive on the date of reinstatement; and (4) make your request within 5 years of when the premium was due and prior to Age 70.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums.

UNEARNED PREMIUM REFUND: A refund of unearned premium is payable to your Beneficiary at the time of your death. Unearned premium is any amount paid by you beyond the date of your death.

PART VIII: CLAIMS

PROOF OF LOSS: A certified copy of the death certificate showing the date and cause of death must be given to us as soon as reasonably possible after the date of Loss.

TIME PAYMENT OF CLAIMS: We will pay all benefits covered under the Policy as soon as we receive proper Proof of Loss sufficient to determine our liability.

INTEREST AT SETTLEMENT: If required, we pay interest on death proceeds according to the requirements of your state. The rate of interest is not less than that required by law.

PAYMENT OF CLAIMS: Benefits are payable in accordance with the beneficiary designation in effect at the time of payment.

AUTOPSY: At our expense, we may have an autopsy done where it is not forbidden by law.

PART IX: OTHER IMPORTANT INFORMATION

INCONTESTABILITY: This Certificate is "incontestable" after it has been in effect while you are alive for 2 years from the earlier of the Certificate's Effective Date or Issue Date. "Incontestable" means we may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if you fail to give, to the best of your knowledge and belief, true and complete answers in your Application.

If your Certificate is reinstated, benefits may be denied during the first 2 years after your reinstatement date. This happens if you failed to give, to the best of your knowledge and belief, true and complete answers in your reinstatement application.

THE CONTRACT: Your Certificate is furnished in accordance with and subject to the terms of the Policy. It is not part of the Policy, but it is evidence of the insurance provided under the Policy. The Policy and any attachments form the entire contract of insurance.

All statements made by you are representations and not warranties. No statement will be used by us to contest a claim, unless it is contained in the Application completed by you.

No change in this Certificate is effective until approved by one of our officers. Such approval must be noted on or attached to this Certificate. No agent has the authority to change this Certificate or waive any of its provisions.

MISSTATEMENT OF AGE OR SEX: If an your Age or sex or both are incorrectly stated, the benefits of this Certificate are changed to what the premium would have paid for at the correct Age or sex according to our rate at the date of issue.

ASSIGNMENT: Your rights under this Certificate may be given to another by you. This is called an "Assignment." We take no responsibility for the validity or effect of your actions. In order for us to honor your directions, we must receive a copy of any Assignment at our Administrative Offices.

NON-PARTICIPATING: There are no dividends payable under this Certificate. It does not share in our surplus earnings.

OWNERSHIP: This Certificate belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

CHANGE OF OWNERSHIP: The Owner has the right to transfer this Certificate to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our Administrative Offices. The change in ownership is subject to any actions taken prior to the date such request is received.

[OTHER INSURANCE: If a Covered Person is insured under more than one accidental death policy or certificate in effect with us or any Aegon Affiliate at any one time, our maximum liability is limited to the lesser of the total amount of benefits payable under all such policies and certificates or [\$1,000,000]. Upon discovery of duplication in excess of our maximum liability, we will refund all premiums paid for all such policies or certificates. The excess will be voided and all premiums paid for such excess shall be returned to you or to your beneficiary.]

**GROUP TERM LIFE INSURANCE CERTIFICATE WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
COVERAGE STOPS AT AGE 70
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating**

<i>SERFF Tracking Number:</i>	<i>AEGB-127765990</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50188</i>
<i>Company Tracking Number:</i>	<i>SLTL2100GC</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>SLTL2100GC</i>		
<i>Project Name/Number:</i>	<i>ADvantage SU T70 Certificate Filings/L008*-1</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Readability Certification SLTL2100CR, et al.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments: Form #: SLTL2100GCA-1 Approval date: 9/15/2011		
Attachment: SLTL2100GCA-1 _application used by BPG - Nat Fin Inst Grp Ins Trust_.pdf		

	Item Status:	Status Date:
Satisfied - Item: Copy of Group Policy		
Comments:		
Attachment: SLTL2100GP Group Policy.pdf		

	Item Status:	Status Date:
Satisfied - Item: Copy of Group Policy Riders		
Comments:		
Attachments: SLTL2001GR - AHIP Group Policy Rider.pdf SLTL2002GR Will Prep Group Policy Rider.pdf		

SERFF Tracking Number: AEGB-127765990 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 50188
Company Tracking Number: SLTL2100GC
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: SLTL2100GC
Project Name/Number: ADvantage SU T70 Certificate Filings/L008*-1

Item Status: **Status**
Date:

Satisfied - Item: Actuarial Documents

Comments:

Attachments:

Actuarial Memorandum SLTL2100GP.pdf
Actuarial Certification SLTL2100GP, et al.pdf
Rate Tables SLTL2100GP.pdf

Item Status: **Status**
Date:

Satisfied - Item: Certification of Compliance

Comments:

Attachment:

AR - Cert of Compliance 23-79-138.pdf

Item Status: **Status**
Date:

Satisfied - Item: Compliance with Regulation 19 s 10

Comments:

Attachment:

AR - Rule and Regulation 19.pdf

CERTIFICATION OF READABILITY COMPLIANCE

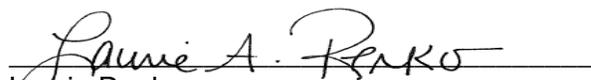
Insurer: Stonebridge Life Insurance Company

Form Number: SLTL2100GC; SLTL2001CR; SLTL2002CR

Date: March 14, 2011

Flesch Score: 51.3; 50.2; and 52.2

I hereby certify that the accompanying filing listed above does meet the statutory readability standards.



Laurie Renko
Vice President
Stonebridge Life Insurance Company

**APPLICATION
STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [Valley Forge, Pennsylvania 19493]**

[John Doe]
[123 Main Street]
[Apartment #X]
[Columbia, SC XXXXX]

[Please respond by: [Month XX, 2001]]

[Bar Code for Scanning Purposes]
[123-103B] [5060002091717] [MZ2000104/0000F & 0001F]

Select your [plan] (Please refer to the rate chart for your benefit and premium based on your age, gender and tobacco use status): Plan A Plan B Plan C Plan D

[Note: The monthly cost for the first [30] days of coverage will be paid for by [ABC Bank]

Please Complete

Telephone # (_____) _____ Email _____ Area code _____

Age _____ Date of Birth _____ Male Female
Month Day Year

Beneficiary: _____ Relationship _____
First Middle Last

Spouse (if to be insured)

Name _____
First Middle Last

Age _____ Date of Birth _____ Male Female
Month Day Year

Beneficiary: _____ Relationship _____
First Middle Last

Select your [plan] (Please refer to the rate chart for your benefit and premium based on your age, gender and tobacco use status): Plan A Plan B Plan C Plan D

Please answer the following questions:

- | | | |
|--|--|--|
| | [You] | Spouse |
| 1. During the past 12 months have you used any tobacco or nicotine based products? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. During the past five (5) years has a licensed medical doctor diagnosed you with or treated you for or have you been hospitalized for cancer, stroke, diabetes, high blood pressure, or for any disease of the heart, blood, liver, kidneys, digestive or respiratory system, or for any nervous, mental, neuromuscular, or connective tissue disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past five (5) years have you received treatment or medical advice from a licensed medical doctor or counselor or been hospitalized for alcoholism or drug abuse or been arrested or cited for the use of alcohol or drugs, or has your driver's license been suspended or revoked because you were driving under the influence (DUI or DWI)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been diagnosed by a licensed medical doctor as having AIDS or AIDS Related Complex (ARC) or tested positive for HIV (Human Immunodeficiency Virus)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will this insurance replace or change any life insurance or annuity contract you have now? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I understand that in order to apply for this coverage, I must be a [ABC Bank][customer], age 18-64, residing in a state in which this coverage may legally be offered

I hereby apply for this [Term Life Plan]. I understand [that a separate Certificate will be issued to each applicant and] that coverage becomes effective on the Effective Date stated in the Certificate of Insurance provided the following happens while I am alive: (1) Stonebridge Life approves my application; and (2) Stonebridge Life receives my first premium [before] [within 21 days of] the Certificate Effective Date. If I fail to give true and complete answers on this application, I understand that benefits may be denied during the first 2 Certificate Years. To the best of my knowledge and belief, the information on this entire application is true and complete. I authorize my premiums to be [deducted] [monthly] and [electronically] remitted to Stonebridge Life Insurance Company from my [ABC Bank] [primary] [checking] account. This authority is to remain in effect until I cancel it by written notification to Stonebridge Life Insurance Company at least 30 days in advance of the intended termination date of my coverage. [*A [\$0.50] administrative fee will be added for each automatic account billing.] I acknowledge that I have received, read and understand the insurance disclosures on the reverse side of this form.

X _____ Date _____ X _____ Date _____
Signature Date Spouse's Signature (if to be insured) Date

Residents of ARKANSAS, NEW MEXICO, and OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Residents of DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicants.

Residents of RHODE ISLAND: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Residents of MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Residents of NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Residents of KENTUCKY and PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Stonebridge Life Insurance Company

A STOCK COMPANY

Home Office: Rutland, Vermont
Administrative Office: [Valley Forge, Pennsylvania 19493]

Stonebridge Life Insurance Company
(Herein called the Company)

Having issued this Policy to

[ABC Corporation]

(Herein called Policyholder)

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

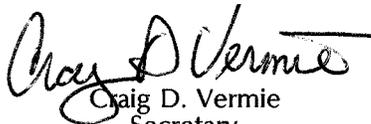
This Policy is issued in consideration of the payment of premium and statements made in the application herein provided, and shall take effect on January 1, 2011 which shall be its date of issue. Policy anniversaries shall be [YEARLY] and each subsequent [YEAR].

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

RIGHT TO EXAMINE CERTIFICATE

Insureds may return their Certificate of Insurance within [30/60/90] days after its receipt to the Company at its Administrative Office. If the Certificate is returned, insurance under this Policy shall be deemed void from the Certificate's Effective Date. Any premium paid by the Insured will be refunded. The Certificate will be treated as if it never existed. No benefits will be paid.

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.


Craig D. Vermie
Secretary


President

Policy No. 11111 TLTL2100GP

GROUP TERM LIFE INSURANCE POLICY WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
COVERAGE STOPS AT AGE 70
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating

DEFINITIONS

[AEGON AFFILIATE means Stonebridge Casualty Insurance Company, Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company and Monumental Life Insurance Company.]

AGE means, on the Certificate Effective Date, an Insured's current age based on his last birthday. An Insured's Age increases by one on each Certificate Anniversary. An Insured's Age increase, for purposes of this Policy, will always occur on the Certificate Anniversary even if his actual birthday occurs (in most cases) during the Certificate Year prior to the Certificate Anniversary.

CERTIFICATE ANNIVERSARY means any anniversary of the date a Certificate takes effect.

CERTIFICATE YEAR means the 12 month period ending on any Certificate Anniversary.

CERTIFICATE EFFECTIVE DATE means the date an Insured's coverage starts.

COMMON CARRIER means a public conveyance which is:

1. licensed to transport passengers for hire by a duly constituted authority having jurisdiction in the state or country in which said conveyance operates; and
2. provided and operated (a) for regular passenger service by land, water, or air, and (b) on a regular passenger route with regularly published schedules of departures and arrivals between established and recognized points of departure and arrival; and
3. provided and operated under a valid license or operating specifications for commercial transportation at the time of Loss.

The following modes of transportation are specifically excluded under Common Carrier:

1. chartered buses, chartered airplanes, chartered helicopters and chartered boats
2. taxis, limousines and shuttle services
3. school buses and vans.

INJURY means bodily harm caused by an accident which occurs while an Insured's Certificate 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 or mental infirmity.

INSURED means the person or persons covered under this Policy. The Insured named in a Certificate's Schedule.

[PARTICIPATING GROUP means an organization that requests to participate in the Insurance Trust known as the Policyholder and whose participation has been approved by the Company. The name of such group is shown in the Certificate Schedule of Insurance.]

ELIGIBILITY

[Each natural person AGE [18 THROUGH 64] WHO IS AN ABC CORPORATION ACCOUNTHOLDER (OR THE SPOUSE OF AN ABC CORPORATION ACCOUNTHOLDER AGE [18 THROUGH 64]) is eligible to become an Insured. Such persons are herein called eligible persons.]

[No person shall be covered under more than one Certificate of Insurance under this Policy with the Policyholder / Participating Group named in the Certificate Schedule of Insurance. Each Certificate may cover only one Insured. If a person is recorded by the Company as an Insured under more than one Certificate, such person shall be deemed to be Insured only under the Certificate which affords that person the greatest amount of coverage. Upon discovery of the duplication of coverage, any premium for the duplicate coverage made by, or on behalf of, the Insured will be refunded.]

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

RENEWAL CONDITIONS

The Company promises to renew an Insured's Certificate as long as: (1) this Policy remains in force; (2) the Insured continues to pay the premium when due; and (3) all other certificates that are issued under the Policy are renewed by the Company.

The Company can cancel this Policy at any time. The Policyholder will be given 60 days notice prior to the date that the Policy is cancelled. Any premium paid by Insureds beyond the date of cancellation is refunded. The Policyholder may cancel the Policy only with respect to issuing new certificates. Any certificate in force when the Policyholder cancels the Policy remains in force.

Cancellation is without prejudice to any claim originating prior to the date of cancellation.

WHEN A PERSON BECOMES INSURED

Each Insured will be issued a Certificate of Insurance following acceptance by the Company of the enrollment form, if required. The Certificate will indicate the coverage, the Effective Date of coverage, and the persons covered.

Each Insured shall become covered on the Effective Date shown in the Certificate Schedule provided the Company receives: (1) the Insured's completed Enrollment Form; and (2) the initial premium [before][within 21 days of] the Certificate Effective Date and while the Insured is alive.

Issuance of an Insured's Certificate is not a waiver of any of the above conditions.

WHEN AN INSURED'S INSURANCE ENDS

An Insured's insurance ends on the earlier of:

1. the date the Insured reaches Age 70;
2. the date the Insured convert to a permanent life insurance policy;
3. the date the 31 day Grace Period ends if the insured fails to pay the premium when due;
4. the date of the Insured's death;
5. the date the Insured cancels his or her coverage; or
6. the first monthly renewal date following the date the Policy is terminated or cancelled

An Insured may cancel his or her coverage upon notice to the Company. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to the Company. Unless required otherwise, coverage is cancelled as of the date the cancellation request is made. Any unused premium is prorated from the date of cancellation and refunded to the Insured

In the event the insurance terminates, it does not affect payment for a loss which began while the coverage was in force.

AMOUNTS OF INSURANCE - SCHEDULE OF INSURANCE

When an eligible person enrolls as an Insured under this Policy, he or she will receive coverage as described in the Coverage section of this Policy. The amounts of insurance for each Insured shall be the amount shown in the Certificate Schedule issued to each individual Insured.

COVERAGE

LIFE INSURANCE BENEFIT: The Company pays the Life Insurance Benefit that is shown in an insured's Certificate Schedule if the Insured dies while he or she is covered under this Policy.

ACCIDENTAL DEATH BENEFIT: The Company pays an additional benefit if an Insured's death is the result of a covered Injury. The Injury must occur while the Insured is covered under this Policy. The insured

must die within 90 days of the accident causing the Injury. The Company pays the Accidental Death Benefit that is shown in the Insured's Certificate Schedule. It is paid in addition to the Life Insurance Benefit.

COMMON CARRIER ACCIDENTAL DEATH BENEFIT: The Company pays an additional benefit if an Insured's accidental death is due to an Injury that occurs:

- a) as a direct result of a collision, crash or sinking of a duly licensed Common Carrier while the Insured is riding as a fare paying passenger inside such Common Carrier; or
- b) while the Insured is getting on or off a Common Carrier.

The Injury must occur while the Insured is covered under this Policy. The Insured must die within 90 days of the accident causing the Injury. The Common Carrier Accidental Death Benefit is equal to the Accidental Death Benefit plus the Life Insurance Benefit that are shown in the Certificate Schedule. It is paid in addition to the Accidental Death Benefit and the Life Insurance Benefit.

SUICIDE: If an Insured dies by suicide within one year following their Certificate's Issue Date, the benefit is limited to the amount of premiums paid without interest.

EXCLUSIONS

The Accidental Death Benefit and Common Carrier Accidental Death Benefit are not paid if an Insured's death is caused or contributed to by or resulting from any of the following:

1. intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. sickness, disease, bodily or mental infirmity or their medical or surgical treatment, including diagnosis (except bacterial or pyogenic infections which result from an Injury or the accidental ingestion of contaminated substances) or mental disease or disorder;
3. the Insured having a blood alcohol level of [.08]% (by weight or volume) or higher;
4. the Insured's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
5. taking alcohol in combination with any drug, medication or sedative;
6. any active participation in a riot, insurrection or war either declared or undeclared;
7. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
8. committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
9. the Insured operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight; or
10. Military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

BENEFICIARY

Upon an Insured's death, unless the Insured specifies otherwise, any benefit for loss of life will be paid to the Insured's then living lawful spouse; otherwise equally to the Insured's then living lawful children, if any; otherwise equally to the Insured's then living parents or parent, otherwise to the Insured's estate. Any payment made under this section will fully release the Company to the extent of the payment. Spouse means only the one to whom an Insured is lawfully married on the date of the Insured's death. Except in the case of legal adoption, lawful children or parents do not mean "step" children or parents.

CHANGING THE BENEFICIARY

An Insured can change his or her beneficiary at any time by writing to the Company at its Administrative Office. Once the Company records the change, it will take effect on the day the Insured signed the request, subject to any claim payment made before such recording. The consent of the beneficiary is not needed for the change, unless the beneficiary designation is irrevocable.

CONVERSION TO PERMANENT LIFE INSURANCE

An Insured may convert their Certificate to an individual permanent life insurance policy before the Insured attains Age 70. This is subject to what individual permanent life insurance policy the Company then has available, if any. The Certificate must be in force at the time of the conversion. The conversion may only occur on premium due dates. The Company requires 31 days prior written notice. The amount of life insurance under the new policy may not exceed the Insured's Certificate's Life Insurance Benefit. It may be converted without medical exam or other evidence of insurability. However, any application attached to the Insured's Certificate may be made part of the permanent life insurance policy. It may be used to contest benefits under the permanent life insurance policy during the balance of the time that it may be contested under the Insured's Certificate. The new premium will be based on the Insured's Age and class at the time the Insured converts to the new policy.

PREMIUM

The premium rate for each Insured is included on the attached rate sheet.

PREMIUM PAYMENTS

Premiums are payable to Age 70. All Premiums after the initial Premium must be paid in advance at the Company's Administrative Office, subject to the Grace Period. Premiums are also payable to an authorized agent in exchange for an official receipt signed by the Company's President and Secretary. The Company does not have the right to refuse a premium paid on or before the date due or within the Grace Period.

[For the first/two/three] month[s] of coverage, the premium will be paid by the [Policyholder] [Participating Group]. After the first [two/three] month[s] the Insured is required to contribute 100 percent of the premium payable for their Certificate.]

[If no initial premium is requested by the Company with the Insured's enrollment form, the Insured shall have 21 days from the Effective Date shown on the Certificate Schedule of Insurance to pay the first premium. If the first premium is not paid within such 21 day period, the Certificate shall be considered void from the beginning and no benefits will be paid for any loss.]

RENEWAL PREMIUM RATE ADJUSTMENTS

Premiums are level for five year periods. The premium rate that an Insured is charged on the Certificate Effective Date remains the same for five (5) Certificate Years. Premiums then increase on the fifth Certificate Anniversary to the rate charged for someone at the Insured's Age at the time of the increase. This happens every five (5) years on the applicable Certificate Anniversary. Age group premium rates are shown in the Table of Renewal Premiums that is on the Certificate Schedule. Premium rates are subject to the Right To Adjust Premium Rates provision.

RIGHT TO ADJUST PREMIUM RATES

The Company may change rates by class on any date. The Company will not increase an insured's rates in the first Certificate Year. After that, rates will not increase more than once in any 12 month period. Class means all individuals of the same age, sex, and underwriting classification. There will be no change in an Insured's class due to any physical impairment. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. The Company will provide written notice at least 60 days before the date of change. An Insured's premium rates will never exceed the guaranteed maximum premiums that are listed in the Table of Renewal Premiums.

GRACE PERIOD

The Company allows a grace period of 31 days to pay each premium due after the first one. Coverage continues during this grace period. If an Insured dies during the grace period, any premium due is deducted from the death benefit. This provision applies as long as the Certificate has not stopped.

REINSTATEMENT

If an Insured's coverage stops because premiums have not been paid, it may be reinstated. This happens if the Insured:

1. makes written request for reinstatement;
2. sends satisfactory evidence of insurability;
3. is alive on the date of reinstatement; and
4. makes the request within 5 years of when the premium was due and prior to Age 70.

Reinstatement is subject to payment of all overdue Premiums. The Company charges 6% interest compounded annually on overdue Premiums.

UNEARNED PREMIUM REFUND

A refund of unearned premium is payable to an Insured's beneficiary at the time of an Insured's death. Unearned premium is any amount paid by an Insured beyond the date of his or her death.

WHEN THERE IS A CLAIM

PROOF OF LOSS

A certified copy of the death certificate showing the date and cause of an Insured's death must be given to the Company as soon as reasonably possible after the date of Loss.

TIME PAYMENT OF CLAIMS

The Company pays all benefits covered under the Policy as soon as the Company receives proper Proof of Loss sufficient to determine its liability.

INTEREST AT SETTLEMENT

If required, interest is paid on death proceeds according to the requirements of an Insured's state. The rate of interest is not less than that required by law.

PAYMENT OF CLAIMS

Benefits are payable in accordance with the beneficiary designation in effect at the time of payment.

AUTOPSY

At the Company's expense, it may have an autopsy done where it is not forbidden by law.

GENERAL PROVISIONS

ENTIRE CONTRACT

The Insured's Certificate is furnished in accordance with and subject to the terms of this Policy. It is not part of the Policy, but it is evidence of the insurance provided under the Policy. The Policy and any attachments form the entire contract of insurance. No agent may change or waive any provisions of the Policy under which this coverage is provided.

INCONTESTABILITY

An Insured's Certificate is "incontestable" after it has been in effect while the Insured is alive for 2 years from the earlier of their Certificate's Effective Date or Issue Date. "Incontestable" means the Company may not deny benefits except for non-payment of premiums when due. Benefits may be denied during the first two years of coverage if an Insured fails to give, to the best of their knowledge and belief, true and complete answers in their Application.

If a Certificate is reinstated, benefits may be denied during the first 2 years after the reinstatement date. This happens if the Insured failed to give, to the best of the Insured's knowledge and belief, true and complete answers in their reinstatement application.

MISSTATEMENT OF AGE OR SEX

If an Insured's Age or sex or both are incorrectly stated, the benefits of this Policy are changed to what the premium would have paid for at the correct Age or sex according to the Company's rate at the date of issue.

ASSIGNMENT

An Insured's rights under his or her Certificate may be given to another by the Insured. This is called an "Assignment." The Company takes no responsibility for the validity or effect of an Insured's actions. In order for the Company to honor an Insured's directions, the Company must receive a copy of any Assignment at its Administrative Offices.

NON-PARTICIPATING

There are no dividends payable under this Policy. It does not share in the Company's surplus earnings.

OWNERSHIP

A Certificate belongs to an Insured unless another Owner is designated by the Insured. During the Insured's lifetime the rights and privileges of their Certificate may be exercised solely by the Owner. This includes the right to change the Beneficiary and assign benefits.

CHANGE OF OWNERSHIP

The Owner has the right to transfer his or her Certificate to a new Owner by notifying the Company. The change in ownership is effective on the date the request is received at the Company's Administrative Offices. The change in Ownership is subject to any actions taken prior to the date such request is received.

INFORMATION TO BE FURNISHED

The [Policyholder / Participating Group] 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 / Participating Group] or in possession of the [Policyholder / Participating Group] 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.

INSURED'S CERTIFICATE

The Company will issue an individual Certificate to each Insured. The Certificate will describe the insurance coverage and state to whom benefits will be paid.

[OTHER INSURANCE

If a Covered Person is insured under more than one accidental death policy or certificate in effect with the Company or any Aegon Affiliate at any one time, the Company's maximum liability is limited to the lesser of the total amount of benefits payable under all such policies and certificates or [\$1,000,000]. Upon discovery of duplication in excess of the Company's maximum liability, the Company will refund all premiums paid for all such policies or certificates. The excess will be voided and all premiums paid for such excess shall be returned to the Insured or to the Insured's beneficiary.]

STONEBRIDGE LIFE INSURANCE COMPANY

Administrative Office: [Valley Forge, Pennsylvania 19493]

GROUP ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT RIDER

Amendment No.:

Effective Date:

Attached to Policy No.:

Policyholder:

The group Policy to which this Rider is attached is hereby amended by the addition of the following provisions.

When covered by this Rider, it is part of an Insured's Certificate and has the same Effective Date. The consideration for coverage under this Rider is (1) receipt of the signed or application enrollment form, if required, and (2) payment of the premium. The premium is included in the premiums shown in the Insured's Certificate Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

ACCIDENT DAILY HOSPITAL CONFINEMENT BENEFIT

The Company pays the Accident Daily Hospital Confinement Benefit shown on an Insured's Certificate Schedule if the Insured is Confined to a Hospital as a Resident Patient for the Necessary Treatment of a covered Injury. The benefit is paid beginning with the first day of Confinement. The maximum number of days the Company pays this benefit for a covered Injury is shown on the Certificate Schedule. The Injury must be caused by a covered accident that occurs while the Insured is covered under this Rider. The Confinement must begin: 1) while the Insured is covered under this Rider; and 2) within 90 days of the accident causing the Injury.

Recurrent Confinements – To be covered, additional Confinements for the same Injury must take place within 90 days of the previously covered Confinement.

EXCLUSIONS

No benefits are paid for any Injury that is caused or contributed to by or resulting from any of the following:

1. intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
2. sickness, disease, bodily or mental infirmity or their medical or surgical treatment, including diagnosis (except bacterial or pyogenic infections which result from an Injury or the accidental ingestion of contaminated substances) or mental disease or disorder;
3. the Insured having a blood alcohol level of [.08%] (by weight or volume) or higher;
4. the Insured's taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
5. taking alcohol in combination with any drug, medication or sedative;
6. any active participation in a riot, insurrection or war either declared or undeclared;
7. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
8. committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
9. the Insured operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight; or
10. Military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority.

DEFINITIONS

CONFINEMENT / CONFINEMENTS / CONFINED means being a Resident Patient in a Hospital for Necessary Treatment of an Injury. Such Confinement must be prescribed by a Physician. Confinement does not include Outpatient care and treatment, including Outpatient surgery or Outpatient observation received in a Hospital.

HOSPITAL means an institution which is a short term acute care general hospital. Its main purpose must be to provide medical care and treatment to injured persons as Resident Patients. It must have facilities on premises for major surgery, medical diagnosis and treatment by or under the supervision of one or more licensed Physicians. It must provide 24 hour a day nursing service by or under the supervision of a registered nurse. It must have organized departments of medicine. It may not include a hospital operating primarily as a rest, convalescent, extended care, rehabilitation, chronic or skilled nursing facility; home for the aged; a place for the care and treatment of drug addicts or alcoholics, or a mental institution; nor does it include any ward, room, wing or other section of the hospital that is used for such purposes, whether or not such a facility is part of a hospital, as defined herein, or is an entirely separate facility.

INJURY means bodily harm caused by an accident which occurs while an Insured is covered under this Rider. 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 or mental infirmity.

NECESSARY TREATMENT means medical treatment which is consistent with currently accepted medical practice. Any Confinement, operation, treatment, or service not a valid course of treatment recognized by an established medical society in the United States is not considered Necessary Treatment. No treatment or service or expense in connection therewith, which is experimental in nature, is considered Necessary Treatment.

The Company may use Peer Review Organizations or other professional medical opinions to determine if health care services are:

1. medically necessary; and
2. consistent with professionally recognized standards of care with respect to quality, frequency, and duration; and
3. provided in the most economical and medically appropriate site for treatment.

If services do not meet these criteria, expenses related to those services will not be deemed Necessary Treatment.

PHYSICIAN means a person who is duly licensed and legally qualified to diagnose and treat sickness and Injuries. Such person must be providing services within the scope of his or her license. A Physician may not be an Insured or a member of his or her immediate family.

RESIDENT PATIENT means a Covered Person who is confined in a Hospital as a registered bed patient and who is provided at least one day of room and board. A Covered Person is considered to be a resident patient each day of Confinement in the Hospital except for the day of discharge; unless a room and board charge is made for that day. This does not include Confinement if it is not for Necessary Treatment or if the Hospital is used primarily as a place for rest, nursing, rehabilitation, convalescence or extended care.

TERMINATION

An Insured's coverage under this Rider stops on the earlier of:

1. the date the insured's Certificate stops; or
2. non-payment of any premium for the Insured's Certificate on or before the due date, except as provided in the Grace Period.

This Rider is subject to all of the Policy provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict with this Rider.

This Rider is signed by the Company's Secretary.



Secretary

STONEBRIDGE LIFE INSURANCE COMPANY

Administrative Office: [Valley Forge, Pennsylvania 19493]

GROUP WILL PREPARATION AND LEGAL INFORMATION BENEFIT RIDER

Amendment No.:

Effective Date:

Attached to Policy No.:

Policyholder:

The group Policy to which this Rider is attached is hereby amended by the addition of the following provisions.

When covered by this Rider, it is part of an Insured's Certificate and has the same Effective Date. The consideration for coverage under this Rider is (1) receipt of the signed application or enrollment form, if required, and (2) payment of the premium. The premium is included in the premiums shown in the Insured's Certificate Schedule. Premiums are to be paid in the same manner and at the same time as the Certificate.

WILL PREPARATION SERVICE AND LEGAL INFORMATION BENEFIT: The Company provides Insureds with access to a provider of will preparation services and legal information. The provider will permit an Insured to create one basic last will and testament. The Insured will also have telephonic or internet access to the provider's licensed attorneys who can provide the Insured with: 1) legal information regarding personal legal matters, including estate planning; and 2) referrals to local attorneys. The provider will not charge the Insured for the basic last will and testament preparation service or for any legal information the Insured receives from the provider.

TERMINATION

Coverage under this Rider stops on the earlier of:

1. the date an Insured's Certificate stops; or
2. non-payment of any premium for the Insured's Certificate on or before the due date, except as provided in the Grace Period.

This Rider is subject to all of the Policy provisions, definitions, conditions, exclusions, limitations, exceptions, and reductions not in conflict with this Rider.

This Rider is signed by our Secretary.



Secretary

STONEBRIDGE LIFE INSURANCE COMPANY

**CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138**

Policy Number: SLTL2100GC; SLTL2001CR; SLTL2002CR

Date: November 11, 2011

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

Cheryl Bock Digitally signed by Cheryl Bock
DN: cn=Cheryl Bock, o, ou,
email=thmeyers@aegonusa.com, c=US
Date: 2011.11.10 10:27:58 -06'00'

Cheryl Bock, Assistant Vice President of Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

**RULE AND REGULATION 19
STATE OF ARKANSAS**

Form Number: SLTL2100GC; SLTL2001CR; SLTL2002CR

Date: November 10, 2011

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

<i>SERFF Tracking Number:</i>	<i>AEGB-127765990</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Stonebridge Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50188</i>
<i>Company Tracking Number:</i>	<i>SLTL2100GC</i>		
<i>TOI:</i>	<i>L04G Group Life - Term</i>	<i>Sub-TOI:</i>	<i>L04G.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>SLTL2100GC</i>		
<i>Project Name/Number:</i>	<i>ADvantage SU T70 Certificate Filings/L008*-1</i>		

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/26/2011		Supporting Application Document	11/10/2011	