

SERFF Tracking Number: LHLI-127790551 State: Arkansas  
 Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 50181  
 Company Tracking Number: STGIT11-AR WM  
 TOI: L04I Individual Life - Term Sub-TOI: L04I.213 Specified Age or Duration -  
 Fixed/Indeterminate Premium - Single Life  
 Product Name: Individual Ten Year Term Life Insurance  
 Project Name/Number: /

## Filing at a Glance

Company: Sterling Investors Life Insurance Company

Product Name: Individual Ten Year Term Life Insurance SERFF Tr Num: LHLI-127790551 State: Arkansas

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved-Closed State Tr Num: 50181

Sub-TOI: L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life Co Tr Num: STGIT11-AR WM State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Shirley Grossman, Cathy Patterson, Wanda McNeece, Sally

Roudebush, Rodney Hartwig

Date Submitted: 11/02/2011

Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Georgia is state of domicile and this form was filed in that state on October 28, 2011.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 11/07/2011

State Status Changed: 11/07/2011

Deemer Date:

Created By: Wanda McNeece

Submitted By: Wanda McNeece

Corresponding Filing Tracking Number:

Filing Description:

Sterling Investors Life Insurance Company

NAIC # 89184

SERFF Tracking Number: LHLI-127790551 State: Arkansas  
Filing Company: Sterling Investors Life Insurance Company State Tracking Number: 50181  
Company Tracking Number: STGIT11-AR WM  
TOI: L041 Individual Life - Term Sub-TOI: L041.213 Specified Age or Duration -  
Fixed/Indeterminate Premium - Single Life  
Product Name: Individual Ten Year Term Life Insurance  
Project Name/Number: /

## STGIT11-AR – Guarantee Issue Application for Individual Term Life Insurance Policy

We are submitting the above listed form for review and approval. This form will not be marketed with an illustration.

This form will be marketed through direct response mailings.

Sterling Investors Life Insurance Company has authorized Lincoln Heritage Life Insurance Company to file the above listed forms on their behalf. We have attached a copy of the authorization letter to the supporting documentation tab of this filing.

Form STGIT11-AR is a guarantee issue application form. This is a new form and will replace the previously approved form ICC11DMTST-AR to issue the graded benefit coverage. Form STGIT11-AR will be used to apply for the graded benefit coverage issued using form ICC11GDBDMTST-AR. We filed form ICC11GDBDMTST-AR under SERFF tracking number LHLI-127383069 and it was approved on September 15, 2011.

Just for your information, form ICC11DMTST-AR will still be used to apply for the standard coverage under form TLSIL10-AR. Form TLSIL10-AR was filed under SERFF tracking number LHLI-126833988 and was approved on October 5, 2010. We filed form ICC11DMTST-AR under SERFF tracking number LHLI-127383069 and was approved on September 15, 2011.

To the best of my knowledge, information and belief, these forms are in compliance with the provisions of the insurance laws, rules and regulations of your state, and do not contain any controversial, unusual or previously disapproved provisions.

Sincerely  
Wanda McNeece  
Senior Compliance Associate

## Company and Contact

### Filing Contact Information

Wanda McNeece, wanda.mcneece@londen-insurance.com  
4343 E Camelback Rd 800-433-8181 [Phone]  
Phoenix, AZ 85018 602-808-8845 [FAX]

### Filing Company Information

Sterling Investors Life Insurance Company CoCode: 89184 State of Domicile: Georgia  
210 E Second Avenue, Suite 105 Group Code: Company Type: Life

SERFF Tracking Number: LHLI-127790551 State: Arkansas  
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Product Name: Individual Ten Year Term Life Insurance

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Rome, GA 30161  
 (706) 235-8154 ext. [Phone]

Group Name:  
 FEIN Number: 59-1838073

State ID Number:

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$25.00  
 Retaliatory? Yes  
 Fee Explanation: 1 form x \$25 per form = \$25 total retaliatory filing fee  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sterling Investors Life Insurance Company	\$25.00	11/02/2011	53414216
Sterling Investors Life Insurance Company	\$25.00	11/03/2011	53450329

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/07/2011	11/07/2011

### 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	11/03/2011	11/03/2011	Wanda McNeece	11/03/2011	11/03/2011

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## Disposition

Disposition Date: 11/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Product Name: Individual Ten Year Term Life Insurance

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Actuarial Memo		No
Supporting Document	Statement of Variability		Yes
Supporting Document	Authorization to file		Yes
Supporting Document	Certification of Compliance		Yes
Form	Guarantee Issue Application for Individual Term Life Insurance with Limited Death Benefits		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 11/03/2011  
Submitted Date 11/03/2011  
Respond By Date 12/05/2011

Dear Wanda McNeece,

This will acknowledge receipt of the captioned filing.

### Objection 1

Comment: Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

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 11/03/2011  
Submitted Date 11/03/2011

Dear Linda Bird,

### Comments:

We have received your objection dated November 3, 2011 and are responding with the following

### Response 1

Comments: We have submitted the additional \$25 filing.

### Related Objection 1

Comment:

Regulation 57 was revised effective January 2010, the filing fee is now \$50.00 per form. We will hold your filing in a pending status until the additional \$25.00 is received.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

We apologize for this oversight.

We appreciate your continued consideration.

Sincerely,

Cathy Patterson, Rodney Hartwig, Sally Roudebush, Shirley Grossman, Wanda McNeece

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## Form Schedule

Lead Form Number: STGIT11-AR

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	STGIT11-AR	Application/ Guarantee Issue Enrollment Form	Application for Individual Term Life Insurance with Limited Death Benefits	Initial		50.000	STGIT11-AR.pdf

**Application for Modified Ten-Year Term Life Insurance**

Sterling Investors Life Insurance Company  
[7930 Century Boulevard, Chanhassen, MN 55317]

Benefits based on: [XX] year old [Gender]

Please correct any inaccurate information below.

**YOU MUST complete the following:**

[000000000000 00000000]  
[May B. Doe]  
[123 Anystreet, 3E]  
[Yorton, SM 12345-6789]

Birth Date: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

[Email: (optional) \_\_\_\_\_]

**Cash benefit amounts:** [\$XX,XXX.XX] death due to natural causes; [\$XX,XXX.XX] death due to common carrier accident; [\$XX,XXX.XX] death due to auto accident; [\$XX,XXX.XX] death due to accident.

**Name your beneficiary** (optional): \_\_\_\_\_ Relationship: \_\_\_\_\_

If no person is named here, the beneficiary will be: (1) your surviving spouse; otherwise, (2) your surviving children in equal shares; otherwise, (3) as provided in the insurance policy.

**I understand that:** (1) the death benefits are less during the first two years; and (2) no insurance will take effect until a policy is issued and the first premium is paid during my lifetime. Benefits listed above may vary based on confirmation of your birth date and gender.

Do you intend to replace, discontinue or change an existing life insurance policy?  Yes  No

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.

**X Sign your name:** \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Insured/Policyowner

Mo. Day Yr.

STGIT11-AR

[XXXXXXXXXXXX]

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b> Certification of Readability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> The application to be used with form is being submitted for approval and is attached to the forms tab		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b> N/A form is an application for coverage		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of Variability		
<b>Comments:</b>		
<b>Attachment:</b> Statement of Variability.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Authorization to file		
<b>Comments:</b>		

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**Attachment:**  
Authorization to file.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Certification of Compliance

**Comments:**

**Attachment:**

Certification of Compliance.pdf

## CERTIFICATION OF FLESCH READABILITY SCORE

Arkansas

I, Elwood Whitacre, Secretary for Sterling Investors Life Insurance Company do hereby certify that the forms listed below have text that achieves a minimum score of 50.0 on the FLESCH reading ease test. The forms print in not less than ten (10) point type and one (1) point leaded, except for specification pages, any schedules and tables.

Policy Form(s):

STGIT11-AR – Guarantee Issue Application for Individual Term Life Insurance with Limited Death Benefits

**STERLING INVESTORS LIFE INSURANCE COMPANY**



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Elwood Whitacre, Secretary

November 2, 2011

## **Statement of Variability**

We have bracketed all variables in this form

All variables are company information, applicant specific or are dependent on the death benefit chosen.

The bracketed number located above the individuals name and address is a tracking number the company uses for statistical tracking and reporting.

The company administrative office information is variable to the extent that the company may at some future date change the office location or the phone number.

No text of the body of the application form is variable.



## STERLING INVESTORS LIFE INSURANCE COMPANY

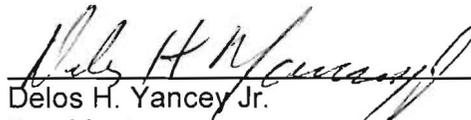
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210 E. Second Avenue  
Ste.105  
Rome, Georgia 30161  
Tel (706) 235-8154  
Fax (866) 889-4054

August 19, 2011

Lincoln Heritage Life Insurance Company, located at 4343 E. Camelback Road, Phoenix AZ 85018, is hereby authorized in its capacity as Sterling Investors Life Insurance Company's reinsurer, to file on behalf of Sterling Investors Life Insurance Company forms, rates and advertising materials for the Company's Direct Market Life Insurance policies with the state insurance departments and correspond with state insurance departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

  
\_\_\_\_\_  
Delos H. Yancey Jr.  
President

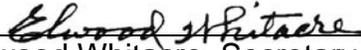
**Certification of Compliance**

**Sterling Investors Life Insurance Company**

As specified in the Arkansas Insurance Regulations, I do hereby certify that the Company has reviewed the contents of Arkansas Rule and Regulation 19 and to the best of its knowledge and belief this submission meets the provisions of this rule as well as all applicable requirements of the Arkansas Insurance Department.

Enclosed policy forms:

STGIT11-AR

  
\_\_\_\_\_  
Elwood Whitacre, Secretary

November 2, 2011  
\_\_\_\_\_  
Date