

<i>SERFF Tracking Number:</i>	<i>STAR-127167523</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starmount Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49053</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>Value Life Gold App3</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Value Life Gold App3

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate
Premium - Single Life

Filing Type: Form

SERFF Tr Num: STAR-127167523 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49053

Co Tr Num:

State Status: Approved-Closed

Author: Christie Moreau-Mabile

Date Submitted: 06/14/2011

Reviewer(s): Linda Bird

Disposition Date: 06/20/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/20/2011

State Status Changed: 06/20/2011

Created By: Christie Moreau-Mabile

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christie Moreau-Mabile

Filing Description:

We are pleased to file the above referenced forms for your review and approval. This filing has an additional application that will be used with our approved product, ValueLife Gold (form no. 32-001), approved on December 5, 2008. This form is being filed without an illustration; and also a Reinstatement Request that may be used when a policy has been cancelled because the premiums were not paid, and have lapsed. This request will offer a chance to pay any past due amount and have coverage reinstated.

APPLICATION CHANGES:

SERFF Tracking Number: STAR-127167523 State: Arkansas
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We have included a Statement of Variability

The Riders listed at the top of the Application are now bracketed.

We have bracketed our benefits amounts. The amounts now range from:

\$250,000 - \$5,000

Question Section:

Question No. 2: "Polyps" has been added to the list of disorders named.

The first sentence of the Authorization section has been replaced with the following:

- I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, family member, person, the Medical Information Bureau, or other organization that has any medical record of me or my health to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers, any such information.

Starmount Life Insurance Company will buy lists of recent mail order purchasers, use third party inserts, seek referrals from friends and/or family members of insureds, and use any other methods of direct marketing that the company may subsequently develop. In addition, the product may be marketed as standalone coverage to individuals in the worksite environment, through the Internet or other affinity marketing, such as associations. The application will also be placed on our website.

The enclosed forms are in final printed format, subject only to minor changes in ink, color, paper stock, company logo, margins and positioning.

Company and Contact

Filing Contact Information

Natka Varisco, compliance specialist
7800 Office Park Blvd.
Baton Rouge, LA 70809

natkav@starmountlife.com
225-926-2888 [Phone] 219 [Ext]
225-610-1419 [FAX]

Filing Company Information

Starmount Life Insurance Company

CoCode: 68985

State of Domicile: Louisiana

SERFF Tracking Number: STAR-127167523 State: Arkansas
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 TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
 Product Name: Value Life Gold App3
 Project Name/Number: /
 7800 Office Park Boulevard Group Code: Company Type:
 Baton Rouge, LA 70809 Group Name: State ID Number:
 (225) 926-2888 ext. [Phone] FEIN Number: 72-0977315

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	06/14/2011	48692826

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/20/2011	06/20/2011

SERFF Tracking Number: STAR-127167523 *State:* Arkansas
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Product Name: Value Life Gold App3
Project Name/Number: /

Disposition

Disposition Date: 06/20/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: STAR-127167523 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Application		Yes
Form	Reinstatement Application 06/11 Reg 4		Yes

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Form Schedule

Lead Form Number: 32-001

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	32-001 APP3	Application/ Enrollment Form	Application	Initial		42.400	VLG APP3 RGN 4.pdf
	REAPP061 1	Application/ Enrollment Form	Reinstatement Application 06/11 Reg 4	Initial		49.500	Reinstmt App reg 4-LA-6- 13-11.pdf

[For Modified Whole Life Insurance Policy Form No. 32-001; Accidental Death Rider Form No. 97005; Accelerated Benefit Rider 98-010]
STARMOUNT LIFE INSURANCE CO. • 8485 Goodwood Blvd. • Baton Rouge, LA 70806-7878 • 1-888-729-5433 • www.SayLife.com

MAIN INSURED INFORMATION

Date of Birth (mm/dd/yyyy) Sex M F
Height (Ft. In.) Weight (Lbs.)
Home Phone (REQUIRED)
Cell or Work Phone
Email Address

Are you employed? Yes No Occupation /Duties (If self-employed, explain)
Doctor or Clinic (Full Name) Doctor is located in: City State
Beneficiary (Full Name) (If none listed, cash will go to your estate.) Relationship

I wish to apply for insurance in the amount of:

\$250,000 \$200,000 \$150,000 \$100,000 \$75,000 \$50,000 \$40,000
\$35,000 \$30,000 \$25,000 \$20,000 \$10,000 \$5,000

SPOUSE INFORMATION (if to be insured) Please print.

Name Date of Birth (mm/dd/yyyy)
Sex M F Height (Ft. In.) Weight (Lbs.) Email Address
Home Phone (REQUIRED) Cell or Work Phone
Are you employed? Yes No Occupation /Duties (If self-employed, explain)
Doctor or Clinic (Full Name) Doctor is located in: City State
Beneficiary (Full Name) (If none listed, cash will go to your estate.) Relationship

I wish to apply for insurance in the amount of:

\$250,000 \$200,000 \$150,000 \$100,000 \$75,000 \$50,000 \$40,000
\$35,000 \$30,000 \$25,000 \$20,000 \$10,000 \$5,000

INDICATE METHOD OF PAYMENT

Deduct future payments from my checking account automatically. Starmount prefers this method of payment.
Charge future payments to: VISA MasterCard Credit Card # Exp. Date: / (mm/yy)
Bill me direct for future payments. (There is a \$1 charge each month if direct billing is monthly. Billing is free if every 3 months or annually, or by credit card or check draft.)
I want to pay: Annually (5% discount for annual payment) Every 3 months Monthly. (We recommend annually or every 3 months.)
Check one: ADD ACCIDENTAL DEATH CASH OPTION FOR: Double Benefits Triple Benefits Not interested.

PLEASE ANSWER THESE QUESTIONS:

Main Insured Spouse

- 1. Have you had or been advised to have any medical or surgical examination or treatment for any disorder, injury or sickness during the past two years, or do you now have any impairment, disorder or disease?
2. Have you ever (in MO, in the past 10 years): had high blood pressure; cancer; a tumor; polyps; diabetes; asthma; a stroke; any disease or disorder of the kidneys, heart, blood, lungs, liver; tested positive for exposure (in MO, have you been positively diagnosed or treated for) to the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection; mental disease or disorder, Alzheimer's or other dementia; or been treated for alcoholism or a drug habit by a medical professional, or taken illegal drugs; been ticketed for DWI or DUI or had a felony conviction?
3. Have you had an application for life or health insurance rated, postponed, or modified?
4. Do you have any existing insurance policies or contracts this would replace or change?
5. Have you smoked, chewed or used tobacco in the last 24 months?
If you are a cigarette smoker, do you smoke more than 2 packs per day?

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy and the insurance will not be in force until this application has been approved by the company and the policy issued and delivered to me when I am in the same health condition as described above, and the first premium paid. In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by the company. (See back for exclusions and limitations.)

AUTHORIZATION: I authorize any physician, medical practitioner, hospital, clinic, or other medical related facility, insurance company, family member, person, the Medical Information Bureau or other organization that has any medical record of me or my health to give Starmount Life Insurance Company, my legal representative for medical records receipt, or its reinsurers any such information. This includes knowledge about drug abuse, alcoholism or mental illness, and HIV (Human Immunodeficiency Virus) and/or AIDS (Acquired Immune Deficiency Syndrome) status. Although information about drug or alcohol abuse, mental illness, and HIV and/or AIDS status may be protected by government regulation, I allow Starmount to collect it to determine insurability. I understand I (or my authorized representative) am entitled to a copy of the information obtained; that this authorization will expire in 30 months from the date of signature (in KS and OK, in 24 months), but can be revoked at any time with the applicant's written notification. This information will be used to determine insurability. I understand that I (or my authorized representative) am entitled to receive a copy of this authorization form. A photo copy is as valid as the original. I am also aware that the records may be subject to re-disclosure by the recipient. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (See back for state-specific fraud statements.)

X Signature (Main Insured) Date X Spouse's Signature (if to be insured) Date
Send me more applications for friends and relatives. (For Company Use) Authorized Agent: See your policy for state specific guarantees.

Limitations on Coverage:

Benefits paid for death by suicide during the first two years (in ND & MO, first year) this policy is in effect are limited to the return of premiums paid. Policy benefits are based on statements made on the application. Any material misrepresentation may result in the cancellation of coverage or denial of a claim during the two years following policy issue or reinstatement. Misrepresentation of insured's age or sex will result in benefits being adjusted to properly reflect actual age or sex. The company cannot contest the policy after it has been in effect during the insured's life for two years from the policy date or reinstatement date.

Accidental Death Option's Exclusions:

The above limitations are the only life insurance exceptions. There are no others. If you also choose the accidental death option, possible exclusions are: Suicide; illness or disease; medical or surgical treatment; (in MD, voluntary) inhalation of poison gas; (except in MO) riding in or descent from any kind of aircraft except as a fare-paying passenger in a regularly scheduled commercial aircraft operated by a licensed pilot; war; committing an assault (not applicable in NE) (in MD, felonious assault), felony, (in MD, voluntary) participation in a riot or being engaged in an illegal occupation; participation in sky or skin diving, auto or motorcycle racing, or hang gliding; participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces; injuries received while intoxicated or while under the influence of a controlled substance; homicide, except for law enforcement officers receiving injuries while on duty; bodily injury due to the act of another provoked by the insured; injuries received from an accident that happened before this rider was in force. PLEASE SEE YOUR POLICY FOR EXCLUSIONS SPECIFIC TO YOUR STATE.

Medical Information Bureau Disclosure Notice:

Information regarding your insurability will be treated as confidential. Starmount Life, or its reinsurers, may, however, make a brief report to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is 50 Braintree Hill, Suite 400, Braintree, MA 02184-8734. Telephone number and web site are (781) 751-6000 and www.mib.com.

Starmount Life or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Fraud Statements:

For residents of Arkansas and Louisiana: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

For residents of Georgia: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony.

For residents of Kansas: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

For residents of Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

For 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.

For residents of Nebraska: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

For 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.

For residents of New Mexico: 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 life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of Ohio: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud.

For residents of Tennessee: 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 life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For residents of Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

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

For 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.



- ~ 2010, 2009 and 2007 Recognized as One of the Country's Fastest Growing Private Companies by *Inc. 5000*.
- ~ 2008 Winner of BBB of South Central LA Award for Ethics in Business.
- ~ 2006 Company of the Year (under 100 employees) by *Baton Rouge Business Report*.





Reinstatement Request

{DATE}

{Mr_Ms?} {First_Name?} {Last_Name?}
 {Address_Line_1?}
 {Address_Line_2?}
 {City?}, {State_Province?} {Zip?}

Policy#: {A - PolicyNumber?}
 DOB: { }

- 1) Has your health changed in any way since you originally-applied? (If yes, please explain.) _____ Yes No

- 2) In the past 5 years (in MO, not to exceed 10 years), have you been told you had, been treated for, or diagnosed with any of the following conditions: (Circle or underline each condition and explain all yes answers.)
 - a) Cancer; tumor; polyps; stroke; kidney failure; hepatitis; any disease or disorder of the kidneys, heart, blood, liver or circulatory system; any chronic respiratory or lung disorder; or used oxygen to assist in breathing? Yes No

 - b) Mental or nervous disorder; Alzheimer's disease; dementia; alcoholism; drug addiction; taken illegal drugs; abused prescription medication; been ticketed for DWI or DUI or had a felony conviction? Yes No

- 3) Have you ever (in MO, not to exceed 10 years) tested positive for exposure to (**in MO, have you been positively diagnosed or treated for**) the HIV (Human Immunodeficiency Virus) infection or been diagnosed as having ARC (AIDS Related Complex) or AIDS (Acquired Immune Deficiency Syndrome) caused by the HIV infection? Yes No

- 4) Within the last 5 years (in MO, not to exceed 10 years), have you been told you had, been treated for, or been diagnosed with diabetes or high blood pressure? (If yes, circle which condition(s).) Yes No
 - a) If yes, are you scheduling regular check-up visits and taking your medication(s) as prescribed by your physician? Yes No

- 5) In the last 5 years (in MO, not to exceed 10 years), have you received or been advised to receive any medical or surgical procedure or taken prescription medicine for any condition other than those noted above? (If yes, please explain.) Yes No

- 6) Are you currently, or have you in the past 12 months, been advised to take or used prescription drugs? (If yes, please list medications and reason for their use.) Yes No

- 7) In the past 5 years (in MO, not to exceed 10 years), have you had an application for life or health insurance rated, postponed, modified, or declined? (If yes, circle those that apply.) Yes No

- 8) Have you smoked, chewed or used tobacco in any form in the last 24 months? Yes No
 - a) If you are a cigarette smoker, do you smoke more than 2 packs per day? Yes No

- 9) What is your height (ft. in.)? _____ and weight (lbs.)? _____

REAPP0611

Policy Owner's initials _____

OVER (signature required) →
 Reinstatement Application 06/11 Reg 4

I have read the above questions and declare the answers are complete and true. I agree the answers will form a part of the policy, and the insurance shall not be in force until this application or reinstatement has been approved by the company and the policy reinstated when I am in the same health condition as described above, subject to all the conditions set forth in the policy and the next premium paid by me. **In MO, benefits paid for death by suicide during the first (one) year this policy is in effect are limited to return of premiums paid. However, in Kansas, the insurance in force will be limited to \$1,000 and will be in force upon receipt of an application and a premium by company.**

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For residents of Kansas: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

Home Phone: () - **Cell/Work Phone:** () - **SS #** - - - - -

Your Signature: _____ **Date:** ____ / ____ / ____

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Supporting Document Schedules

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

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A- This is an application filing. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A- Application filing only. Comments:		

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
32-001 APP3	1842	78	71	42.4

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: May 13, 2011