

SERFF Tracking Number: STAR-127199140 State: Arkansas
Filing Company: Starmount Life Insurance Company State Tracking Number: 49013
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Accidental Death Rider R/07
Project Name/Number: 97-005 R/07/

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Accidental Death Rider R/07

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: STAR-127199140 State: Arkansas

SERFF Status: Closed-Approved-
Closed State Tr Num: 49013

Co Tr Num:

State Status: Approved-Closed

Reviewer(s): Linda Bird

Author: Christie Moreau-Mabile

Disposition Date: 06/14/2011

Date Submitted: 06/08/2011

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: 97-005 R/07

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 06/14/2011

State Status Changed: 06/14/2011

Created By: Christie Moreau-Mabile

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Christie Moreau-Mabile

Filing Description:

We are pleased to submit the above referenced form for your review and approval. The rider was previously approved on January 23, 2009.

RIDER CHANGES:

We have revised the following language:

OTHER INSURANCE IN THIS COMPANY:

Current language:

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Project Name/Number:	97-005 R/07/		

If any Accidental Death Benefit Policy or policies previously issued by us be in force at the same time as this rider making the total accidental death benefit for you in excess of \$200,000, the excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or his estate.

Revised language:

We are changing the amount to "in excess of \$500,000."

Additionally, we have changed the form number to 97-005-__ R/07.

To market this policy in STATE, 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.

We believe this filing complies with the laws and regulations of your state. Should you have any questions or require any additional information, please feel free to call me at (225) 400-9247 ext 247 or by e-mail at christiem@starmountlife.com.

Company and Contact

Filing Contact Information

Christie Moreau-Mabile, Compliance Specialist christiem@starmountlife.com
 8485 Goodwood Blvd 225-400-9247 [Phone]
 Baton Rouge, LA 70806

Filing Company Information

Starmount Life Insurance Company	CoCode: 68985	State of Domicile: Louisiana
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

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Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	06/08/2011	48452440

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/14/2011	06/14/2011

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Disposition

Disposition Date: 06/14/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *STAR-127199140* *State:* *Arkansas*
Filing Company: *Starmount Life Insurance Company* *State Tracking Number:* *49013*
Company Tracking Number:
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Accidental Death Rider		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	97-005 R/07	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		46.100	97-005 AD AR R07 6-1-11.pdf



STARMOUNT LIFE INSURANCE COMPANY

Indemnity for Death by Accidental Means

1. POLICY CONTRACT. This agreement is to be attached to Policy No. _____ issued by the Starmount Life Insurance Company on the life of _____ and is hereby made a part thereof as if recited therein.

2. RISKS ASSUMED - AMOUNTS PAYABLE. If the accident ultimately causing the death of the insured shall occur prior to the first policy billing date after age seventy-five (75) and shall have resulted directly, independently and exclusively of all other causes from bodily injury effected solely through accidental, external and violent means, and if such injury is evidenced by a visible contusion or wound on the exterior of the body (except in the case of drowning and internal injuries revealed by an autopsy), and provided that death shall occur within ninety days after the date of any such injury, the amount payable under said policy shall be increased as follows:

If the policy is payable in a single sum, an amount equal to the amount stated below shall be paid; if the policy is an installment policy, an additional amount equal to the certain installments only stated in the policy shall be paid, at the same times and the same manner as such certain installments.

Following the first policy billing date after age seventy-five (75), regular life coverage continues in full; accidental death benefits continue at half. This policy is subject to the Company's right to cancel all policies by class.

3. LIMITATIONS - EXCLUSIONS. The additional amount provided for in Clause 2 shall not be paid unless accidental bodily injuries causing the death of the insured within ninety days after the date of such injuries shall occur prior to the maturity or expiration of said policy and prior to default in the payment of any premium, and shall not apply to any paid-up or extended insurance which may be payable to the non-forfeiture provisions of said policy, and it shall not apply to any insurance issued under any privilege of conversion under this policy, except as may be provided therein.

Death is not a risk hereby assumed if it results directly or indirectly from:

- a. Suicide, while sane or insane (while sane in Missouri and Texas);
- b. Bodily or Mental illness or disease;
- c. Medical or surgical treatment except when required because of accidental bodily injury;
- d. Any poison gas, or narcotic (unless administered on the advice of or in the dosage prescribed by a physician) voluntarily taken;
- e. Riding in or descent from any kind of aircraft, except as a fare-paying passenger in a regularly scheduled commercial airline;
- f. War or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organization;
- g. Committing an assault, or felony, or participation in a riot or insurrection, or being engaged in an illegal occupation;
- h. Participation in sky or skin diving, auto or motorcycle racing, hang gliding or mountain climbing. Engaging in any activity which involves the use of hang gliders, parachutes, or parachutes in tow;
- i. Participation in full-time active duty or reserve duty for more than 30 days in any Armed Forces (Send us proof of service; we will refund any premium paid for this time.);
- j. Injuries received while intoxicated, or while under the influence of any controlled substance, unless administered at the advice of or in the dosage prescribed by a physician;
- k. Loss due to an injury which occurred prior to the date the rider is in force; or
- l. Death must occur within 90 days of the accident.

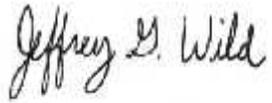
4. OTHER INSURANCE IN THIS COMPANY. If any Accidental Death Benefit Policy or policies previously issued by us are in force at the same time as this rider making the total accidental death benefit for you in excess of \$~~200,000~~ 500,000, the excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or his estate. The Company shall have the right and opportunity to examine the body of the insured and, unless prohibited by law, to make an autopsy before or after the burial.

5. PREMIUM. The premiums are \$_____ per _____ for \$_____ in coverage before age 75 (coverage is one-half this amount at age 75), beginning _____, 20____. They are payable with and in addition to each of the premiums provided for on the premium page of said policy and subject to the same conditions, and provided that said additional premiums shall not affect policy values, if any.

6. RENEWABILITY: After the first policy year, this rider is renewable at the option of the company and, if the company's option to non-renew is exercised, you will be notified at least 60 days prior to the date of non-renewal. This rider is optionally renewable for the life of the Main Insured subject to the Company's right to cancel all riders by class. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid on or before the end of the grace period.

We reserve the right to increase rates, from time to time, by class. If we change the premium rates, we will notify you at least 45 days before the change becomes effective. We will notify you at your last known address according to our records. The initial premium and any revised premiums are guaranteed not to change for a period of 12 months, but may be increased once each six months thereafter with a 45 day notice. There will be no change in your class due to any physical impairment.

7. DATE. Executed in Baton Rouge, LA, this _____ day of _____, 20 ____.



Secretary



Chairman

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: Flesch Certification

Comments:

Attachment:

Flesch Readability.pdf

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: n/a

Comments:

STARMOUNT LIFE INSURANCE COMPANY
FLESCH READABILITY ANALYSIS

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
97-005-AR R/07	957	28	29	46.1

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.

Jeff Wild

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08 2011 06 07 10:00 AM

Jeffrey G. Wild
Chief Financial Officer
Starmount Life Insurance Company

DATE: June 7, 2011