

SERFF Tracking Number: AEGB-128368210 State: Arkansas
Filing Company: Stonebridge Life Insurance Company State Tracking Number:
Company Tracking Number: SLTL2600GP, SLTL2600GC
TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
Fixed/Indeterminate Premium - Single Life
Product Name: SLTL2600GP, SLTL2600GC
Project Name/Number: SLIC Group TL with AD Certificate Filings/L026-1

Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: SLTL2600GP, SLTL2600GC SERFF Tr Num: AEGB-128368210 State: Arkansas

TOI: L04G Group Life - Term SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: L04G.213 Specified Age or Duration - Co Tr Num: SLTL2600GP, State Status: Approved-Closed
Fixed/Indeterminate Premium - Single Life SLTL2600GC

Filing Type: Form

Author: Deb White

Date Submitted: 05/17/2012

Reviewer(s): Linda Bird

Disposition Date: 05/23/2012

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: SLIC Group TL with AD – Certificate Filings

Project Number: L026-1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Discretionary

Filing Status Changed: 05/23/2012

State Status Changed: 05/23/2012

Created By: Deb White

Corresponding Filing Tracking Number: 3Y001008

Filing Description:

May 15, 2012

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Deb White

Commissioner of Insurance

Arkansas Department of Insurance

Re: Group Term To Age 99 Life Insurance Certificate SLTL2600GC

NAIC #: 65021 NAIC Group #: 0468

SERFF Tracking Number: AEGB-128368210 State: Arkansas
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Company FEIN #: 30-0164230

Dear Commissioner:

Group term to age 99 life insurance certificate SLTL2600GC provides term life insurance until a covered person attains age 99. An additional accidental death benefit is payable if a covered person dies from an injury that is due to a covered accident.

Coverage is guaranteed issue. Premiums are based on a covered person's age at the time their certificate is issued. Premiums may be adjusted after the first certificate anniversary but will never exceed the guaranteed maximum rates shown on an insured's certificate schedule. Issue ages are 18 to 69.

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

SLTL2600GP is the controlling group policy. That policy and certificate SLTL2600GC was approved by Missouri on March 2, 2012 for issuing to discretionary groups and group trusts that are situated in Missouri such as:

J. C. Penney Credit Cardholder Group, policyowner is J. C. Penney Corporation, Inc.
Eligibility: J.C. Penney creditcard holders and the spouses of J.C. Penney creditcard holders.

National Financial Institution Group Insurance Trust.

Eligibility: Customers and spouses of customers of bank, financial or retail institutions who elect to participate in plans of group insurance issued to the Trustee on behalf of THE NATIONAL FINANCIAL INSTITUTION GROUP INSURANCE TRUST

ADMS Affiliated Group Insurance Trust

Eligibility: Members or spouses of members of a participating group that agree to participate in plans of insurance issued to the trust on behalf of Aegon Direct Marketing Services, Inc.

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

Thank you for your consideration of this submission. Please feel free to contact me with any questions or if you find you need additional information to process this filing.

Sincerely,

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Deb White
 Policy Analyst
 Contract Development
 Ph: (319) 355-7265 (collect)
 Fax: 319-355-2501
 deb.white@transamerica.com

State Narrative:

Company and Contact

Filing Contact Information

Debra White, Policy Analyst Deb.White@Transamerica.com
 4333 Edgewood Rd. NE 319-355-7265 [Phone]
 MS 2225 319-355-2501 [FAX]
 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: \$100.00
 Retaliatory? No
 Fee Explanation: \$50.00 per form. (Policy & Certificate) = \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$100.00	05/17/2012	59242797

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/23/2012	05/23/2012

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	05/22/2012	05/22/2012	Deb White	05/23/2012	05/23/2012

SERFF Tracking Number: *AEGB-128368210* *State:* *Arkansas*
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Fixed/Indeterminate Premium - Single Life

Disposition

Disposition Date: 05/23/2012

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		Yes
Supporting Document	Application		Yes
Supporting Document	Supporting Documents		Yes
Supporting Document	Certificate of Compliance		Yes
Form	Group Term Life Insurance Certificate		Yes
Form	Group Term Life Insurance Policy		Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/22/2012
Submitted Date 05/22/2012
Respond By Date 06/22/2012

Dear Debra White,

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.

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 05/23/2012
Submitted Date 05/23/2012

Dear Linda Bird,

Comments:

Good afternoon:

In response to your objection letter dated 5/22/12, we have attached a certification of compliance to the supporting documents tab.

Response 1

Comments: NA

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.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certificate of Compliance

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you,
Deb White

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Sincerely,
Deb White

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Form Schedule

Lead Form Number: SLTL2600GP

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SLTL2600GC	Policy/Cont Group Term Life ract/Fratern Insurance Certificate al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		62.700	SLTL2600GC Certificate.pdf
	SLTL2600GP	Policy/Cont Group Term Life ract/Fratern Insurance Policy al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.300	SLTL2600GP Group Policy.pdf

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.

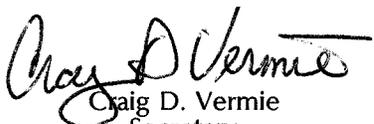
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YOUR RIGHT TO EXAMINE THE CERTIFICATE: You may return this Certificate for any reason within 30 days of the date you receive the Certificate. Any premium paid is refunded. The Certificate is treated as if it never existed. No benefits are paid.

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.

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 99
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating**

CERTIFICATE SCHEDULE

This Certificate Schedule is part of your Certificate. It supersedes any Certificate Schedule bearing an earlier Effective Date issued under Policy No. [MP00000] to [XYZ Group].

INSURED: **JOHN DOE**

LIFE INSURANCE BENEFIT: \$1,000.00
ACCIDENTAL DEATH BENEFIT: \$9,000.00

CERTIFICATE NUMBER: **0123456789**

EFFECTIVE DATE: **05/15/2011**

CERTIFICATE ANNIVERSARY: **05/15**

AGE AT ISSUE: **45** SEX: **Male**

ISSUE DATE: **5/15/2011**

BENEFICIARY: Last Documented Beneficiary

GROUP POLICYHOLDER: **XYZ GROUP**

GROUP POLICY NUMBER: **MP0123X**

CERTIFICATE OWNER: **JOHN DOE**

[PARTICIPATING GROUP: **Group Name**]

[PARTICIPATING GROUP NUMBER: **12345**]

INITIAL PREMIUM: **[\$1.00]**

[INITIAL PREMIUM PAID BY:] **[Participating Organization]**

[INITIAL PERIOD:] **[1 Month]**

[For the first month, your premium will be paid by the Policyholder. After the first month you pay the premium shown below. If at any time the Policyholder refuses to accept such contributions and pay the premium for you, you may pay such premium directly to us when due.]

RENEWAL PREMIUM [AFTER THE INITIAL PERIOD]:

[\$3.25]

MONTHLY

[\$9.75]

QUARTERLY

[\$19.50]

SEMI-ANNUALLY

[\$39.00]

ANNUALLY

GUARANTEED MAXIMUM [ANNUAL] PREMIUM: **[\$65.60]**

PART I: DEFINITIONS

“**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.

“**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.

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 receive your enrollment 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 99;
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; or
5. the date you cancel your coverage.

Only you can cancel your coverage. You may cancel your coverage by notifying us in writing, or 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.

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.

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 is 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 85. 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 99. 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 month of coverage, the premium will be paid by the [Participating Group]. After the first month you are required to contribute 100 percent of the premium payable for this Certificate.]

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 on the Certificate Schedule.

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 99.

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" from its Effective Date, subject to the "Misstatement of Age or Sex" provision. "Incontestable" means we may not deny benefits except for non-payment of Premiums when due.

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.

**GROUP TERM LIFE INSURANCE CERTIFICATE WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
COVERAGE STOPS AT AGE 99
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating**

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 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 TLTL2600GP

**GROUP TERM LIFE INSURANCE POLICY WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
COVERAGE STOPS AT AGE 99
PREMIUMS ARE NOT GUARANTEED AFTER THE FIRST CERTIFICATE ANNIVERSARY
Convertible Non-Participating**

DEFINITIONS

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.

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 69] 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 until the Insured attains age 99 and as long as the Insured continues to pay the premium when due.

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 their Certificate Schedule provided the Company receives: (1) the Insured's completed Enrollment Form, if required; 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 COVERAGE ENDS

An Insured's coverage ends on the earlier of:

1. the date the Insured reaches Age 99;
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; or
5. the date the Insured cancels his or her coverage.

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.

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.

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.

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 is 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 85. 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 99. 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 month of coverage, the premium will be paid by the [Participating Group]. After the first month 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.]

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 on the Certificate Schedule.

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 99.

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" from its Effective Date, subject to the "Misstatement of Age or Sex" provision. "Incontestable" means we may not deny benefits except for non-payment of Premiums when due.

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 are paid.

SERFF Tracking Number: AEGB-128368210 State: Arkansas
 Filing Company: Stonebridge Life Insurance Company State Tracking Number:
 Company Tracking Number: SLTL2600GP, SLTL2600GC
 TOI: L04G Group Life - Term Sub-TOI: L04G.213 Specified Age or Duration -
 Fixed/Indeterminate Premium - Single Life
 Product Name: SLTL2600GP, SLTL2600GC
 Project Name/Number: SLIC Group TL with AD Certificate Filings/L026-1

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments:		
Attachment: Flesch Score Cert SL.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Attachment: SLTL2600GCE.pdf		

	Item Status:	Status Date:
Satisfied - Item: Supporting Documents		
Comments:		
Attachments: Life Cert SLTL2600GC cover letter AR.pdf Actuarial Memorandum - SLTL2600GP.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certificate of Compliance		
Comments:		
Attachment: CERTIFICATE OF COMPLIANCE.pdf		

**STONEBRIDGE LIFE INSURANCE COMPANY
FLESCH READABILITY CERTIFICATION**

Form Number (may vary by State)

Flesch Score

SLTL2600GC
SLTL2600GP

62.7
53.3

I certify that the machine scored Flesch Readability score(s) for the above mentioned form(s) is/are accurate.



Cheryl Bock, Assistant Vice President of Contract Development

ENROLLMENT FORM

Stonebridge Life Insurance Company • Administrative Offices: Valley Forge, PA 19493

(Please Print)

Name _____
First Name Middle Initial Last Name

Address _____

City _____ State _____ Street or RD # _____ am
Zip _____ Phone # pm (____) _____
Area Code

Sex: Male Female Age _____ Date of Birth _____
Mo. Day Year

Beneficiary: _____ Relationship _____
First Name Middle Initial Last Name

If this coverage will replace or change any life insurance or annuity you have now, please check here:

Coverage Amount:

- \$1,000.00 Life Insurance with \$9,000 Accidental Death Benefit
 \$2,000.00 Life Insurance with \$18,000 Accidental Death Benefit

Spouse Information (if to be insured):

Spouse's Name _____ Sex: Male Female Age _____ Date of Birth _____
First Name Middle Initial Last Name Mo. Day Year

Coverage Amount:

- \$1,000.00 Life Insurance with \$9,000 Accidental Death Benefit
 \$2,000.00 Life Insurance with \$18,000 Accidental Death Benefit

Beneficiary: _____ Relationship to Spouse _____
First Name Middle Initial Last Name

If this coverage will replace or change any life insurance or annuity you have now, please check here:

Select how you want to pay:

- [] Send me a bill
[] Charge monthly premium to my Credit card (Discover/Visa/MasterCard/JCPenney): Check here if this is a debit card
Account # |_____|_|_|_| - |_____|_|_|_| - |_____|_|_|_| - |_____|_|_|_| Expiration Date: _____|_____
[] Deduct monthly premium from my Checking Account: Write "VOID" on a blank check and attach.

Subject to my account rules, charge or deduct my premiums (including future changes to my insurance) by electronic or other method from the account selected above. I can cancel this payment method at any time by writing to you.

I understand that in order to enroll for this coverage, I must be a JCPenney credit cardholder or the spouse of a JCPenney credit cardholder, age 18-64, and reside in a state in which this insurance coverage may legally be offered.

[I understand that separate Certificates will be issued to each applicant.] I understand that this term life insurance with an accidental death benefit will not be in force until the following happens while I am alive. Stonebridge Life: (1) receives my Enrollment Form; and (2) receives my first premium [before] [within 21 days of] the Certificate Effective Date. [I have read my state's fraud notice that is on the back of this enrollment form.]

X _____
Signature Date

X _____
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.



Administrative Offices: 300 Eagleview Blvd., Exton, Pennsylvania 19341

May 15, 2012

Commissioner of Insurance
Arkansas Department of Insurance

Re: Group Term To Age 99 Life Insurance Certificate SLTL2600GC
NAIC #: 65021 NAIC Group #: 0468
Company FEIN #: 30-0164230

Dear Commissioner:

Group term to age 99 life insurance certificate SLTL2600GC provides term life insurance until a covered person attains age 99. An additional accidental death benefit is payable if a covered person dies from an injury that is due to a covered accident.

Coverage is guaranteed issue. Premiums are based on a covered person's age at the time their certificate is issued. Premiums may be adjusted after the first certificate anniversary but will never exceed the guaranteed maximum rates shown on an insured's certificate schedule. Issue ages are 18 to 69.

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

SLTL2600GP is the controlling group policy. That policy and certificate SLTL2600GC was approved by Missouri on March 2, 2012 for issuing to discretionary groups and group trusts that are situated in Missouri such as:

J. C. Penney Credit Cardholder Group, policyowner is J. C. Penney Corporation, Inc.
Eligibility: J.C. Penney creditcard holders and the spouses of J.C. Penney creditcard holders.

National Financial Institution Group Insurance Trust.
Eligibility: Customers and spouses of customers of bank, financial or retail institutions who elect to participate in plans of group insurance issued to the Trustee on behalf of THE NATIONAL FINANCIAL INSTITUTION GROUP INSURANCE TRUST

ADMS Affiliated Group Insurance Trust
Eligibility: Members or spouses of members of a participating group that agree to participate in plans of insurance issued to the trust on behalf of Aegon Direct Marketing Services, Inc.

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

Thank you for your consideration of this submission. Please feel free to contact me with any questions or if you find you need additional information to process this filing.

Sincerely,

Digitally signed by Deb White
DN: cn=Deb White, o, ou, email=deb.white@transamerica.com,
c=US
Date: 2012.05.15 14:30:10 -0500

Deb White
Policy Analyst
Contract Development
Ph: (319) 355-7265 (collect)
Fax: 319-355-2501
deb.white@transamerica.com

**Stonebridge Life Insurance Company
Actuarial Memorandum**

Policy Form SLTL2600GP
Level Term Life Insurance

This policy is a Level Term Life providing insurance to age 99. The death benefit is a level amount of \$1,000 per unit.

Applicants will be solicited by direct response methods.

This policy is guaranteed issue.

There may be multiple versions available, as established in the specific group master policy. The versions may include variations in premium rates, premium paying periods, and benefits as appropriate for the group.

Rates will be established for the first policy year. Stonebridge Life Insurance Company reserves the right to change the table of rates after the first policy anniversary. Guaranteed premiums are based on issue age.

The Company will hold statutory reserves calculated in accordance with Standard Valuation Law.

Method: 2001 Reserve Valuation Method

Type: Unitary

Interest: 4.0%

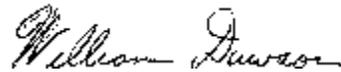
Function Type: Semi-continuous

Mortality:

Term Life: 2001 CSO, ultimate, gender distinct, age last birthday

Accidental Death: 1959 Accidental Death Benefits and 2001 CSO

A sample calculation is provided for a Male Issue Age 45.



William J. Dawson, FSA, MAAA
Associate Actuary
May 7, 2012

**CERTIFICATE OF COMPLIANCE
STONEBRIDGE LIFE INSURANCE COMPANY**

Stonebridge Life Insurance Company	SLTL2600GC, SLTL2600GP
Name of Company	Form number
 <small>Digitally signed by Deb White DN: cn=Deb White, o, ou, email=deb.white@transamerica.com, c=US Date: 2012.05.23 10:35:27 -05'00'</small>	May 23, 2012
Signature of authorized filer	Date
319.355.7265	4333 Edgewood Rd NE
Telephone Number	Address of Company
319.355.7265	Cedar Rapids, IA 52233
Toll free or collect phone number	City State ZIP
	deb.white@transamerica.com
Signature of authorized office and title	E-mail address of authorized filer
Cheryl Bock, Assistant Vice Pres.	May 23, 2012
Printed name of authorized officer and title	Date

If we at Stonebridge Life Insurance Company fail to provide you with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201
(501)371-2640 or (800)852-5494