

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: SLAD3700IP
Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

Filing at a Glance

Company: Stonebridge Life Insurance Company
Product Name: SLAD3700IP
State: Arkansas
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Form/Rate
Date Submitted: 09/17/2012
SERFF Tr Num: AEGB-128666640
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: SLAD3700IP

Implementation: On Approval
Date Requested:
Author(s): Cathy Wynn, Cheryl Penner, Suzanne Cherluka
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 09/20/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: SLAD3700IP
Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

General Information

Project Name: Individual Motor Vehicle Common Carrier Policy Status of Filing in Domicile: Not Filed
Project Number: H072 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: Filed simultaneously with other states
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 09/20/2012
State Status Changed: 09/20/2012
Deemer Date: Created By: Cheryl Penner
Submitted By: Cathy Wynn Corresponding Filing Tracking Number: 3Y001008

Filing Description:

We are filing for your review and approval new forms. These forms do not replace any forms previously acknowledged by your Department. These forms have been completed in "John Doe" fashion.

SLAD3700IP AR is an Individual Accidental Death Insurance Policy which provides an Accidental Death Benefit if an Insured suffers a Loss in an accident while riding as a fare paying passenger inside a common carrier or as a result of a collision or crash of a motor vehicle. Coverage ends when the Insured attains age 80.

Application SLAD3700IA AR will be used to solicit this and other similar products. This Application will have the fraud warning notice on the back or on the front.

An Explanation of Variables, Actuarial Memorandum and Outline of Coverage is provided under the Supporting Documents tab. Rates are also included under the Rate/Rule Schedule tab.

The Flesch score for SLAD3700IP AR is 44.1. Microsoft Word was used to obtain this score.

All variable information is bracketed and printed in red. We request acknowledgement of these forms with various dimensions, format, shading and colors. No dimension, format, shading or color change will produce unacceptable print.

This product is guaranteed renewable and will be mass marketed by direct response, kiosk and telemarketing methods and possibly on the Internet through our website.

We ask that this filing become effective upon the date of your approval.

Company and Contact

Filing Contact Information

Cheryl Penner, Cheryl.Penner@transamerica.com
2700 Plano Pkwy 972-881-6409 [Phone]
Plano, TX 75075

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: SLAD3700IP
Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

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: \$50.00
 Retaliatory? Yes
 Fee Explanation: VT has a \$50 per filing fee.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Stonebridge Life Insurance Company	\$50.00	09/17/2012	62765313
Stonebridge Life Insurance Company	\$50.00	09/19/2012	62833817

SERFF Tracking #:

AEGB-128666640

State Tracking #:

Company Tracking #:

SLAD3700IP

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name:

SLAD3700IP

Project Name/Number:

Individual Motor Vehicle Common Carrier Policy/H072

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/20/2012	09/20/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/18/2012	09/18/2012

Response Letters

Responded By	Created On	Date Submitted
Cathy Wynn	09/19/2012	09/19/2012

SERFF Tracking #:

AEGB-128666640

State Tracking #:

Company Tracking #:

SLAD3700IP

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: SLAD3700IP

Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

Disposition

Disposition Date: 09/20/2012

Implementation Date:

Status: Approved-Closed

Comment:

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Stonebridge Life Insurance Company	%	%				%	%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Explanation of Variables	Approved-Closed	Yes
Form	Individual Accidental Death Policy	Approved-Closed	Yes
Form	Individual Accidental Death Application	Approved-Closed	Yes
Rate	Rate Sheet	Approved-Closed	Yes

State: Arkansas **Filing Company:** Stonebridge Life Insurance Company
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/18/2012
Submitted Date	09/18/2012
Respond By Date	10/18/2013

Dear Cheryl Penner,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Application (Supporting Document)
 - Individual Accidental Death Policy, SLAD3700IP AR (Form)
- Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Conclusion:

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,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/19/2012
Submitted Date 09/19/2012

Dear Rosalind Minor,

Introduction:

Thank you for your letter of September 18th outlining your objection to our filing.

Response 1

Comments:

An additional amount of \$50.00 has been submitted with this filing in accordance with Rule and Regulation 57.

Related Objection 1

Applies To:

- Application (Supporting Document)
- Individual Accidental Death Policy, SLAD3700IP AR (Form)

Comments:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$100.00. Please submit an additional \$50.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

I look forward to your continued review and final approval of our filing. Please contact me with any concerns you may have regarding this filing.

Sincerely,

Cathy Wynn

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: SLAD3700IP

Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

Form Schedule

Lead Form Number: SLAD3700IP

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/20/2012	SLAD3700IP AR	POL	Individual Accidental Death Policy	Initial:	44.100	Microsoft Word - SLAD3700IP AR.pdf
2	Approved-Closed 09/20/2012	SLAD3700IA AR	AEF	Individual Accidental Death Application	Initial:		Microsoft Word - SLAD3700IA AR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

STONEBRIDGE LIFE INSURANCE COMPANY

A Stock Company

Home Office: [Rutland, Vermont]

Administrative Office: [2700 West Plano Parkway, Plano, Texas 75075]

ACCIDENTAL DEATH POLICY Providing Accidental Death Benefits to Age 80

This is an accident only Policy. It does not pay benefits for Loss from sickness.

Stonebridge Life Insurance Company (herein called "we," "us" or "our") has issued this Policy to the Insured (herein called "you," "your" or "yours"). Coverage is provided to you, the Insured, [and your covered spouse,] subject to all the exclusions and provisions of this Policy.

[30/60/90] DAY RIGHT TO EXAMINE POLICY

If you are not satisfied with this insurance, you may void it by returning this Policy to our Administrative Office within [30/60/90] days after you receive it. If the Policy is returned, insurance shall be deemed void from the Effective Date of this Policy. You will receive a full refund of any premium you have paid. The Policy will be treated as if it never existed. No benefits will be paid.

GUARANTEED RENEWABLE TO AGE 80

You may keep this Policy in force until the Policy anniversary date on or after your 80th birthday. We do not have the right to:

1. cancel your coverage; or
2. place any restriction on your coverage while it is in force; or
3. refuse a premium paid on or before the date due or within the Grace Period.

All renewal premiums will be based on our rates in effect for this Policy on the date such premiums are due. We do have the right to change the table of rates from time to time. The new rates will be based on the ages of the [Covered Persons] on the dates they became insured. There will be no change in the class of the [Covered Persons] due to any physical impairment or claim incurred.

We will not increase your rates in the first Policy year of coverage. After that, rates will not increase more than once in any 12 month period.

If a person is added to or removed from coverage, the premium amount may be adjusted to reflect the change in coverage. Renewal premiums are due on the first day of each renewal period. Your coverage will expire if the premium is not paid by the end of the Grace Period.

This Policy is signed for Stonebridge Life Insurance Company by its Secretary and its President.


[_____]]
[Secretary]


[_____]]
[President]

STONEBRIDGE LIFE INSURANCE COMPANY

SCHEDULE OF INSURANCE

[POLICY NUMBER: XXX000000]

EFFECTIVE DATE: 6-01-2013]

[INSURED]: [JOHN DOE
221 ANYSTREET
APARTMENT 1231
ANYTOWN, USA 12345]

[MONTHLY PREMIUM]: [\$9.95]
[TERMINATION DATE:] 06-01-2053]
[DATE OF BIRTH:] 06-01-1973]

[SPOUSE COVERAGE:] [YES]

ACCIDENTAL DEATH BENEFITS TO AGE 80

BENEFIT :	AMOUNT	
	[INSURED]	[SPOUSE]
[PART I TRAVEL BY REGULARLY SCHEDULED COMMON CARRIER]	[\$100,000]	[\$ 100,000]
[PART II TRAVEL BY PRIVATE PASSENGER AUTOMOBILE AND LAND MOTOR VEHICLE]	[\$ 100,000]	[\$ 100,000]

PREMIUM PAYMENT OPTIONS

	MONTHLY	QUARTERLY	SEMI-ANNUAL	ANNUAL
MODAL PAYMENT	\$	\$	\$	\$
TOTAL PAYMENTS PER YEAR	\$	\$	\$	\$

IF YOU PAY YOUR PREMIUMS MONTHLY, QUARTERLY OR SEMI-ANNUALLY, THE TOTAL AMOUNT OF PREMIUM YOU PAY IN A YEAR MAY BE HIGHER THAN IF YOU MAKE ONE ANNUAL PAYMENT. YOUR FOUR PAYMENT OPTIONS AND THE AMOUNTS YOU WILL PAY FOR EACH OPTION ARE SHOWN ABOVE.

COVERAGE TERMINATES AT THE INSURED'S AGE 80.

GUIDE TO POLICY PROVISIONS

	Page		Page
Beneficiary.....	[4]	Exclusions	[4]
Coverage.....	[4]	General Provisions.....	[6]
Conversion.....	[4]	Policy Schedule of insurance	[2]
Definitions.....	[3]	Renewability	[1]
Effective Date	[3]	Right to Examine.....	[1]
Eligibility.....	[3]	Termination	[3]

DEFINITIONS

INSURED (herein called "you," "your," or "yours") means you, the insured named in the Schedule of Insurance, provided coverage has become effective.

[COVERED PERSON means, for coverage purposes only, you and your spouse, provided coverage has become effective.]

INJURY means bodily harm caused by an accident which occurs while this Policy 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.

INJURED means having suffered an Injury.

LOSS means loss of life.

PRIVATE PASSENGER AUTOMOBILE means a four-wheeled vehicle which is required to be registered with the state for non-commercial use on public highways and includes station wagons, vans, jeeps or truck types with a factory rating load capacity of 2,000 pounds or less, or self-propelled motor home type vehicles.

Farm equipment, forklifts, construction equipment, motorcycles, motor scooters, all terrain vehicles, snowmobiles, vehicles designed primarily for off road use and vehicles registered to carry passengers for hire are specifically excluded under Private Passenger Automobile.

LAND MOTOR VEHICLE includes any gasoline, diesel, electric or similarly powered vehicle which is required to be registered with the state for use on public highways, customarily used for transportation on land and for which the operator is required to be licensed.

This category includes, but is not limited to the following:

1. vehicles defined as "Private Passenger Automobiles" in this Policy; and
2. vehicles with more than four wheels, such as tractor/trailer rigs and flat bed trucks.

Farm equipment, forklifts, construction equipment, motorcycles, motor scooters, all terrain vehicles, snowmobiles and vehicles designed primarily for off road use are specifically excluded under Land Motor Vehicle.

COMMON CARRIER means a public conveyance which is:

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

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

1. chartered buses, chartered airplanes, chartered helicopters and chartered boats;
2. taxis, limousines, shuttle services, ambulances, ambulettes and non-emergency wheelchair accessible transportation;; and
3. school buses and vans.

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

ELIGIBILITY

If you are age 18 through 74, you are eligible to be issued coverage under this Policy.

EFFECTIVE DATE

This coverage starts at 12:01 a.m., Standard Time at your home on the Policy Effective Date shown on the Schedule of Insurance following acceptance by us of the application, if required, and upon receipt of the first premium [within 21 days of][before] the Effective Date.

TERMINATION

Your insurance ends on the earlier of:

1. the last day of the period covered by your last premium payment;
2. the Policy anniversary date on or after your 80th birthday;
3. the date you die;
4. the date the 31 day Grace Period ends if you fail to pay the premium when due; or
5. the date you cancel your coverage upon notice to us. Notice is deemed given when made in writing, communicated verbally by telephone or in person, or by any other means acceptable to us. Unless requested otherwise, coverage is cancelled as of the date the cancellation request is made.

ACCIDENTAL DEATH BENEFITS

PART I TRAVEL BY REGULARLY SCHEDULED COMMON CARRIER

If [a Covered Person] suffers an Injury which causes a Loss as a direct result of a collision, crash or sinking of a duly licensed Common Carrier while riding as a fare paying passenger inside such Common Carrier. We will pay the Accidental Death Benefit shown in Part I on the Schedule of Insurance. The Loss must occur within 90 days after the date of an accident which caused such Injury.

PART II TRAVEL BY PRIVATE PASSENGER AUTOMOBILE AND LAND MOTOR VEHICLE

If [a Covered Person] suffers an Injury causing a Loss:

1. by being struck by a Private Passenger Automobile or Land Motor Vehicle, or
2. as a direct result of a collision or crash of a Private Passenger Automobile or Land Motor Vehicle

we will pay the Accidental Death Benefit shown in Part II on the Schedule of Insurance. The Loss must occur within 90 days after the date of an accident which caused such Injury.

EXCLUSIONS

No benefit shall be paid for Loss or Injury that is caused by, results from or contributed to by:

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

BENEFICIARY

[All benefits are payable to you if living.] Unless you specify otherwise, any benefits payable at your death will be paid as follows:

1. to your living lawful spouse; or if you do not have one,
2. in equal shares to your living lawful children; or if there are none,
3. in equal shares to your living lawful parents; or if there are none,
4. to your estate.

Spouse means only the one to whom you are lawfully married on the date of your death. Except in the case of a legal adoption, lawful children and parents do not mean "step" children and parents.

CHANGE OF BENEFICIARY

You may change the beneficiary at any time by writing to us at our Administrative Office. Once we record the change, it will take effect as of 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 was irrevocable. Any change of beneficiary is subject to community property laws in your state of residence.

PAYMENT OF PREMIUM

All premiums due by the terms of the Policy shall be paid to our Administrative Office on or prior to the day they are due.

[If no initial premium is requested by us with your application, you shall have 21 days from the Effective Date shown in the Schedule of Insurance to pay the first premium. If the first premium is not paid within such 21-day period, the Policy shall be considered void from the beginning and no benefits will be paid for any Loss.]

GRACE PERIOD

If a premium is not paid when due, the insurance shall be in default. We will allow a 31-day grace period to pay each premium after the first one. If a premium is not paid on or before the end of the grace period, the insurance shall terminate effective the last day of the period covered by your last premium contribution. No benefits are paid for a Loss occurring after the expiration of the Grace Period.

REINSTATEMENT

Coverage stops if your renewal premium is not paid by the end of the Grace Period. If we later accept a premium without an application for reinstatement, that payment reinstates the Policy. If we require an application for reinstatement, your Policy reinstates on the date your application is approved. Your Policy automatically reinstates on the 45th day after we receive your late payment, unless we send you prior written notice of disapproval of your application. The reinstated Policy covers an Injury that occurs on or after the reinstatement date. In all other respects your rights and our rights remain the same, unless any special provisions are added in connection with the reinstatement.

MISSTATEMENT OF AGE

If your age has been misstated, all amounts payable shall be in the amount the premium paid would have bought for the correct age. If, as a result of misstatement, we accept a premium for any period when coverage would not normally have been in effect, then our liability for such period shall be a refund, upon request, of all premiums paid for such period.

WHEN THERE IS A CLAIM

NOTICE OF CLAIM

Written notice of claim must be given to us within 30 days after any Loss occurs or as soon as possible thereafter. The notice should include your name and Policy Number as shown in the Schedule of Insurance. Notice should be mailed to us at our Administrative Office.

CLAIM FORMS

When we receive the Notice of Claim, we will send the claimant forms for filing Proof of Loss. If we do not send the forms within 15 days, the claimant shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting, within the time fixed in this Policy for filing Proof of Loss, written proof covering the occurrence, character, and extent of the Loss for which claim is made.

PROOF OF LOSS

Written proof of loss must be given to us within 90 days after the date of the Loss or as soon as possible thereafter. Failure to produce proof within 90 days shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within this time period. Proof must, however, be furnished no later than one year from the time it is otherwise required, except in the absence of legal capacity.

TIME OF PAYMENT OF CLAIMS

We will pay all benefits covered by the Policy as soon as we receive proper written Proof of Loss sufficient to determine liability.

When a claim is paid during the Grace Period, any premium due and unpaid may be deducted from the claim payment.

PAYMENT OF CLAIMS

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

REFUND OF UNEARNED PREMIUM

Upon the death of [a Covered Person], we will refund any premiums paid for this coverage for the [Covered Person] beyond the end of the policy month in which the death occurred. Payment will be made no later than 30 days after we receive proper written Proof of Loss.

AUTOPSY

At our expense, we shall have the right to have an autopsy done where it is not prohibited by law.

GENERAL PROVISIONS

ENTIRE CONTRACT

This Policy and any endorsements or attached papers, if any, constitutes the entire contract of insurance. No change in this Policy will be valid until approved by an executive officer of the Company and unless such approval is endorsed hereon or attached hereto. No agent has authority to change this Policy or waive any of its provisions.

INCONTESTABILITY

We cannot contest this Policy except for fraud or for not paying premiums.

LEGAL ACTIONS

No action can be brought to recover on this Policy for at least 60 days after written Proof of Loss has been furnished. No such action shall be brought more than 3 years after the date Proof of Loss is required.

CONFORMITY WITH STATE STATUTES

The provisions of this Policy must conform with the laws of the state in which you reside on the Effective Date. If any do not, they are hereby amended to conform.

[OTHER INSURANCE

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

APPLICATION

Yes! I would like to apply for this optional [Accidental Death] Insurance Plan [for me and my eligible spouse (if selected)]. [The coverage I want is:]

[01H Coverage for me and my spouse at [\$9.16] per month.]

[01G Coverage for me only at [\$4.58] per month].

Check here to [select] coverage.....\$100,000]

[I understand that if I send in my application and do not select an option above, I am applying for coverage for me only.] I understand that in order to apply for this coverage I must be age [18] through [74] and reside in a state in which this product may legally be offered]. [The first month's coverage will be provided at no cost to me.] I also understand that coverage ends when [I][a Covered Person] attain[s] age 80. I may discontinue my coverage at any time. My coverage will become effective on the date stated on my Policy Schedule Page.

[By signing below, I certify that I understand coverage is limited to the lesser of the total benefits payable under all Accidental Death policies and certificates with this Company, Stonebridge Casualty Insurance Company, Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company and/or Monumental Life Insurance Company or [\$1,000,000].]

Check here if you are currently eligible to receive Medicare benefits.]

Will this Policy replace any accident or health insurance policy you now have in force? Yes No

[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.]

[I have read the fraud notice on the back of this application as it applies to my state of residence.]

Name: [_____] Birth Date [_____]

Email: [_____] [Male] [Female]

Address: [_____]

City: [_____] State [_____] ZIP [_____]

Phone:(Home)[_____] [(Business) _____]

[Beneficiary Designation: All benefits will be paid to you if living. Unless you specify below, any amount due for Loss of life will be paid in accordance with the Beneficiary Provision in your Certificate of Insurance.]

[Beneficiary to Be Paid At My Death:

Beneficiary's Relationship to Me:

(First Name) (Middle Initial) (Last Name)

Required Signature [_____]

Date [_____]
Mo Day Yr

[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 applicant.

Residents of FLORIDA: 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.

Residents of KENTUCKY: Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony.

Residents of LOUISIANA: 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 MAINE, TENNESSEE and 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 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 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.]

SERFF Tracking #:

AEGB-128666640

State Tracking #:

Company Tracking #:

SLAD3700IP

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: SLAD3700IP

Project Name/Number: Individual Motor Vehicle Common Carrier Policy/H072

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Stonebridge Life Insurance Company	%	%				%	%

SERFF Tracking #:

AEGB-128666640

State Tracking #:**Company Tracking #:**

SLAD3700IP

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name:

SLAD3700IP

Project Name/Number:

Individual Motor Vehicle Common Carrier Policy/H072

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 09/20/2012	Rate Sheet	SLAD3700IP AR	New		Microsoft Word - rates_SLAD3700IP_C.pdf

Stonebridge Life Insurance Company
Rate Sheet

SLAD3700IP - Individual Accidental Death Insurance
Table C

This policy provides accidental death benefits for a covered person who suffers loss of life as a result of bodily injury caused by a motor vehicle accident, or while riding as a fare paying passenger on a common carrier within 90 days after the date of the accident.

The premium rates that follow are illustrative.

\$1 First Month

The premiums per certificate are initially one dollar for the first month of coverage, and then level based on the rate listed below.

Issue Age	Annual rate per thousand
18-74	\$0.41

Example of monthly premium calculation (please note that this is only an illustration of benefits; actual benefits may vary from those stated below):

Benefit = \$100,000
Monthly modal factor = 0.083333
Monthly premium = $\$0.41 \times 100 \times 0.083333 = \3.42

Full Premium

The premiums per certificate are level based on the rate listed below.

Issue Age	Annual rate per thousand
18-74	\$0.40

Example of monthly premium calculation (please note that this is only an illustration of benefits; actual benefits may vary from those stated below):

Benefit = \$100,000
Monthly modal factor = 0.083333
Monthly premium = $\$0.40 \times 100 \times 0.083333 = \3.33

SERFF Tracking #:

AEGB-128666640

State Tracking #:**Company Tracking #:**

SLAD3700IP

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name:

SLAD3700IP

Project Name/Number:

Individual Motor Vehicle Common Carrier Policy/H072

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Microsoft Word - AR Regulation 19 Certification.pdf			
Microsoft Word - AR Regulation 49 Certification.pdf			
Microsoft Word - Readability.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	09/20/2012
Bypass Reason:	Submitted under Form Schedule tab		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Microsoft Word - SLAD3700IP OC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variables	Approved-Closed	09/20/2012
Comments:			
Attachment(s):			
Microsoft Word - Explanation of Variables.pdf			

STONEBRIDGE LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 19 CERTIFICATION

RE: Forms SLAD3700IP AR and SLAD3700IA AR

We certify that, to the best of our knowledge and belief, this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Insurance Division of the State of Arkansas.

Cheryl Bock

Cheryl Bock
Assistant Vice President

September 13, 2012
Date

STONEBRIDGE LIFE INSURANCE COMPANY
Home Office: Cedar Rapids, Iowa

REGULATION 49 CERTIFICATION

RE: Forms SLAD3700IP AR and SLAD3700IA AR

We certify that, for policies issued in the State of Arkansas on the above referenced form numbers, we will deliver the Life and Health Guaranty Fund Notice required by Regulation 49.

Cheryl Bock

Cheryl Bock
Assistant Vice President

September 13, 2012
Date

Stonebridge Life Insurance Company

[2700 West Plano Parkway
Plano, Texas 75075]

INDIVIDUAL ACCIDENTAL DEATH TO AGE 80 POLICY SLAD3700IP ACCIDENT INSURANCE

OUTLINE OF COVERAGE

This policy provides insurance only for ACCIDENTS. It does NOT provide basic hospital, basic medical or major medical insurance.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Benefits. If, as a result of an Injury occurring in Parts I or II of the Accidental Death Benefits section of the Policy, and not otherwise excluded, the Insured suffers a Loss within 90 days after the date of an accident which caused such Injury, we will pay the benefit amount shown below. Other Covered Persons, if any, should refer to the Policy Schedule of Insurance for benefits.

BENEFIT :	AMOUNT
PART I	
TRAVEL BY REGULARLY SCHEDULED COMMON CARRIER	[\$100,000]
PART II	
TRAVEL BY PRIVATE PASSENGER AUTOMOBILE AND LAND MOTOR VEHICLE	[\$ 100,000]

*The benefits shown are for the primary insured, ages 18 through 74. Coverage terminates at the Insured's age 80.

Injury must be caused by an accident which occurs while the insurance is in force.

Exclusions.

No benefit shall be paid for Loss or Injury that is caused by, results from or contributed to by:

1. an intentionally self-inflicted Injury, suicide, or any attempt at suicide, while sane;
2. any active participation in a riot, insurrection or war, either declared or undeclared;
3. the [Insured's] taking or using any narcotic, barbiturate or any other drug or medication, unless taken or used as prescribed by a Physician;
4. the [Insured's] blood alcohol level being .08 percent weight by volume or higher;
5. the [Insured] operating or riding in any kind of aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight;
6. the [Insured] committing or attempting to commit a felony or an assault or being engaged in an illegal activity;
7. sickness, bodily or mental infirmity or their medical or surgical treatment including diagnosis (except bacterial infections which result from an Injury) or mental disease or disorder;

8. voluntary gas inhalation or poison voluntarily taken, administered or inhaled;
9. taking alcohol in combination with any drug, medication or sedative;
10. military or combat activities while serving in the armed forces, National Guard or organized reserve corps in any state, country or international authority; or
11. a natural disaster such as an earthquake.

Renewability. This Policy is Guaranteed Renewable to age 80.

This disclosure statement is a very brief summary of your Policy.

The Policy itself sets forth the rights and obligations of both you and the insurance company. It is therefore important that you READ YOUR POLICY carefully.

Explanation of Variables

The following is an explanation of the variables indicated in the submitted forms.

POLICY SLAD3700IP

PAGE 1

COMPANY ADDRESS: Stonebridge Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the forms will be one of the following:

- a) 2700 West Plano Parkway
Plano, Texas 75075-8200
- b) 100 Light Street
Floor B1
Baltimore, Maryland 21202-1098
- c) Valley Forge, Pennsylvania 19493

Covered spouse language will be included in the first paragraph when coverage is offered to both the insured and spouse.

The Right to Examine period may be 30, 60 or 90 days as determined by the policyholder.

The term Covered Person will be used when coverage is for the insured and spouse and the term Insured will be used when coverage is for the insured only.

PAGE 2

SCHEDULE PAGE: Personal data and disclosures on the Schedule of Insurance are variable as it pertains to the Insured, and the amount of coverage purchased.

PAGE 3

Page numbers in the Guide to Policy

DEFINITIONS:

Covered Person will be used when coverage is provided for the spouse.

PAGE 4

Aegon Affiliates names the companies included in the affiliates and is used in conjunction with the Other Insurance provision.

WHEN YOUR INSURANCE BEGINS: "before" or "within 21 days of" will be used depending on the issue system used.

Throughout the form, the term Covered Person or Insured will be used depending on the coverage offered.

PAGE 5

The variable language in Beneficiary will be used when there is coverage for the spouse.

PAYMENT OF PREMIUM: the second paragraph and the beginning of the second paragraph will be used when the policyholder is paying the first premium. The term participating group will be used when the policy is issued to a participating group.

PAGE 7

OTHER INSURANCE: The maximum benefit payable may be other than the stated amount. This provision will be used when the company wants to limit coverage for individual insureds.

OUTLINE OF COVERAGE SLAD3700IP OC

PAGE 1

COMPANY ADDRESS: Stonebridge Life Insurance Company has several administrative office locations. This product may be solicited from one of three locations, depending on the market. The address on the forms will be one of the following:

- d) 2700 West Plano Parkway
Plano, Texas 75075-8200
- e) 100 Light Street
Floor B1
Baltimore, Maryland 21202-1098
- f) Valley Forge, Pennsylvania 19493

The term Insured may be replaced with Covered Person when coverage is provided for the spouse.

APPLICATION SLAD3700IA

Language will vary based on the offer in which spouse coverage may or may not be offered, options offered; customer information requested; beneficiary information requested. Below is an explanation of the bracketed portions of the form.

Variable Data	Explanation
[Accidental Death]	Variable so the application can be used with different accident products.
[and my eligible spouse (if selected)]	Used when spouse coverage is offered.
[The coverage I want is:] [[^{01H} <input type="checkbox"/> Coverage for me and my spouse at [\$xx.xx] per month.] [^{01G} <input type="checkbox"/> Coverage for me only at [\$x.xx] per month].	Used when spouse coverage is offered and provides choice of benefits for insured and spouse
[<input type="checkbox"/> Check here to [select] coverage.....\$100000]	Used to indicate amount of coverage the applicant selects.
[I understand that if I send in my application and do not select an option above, I am applying for coverage for me only.]	Used when coverage is offered for applicant and spouse
age [18] through [74]	Issue age and eligibility may vary by product offered
[The first month's coverage will be provided at no cost to me.]	Will be used when a sponsor pays for the initial premium
[I][a Covered Person] attain[s] age [80]	"I" is used when coverage is offered to the

	insured only; "covered person" is used when coverage is offered to the spouse as well. Age when coverage ends may vary by product offered.
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[By signing below, I certify that I understand coverage is limited to the lesser of the total benefits payable under all Accidental Death policies and certificates with this Company, Stonebridge Casualty Insurance Company, Transamerica Life Insurance Company, Transamerica Financial Life Insurance Company and/or Monumental Life Insurance Company or [\$1,000,000].]	Discloses coverage limitations for total amount of coverage for a single insured who purchases Accidental Death Indemnity coverage.
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<input type="checkbox"/> Check here if you are currently eligible to receive Medicare benefits.]	This statement is used for states that require a replacement question.
--	--

[I have read the fraud notice on the back of this enrollment form as it applies to my state of residence.]	Used when the state specific fraud language is not used on the front of the enrollment form. Fraud language will either be on the front of the enrollment for those states which require it or on the back of the enrollment form, depending on the marketing plan.
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Phone:(Home)[_____ _____]] [(Business)_____]	When marketing is targeting business owners, the business phone number will be requested.
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[Beneficiary Designation: All benefits will be paid to you if living. Unless you specify below, any amount due for Loss of life will be paid in accordance with the Beneficiary Provision in your Certificate of Insurance.]	Used when the beneficiary language will reflect the provision in the certificate of coverage.
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[Beneficiary to Be Paid At My Death: Beneficiary's Relationship to Me:	May be used when the applicant wants to designate a beneficiary at the time of application.
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[Rutland, Vermont]	If Home Office changes, this address will change.
C-82 CN-163	Coding used by Marketing and New Business to uniquely identify solicitations
CODE	Coding used by Marketing and New Business to uniquely identify solicitations
[2700 West Plano Parkway, Plano, Texas 75075-8200]	Address will be one of the 3 administrative offices described in the explanation for the policy.
The Fraud Statements for all states which require it on the back of the application will be used when the state specific fraud statement is not used on the front of the application	