Filing at a Glance

Company:	Stonebridge Life Insurance Company
Product Name:	SLTL1900IP
State:	Arkansas
TOI:	L04I Individual Life - Term
Sub-TOI:	L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life
Filing Type:	Form
Date Submitted:	01/25/2013
SERFF Tr Num:	AEGB-128846026
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	SLTL1900IP
Implementation Date Requested:	On Approval
Author(s):	Tania McAndrew
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/31/2013
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State:	*Arkansas*	**Filing Company:**	*Stonebridge Life Insurance Company*
TOI/Sub-TOI:	*L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*		
Product Name:	*SLTL1900IP*		
Project Name/Number:	*SL Bill Payer Term/AD/L083*		

General Information

Project Name: SL Bill Payer Term/AD
Project Number: L083
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Tania McAndrew

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 03/04/2011
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/31/2013
State Status Changed: 01/31/2013
Created By: Tania McAndrew
Corresponding Filing Tracking Number: 3Y001008

Filing Description:

RE: STONEBRIDGE LIFE INSURANCE COMPANY
NAIC#: 468-65021
Form Number: SLTL1900IP-AR – Individual Term to Age 99 Life Insurance Policy
SLTL1900IPA – Application

Dear Sir/Madam:

Please find attached copies of the above referenced forms. These are new forms and are not intended to replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

SLTL1900IP-AR Term Insurance Policy – The policy provides term life insurance until an insured attains age 99, with an additional accidental death benefit. If death occurs within 90 days after an accident that causes injury, we will pay the Accidental Death Benefit in addition to the Life Insurance Benefit. Premiums are payable during the term of the policy. We reserve the right to adjust premiums after the first policy year, but the premiums will never exceed the guaranteed maximum premiums shown in the policy schedule. The policy is issued on a guaranteed basis. Issue ages are 18-69.

The product will not be illustrated.

The product will be marketed via direct response means, including mail, telephone solicitation and internet. We will use Application SLTL1900IPA to underwrite the policy. A copy of a completed application will be issued with a policy.

These forms are subject to only minor modifications in paper size and stock, ink, border, Company logo, Company address, adaptation to computer printing, and Officers' signatures. Bracketed information is intended to be variable.

We would appreciate your review and approval of these forms. Should you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

STONEBRIDGE LIFE INSURANCE COMPANY

State: *Arkansas* **Filing Company:** *Stonebridge Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name: *SLTL1900IP*
Project Name/Number: *SL Bill Payer Term/AD/L083*

Tania McAndrew
Policy Analyst
Contract Development
(319) 355-5818 (collect)
Fax #: (319) 355-2501
Tania.McAndrew@transamerica.com

Company and Contact

Filing Contact Information

Tania McAndrew,
4333 Edgewood
Cedar Rapids, IA 52499

Tania.craft@transamerica.com
319-355-8511 [Phone]

Filing Company Information

Stonebridge Life Insurance Company
4333 Edgewood Rd. NE
Cedar Rapids, IA 52499
(319) 355-8511 ext. [Phone]

CoCode: 65021
Group Code: 468
Group Name:
FEIN Number: 03-0164230

State of Domicile: Vermont
Company Type: Life & Health
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	$50.00/form x 2 forms = $100.00
Per Company:	No

Company	Amount	Date Processed	Transaction #
Stonebridge Life Insurance Company	$100.00	01/25/2013	66872159

State: *Arkansas* **Filing Company:** *Stonebridge Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name: *SLTL1900IP*
Project Name/Number: *SL Bill Payer Term/AD/L083*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/31/2013	01/31/2013

State: *Arkansas* **Filing Company:** *Stonebridge Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name: *SLTL1900IP*
Project Name/Number: *SL Bill Payer Term/AD/L083*

Disposition

Disposition Date: 01/31/2013
Implementation Date:
Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Explanation of Variability		Yes
Supporting Document	Nonforfeiture Tables		Yes
Form	Individual Term to Age 99		Yes
Form	Application		Yes

State: *Arkansas* **Filing Company:** *Stonebridge Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name: *SLTL1900IP*
Project Name/Number: *SL Bill Payer Term/AD/L083*

Form Schedule

Lead Form Number: SLTL1900IP-AR

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Individual Term to Age 99	SLTL1900IP-AR	POL	Initial		52.700	SLTL1900IP-AR.pdf
2		Application	SLTL1900IPA	AEF	Initial		51.600	SLTL1900IPA.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]

POLICY SCHEDULE

INSURED: **[Jane Smith]**

LIFE INSURANCE BENEFIT: $[1,000.00]
ACCIDENTAL DEATH BENEFIT: $[9,000.00]

POLICY NUMBER: **[123456-A]** EFFECTIVE DATE: **[2/1/2011]** ISSUE DATE: **[2/1/2011]**

AGE AT ISSUE: **[45]** SEX: **[Female]** POLICYOWNER: **[Jane Smith]**

INITIAL PREMIUM: **$[3.20]**

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

[INITIAL PERIOD:] **[3 Months]**

RENEWAL PREMIUM [AFTER THE INITIAL PERIOD]:

$[3.20]	**$[9.60]**	**$[19.25]**	**$[38.5]**
MONTHLY	[QUARTERLY]	[SEMI-ANNUALLY]	[ANNUALLY]

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

NON-FORFEITURE INTEREST RATE: **[5.00%]**

FOR YOUR INFORMATION

Stonebridge Life Insurance Company (herein called "we," "our," or "us") has issued this Policy to the Insured (herein called "you", "your" or "yours") shown in the Policy Schedule. It provides life insurance coverage until the Insured attains Age 99. We agree to pay the benefits provided with respect to the Insured subject to the terms of the Policy.

YOUR RIGHT TO EXAMINE THE POLICY: You may return this Policy for any reason within [30/60/90] days of the date you receive your Policy. The Policy is treated as if it never existed. No benefits are paid. Any premium paid is refunded.

TABLE OF CONTENTS

	Page		Page
Definitions	2	Premiums	4
When Coverage Starts and Stops	2	General Provisions	4 - 5
What Benefits We Pay	2 - 3	Claims	5
How We Pay Benefits	3	What Happens If You Stop Paying Premiums	5 - 6
Who Receives the Benefits	3	How Policy Values Are Calculated	6
How You Can Convert to Permanent Life	3	Table of Non-Forfeiture Values	7

IN WITNESS, this Policy is signed by our President and Secretary.

Craig D. Vermie
Secretary

[ ]

President

[ ]

INDIVIDUAL TERM TO AGE 99 LIFE INSURANCE POLICY WITH ADDITIONAL ACCIDENTAL DEATH BENEFIT
PREMIUMS ARE NOT GUARANTEED AND ARE SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR
CONVERTIBLE -- NON-PARTICIPATING

PART I: DEFINITIONS

AGE means, on the Policy Effective Date, the age you became on your last birthday. Your Age increases one year on each Policy Anniversary. For purposes of this Policy, your Age increase always occurs on the Policy Anniversary even if your actual birthday occurs (as in most cases) during the Policy Year prior to the Policy Anniversary.

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.

INSURED means you, the Insured named on the Policy Schedule, who is eligible for coverage and whose coverage has become effective.

LOSS means loss of life.

OWNER means the Policyowner. The Policyowner is named on the Policy Schedule. Ownership is explained in Part VIII.

POLICY ANNIVERSARY means any anniversary of the date this Policy takes effect.

POLICY YEAR means the 12 month period ending on any Policy Anniversary.

POLICY EFFECTIVE DATE means the date your coverage starts

PREMIUM means the payment required to keep your insurance in force.

PART II: WHEN COVERAGE STARTS AND STOPS

WHEN COVERAGE STARTS: Your coverage starts on the Policy's Effective Date if the following happens while you are alive:

1. we receive your application and
2. we receive the initial Premium [before] [within 21 days of] the Policy Effective Date.

WHEN COVERAGE STOPS: Coverage stops on the earliest of:

1. the date you die;
2. the date you attain Age 99;
3. the date you convert to an individual permanent life policy;
4. the date the 31 day Grace Period ends if you fail to pay the Premium when due, or
5. the date we receive your request to cancel this coverage.

Only you may cancel this Policy. You may cancel it 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 we receive your cancellation request. Any unearned premium is pro-rated from the date of cancellation and refunded to you. Cancellation is without prejudice to any claim originating prior to the date of cancellation. No benefits are paid for any loss which occurs after the date your coverage stops.

PART III: WHAT BENEFITS WE PAY

We pay the Life Insurance Benefit shown in the Policy Schedule when you die while covered under this Policy. Before we pay, we must be given proof of death.

ADDITIONAL ACCIDENTAL DEATH BENEFIT: We pay the Accidental Death Benefit shown in the Policy Schedule if your death is the result of an Injury. It is paid in addition to the Life Insurance Benefit. Your death must occur within 90 days of the accident that causes the injury. Death caused or contributed to by any of the following is not considered an Accidental Death.

1. intentionally self-inflicted Injury 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 infections which result from an Injury) 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.

SUICIDE: If you die by suicide within two years following the Policy's Effective Date, the benefit is limited to the amount of premiums paid without interest.

PART IV: HOW WE PAY BENEFITS

Any benefit under this Policy is paid in one lump sum. You may request benefits be paid in installments. If you do not make a request before your death, your Beneficiary may request payment in installments shown in the table below. The monthly installments are based on an interest of 3% per annum.

If the Beneficiary dies before all installments are paid, the remaining installments are commuted into one sum at 3% per annum and paid to the Beneficiary's estate.

Installments for each $1000 of Benefits

Number of years Installments are to be paid	Amount of Each Monthly Installment
2	$ 42.86
3	28.99
4	22.06
5	17.91
10	9.61
15	6.87
20	5.51

PART V: WHO RECEIVES THE BENEFITS

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.

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 Policy to an individual permanent life insurance policy before you attain Age 85. This is subject to this Policy being in force at the time of the conversion and premiums are being paid. 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 Policy's Life Insurance Benefit. This is subject to what individual permanent life policy we then have available, if any. It may be converted without medical exam or other evidence of insurability. However, any application attached to this Policy may be made part of the permanent life policy. It may be used to contest benefits under the permanent life policy during the balance of the time that it may be contested under this Policy. The new premium will be based on your Age and class at the time you convert to the new policy. Any cash value available under this Policy at the time of conversion may be applied toward the payment of the first premium on the new policy.

PART VII: PREMIUMS

PREMIUM PAYMENTS: You keep your Policy in force by paying the Premiums. Premiums are payable to Age 99. The initial Premium is due [before] [within 21 days after] the Policy Effective Date. 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: (1) cancel this Policy; (2) place any restriction on this coverage while it is in force; or (3) refuse a premium paid on or before the date due or within the Grace Period.

RIGHT TO ADJUST PREMIUMS: We may change premium rates on any date on or after the first Policy Anniversary. However, your premium rates will never exceed the Guaranteed Maximum Premiums shown on the Policy Schedule. Any change will be based on expectations of future investment earnings, mortality, persistency and expenses. We will give you 60 days advance written notice of any premium change.

GRACE PERIOD: We allow a grace period of 31 days to pay each Premium due after the first Premium. Coverage continues during this grace period. If you die during the grace period, any Premium due is deducted from the death benefit.

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 the end of the Term of Coverage shown in the Schedule.

Reinstatement is subject to payment of all overdue Premiums. We charge 6% interest compounded annually on overdue Premiums. The Incontestability period will start again on the effective date of Reinstatement.

UNEARNED PREMIUM REFUND: A refund of unearned Premium is payable to your Beneficiary at the time of your death. You are also entitled to a refund of unearned Premium upon cancellation of the Policy. Unearned Premium is any amount paid by you beyond the date of your death or cancellation of this Policy.

PART VIII: GENERAL PROVISIONS

INCONTESTABILITY: This Policy is “incontestable” after it has been in effect while you are alive for 2 years from its Issue Date, subject to the “Misstatement of Age” provision. “Incontestable” means we may not deny benefits except for non-payment of Premiums when due. Benefits may be denied during the first two years of your coverage if you fail to give, to the best of your knowledge and belief, true and complete answers in your application.

If your Policy 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: The Policy, any attached riders and endorsements, your application if attached, and any rider applications make up the entire legal contract between the parties. A copy of your Application is attached to the Policy.

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. A copy of the Application will be sent to your beneficiary if used to contest a claim.

MISSTATEMENT OF AGE: If your age has been misstated, the benefits will be those which the premiums 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 of all premiums paid for such period.

ASSIGNMENT: You may give your rights under this Policy to someone else. 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 offices.

NON-PARTICIPATING: There are no dividends payable under this Policy. It does not share in our surplus earnings.

LEGAL ACTIONS: No action can be brought to recover on the 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.

OWNERSHIP: This Policy belongs to you unless another Owner is designated by you. During your lifetime the rights and privileges of this Policy may be exercised solely by the Owner. This includes the right to assign benefits and change the Beneficiary, subject to the "Changing the Beneficiary" provision on Page 3.

CHANGE OF OWNERSHIP: The Owner has the right to transfer this Policy to a new Owner by notifying us. The change in ownership is effective on the date the request is received at our offices. The change in ownership is subject to any actions taken prior to the date such request is received.

PART IX: 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: We will pay interest at the rate of 8% a year from the date of death if benefits and unearned premium, if any, are not paid within 30 days after proof of death has been furnished.

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 X: WHAT HAPPENS IF YOU STOP PAYING PREMIUMS

After this Policy's cash value starts, if you choose to stop this coverage, or if a premium remains unpaid at the end of the Grace Period, you may choose one of the options below. **These options apply to this Policy's Life Insurance Benefit only. They do not apply to the Accidental Death Benefit or any Rider that may be attached to this Policy.**

A. **CASH VALUE:** You may return this Policy for its cash value. The cash value is based on the portion of the total Premiums paid for the Life Insurance Benefit on the date coverage stops. The portion of Premiums paid for the Accidental Death Benefit is not considered when determining your Policy's cash values. The cash value within 60 days of non-payment of premiums will be the same as the Cash Value on the date coverage stops. We reserve the right to postpone payment, but not for more than six months from the date the request is received by us. Cash values between Policy Anniversaries are calculated with due allowance for time elapsed and for Premiums paid. The cash value under this Policy as of any Policy Anniversary is computed in accordance with the Standard Non-Forfeiture Value Method using the adjusted premium as defined in the laws of the state in which your Policy is delivered.

B. **PAID-UP TERM LIFE INSURANCE:** Your cash value may be used to continue this Policy as paid-up level term life insurance to Age 99. This insurance has a reduced Face Amount. The Face Amount equals what the cash value can buy on the date you default or cancel. No further Premium payments are due.

C. **EXTENDED TERM INSURANCE:** Your cash value may be used to continue this Policy as paid-up level term insurance for a reduced time period. The reduced time period equals what the cash value can buy on the date you default or cancel. The reduced time period will be the same for any Face Amount. The Face Amount is not reduced. No further Premium payments are due.

If you wish to return your Policy for its cash value, or take the paid-up term life insurance option, you must send us a written request. These options are not available beyond the 60th day after the due date of the unpaid Premium. If: (1) coverage lapses; and (2) you have not picked an option; then the extended term insurance goes into effect. You do not have to request it.

If this Policy is in force as paid-up term life insurance or extended term insurance, it may be returned at any time for its cash value. The cash value equals the present value of future benefits. If it is returned within 31 days of a Policy Anniversary, this value is not less than its value on that Policy Anniversary.

To determine a paid-up term life amount or extended term period, the cash value is applied as a single premium on the date you default or cancel. Your Premium is set by your Age (as defined) plus the number of months since your last Policy Anniversary.

PART XI: HOW THE POLICY VALUES ARE CALCULATED

The values explained in Part X above are shown in the Table of Non-Forfeiture Values on Page 7. These values meet the legal minimums and have been filed with the insurance supervisory official of the state in which the Policy is delivered. They are based on:

- The Commissioner's 2001 Standard Ordinary Mortality Table, Age last birthday, with interest per year as identified by the Non-Forfeiture Interest Rate on the Policy Schedule;
- The Commissioner's Standard Non-Forfeiture Value Method. A copy of the method of computation is on file with the state insurance department in which the Policy is delivered.

The term insurance values equal what the cash value can buy on the Policy Anniversary Date. All values assume that Premiums are received at the beginning of the Policy Year and that the death benefit is payable at the end of the year in which death occurs.

TABLE OF NON-FORFEITURE VALUES

For Policy Number: [0123456789]

The Values shown in the following Table are based on your Life Insurance Benefit and Age on the Effective Date. The first column shows the length of time your Policy has been in force and should be used to determine your values. The second column shows the Cash Value available. The third column shows the amount of Paid-Up Insurance that the Cash Value would buy. The fourth column shows the length, in years and days, of Extended Term Insurance that the Cash Value would buy.

The values shown in the Table assume that premium has been paid in full for each Policy Year. We will allow for partial years in determining values. Values for Policy Years not shown in the Table will be furnished upon request.

Age: [45]

End of Policy Year	Cash Value	Paid-Up Insurance	Extended Term Insurance Years	Days
[1	**$0.00**	**$0.00**	**0**	**0**
2	**$0.00**	**$0.00**	**0**	**0**
3	**$9.21**	**$39.00**	**3**	**34**
4	**$21.74**	**$88.00**	**6**	**77**
5	**$34.69**	**$135.00**	**8**	**180**
6	**$48.06**	**$180.00**	**10**	**116**
7	**$61.80**	**$223.00**	**11**	**275**
8	**$75.91**	**$263.00**	**12**	**331**
9	**$90.36**	**$302.00**	**13**	**313**
10	**$105.14**	**$338.00**	**14**	**239**
11	**$120.20**	**$373.00**	**15**	**113**
12	**$135.55**	**$406.00**	**15**	**302**
13	**$151.23**	**$437.00**	**16**	**81**
14	**$167.28**	**$467.00**	**16**	**190**
15	**$183.70**	**$495.00**	**16**	**269**
16	**$200.43**	**$522.00**	**16**	**320**
17	**$217.42**	**$548.00**	**16**	**345**
18	**$234.63**	**$572.00**	**16**	**347**
19	**$252.05**	**$595.00**	**16**	**329**
20	**$269.69**	**$617.00**	**16**	**291]**

INDIVIDUAL TERM TO AGE 99 LIFE INSURANCE POLICY WITH ACCIDENTAL DEATH BENEFIT
PREMIUMS ARE NOT GUARANTEED AND ARE
SUBJECT TO CHANGE AFTER THE FIRST POLICY YEAR
CONVERTIBLE -- NON-PARTICIPATING

APPLICATION
STONEBRIDGE LIFE INSURANCE COMPANY
Administrative Offices: [2700 West Plano Parkway, Plano, Texas 75075]

(Please Print)
Name _____
First Name Middle Initial Last Name
Address _____
Street or RD #
City _____ State _____ Zip _____ Phone # am pm ( ) _____
Area Code
Sex ☐Male ☐Female Age ___ Date of Birth _____
Mo. Day Year
Beneficiary: _____ Relationship _____
First Name Middle Initial Last Name

Coverage Amount:
☐$1,000.00 Life Insurance with $9,000 Accidental Death Benefit
☐$2,000.00 Life Insurance with $18,000 Accidental Death Benefit

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

Spouse Information (if to be insured):

Spouse's Name _____
First Name Middle Initial Last Name

Sex: ☐Male ☐Female Age ___ Date of Birth _____
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 Insured _____
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 (Visa/MasterCard/Discover/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 my premiums (including future changes to my insurance) to my [Bank] credit card. I can cancel this payment method at any time by writing to you.

[I understand that a separate Policy 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 Application; and (2) receives my first premium [before] [within 21 days of] the Policy Effective Date. I have read my state's fraud notice that is on [the back of] this Application.

X_____
Signature Date

X_____
Spouse's Signature (if to be insured) Date

SLTL1900IPA

FOR ARKANSAS and LOUISIANA RESIDENTS ONLY: 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.

FOR KENTUCKY RESIDENTS ONLY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information, concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

FOR OHIO RESIDENTS ONLY: Any person who submits an application or files a claim containing a false or deceptive statement with intent to defraud or knowing that he is facilitating a fraud against an insurer is guilty of insurance fraud.

State: *Arkansas* **Filing Company:** *Stonebridge Life Insurance Company*
TOI/Sub-TOI: *L04I Individual Life - Term/L04I.213 Specified Age or Duration - Fixed/Indeterminate Premium - Single Life*
Product Name: *SLTL1900IP*
Project Name/Number: *SL Bill Payer Term/AD/L083*

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR - Cert of Compliance 23-79-138.pdf AR - Cert of Regulation 49.pdf AR - Rule and Regulation 19.pdf Flesch Score AR.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Explanation of Variability		
Comments:			
Attachment(s):			
Explanation of Variables.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Nonforfeiture Tables		
Comments:			
Attachment(s):			
nfo_sltl1900ip_4.50.pdf nfo_sltl1900ip_5.00.pdf			

STONEBRIDGE LIFE INSURANCE COMPANY

CERTIFICATION OF
ARKANSAS INSURANCE CODE
23-79-138

Policy Number: SLTL1900IP-AR

Date: 1-14-13

I hereby certify that the accompanying life product is in compliance with Arkansas Insurance Code 23-79-138.

Cheryl Bock

STONEBRIDGE LIFE INSURNACE COMPANY

CERTIFICATION OF REGULATION 49
STATE OF ARKANSAS

Form Number: SLTL1900IP-AR

Date: January 11, 2013

This is submitted in Compliance with Regulation 49 of the Arkansas Insurance Code.

I hereby certify that the accompanying life product is in compliance with Regulation 49 in that a Life and Health Guaranty Association notice will be given to each policy owner at the time of issue.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURNACE COMPANY

RULE AND REGULATION 19
STATE OF ARKANSAS

Form Number: SLTL1900IP-AR

Date: January 11, 2013

I hereby certify that the accompanying life product is in compliance with Rule and Regulation 19.

Cheryl Bock

Cheryl Bock, Assist. Vice President Contract Development

STONEBRIDGE LIFE INSURANCE COMPANY

FLESCH READABILITY CERTIFICATION

Form Number (may vary by state)	**Flesch Score**
SLTL1900IP-AR	52.7
SLTL1900IPA	51.6

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

Cheryl Bock

Cheryl Bock, Assistant Vice President of Contract Development

1/11/2013
Date

Explanation of Variables

Term Life Insurance Policy SLTL1900IP

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) 520 Park Avenue
Baltimore, Maryland 21201

c) Valley Forge, Pennsylvania 19493

Policy Schedule:
1) Personal data on the Policy Schedule is variable as it pertains to the Insured, the amount of coverage purchased and related premium rates.

2) Initial Premium Paid By, (name of the) Sponsoring Organization, and Initial Period: These items will print on the Schedule if a business partner (sponsoring organization) agrees to pay the premium for an initial period of first one, two, or three months. Currently, the company expects business partners to pay an initial premium for the first three months of coverage, but reserves the right to reduce the initial period to one or two months.

3) The Non-Forfeiture Interest Rate will be the required 5% rate, but may change to reflect any future required changes to the rate of interest.

4) Your Right to Examine The Policy: The period to review and return the policy will always be 30 days unless a business partner (sponsoring organization) is paying two or three months worth of premium. If this happens 60 or 90 days will print to coincide with either the two or three month initial period premium that is being paid by a business partner.

5) Signatures are subject to change if company officers change.

PAGE 2
When Coverage Starts: Either “before” or “within 21 days after” the policy effective date will print to coincide with how the policy is advertised and marketed during a marketing campaign.

The blood alcohol level may change in the future to accommodate a change to the legal intoxication limit.

PAGE 4
Premium Payments: Either “before” or “within 21 days after” the policy effective date will print to coincide with how the policy is advertised and marketed during a marketing campaign.

PAGE 7
Personal data in relation to the Table of Non-Forfeiture Values is variable as it pertains to the Insured.

Application SLTL1900IPA

Company Administrative Office address may be

a) 2700 West Plano Parkway
Plano, Texas 75075-8200

b) 520 Park Avenue
Baltimore, Maryland 21201

c) Valley Forge, Pennsylvania 19493

The section containing the applicant's personal information is bracketed so that it may be repositioned. In addition, an applicant's name, address, etc. may be pre-printed if such is known at the time the application is printed.

The coverage amount section is bracketed so that it may be repositioned. In addition, this section is bracketed so that we may vary the benefit amounts and type of coverage offered as approved under the policy.

Spouse applicant and related spouse sections are bracketed so it may be deleted if the application is printed for one applicant.

The billing section is bracketed so that it can be repositioned or billing options may be deleted to accommodate direct bill only or credit card only offers or a combination of payment offers.

The statement "I understand that a separate Policy will be issued to each applicant" is bracketed so it can be deleted when the application is printed for one applicant.

The statements "[before] and [within 21 days of]" in the affirmation paragraph are bracketed so that the application can be printed with "We must receive your first premium before the Policy Effective Date" or "We must receive your first premium within 21 days of the Policy Effective Date" to reflect the premium payment language that will be used in policy that will be issued on the basis of the printed application.

Space constraints may require us to print a fraud notice on the reverse side of the application instead of on the front page. Based on the state requirements, an application may or may not include a state fraud notice.

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 18 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.28	3	0	141
5	4.54	44	6	124
6	8.97	84	12	340
7	13.59	122	18	219
8	18.40	158	22	257
9	23.39	194	25	296
10	28.58	228	28	23
11	34.00	261	29	271
12	39.66	293	31	34
13	45.57	324	32	52
14	51.73	354	32	350
15	58.15	382	33	221
16	64.82	410	34	45
17	71.76	437	34	195
18	78.96	462	34	310
19	86.43	487	35	24
20	94.17	510	35	69

ISSUE AGE 19 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.77	8	1	12
5	5.22	49	7	67
6	9.86	88	13	266
7	14.69	127	19	13
8	19.70	163	22	312
9	24.91	199	25	269
10	30.35	233	27	298
11	36.03	266	29	149
12	41.96	298	30	248
13	48.15	329	31	244
14	54.59	359	32	161
15	61.29	388	33	22
16	68.25	415	33	201
17	75.48	442	33	344
18	82.98	468	34	84
19	90.75	492	34	154
20	98.81	515	34	194

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 20 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	1.29	12	1	256
5	5.95	54	8	28
6	10.79	93	14	155
7	15.82	131	19	123
8	21.06	168	22	342
9	26.52	204	25	218
10	32.22	238	27	194
11	38.18	271	29	19
12	44.39	304	30	91
13	50.86	335	31	66
14	57.58	364	31	333
15	64.57	393	32	181
16	71.83	421	32	354
17	79.36	447	33	123
18	87.16	473	33	220
19	95.25	497	33	283
20	103.65	520	33	317

ISSUE AGE 21 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	1.84	17	2	126
5	6.71	58	8	338
6	11.76	98	15	12
7	17.02	136	19	205
8	22.50	173	22	343
9	28.23	209	25	148
10	34.21	243	27	80
11	40.45	277	28	242
12	46.94	309	29	289
13	53.70	340	30	246
14	60.72	370	31	135
15	68.00	398	31	340
16	75.56	426	32	138
17	83.40	452	32	265
18	91.52	478	32	355
19	99.95	502	33	45
20	108.69	525	33	73

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 22 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	2.42	21	2	363
5	7.49	62	9	255
6	12.77	102	15	184
7	18.28	141	19	257
8	24.03	178	22	319
9	30.03	214	25	57
10	36.30	248	26	320
11	42.82	282	28	89
12	49.61	314	29	115
13	56.66	345	30	55
14	63.98	375	30	298
15	71.57	403	31	128
16	79.44	431	31	284
17	87.60	457	32	38
18	96.07	482	32	120
19	104.84	507	32	169
20	113.91	530	32	192

ISSUE AGE 23 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	2.99	25	3	247
5	8.29	66	10	132
6	13.83	106	15	307
7	19.61	145	19	283
8	25.64	182	22	268
9	31.93	218	24	316
10	38.49	253	26	183
11	45.30	287	27	293
12	52.38	319	28	297
13	59.74	350	29	223
14	67.36	380	30	90
15	75.27	408	30	278
16	83.47	436	31	62
17	91.97	462	31	172
18	100.79	487	31	247
19	109.90	511	31	291
20	119.32	534	31	309

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 24 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	3.59	29	4	144
5	9.15	71	10	347
6	14.96	111	16	27
7	21.02	150	19	286
8	27.35	187	22	199
9	33.93	223	24	197
10	40.78	258	26	38
11	47.89	292	27	123
12	55.28	324	28	109
13	62.95	355	29	22
14	70.89	384	29	245
15	79.13	413	30	60
16	87.67	440	30	200
17	96.53	467	30	305
18	105.69	492	31	8
19	115.15	516	31	46
20	124.91	539	31	60

ISSUE AGE 25 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	4.24	33	5	40
5	10.07	75	11	165
6	16.17	115	16	79
7	22.52	154	19	267
8	29.14	192	22	111
9	36.02	228	24	68
10	43.17	263	25	248
11	50.60	296	26	313
12	58.30	329	27	281
13	66.28	359	28	181
14	74.56	389	29	31
15	83.15	418	29	204
16	92.05	445	29	339
17	101.26	471	30	70
18	110.77	496	30	131
19	120.57	520	30	165
20	130.67	543	30	174

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 26 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	4.93	37	5	277
5	11.06	79	11	315
6	17.44	120	16	106
7	24.10	159	19	226
8	31.02	197	22	10
9	38.21	233	23	297
10	45.67	268	25	88
11	53.41	301	26	129
12	61.44	333	27	84
13	69.76	364	27	339
14	78.39	394	28	180
15	87.34	422	28	347
16	96.59	450	29	108
17	106.15	476	29	197
18	116.01	501	29	253
19	126.16	525	29	283
20	136.61	547	29	288

ISSUE AGE 27 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	5.70	41	6	134
5	12.12	83	12	62
6	18.81	124	16	121
7	25.77	163	19	169
8	32.99	201	21	258
9	40.50	237	23	153
10	48.28	272	24	286
11	56.35	306	25	308
12	64.72	338	26	248
13	73.40	369	27	128
14	82.40	398	27	329
15	91.70	427	28	122
16	101.31	454	28	241
17	111.23	480	28	325
18	121.43	505	29	11
19	131.94	529	29	35
20	142.75	551	29	37

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 28 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.06	1	0	25
4	6.52	45	6	328
5	13.25	88	12	140
6	20.24	128	16	116
7	27.51	168	19	93
8	35.06	206	21	134
9	42.89	242	23	4
10	51.01	277	24	113
11	59.42	310	25	117
12	68.16	342	26	46
13	77.20	373	26	282
14	86.56	403	27	109
15	96.23	431	27	262
16	106.19	458	28	10
17	116.45	484	28	85
18	127.03	509	28	132
19	137.90	533	28	152
20	149.10	555	28	150

ISSUE AGE 29 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.61	5	0	240
4	7.37	49	7	127
5	14.41	92	12	182
6	21.73	133	16	91
7	29.32	172	19	2
8	37.20	210	20	365
9	45.36	246	22	209
10	53.83	281	23	298
11	62.61	315	24	285
12	71.71	347	25	202
13	81.12	378	26	67
14	90.85	407	26	252
15	100.88	435	27	33
16	111.20	462	27	138
17	121.84	488	27	209
18	132.78	513	27	251
19	144.05	537	27	268
20	155.67	559	27	263

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 30 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	1.16	8	1	73
4	8.25	53	7	262
5	15.61	95	12	199
6	23.25	137	16	42
7	31.17	176	18	253
8	39.39	214	20	218
9	47.91	250	22	43
10	56.75	285	23	109
11	65.91	319	24	84
12	75.38	351	24	357
13	85.17	382	25	214
14	95.26	411	26	28
15	105.65	439	26	166
16	116.35	466	26	266
17	127.36	492	26	332
18	138.70	517	27	5
19	150.40	540	27	18
20	162.46	562	27	10

ISSUE AGE 31 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	1.72	11	1	252
4	9.13	56	7	357
5	16.83	99	12	192
6	24.81	140	15	337
7	33.08	180	18	128
8	41.65	218	20	65
9	50.55	254	21	231
10	59.77	289	22	281
11	69.31	323	23	243
12	79.16	355	24	142
13	89.32	386	24	358
14	99.77	415	25	165
15	110.55	443	25	298
16	121.63	470	26	27
17	133.05	496	26	88
18	144.83	520	26	122
19	156.96	544	26	132
20	169.44	566	26	121

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 32 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	2.29	14	2	43
4	10.04	59	8	56
5	18.07	102	12	167
6	26.40	143	15	246
7	35.04	183	17	358
8	44.00	221	19	269
9	53.28	258	21	50
10	62.88	293	22	82
11	72.81	326	23	34
12	83.04	359	23	290
13	93.57	389	24	135
14	104.41	418	24	302
15	115.57	446	25	63
16	127.07	473	25	150
17	138.93	499	25	207
18	151.15	524	25	238
19	163.72	547	25	245
20	176.60	569	25	231

ISSUE AGE 33 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	2.87	17	2	177
4	10.96	62	8	87
5	19.35	105	12	128
6	28.05	147	15	144
7	37.08	187	17	211
8	46.43	225	19	103
9	56.10	261	20	227
10	66.10	296	21	246
11	76.40	330	22	186
12	87.01	362	23	72
13	97.94	393	23	276
14	109.18	422	24	72
15	120.76	450	24	191
16	132.71	477	24	274
17	145.02	503	24	328
18	157.68	527	24	355
19	170.66	551	24	360
20	183.93	573	24	343

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 34 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	3.45	20	2	293
4	11.91	65	8	99
5	20.67	108	12	74
6	29.77	150	15	31
7	39.19	190	17	61
8	48.94	228	18	297
9	59.01	265	20	38
10	69.40	300	21	42
11	80.08	333	21	339
12	91.10	365	22	217
13	102.42	396	23	51
14	114.10	425	23	206
15	126.14	453	23	320
16	138.54	480	24	33
17	151.30	506	24	83
18	164.37	531	24	107
19	177.76	554	24	109
20	191.42	576	24	90

ISSUE AGE 35 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	4.05	22	3	31
4	12.89	68	8	92
5	22.06	111	12	10
6	31.56	153	14	272
7	41.38	193	16	271
8	51.53	231	18	121
9	62.00	268	19	208
10	72.78	303	20	201
11	83.88	336	21	125
12	95.30	368	21	364
13	107.06	399	22	190
14	119.20	428	22	340
15	131.70	456	23	82
16	144.56	483	23	157
17	157.75	509	23	203
18	171.24	534	23	225
19	185.01	557	23	224
20	199.04	579	23	202

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 36 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	4.67	25	3	113
4	13.92	70	8	74
5	23.50	114	11	295
6	33.41	156	14	140
7	43.64	196	16	113
8	54.20	234	17	309
9	65.07	271	19	15
10	76.26	306	19	361
11	87.78	339	20	277
12	99.64	371	21	144
13	111.88	402	21	331
14	124.49	431	22	108
15	137.46	460	22	211
16	150.75	487	22	282
17	164.35	512	22	325
18	178.24	537	22	344
19	192.40	560	22	341
20	206.79	582	22	316

ISSUE AGE 37 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	5.33	27	3	178
4	15.00	73	8	49
5	24.99	117	11	206
6	35.32	159	14	5
7	45.97	199	15	320
8	56.93	237	17	128
9	68.22	274	18	183
10	79.84	309	19	154
11	91.81	342	20	65
12	104.16	374	20	291
13	116.88	405	21	107
14	129.96	435	21	243
15	143.37	463	21	342
16	157.09	490	22	43
17	171.11	515	22	84
18	185.39	540	22	100
19	199.91	563	22	93
20	214.66	584	22	67

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 38 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	6.02	30	3	222
4	16.11	75	8	15
5	26.53	119	11	109
6	37.28	161	13	227
7	48.34	201	15	157
8	59.74	240	16	311
9	71.46	276	17	353
10	83.55	311	18	315
11	96.01	345	19	218
12	108.84	377	20	74
13	122.05	408	20	248
14	135.58	438	21	14
15	149.43	466	21	108
16	163.57	493	21	171
17	177.99	518	21	208
18	192.64	542	21	221
19	207.53	566	21	212
20	222.70	587	21	184

ISSUE AGE 39 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	6.73	32	3	249
4	17.25	78	7	337
5	28.10	122	11	6
6	39.27	164	13	85
7	50.78	204	14	360
8	62.62	242	16	128
9	74.81	279	17	155
10	87.39	314	18	109
11	100.36	348	19	8
12	113.69	380	19	222
13	127.35	411	20	26
14	141.34	441	20	150
15	155.62	469	20	240
16	170.17	495	20	301
17	184.96	521	20	335
18	200.00	545	20	345
19	215.32	568	20	334
20	230.95	590	20	303

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 40 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	7.43	34	3	258
4	18.39	80	7	282
5	29.67	124	10	254
6	41.30	166	12	305
7	53.25	206	14	191
8	65.57	244	15	307
9	78.28	281	16	324
10	91.38	317	17	270
11	104.84	351	18	162
12	118.65	383	19	8
13	132.77	414	19	168
14	147.20	443	19	288
15	161.89	471	20	10
16	176.84	498	20	66
17	192.03	523	20	97
18	207.50	548	20	105
19	223.29	571	20	91
20	239.39	592	20	58

ISSUE AGE 41 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	8.12	36	3	256
4	19.52	82	7	218
5	31.27	126	10	135
6	43.35	168	12	156
7	55.80	208	14	24
8	68.65	247	15	122
9	81.88	284	16	127
10	95.49	319	17	67
11	109.44	353	17	320
12	123.72	386	18	157
13	138.29	417	18	313
14	153.15	446	19	63
15	168.25	474	19	145
16	183.61	500	19	199
17	199.24	526	19	227
18	215.20	550	19	232
19	231.47	573	19	216
20	248.00	595	19	180

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 42 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	8.80	37	3	250
4	20.67	83	7	147
5	32.89	127	10	13
6	45.48	170	12	11
7	58.46	210	13	218
8	71.84	249	14	302
9	85.60	286	15	298
10	99.71	322	16	231
11	114.14	356	17	112
12	128.88	388	17	309
13	143.90	419	18	93
14	159.17	448	18	204
15	174.70	476	18	283
16	190.51	503	18	334
17	206.64	528	18	359
18	223.09	552	18	361
19	239.81	576	18	342
20	256.74	597	18	305

ISSUE AGE 43 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	9.48	38	3	241
4	21.83	85	7	70
5	34.57	129	9	252
6	47.71	172	11	227
7	61.24	213	13	51
8	75.16	252	14	119
9	89.43	289	15	106
10	104.03	324	16	34
11	118.94	358	16	274
12	134.13	391	17	98
13	149.58	421	17	241
14	165.29	451	17	348
15	181.28	478	18	58
16	197.60	505	18	105
17	214.24	531	18	127
18	231.15	555	18	127
19	248.28	578	18	106
20	265.57	600	18	66

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 44 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	10.16	40	3	228
4	23.05	86	6	355
5	36.35	131	9	128
6	50.04	174	11	81
7	64.13	215	12	247
8	78.57	254	13	303
9	93.35	291	14	283
10	108.44	327	15	203
11	123.82	361	16	72
12	139.46	393	16	254
13	155.35	423	17	27
14	171.54	453	17	129
15	188.06	481	17	201
16	204.90	507	17	245
17	222.02	533	17	264
18	239.35	557	17	261
19	256.86	581	17	237
20	274.53	602	17	195

ISSUE AGE 45 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	10.91	41	3	214
4	24.37	88	6	269
5	38.24	133	9	10
6	52.50	176	10	302
7	67.13	217	12	84
8	82.09	256	13	127
9	97.37	293	14	98
10	112.94	329	15	13
11	128.78	363	15	239
12	144.88	395	16	49
13	161.27	426	16	181
14	178.00	455	16	279
15	195.05	483	16	348
16	212.39	510	17	23
17	229.94	536	17	39
18	247.67	560	17	33
19	265.57	583	17	7
20	283.64	605	16	327

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 46 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	11.71	43	3	192
4	25.76	90	6	181
5	40.21	135	8	255
6	55.03	178	10	158
7	70.19	219	11	286
8	85.67	258	12	319
9	101.45	296	13	283
10	117.49	331	14	190
11	133.80	365	15	44
12	150.41	397	15	211
13	167.36	428	15	339
14	184.64	457	16	67
15	202.20	486	16	131
16	219.99	512	16	169
17	237.95	538	16	182
18	256.09	562	16	173
19	274.40	585	16	144
20	292.90	607	16	97

ISSUE AGE 47 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	12.58	44	3	166
4	27.23	91	6	93
5	42.25	137	8	138
6	57.62	180	10	17
7	73.31	221	11	126
8	89.31	260	12	149
9	105.57	298	13	105
10	122.10	333	14	6
11	138.94	367	14	215
12	156.13	399	15	12
13	173.65	430	15	134
14	191.45	460	15	224
15	209.48	488	15	284
16	227.69	515	15	318
17	246.08	540	15	327
18	264.64	565	15	315
19	283.40	588	15	283
20	302.37	610	15	235

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 48 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	13.48	46	3	131
4	28.71	93	6	4
5	44.30	138	8	23
6	60.22	182	9	239
7	76.44	223	10	335
8	92.94	262	11	347
9	109.71	299	12	296
10	126.79	335	13	188
11	144.22	369	14	25
12	161.99	401	14	179
13	180.05	432	14	297
14	198.35	462	15	18
15	216.82	490	15	74
16	235.47	517	15	104
17	254.31	543	15	111
18	273.33	567	15	95
19	292.58	590	15	61
20	312.05	612	15	10

ISSUE AGE 49 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	14.34	47	3	87
4	30.16	94	5	278
5	46.32	140	7	269
6	62.79	183	9	98
7	79.53	224	10	178
8	96.55	263	11	182
9	113.89	301	12	124
10	131.58	336	13	8
11	149.62	371	13	200
12	167.96	403	13	350
13	186.52	434	14	98
14	205.28	464	14	179
15	224.21	492	14	231
16	243.33	519	14	258
17	262.65	545	14	261
18	282.18	569	14	242
19	301.95	593	14	206
20	321.95	615	14	155

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 50 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	15.14	48	3	35
4	31.55	95	5	187
5	48.28	141	7	149
6	65.29	184	8	322
7	82.58	225	10	26
8	100.19	265	11	21
9	118.16	302	11	319
10	136.48	338	12	192
11	155.11	373	13	14
12	173.97	405	13	157
13	193.02	436	13	266
14	212.25	466	13	343
15	231.67	494	14	26
16	251.30	521	14	49
17	271.14	547	14	48
18	291.22	572	14	27
19	311.55	596	13	353
20	332.07	618	13	301

ISSUE AGE 51 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	15.88	48	2	344
4	32.88	96	5	97
5	50.17	142	7	30
6	67.74	185	8	182
7	85.64	226	9	239
8	103.91	266	10	226
9	122.54	304	11	151
10	141.47	340	12	16
11	160.64	374	12	194
12	180.00	407	12	333
13	199.56	438	13	72
14	219.30	468	13	144
15	239.25	496	13	188
16	259.42	523	13	207
17	279.84	550	13	203
18	300.50	574	13	180
19	321.37	598	13	140
20	342.39	621	13	87

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 52 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	16.56	49	2	286
4	34.15	97	5	10
5	52.02	142	6	277
6	70.23	186	8	48
7	88.81	227	9	94
8	107.76	267	10	72
9	127.01	305	10	352
10	146.51	341	11	206
11	166.21	376	12	14
12	186.10	409	12	147
13	206.19	440	12	246
14	226.48	470	12	313
15	247.00	498	12	354
16	267.77	526	13	4
17	288.79	552	12	361
18	310.03	577	12	335
19	331.41	601	12	295
20	352.81	624	12	241

ISSUE AGE 53 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	17.17	49	2	232
4	35.37	97	4	287
5	53.90	143	6	162
6	72.82	186	7	282
7	92.10	228	8	318
8	111.70	268	9	287
9	131.55	307	10	190
10	151.60	343	11	37
11	171.85	377	11	202
12	192.30	410	11	330
13	212.95	442	12	59
14	233.85	472	12	121
15	254.99	501	12	157
16	276.39	528	12	168
17	298.01	555	12	158
18	319.79	580	12	131
19	341.57	604	12	89
20	363.27	627	12	34

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 54 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	17.75	49	2	184
4	36.62	97	4	202
5	55.89	143	6	53
6	75.53	187	7	156
7	95.49	230	8	182
8	115.72	270	9	141
9	136.14	308	10	33
10	156.77	344	10	236
11	177.59	379	11	31
12	198.64	412	11	152
13	219.92	444	11	240
14	241.46	474	11	298
15	263.27	503	11	330
16	285.30	531	11	336
17	307.48	558	11	324
18	329.68	583	11	295
19	351.79	608	11	252
20	373.82	630	11	198

ISSUE AGE 55 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	18.34	49	2	139
4	37.98	97	4	121
5	58.00	144	5	313
6	78.35	188	7	38
7	98.96	231	8	54
8	119.78	271	8	365
9	140.81	309	9	245
10	162.04	346	10	75
11	183.49	381	10	228
12	205.20	414	10	344
13	227.16	446	11	61
14	249.39	477	11	114
15	271.84	506	11	141
16	294.46	534	11	144
17	317.10	561	11	130
18	339.65	587	11	99
19	362.12	611	11	55
20	384.48	633	10	363

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 56 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	19.05	49	2	98
4	39.47	98	4	44
5	60.23	145	5	214
6	81.26	190	6	292
7	102.50	232	7	295
8	123.94	272	8	227
9	145.60	311	9	97
10	167.49	348	9	284
11	189.63	383	10	65
12	212.03	416	10	174
13	234.71	449	10	251
14	257.62	480	10	299
15	280.70	509	10	321
16	303.80	538	10	321
17	326.81	564	10	304
18	349.74	590	10	273
19	372.57	614	10	229
20	395.26	637	10	173

ISSUE AGE 57 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	19.87	50	2	59
4	41.06	99	3	336
5	62.52	146	5	121
6	84.20	191	6	186
7	106.10	233	7	175
8	128.21	274	8	94
9	150.55	312	8	320
10	173.15	350	9	133
11	196.03	385	9	272
12	219.18	419	10	9
13	242.58	452	10	80
14	266.14	483	10	123
15	289.73	513	10	140
16	313.22	541	10	138
17	336.64	568	10	119
18	359.96	593	10	86
19	383.15	618	10	40
20	406.12	640	9	348

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 58 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	20.70	50	2	19
4	42.62	100	3	264
5	64.78	147	5	34
6	87.15	192	6	84
7	109.74	234	7	59
8	132.57	275	7	329
9	155.66	314	8	180
10	179.03	352	8	351
11	202.69	388	9	116
12	226.60	422	9	212
13	250.68	455	9	277
14	274.78	486	9	314
15	298.80	516	9	327
16	322.74	544	9	323
17	346.58	571	9	302
18	370.28	597	9	269
19	393.77	621	9	223
20	416.92	644	9	165

ISSUE AGE 59 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	21.41	50	1	341
4	44.06	100	3	195
5	66.94	147	4	313
6	90.04	192	5	350
7	113.39	235	6	308
8	137.01	277	7	201
9	160.91	316	8	43
10	185.11	354	8	205
11	209.57	390	8	329
12	234.20	425	9	53
13	258.85	458	9	112
14	283.42	490	9	144
15	307.91	519	9	154
16	332.31	548	9	148
17	356.56	575	9	125
18	380.60	601	9	90
19	404.30	625	9	42
20	427.51	648	8	346

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 60 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	21.97	50	1	296
4	45.39	100	3	128
5	69.04	148	4	230
6	92.94	193	5	251
7	117.11	237	6	194
8	141.59	278	7	76
9	166.36	318	7	273
10	191.40	357	8	62
11	216.62	393	8	178
12	241.86	428	8	261
13	267.02	461	8	313
14	292.10	493	8	340
15	317.08	523	8	348
16	341.93	551	8	339
17	366.55	579	8	316
18	390.83	604	8	280
19	414.63	629	8	231
20	437.84	651	8	171

ISSUE AGE 61 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	22.42	50	1	252
4	46.66	100	3	65
5	71.14	148	4	151
6	95.92	194	5	154
7	120.99	238	6	83
8	146.38	280	6	319
9	172.03	321	7	141
10	197.88	359	7	287
11	223.75	396	8	31
12	249.54	431	8	107
13	275.25	464	8	154
14	300.86	496	8	178
15	326.33	526	8	183
16	351.59	555	8	172
17	376.49	582	8	147
18	400.90	608	8	109
19	424.72	632	8	57
20	447.68	654	7	359

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 62 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	22.84	49	1	213
4	47.95	100	3	7
5	73.36	148	4	76
6	99.08	195	5	60
7	125.12	239	5	340
8	151.44	282	6	200
9	177.95	323	7	14
10	204.49	362	7	151
11	230.95	399	7	252
12	257.32	434	7	320
13	283.60	468	7	361
14	309.74	500	8	17
15	335.66	530	8	19
16	361.23	559	8	7
17	386.30	586	7	345
18	410.76	611	7	306
19	434.36	635	7	255
20	456.81	657	7	194

ISSUE AGE 63 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	23.31	49	1	178
4	49.39	100	2	319
5	75.79	149	4	4
6	102.52	196	4	334
7	129.54	242	5	236
8	156.76	285	6	86
9	184.01	326	6	255
10	211.18	365	7	19
11	238.27	402	7	111
12	265.26	437	7	173
13	292.11	471	7	211
14	318.74	503	7	228
15	345.01	534	7	229
16	370.77	562	7	215
17	395.92	589	7	186
18	420.20	615	7	144
19	443.30	638	7	90
20	465.24	660	7	27

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 64 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	23.86	49	1	148
4	50.99	101	2	269
5	78.46	150	3	297
6	106.23	198	4	247
7	134.20	244	5	137
8	162.21	287	5	341
9	190.13	329	6	134
10	217.98	368	6	254
11	245.72	405	6	338
12	273.33	441	7	29
13	300.71	475	7	63
14	327.73	507	7	77
15	354.24	537	7	76
16	380.13	566	7	58
17	405.12	593	7	26
18	428.92	618	6	347
19	451.53	641	6	295
20	472.90	662	6	239

ISSUE AGE 65 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	24.53	49	1	122
4	52.79	101	2	221
5	81.35	152	3	228
6	110.13	200	4	163
7	138.95	246	5	40
8	167.68	290	5	233
9	196.33	331	6	17
10	224.88	371	6	127
11	253.30	409	6	203
12	281.49	444	6	254
13	309.31	478	6	284
14	336.60	510	6	296
15	363.27	541	6	292
16	389.03	569	6	272
17	413.57	596	6	239
18	436.92	620	6	195
19	458.99	643	6	144
20	479.55	664	6	88

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 66 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	26.15	50	1	113
4	55.53	104	2	186
5	85.15	155	3	171
6	114.80	203	4	91
7	144.37	250	4	320
8	173.86	294	5	134
9	203.25	335	5	272
10	232.50	375	6	6
11	261.53	413	6	77
12	290.18	449	6	123
13	318.30	483	6	149
14	345.78	515	6	158
15	372.33	545	6	151
16	397.65	573	6	128
17	421.74	599	6	91
18	444.55	623	6	45
19	465.82	646	5	359
20	485.46	666	5	310

ISSUE AGE 67 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	29.63	56	1	131
4	60.08	109	2	173
5	90.58	161	3	137
6	120.98	209	4	39
7	151.31	256	4	251
8	181.55	300	5	52
9	211.64	341	5	176
10	241.50	381	5	266
11	270.99	419	5	328
12	299.93	455	6	2
13	328.22	489	6	24
14	355.57	520	6	29
15	381.66	550	6	16
16	406.52	577	5	353
17	430.07	603	5	317
18	452.06	627	5	276
19	472.40	649	5	232
20	490.62	669	5	181

STONEBRIDGE LIFE INSURANCE COMPANY
Policy Form: SLTL1900IP
Non-Forfeiture Values Per $1,000 of Face Amount of Insurance
(i =0.045)

ISSUE AGE 68 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	1.88	4	0	32
3	33.23	61	1	141
4	64.62	115	2	156
5	95.93	166	3	100
6	127.16	215	3	349
7	158.29	261	4	180
8	189.29	305	4	332
9	220.05	348	5	79
10	250.43	387	5	160
11	280.25	425	5	217
12	309.42	461	5	252
13	337.62	494	5	269
14	364.54	525	5	268
15	390.21	554	5	252
16	414.55	581	5	224
17	437.31	606	5	188
18	458.40	630	5	148
19	477.35	651	5	102
20	493.37	671	5	44

ISSUE AGE 69 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED YEARS	TERM PERIOD DAYS
1	0.00	0	0	0
2	4.37	8	0	68
3	36.74	65	1	144
4	69.01	120	2	135
5	101.21	171	3	59
6	133.31	220	3	291
7	165.27	267	4	107
8	197.00	311	4	245
9	228.34	353	4	346
10	259.11	393	5	55
11	289.21	431	5	105
12	318.33	466	5	136
13	346.15	499	5	149
14	372.68	529	5	143
15	397.87	558	5	123
16	421.46	584	5	93
17	443.37	609	5	57
18	463.10	632	5	17
19	479.88	653	4	336
20	493.22	671	4	277

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 18 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.00	0	0	0
5	2.31	28	3	70
6	6.14	70	8	295
7	10.14	111	14	231
8	14.32	151	19	148
9	18.68	188	22	358
10	23.23	225	25	269
11	28.00	260	27	279
12	33.01	294	29	124
13	38.26	327	30	223
14	43.76	358	31	221
15	49.51	388	32	144
16	55.52	417	33	11
17	61.78	445	33	197
18	68.31	472	33	347
19	75.11	497	34	95
20	82.19	522	34	173

ISSUE AGE: 19 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.00	0	0	0
5	2.95	34	3	352
6	6.96	77	9	304
7	11.16	117	15	166
8	15.53	157	19	306
9	20.09	194	23	65
10	24.88	231	25	259
11	29.90	266	27	211
12	35.17	300	29	25
13	40.69	333	30	94
14	46.46	364	31	70
15	52.48	395	31	340
16	58.77	424	32	193
17	65.32	451	33	6
18	72.14	478	33	145
19	79.24	503	33	249
20	86.63	528	33	318

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 20 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.00	0	0	0
5	3.62	40	4	285
6	7.83	83	10	287
7	12.22	123	16	52
8	16.80	163	20	62
9	21.60	201	23	106
10	26.64	237	25	224
11	31.92	273	27	129
12	37.46	307	28	278
13	43.25	339	29	320
14	49.30	371	30	274
15	55.60	401	31	163
16	62.18	430	32	7
17	69.02	457	32	173
18	76.14	484	32	304
19	83.56	509	33	34
20	91.28	533	33	94

ISSUE AGE: 21 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.10	2	0	47
5	4.33	46	5	243
6	8.73	88	11	231
7	13.33	129	16	246
8	18.15	169	20	152
9	23.21	207	23	118
10	28.51	243	25	166
11	34.07	279	27	36
12	39.87	313	28	153
13	45.94	345	29	169
14	52.27	377	30	105
15	58.87	407	30	348
16	65.74	435	31	179
17	72.89	463	31	338
18	80.33	489	32	94
19	88.08	514	32	179
20	96.14	538	32	232

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 22 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	0.64	7	0	286
5	5.05	51	6	201
6	9.67	94	12	143
7	14.51	135	17	27
8	19.58	174	20	211
9	24.91	213	23	98
10	30.48	250	25	88
11	36.31	285	26	291
12	42.40	319	28	18
13	48.76	351	29	11
14	55.38	383	29	295
15	62.28	413	30	160
16	69.45	441	30	348
17	76.92	468	31	132
18	84.70	495	31	244
19	92.79	520	31	321
20	101.19	544	32	2

ISSUE AGE: 23 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	1.17	12	1	145
5	5.80	57	7	145
6	10.66	99	13	9
7	15.76	141	17	128
8	21.10	180	20	240
9	26.70	219	23	53
10	32.55	255	24	360
11	38.67	291	26	170
12	45.05	325	27	234
13	51.70	357	28	207
14	58.62	388	29	112
15	65.82	418	29	332
16	73.32	447	30	145
17	81.13	474	30	286
18	89.25	500	31	25
19	97.68	525	31	93
20	106.42	548	31	132

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 24 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	1.73	17	2	23
5	6.61	62	8	62
6	11.72	105	13	193
7	17.09	146	17	199
8	22.71	186	20	240
9	28.59	224	22	351
10	34.73	261	24	254
11	41.14	297	26	39
12	47.81	330	27	77
13	54.76	363	28	32
14	62.00	394	28	290
15	69.53	423	29	135
16	77.37	452	29	305
17	85.52	479	30	71
18	93.99	505	30	166
19	102.77	530	30	228
20	111.85	553	30	261

ISSUE AGE: 25 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	2.33	22	2	284
5	7.47	67	8	307
6	12.86	110	13	334
7	18.51	152	17	250
8	24.41	192	20	215
9	30.58	230	22	265
10	37.01	267	24	137
11	43.72	302	25	260
12	50.70	336	26	277
13	57.96	368	27	215
14	65.52	399	28	96
15	73.40	429	28	298
16	81.59	457	29	94
17	90.09	484	29	218
18	98.91	510	29	305
19	108.03	534	29	360
20	117.45	558	30	23

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 26 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	2.99	27	3	188
5	8.40	72	9	162
6	14.07	115	14	69
7	20.00	157	17	274
8	26.20	197	20	168
9	32.66	236	22	165
10	39.40	272	24	13
11	46.41	308	25	107
12	53.71	341	26	105
13	61.30	373	27	29
14	69.22	404	27	265
15	77.44	434	28	92
16	85.99	462	28	247
17	94.84	489	28	362
18	104.01	515	29	76
19	113.47	539	29	125
20	123.25	562	29	148

ISSUE AGE: 27 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	3.71	32	4	82
5	9.41	77	9	356
6	15.37	121	14	142
7	21.59	163	17	278
8	28.09	203	20	104
9	34.86	241	22	58
10	41.90	278	23	242
11	49.23	313	24	314
12	56.87	346	25	293
13	64.82	379	26	204
14	73.08	409	27	66
15	81.67	439	27	251
16	90.57	467	28	32
17	99.77	494	28	138
18	109.28	519	28	210
19	119.11	543	28	254
20	129.26	566	28	273

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 28 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	4.49	37	4	322
5	10.48	83	10	145
6	16.74	126	14	192
7	23.27	168	17	261
8	30.07	208	20	23
9	37.15	246	21	305
10	44.52	283	23	100
11	52.19	318	24	148
12	60.18	352	25	111
13	68.49	384	26	12
14	77.11	414	26	229
15	86.06	444	27	41
16	95.31	472	27	178
17	104.87	498	27	278
18	114.74	523	27	343
19	124.94	547	28	17
20	135.48	570	28	31

ISSUE AGE: 29 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	5.31	42	5	166
5	11.59	88	10	255
6	18.16	131	14	217
7	24.99	173	17	215
8	32.11	213	19	286
9	39.52	251	21	176
10	47.23	288	22	311
11	55.26	323	23	339
12	63.61	356	24	287
13	72.29	388	25	178
14	81.28	419	26	23
15	90.58	448	26	192
16	100.19	476	26	322
17	110.12	502	27	49
18	120.37	527	27	109
19	130.97	551	27	143
20	141.94	574	27	153

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 30 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.00	0	0	0
4	6.14	47	5	343
5	12.74	92	10	329
6	19.61	136	14	216
7	26.77	178	17	148
8	34.22	218	19	171
9	41.97	256	21	36
10	50.05	292	22	147
11	58.45	328	23	157
12	67.17	361	24	93
13	76.21	393	24	340
14	85.57	423	25	178
15	95.23	452	25	340
16	105.21	480	26	96
17	115.52	506	26	181
18	126.18	531	26	237
19	137.21	555	26	266
20	148.61	578	26	273

ISSUE AGE: 31 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.35	3	0	127
4	6.99	51	6	124
5	13.90	96	10	365
6	21.11	140	14	193
7	28.60	182	17	62
8	36.40	222	19	45
9	44.52	260	20	251
10	52.97	297	21	341
11	61.74	332	22	335
12	70.84	365	23	259
13	80.25	397	24	133
14	89.96	427	24	329
15	100.01	456	25	118
16	110.38	484	25	233
17	121.10	510	25	313
18	132.19	535	25	363
19	143.66	559	26	23
20	155.50	582	26	26

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 32 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	0.89	7	0	305
4	7.85	55	6	236
5	15.10	100	11	14
6	22.64	144	14	147
7	30.49	186	16	323
8	38.66	226	18	273
9	47.16	264	20	93
10	55.99	301	21	161
11	65.14	336	22	141
12	74.61	369	23	57
13	84.38	401	23	288
14	94.49	431	24	112
15	104.92	460	24	259
16	115.71	487	25	2
17	126.87	513	25	76
18	138.42	539	25	123
19	150.33	563	25	144
20	162.58	585	25	144

ISSUE AGE: 33 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	1.44	10	1	98
4	8.74	58	6	320
5	16.33	104	11	12
6	24.23	148	14	83
7	32.45	190	16	204
8	41.01	230	18	129
9	49.89	268	19	292
10	59.10	305	20	343
11	68.63	340	21	309
12	78.47	373	22	215
13	88.65	404	23	76
14	99.15	435	23	258
15	110.00	463	24	33
16	121.24	491	24	134
17	132.86	517	24	204
18	144.85	542	24	246
19	157.18	566	24	265
20	169.84	589	24	261

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 34 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	2.01	14	1	239
4	9.65	62	7	8
5	17.60	108	10	358
6	25.88	151	14	3
7	34.50	194	16	79
8	43.44	234	17	345
9	52.72	272	19	121
10	62.31	308	20	154
11	72.22	343	21	110
12	82.46	376	22	9
13	93.04	408	22	227
14	103.97	438	23	38
15	115.28	467	23	171
16	126.98	494	23	267
17	139.05	520	23	332
18	151.47	545	24	6
19	164.21	569	24	20
20	177.26	592	24	13

ISSUE AGE: 35 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	2.58	17	1	365
4	10.59	65	7	37
5	18.93	111	10	326
6	27.61	155	13	274
7	36.62	197	15	310
8	45.96	237	17	189
9	55.62	275	18	310
10	65.60	312	19	328
11	75.92	346	20	274
12	86.57	379	21	166
13	97.58	411	22	13
14	108.98	441	22	181
15	120.76	470	22	308
16	132.92	497	23	34
17	145.43	524	23	95
18	158.26	548	23	130
19	171.41	572	23	141
20	184.84	594	23	131

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 36 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	3.18	20	2	112
4	11.58	68	7	47
5	20.33	114	10	281
6	29.40	158	13	170
7	38.81	200	15	171
8	48.55	240	17	31
9	58.61	279	18	131
10	69.00	315	19	135
11	79.73	350	20	72
12	90.83	383	20	323
13	102.31	414	21	163
14	114.18	444	21	325
15	126.43	473	22	80
16	139.03	501	22	166
17	151.97	527	22	223
18	165.21	551	22	255
19	178.75	575	22	263
20	192.55	597	22	250

ISSUE AGE: 37 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	3.81	23	2	204
4	12.62	71	7	46
5	21.77	117	10	222
6	31.26	161	13	58
7	41.07	203	15	31
8	51.21	243	16	233
9	61.69	282	17	315
10	72.50	318	18	307
11	83.68	353	19	235
12	95.26	386	20	114
13	107.22	417	20	314
14	119.57	448	21	103
15	132.27	476	21	217
16	145.31	504	21	299
17	158.66	530	21	353
18	172.31	554	22	16
19	186.22	577	22	21
20	200.40	600	22	5

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 38 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	4.48	26	2	279
4	13.70	74	7	37
5	23.27	120	10	153
6	33.17	164	12	304
7	43.39	206	14	252
8	53.95	246	16	68
9	64.86	284	17	132
10	76.13	321	18	113
11	87.80	356	19	34
12	99.87	389	19	272
13	112.32	420	20	99
14	125.13	451	20	247
15	138.27	479	20	356
16	151.74	506	21	69
17	165.49	532	21	118
18	179.52	557	21	143
19	193.82	580	21	145
20	208.43	602	21	127

ISSUE AGE: 39 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	5.16	28	2	330
4	14.81	77	7	20
5	24.79	123	10	73
6	35.10	167	12	178
7	45.76	209	14	105
8	56.76	249	15	264
9	68.13	287	16	313
10	79.91	324	17	284
11	92.08	358	18	198
12	104.64	392	19	64
13	117.56	423	19	250
14	130.82	453	20	26
15	144.40	482	20	130
16	158.28	509	20	203
17	172.43	535	20	250
18	186.86	559	20	271
19	201.59	582	20	270
20	216.68	604	20	249

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 40 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	5.84	31	2	363
4	15.91	79	6	355
5	26.32	125	9	348
6	37.08	169	12	49
7	48.18	211	13	320
8	59.66	251	15	93
9	71.54	290	16	127
10	83.82	326	17	89
11	96.50	361	17	363
12	109.54	394	18	222
13	122.92	426	19	36
14	136.63	456	19	171
15	150.63	484	19	270
16	164.92	511	19	340
17	179.48	537	20	18
18	194.35	561	20	36
19	209.57	585	20	32
20	225.14	607	20	8

ISSUE AGE: 41 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	6.51	33	3	15
4	17.01	81	6	315
5	27.87	127	9	247
6	39.08	172	11	281
7	50.67	214	13	165
8	62.67	254	14	284
9	75.07	292	15	306
10	87.87	329	16	260
11	101.04	364	17	162
12	114.55	397	18	17
13	128.39	429	18	187
14	142.53	458	18	316
15	156.95	487	19	46
16	171.65	514	19	112
17	186.67	539	19	152
18	202.04	564	19	167
19	217.76	587	19	160
20	233.78	609	19	134

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 42 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	7.16	34	3	23
4	18.13	83	6	265
5	29.45	129	9	141
6	41.16	174	11	148
7	53.28	216	13	11
8	65.81	256	14	111
9	78.74	295	15	122
10	92.04	332	16	69
11	105.69	366	16	329
12	119.66	399	17	175
13	133.95	431	17	340
14	148.52	461	18	99
15	163.37	489	18	189
16	178.54	516	18	252
17	194.07	541	18	287
18	209.94	566	18	299
19	226.13	589	18	290
20	242.56	611	18	261

ISSUE AGE: 43 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	7.82	36	3	29
4	19.26	85	6	207
5	31.09	131	9	33
6	43.34	176	11	16
7	56.00	218	12	219
8	69.07	259	13	303
9	82.51	297	14	304
10	96.31	334	15	244
11	110.43	369	16	132
12	124.87	402	16	337
13	139.60	433	17	129
14	154.60	463	17	248
15	169.93	491	17	335
16	185.63	518	18	28
17	201.68	544	18	61
18	218.03	568	18	69
19	234.64	591	18	57
20	251.46	613	18	25

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 44 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	8.49	38	3	33
4	20.45	87	6	144
5	32.84	133	8	288
6	45.64	178	10	247
7	58.85	221	12	64
8	72.44	261	13	133
9	86.39	300	14	124
10	100.67	336	15	57
11	115.27	371	15	304
12	130.16	404	16	135
13	145.34	435	16	286
14	160.84	465	17	35
15	176.71	493	17	118
16	192.93	520	17	172
17	209.47	546	17	201
18	226.27	570	17	207
19	243.28	593	17	192
20	260.49	615	17	157

ISSUE AGE: 45 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	9.21	39	3	34
4	21.74	88	6	77
5	34.69	135	8	180
6	48.06	180	10	116
7	61.80	223	11	275
8	75.91	263	12	331
9	90.36	302	13	313
10	105.14	338	14	239
11	120.20	373	15	113
12	135.55	406	15	302
13	151.23	437	16	81
14	167.28	467	16	190
15	183.70	495	16	269
16	200.43	522	16	320
17	217.42	548	16	345
18	234.63	572	16	347
19	252.05	595	16	329
20	269.69	617	16	291

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 46 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	10.00	41	3	29
4	23.10	90	6	6
5	36.63	137	8	74
6	50.55	182	9	351
7	64.83	225	11	123
8	79.46	265	12	166
9	94.41	304	13	140
10	109.65	340	14	59
11	125.19	375	14	290
12	141.06	408	15	105
13	157.31	439	15	244
14	173.93	469	15	349
15	190.86	497	16	58
16	208.06	524	16	104
17	225.48	550	16	126
18	243.12	574	16	126
19	260.97	597	16	104
20	279.05	619	16	64

ISSUE AGE: 47 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	10.85	43	3	17
4	24.55	92	5	295
5	38.64	139	7	335
6	53.10	184	9	219
7	67.92	227	10	340
8	83.06	267	12	5
9	98.50	306	12	336
10	114.23	342	13	246
11	130.31	377	14	104
12	146.76	409	14	276
13	163.59	441	15	45
14	180.74	471	15	145
15	198.16	499	15	214
16	215.80	526	15	257
17	233.66	552	15	275
18	251.74	576	15	271
19	270.06	600	15	246
20	288.64	622	15	204

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 48 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	11.73	44	2	361
4	26.01	94	5	216
5	40.66	141	7	229
6	55.67	186	9	88
7	71.02	229	10	190
8	86.66	269	11	210
9	102.61	307	12	168
10	118.90	344	13	72
11	135.57	378	13	284
12	152.63	411	14	85
13	170.01	443	14	213
14	187.66	473	14	308
15	205.54	501	15	9
16	223.64	528	15	47
17	241.96	554	15	62
18	260.52	578	15	54
19	279.35	602	15	26
20	298.45	624	14	346

ISSUE AGE: 49 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	12.58	46	2	328
4	27.44	96	5	136
5	42.66	143	7	122
6	58.21	188	8	321
7	74.08	230	10	43
8	90.25	270	11	53
9	106.76	309	12	4
10	123.67	345	12	262
11	140.97	380	13	101
12	158.59	413	13	261
13	176.49	445	14	19
14	194.62	475	14	109
15	212.97	503	14	170
16	231.55	530	14	204
17	250.38	556	14	215
18	269.47	580	14	204
19	288.85	604	14	174
20	308.51	626	14	128

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 50 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	13.37	47	2	286
4	28.81	97	5	54
5	44.60	144	7	14
6	60.69	189	8	188
7	77.10	231	9	262
8	93.86	271	10	263
9	111.02	310	11	205
10	128.56	347	12	89
11	146.45	382	12	285
12	164.61	415	13	73
13	183.01	446	13	191
14	201.63	476	13	277
15	220.49	505	13	333
16	239.59	532	13	364
17	258.97	558	14	6
18	278.63	583	13	355
19	298.59	606	13	323
20	318.81	629	13	277

ISSUE AGE: 51 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	14.09	47	2	237
4	30.12	97	4	339
5	46.46	144	6	267
6	63.12	189	8	58
7	80.14	232	9	118
8	97.56	272	10	111
9	115.38	311	11	44
10	133.54	348	11	283
11	151.98	383	12	106
12	170.66	416	12	253
13	189.58	448	13	1
14	208.72	478	13	82
15	228.12	507	13	134
16	247.80	534	13	161
17	267.77	560	13	163
18	288.04	585	13	146
19	308.57	609	13	112
20	329.31	632	13	63

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 52 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	14.76	48	2	188
4	31.37	98	4	258
5	48.30	145	6	158
6	65.59	190	7	295
7	83.29	233	8	344
8	101.39	273	9	328
9	119.85	312	10	251
10	138.59	349	11	115
11	157.57	384	11	296
12	176.79	418	12	73
13	196.25	449	12	180
14	215.96	480	12	255
15	235.95	508	12	303
16	256.25	536	12	325
17	276.85	562	12	324
18	297.72	587	12	304
19	318.79	611	12	268
20	339.94	634	12	220

ISSUE AGE: 53 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	15.37	48	2	142
4	32.58	98	4	180
5	50.16	145	6	53
6	68.16	190	7	171
7	86.57	234	8	209
8	105.33	275	9	184
9	124.39	314	10	96
10	143.69	351	10	315
11	163.23	386	11	124
12	183.01	419	11	260
13	203.06	451	11	362
14	223.39	481	12	67
15	244.03	510	12	110
16	264.98	538	12	128
17	286.20	565	12	123
18	307.64	590	12	101
19	329.15	614	12	64
20	350.63	637	12	13

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 54 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	15.93	48	2	100
4	33.81	98	4	104
5	52.13	146	5	315
6	70.86	191	7	53
7	89.95	235	8	81
8	109.34	276	9	45
9	128.98	315	9	310
10	148.87	352	10	155
11	169.00	387	10	322
12	189.40	421	11	87
13	210.09	453	11	182
14	231.09	483	11	248
15	252.41	513	11	286
16	274.01	541	11	299
17	295.83	567	11	291
18	317.72	593	11	268
19	339.58	617	11	230
20	361.43	640	11	180

ISSUE AGE: 55 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	16.51	48	2	62
4	35.16	98	4	31
5	54.23	147	5	216
6	73.67	192	6	305
7	93.42	236	7	323
8	113.41	277	8	274
9	133.66	316	9	162
10	154.16	353	9	365
11	174.93	389	10	159
12	196.01	422	10	283
13	217.39	455	11	7
14	239.10	486	11	67
15	261.10	515	11	100
16	283.32	543	11	109
17	305.62	570	11	99
18	327.89	596	11	74
19	350.14	620	11	33
20	372.35	643	10	347

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 56 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	17.21	48	2	28
4	36.65	99	3	325
5	56.45	147	5	124
6	76.57	193	6	199
7	96.95	237	7	205
8	117.58	278	8	143
9	138.47	317	9	21
10	159.64	355	9	214
11	181.11	390	10	2
12	202.90	424	10	117
13	225.03	457	10	201
14	247.45	488	10	255
15	270.10	518	10	283
16	292.82	546	10	288
17	315.52	573	10	277
18	338.20	599	10	249
19	360.84	623	10	209
20	383.42	646	10	157

ISSUE AGE: 57 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	18.03	49	1	360
4	38.22	100	3	257
5	58.74	148	5	38
6	79.51	194	6	100
7	100.55	238	7	93
8	121.86	279	8	17
9	143.44	319	8	247
10	165.34	356	9	68
11	187.56	392	9	212
12	210.13	427	9	321
13	232.99	460	10	34
14	256.09	491	10	82
15	279.27	521	10	105
16	302.42	549	10	108
17	325.56	576	10	93
18	348.66	602	10	64
19	371.69	626	10	22
20	394.58	649	9	334

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 58 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	18.85	50	1	324
4	39.79	101	3	192
5	60.99	149	4	320
6	82.46	195	6	5
7	104.20	239	6	348
8	126.23	281	7	257
9	148.58	320	8	113
10	171.26	358	8	289
11	194.30	395	9	62
12	217.64	429	9	164
13	241.21	463	9	234
14	264.87	494	9	277
15	288.51	524	9	295
16	312.13	553	9	295
17	335.72	579	9	279
18	359.24	605	9	249
19	382.61	629	9	207
20	405.70	652	9	152

ISSUE AGE: 59 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	19.56	50	1	285
4	41.22	101	3	128
5	63.16	150	4	240
6	85.36	196	5	275
7	107.87	240	6	237
8	130.70	282	7	134
9	153.87	322	7	346
10	177.40	360	8	148
11	201.25	397	8	278
12	225.33	432	9	8
13	249.51	466	9	72
14	273.66	497	9	109
15	297.80	527	9	125
16	321.91	556	9	122
17	345.95	583	9	104
18	369.84	608	9	72
19	393.45	633	9	27
20	416.64	656	8	335

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 60 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	20.12	50	1	245
4	42.55	101	3	66
5	65.26	150	4	162
6	88.27	196	5	182
7	111.61	241	6	128
8	135.31	283	7	14
9	159.37	324	7	215
10	183.75	363	8	10
11	208.39	400	8	132
12	233.11	435	8	220
13	257.81	468	8	277
14	282.51	500	8	309
15	307.16	530	8	321
16	331.76	559	8	316
17	356.20	586	8	296
18	380.37	612	8	264
19	404.11	636	8	218
20	427.34	659	8	161

ISSUE AGE: 61 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	20.58	49	1	206
4	43.82	101	3	7
5	67.36	150	4	88
6	91.26	197	5	91
7	115.51	242	6	22
8	140.14	285	6	261
9	165.10	326	7	88
10	190.31	365	7	239
11	215.62	402	7	353
12	240.91	438	8	69
13	266.19	471	8	120
14	291.44	503	8	149
15	316.63	533	8	158
16	341.66	562	8	151
17	366.42	589	8	129
18	390.75	615	8	94
19	414.55	639	8	45
20	437.56	662	7	350

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 62 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	20.99	49	1	170
4	45.12	101	2	318
5	69.59	150	4	18
6	94.44	198	5	2
7	119.67	243	5	283
8	145.24	287	6	147
9	171.08	328	6	330
10	197.01	368	7	107
11	222.93	405	7	213
12	248.83	441	7	285
13	274.71	474	7	331
14	300.53	506	7	355
15	326.19	537	7	361
16	351.57	565	7	352
17	376.52	593	7	329
18	400.94	618	7	293
19	424.56	642	7	244
20	447.09	664	7	186

ISSUE AGE: 63 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	21.46	48	1	139
4	46.56	101	2	269
5	72.03	151	3	315
6	97.91	199	4	281
7	124.13	245	5	184
8	150.62	289	6	37
9	177.22	331	6	210
10	203.80	370	6	343
11	230.37	408	7	75
12	256.92	444	7	141
13	283.40	477	7	183
14	309.74	510	7	204
15	335.78	540	7	208
16	361.40	569	7	197
17	386.47	596	7	171
18	410.73	621	7	132
19	433.88	645	7	81
20	455.93	667	7	19

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 64 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	22.02	48	1	112
4	48.17	101	2	223
5	74.72	152	3	248
6	101.64	201	4	198
7	128.84	247	5	89
8	156.14	292	5	296
9	183.43	333	6	93
10	210.71	373	6	217
11	237.97	411	6	305
12	265.16	447	6	364
13	292.21	481	7	37
14	318.97	513	7	55
15	345.29	543	7	56
16	371.06	572	7	42
17	396.00	599	7	12
18	419.82	624	6	336
19	442.52	647	6	287
20	464.03	669	6	233

ISSUE AGE: 65 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	22.70	48	1	89
4	49.98	102	2	179
5	77.64	154	3	183
6	105.59	203	4	118
7	133.64	250	4	362
8	161.68	294	5	192
9	189.73	336	5	344
10	217.74	376	6	93
11	245.70	414	6	174
12	273.51	450	6	228
13	301.02	484	6	261
14	328.09	516	6	276
15	354.61	547	6	275
16	380.28	575	6	258
17	404.81	602	6	228
18	428.21	626	6	186
19	450.40	649	6	136
20	471.13	670	6	82

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 66 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	23.51	48	1	68
4	51.95	103	2	135
5	80.70	155	3	120
6	109.56	205	4	40
7	138.41	252	4	271
8	167.27	296	5	90
9	196.10	339	5	232
10	224.87	379	5	335
11	253.49	417	6	44
12	281.82	453	6	94
13	309.69	487	6	124
14	337.00	520	6	136
15	363.46	550	6	132
16	388.75	578	6	111
17	412.89	604	6	78
18	435.81	628	6	33
19	457.25	651	5	350
20	477.13	672	5	304

ISSUE AGE: 67 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	26.46	53	1	81
4	56.01	108	2	120
5	85.67	160	3	84
6	115.32	210	3	352
7	144.98	257	4	203
8	174.62	302	5	7
9	204.20	344	5	136
10	233.63	385	5	230
11	262.76	423	5	296
12	291.43	459	5	339
13	319.53	493	5	363
14	346.76	525	6	6
15	372.81	554	5	361
16	397.68	581	5	338
17	421.33	607	5	304
18	443.48	631	5	265
19	464.05	653	5	223
20	482.55	674	5	174

STONEBRIDGE LIFE INSURANCE COMPANY

Policy Form: SLTL1900IP

Non-Forfeiture Values Per $1,000 of Face Amount of Insurance

(i = 5.00%)

ISSUE AGE: 68 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	0.00	0	0	0
3	30.09	58	1	97
4	60.59	113	2	109
5	91.08	166	3	52
6	121.58	216	3	302
7	152.07	263	4	137
8	182.50	308	4	293
9	212.78	350	5	43
10	242.75	391	5	128
11	272.26	429	5	188
12	301.19	464	5	227
13	329.24	498	5	247
14	356.08	529	5	249
15	381.73	558	5	236
16	406.13	585	5	210
17	429.02	610	5	176
18	450.31	634	5	138
19	469.52	656	5	94
20	485.87	675	5	39

ISSUE AGE: 69 (ALB) UNISEX

END OF POLICY YEAR	CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM PERIOD YEARS	DAYS
1	0.00	0	0	0
2	2.22	5	0	35
3	33.62	63	1	104
4	65.03	119	2	93
5	96.43	171	3	17
6	127.83	221	3	250
7	159.17	268	4	69
8	190.36	313	4	210
9	221.25	356	4	314
10	251.65	396	5	26
11	281.48	434	5	80
12	310.40	470	5	114
13	338.09	502	5	129
14	364.57	533	5	126
15	389.79	562	5	109
16	413.47	588	5	80
17	435.54	613	5	47
18	455.52	636	5	9
19	472.59	657	4	330
20	486.30	675	4	273