

SERFF Tracking Number: AEGL-125905288 State: Arkansas
Filing Company: Transamerica Life Insurance Company State Tracking Number: 41109
Company Tracking Number:
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: BPC/LPC0100 Unlimited Cancer Policies
Project Name/Number: BPC/LPC0100 Unlimited 15% increase/07CR15U7

Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: BPC/LPC0100 Unlimited Cancer Policies SERFF Tr Num: AEGL-125905288 State: ArkansasLH

Cancer Policies

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed State Tr Num: 41109

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: State Status: Approved-Closed

Filing Type: Rate Co Status: Reviewer(s): Rosalind Minor
Author: Stephen Gwin Disposition Date: 12/16/2008
Date Submitted: 12/13/2008 Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2009 Implementation Date:

State Filing Description:

General Information

Project Name: BPC/LPC0100 Unlimited 15% increase

Project Number: 07CR15U7

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 15%

Filing Status Changed: 12/16/2008

State Status Changed: 12/16/2008

Corresponding Filing Tracking Number:

Filing Description:

This request is for a 15% rate increase on policies with unlimited chemotherapy, radiation therapy and blood benefits of policy forms BPC01AR and LPC01AR which are state specific versions of the nationwide standard forms BPC0100 and LPC0100. Rider form BRC0100 or LRC0100 was used to remove an annual maximum in the policy form to make these

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/26/2008

Domicile Status Comments: Iowa approved a 12% rate increase.

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

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benefits unlimited. Forms included in this filing are BPC01AR and rider BRC0100 and LPC01AR and rider LRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE514, BRE620, BRHC0100, BRH0100, BRTC0100, BRSC0100, BRCS0100, LRC532, LRC533, LRC534, LRE620, LRHC0100, LRH0100, LRTC0100, LRSC0100, LRCS0100. Policies with these unlimited benefits are no longer sold, so this is a closed block of business. You approved a 15% rate increase for policies of form BPC01AR with annual maximums for chemotherapy, radiation therapy and blood benefits on September 9, 2008 (AR DOI File No. 40196), but the policies of this filing were not included in that filing.

Enclosed is an actuarial memorandum with inception-to-date nationwide history. An exhibit of Arkansas only experience is also enclosed. The number of policies as of April 30, 2008 affected by this increase is 10,719 nationwide and 615 in your state.

Policies of these forms with unlimited chemotherapy benefits have had the following previous rate increases in your state:

Form-----Year Approved----Rate Increase-----	Form-----Year Approved----Rate Increase
BPC01AR-----1999-----25% (Direct billed only)-----	LPC01AR-----1999-----25% (Direct billed only)
BPC01AR-----2001-----25% (Direct billed only)-----	LPC01AR-----2001-----50%
BPC01AR-----2002-----20%-----	LPC01AR-----2002-----25%
Both forms-----2003-----30%	
Both forms-----2004-----30%	
Both forms-----2005-----30%	
Both forms-----2006-----30%	
Both forms-----2007-----30%	

We plan to implement this increase, subject to your review and after 60 days notice to the policyholder, beginning with the next modal premium due date on or after June 1, 2009, which is one year after the last rate increase was implemented. We will make sure that no individual policy will receive this increase until at least one year after its last rate increase. We received domiciliary state approval of a 12% rate increase on November 26, 2008.

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Company and Contact

Filing Contact Information

Stephen Gwin, Actuary, Accident and Health sgwin@aegonusa.com
 400 West Market Street (502) 560-3008 [Phone]
 Louisville, KY 40202 (502) 560-2140[FAX]

Filing Company Information

Transamerica Life Insurance Company CoCode: 86231 State of Domicile: Iowa
 400 West Market Street Group Code: 468 Company Type: Life & Health
 Insurance
 Louisville, KY 40202 Group Name: State ID Number:
 (502) 560-3008 ext. [Phone] FEIN Number: 39-0989781

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Our domicile state of Iowa does not charge a filing fee for a rate filing, so no retaliatory fee applies to this filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	12/13/2008	24527908

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/16/2008	12/16/2008

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Disposition

Disposition Date: 12/16/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved your request of a 15% level rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Transamerica Life Insurance Company	15.000%	\$170,041	615	\$1,133,606	%	%	15.000%

SERFF Tracking Number: AEGL-125905288 *State:* Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Rate	Rate sheets	Approved-Closed	No

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 30.000%
Effective Date of Last Rate Revision: 06/01/2008
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Transamerica Life Insurance Company	15.000%	15.000%	\$170,041	615	\$1,133,606	%	%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	Rate sheets	BPC01AR and rider BRC0100, LPC01AR and rider LRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE514, BRE620, BRHC0100, BRH0100, BRTC0100, BRSC0100, BRCS0100, LRC532, LRC533, LRC534, LRE620, LRHC0100, LRH0100, LRTC0100, LRSC0100, LRCS0100	Revised	Previous State Filing Number: 36720 Percent Rate Change Request: 15	BPC0100_AR.pdf LPC0100_AR.pdf

TRANSAMERICA LIFE INSURANCE COMPANY (formerly Bankers United Life Assurance Company)

Home Office: Cedar Rapids, Iowa -- Administrative Office: Louisville, Kentucky

12/08

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MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100

DIRECT PREMIUM RATES

	CURRENT RATES			PROPOSED RATES		
Individual						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$116.61	\$11.82	\$54.29	\$134.10	\$13.59	\$62.43
60-64	\$240.55	\$28.91	\$102.34	\$276.63	\$33.25	\$117.69
65-69	\$255.14	\$31.33	\$103.75	\$293.41	\$36.03	\$119.31
70-74	\$277.78	\$34.48	\$104.74	\$319.45	\$39.65	\$120.45
75-79	\$293.79	\$38.30	\$99.58	\$337.86	\$44.05	\$114.52
80-85	\$309.11	\$43.15	\$88.44	\$355.48	\$49.62	\$101.71
\$2,500 Deductible Policies With Unlimited Chemotherapy						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$73.80	\$6.97	\$30.99	\$84.87	\$8.02	\$35.64
60-64	\$146.22	\$16.38	\$58.49	\$168.15	\$18.84	\$67.26
65-69	\$154.22	\$17.78	\$58.83	\$177.35	\$20.45	\$67.65
70-74	\$167.43	\$19.86	\$59.88	\$192.54	\$22.84	\$68.86
75-79	\$176.81	\$21.92	\$56.75	\$203.33	\$25.21	\$65.26
80-85	\$184.48	\$24.38	\$50.47	\$212.15	\$28.04	\$58.04
\$5,000 Deductible Policies With Unlimited Chemotherapy						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$49.06	\$3.82	\$17.41	\$56.42	\$4.39	\$20.02
60-64	\$91.55	\$9.40	\$32.73	\$105.28	\$10.81	\$37.64
65-69	\$95.75	\$10.09	\$33.07	\$110.11	\$11.60	\$38.03
70-74	\$103.39	\$11.14	\$33.41	\$118.90	\$12.81	\$38.42
75-79	\$108.97	\$12.21	\$31.69	\$125.32	\$14.04	\$36.44
80-85	\$112.06	\$13.92	\$28.55	\$128.87	\$16.01	\$32.83
Two Adult Family						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$143.08	\$14.96	\$68.91	\$164.54	\$17.20	\$79.25
60-64	\$293.79	\$35.50	\$127.76	\$337.86	\$40.83	\$146.92
65-69	\$315.71	\$38.65	\$130.90	\$363.07	\$44.45	\$150.54
70-74	\$351.57	\$44.21	\$135.41	\$404.31	\$50.84	\$155.72
75-79	\$382.55	\$49.79	\$132.99	\$439.93	\$57.26	\$152.94
80-85	\$429.90	\$59.88	\$125.32	\$494.39	\$68.86	\$144.12
\$2,500 Deductible Policies With Unlimited Chemotherapy						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$89.12	\$8.72	\$39.33	\$102.49	\$10.03	\$45.23
60-64	\$177.54	\$20.20	\$72.74	\$204.17	\$23.23	\$83.65
65-69	\$189.72	\$22.27	\$74.48	\$218.18	\$25.61	\$85.65
70-74	\$210.59	\$25.06	\$77.62	\$242.18	\$28.82	\$89.26
75-79	\$229.05	\$28.18	\$75.88	\$263.41	\$32.41	\$87.26
80-85	\$255.52	\$34.10	\$71.33	\$293.85	\$39.22	\$82.03
\$5,000 Deductible Policies With Unlimited Chemotherapy						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$57.79	\$4.89	\$22.27	\$66.46	\$5.62	\$25.61
60-64	\$109.98	\$11.49	\$40.73	\$126.48	\$13.21	\$46.84
65-69	\$116.61	\$12.21	\$41.80	\$134.10	\$14.04	\$48.07
70-74	\$128.79	\$14.29	\$43.50	\$148.11	\$16.43	\$50.03
75-79	\$139.93	\$16.02	\$42.47	\$160.92	\$18.42	\$48.84
80-85	\$154.53	\$18.80	\$39.33	\$177.71	\$21.62	\$45.23
Dependent Children Coverage						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$14.29	\$1.74	\$8.37	\$16.43	\$2.00	\$9.63
\$2,500 Deductible Policies With Unlimited Chemotherapy						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$8.00	\$1.05	\$4.89	\$9.20	\$1.21	\$5.62
\$5,000 Deductible Policies With Unlimited Chemotherapy						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$4.51	\$0.68	\$3.90	\$5.19	\$0.78	\$4.49

TRANSAMERICA LIFE INSURANCE COMPANY (formerly Bankers United Life Assurance Company)

Home Office: Cedar Rapids, Iowa -- Administrative Office: Louisville, Kentucky

12/08

P:\mp\DATA\partners\DSIRateIncr\RateSheets\LPC0100unlimited2007\BPC0100_AR.xls\BU_PREMS 2007 15%

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100

PAYROLL PREMIUM RATES

		CURRENT RATES			PROPOSED RATES		
Individual							
No Deductible							
	Policies With Unlimited Chemotherapy				Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$58.81	\$5.58	\$26.96	\$67.63	\$6.42	\$31.00	
65-69	\$163.29	\$20.06	\$66.37	\$187.78	\$23.07	\$76.33	
70-74	\$177.75	\$22.06	\$67.05	\$204.41	\$25.37	\$77.11	
75-79	\$188.02	\$24.51	\$63.71	\$216.22	\$28.19	\$73.27	
80-85	\$197.82	\$27.61	\$56.58	\$227.49	\$31.75	\$65.07	
\$2,500 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$38.53	\$3.34	\$15.37	\$44.31	\$3.84	\$17.68	
65-69	\$98.70	\$11.36	\$37.64	\$113.51	\$13.06	\$43.29	
70-74	\$107.16	\$12.73	\$38.35	\$123.23	\$14.64	\$44.10	
75-79	\$113.17	\$14.01	\$36.30	\$130.15	\$16.11	\$41.75	
80-85	\$118.07	\$15.60	\$32.29	\$135.78	\$17.94	\$37.13	
\$5,000 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$26.49	\$1.78	\$8.68	\$30.46	\$2.05	\$9.98	
65-69	\$61.28	\$6.46	\$21.16	\$70.47	\$7.43	\$24.33	
70-74	\$66.18	\$7.15	\$21.40	\$76.11	\$8.22	\$24.61	
75-79	\$69.72	\$7.81	\$20.28	\$80.18	\$8.98	\$23.32	
80-85	\$71.76	\$8.92	\$18.29	\$82.52	\$10.26	\$21.03	
Two Adult Family							
No Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$71.53	\$7.15	\$34.07	\$82.26	\$8.22	\$39.18	
65-69	\$202.07	\$24.74	\$83.77	\$232.38	\$28.45	\$96.34	
70-74	\$224.99	\$28.29	\$86.65	\$258.74	\$32.53	\$99.65	
75-79	\$244.83	\$31.86	\$85.11	\$281.55	\$36.64	\$97.88	
80-85	\$275.13	\$38.35	\$80.20	\$316.40	\$44.10	\$92.23	
\$2,500 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$45.90	\$4.00	\$19.40	\$52.79	\$4.60	\$22.31	
65-69	\$121.41	\$14.26	\$47.67	\$139.62	\$16.40	\$54.82	
70-74	\$134.80	\$16.06	\$49.67	\$155.02	\$18.47	\$57.12	
75-79	\$146.59	\$18.07	\$48.56	\$168.58	\$20.78	\$55.84	
80-85	\$163.53	\$21.81	\$45.68	\$188.06	\$25.08	\$52.53	
\$5,000 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
18-64	\$30.97	\$2.21	\$10.92	\$35.62	\$2.54	\$12.56	
65-69	\$74.63	\$7.81	\$26.74	\$85.82	\$8.98	\$30.75	
70-74	\$82.43	\$9.14	\$27.85	\$94.79	\$10.51	\$32.03	
75-79	\$89.57	\$10.26	\$27.20	\$103.01	\$11.80	\$31.28	
80-85	\$98.92	\$12.01	\$25.17	\$113.76	\$13.81	\$28.95	
Dependent Children Coverage							
No Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
	\$9.36	\$1.12	\$5.34	\$10.76	\$1.29	\$6.14	
\$2,500 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
	\$5.34	\$0.66	\$3.13	\$6.14	\$0.76	\$3.60	
\$5,000 Deductible							
	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy			
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo	
	\$2.87	\$0.46	\$1.78	\$3.30	\$0.53	\$2.05	

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MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
RIDER BRC532 - Initial Diagnosis Rider				
INDIVIDUAL	\$163.37	\$187.88	\$88.18	\$101.41
FAMILY	\$326.74	\$375.75	\$176.37	\$202.83
SINGLE PARENT FAMILY	\$196.05	\$225.46	\$105.83	\$121.70
RIDER BRC533 - Specified Disease Rider				
INDIVIDUAL - One unit	\$117.62	\$135.26	\$63.49	\$73.01
INDIVIDUAL - Two units	\$150.31	\$172.86	\$81.13	\$93.30
INDIVIDUAL - Three units	\$182.98	\$210.43	\$98.76	\$113.57
FAMILY - One unit	\$196.05	\$225.46	\$105.83	\$121.70
FAMILY - Two units	\$254.87	\$293.10	\$137.57	\$158.21
FAMILY - Three units	\$313.68	\$360.73	\$169.33	\$194.73
SINGLE PARENT FAMILY - One unit	\$169.91	\$195.40	\$91.72	\$105.48
SINGLE PARENT FAMILY - Two units	\$215.66	\$248.01	\$116.40	\$133.86
SINGLE PARENT FAMILY - Three units	\$261.39	\$300.60	\$141.10	\$162.27
RIDER BRC534 - Home Recovery Rider				
INDIVIDUAL - One unit	\$156.83	\$180.35	\$84.66	\$97.36
INDIVIDUAL - Two units	\$215.66	\$248.01	\$116.40	\$133.86
INDIVIDUAL - Three units	\$274.47	\$315.64	\$148.16	\$170.38
FAMILY - One unit	\$235.26	\$270.55	\$126.98	\$146.03
FAMILY - Two units	\$326.74	\$375.75	\$176.37	\$202.83
FAMILY - Three units	\$418.24	\$480.98	\$225.77	\$259.64
SINGLE PARENT FAMILY - One unit	\$189.51	\$217.94	\$102.30	\$117.65
SINGLE PARENT FAMILY - Two units	\$261.39	\$300.60	\$141.10	\$162.27
SINGLE PARENT FAMILY - Three units	\$333.28	\$383.27	\$179.91	\$206.90
RIDER BRE620 - Intensive Care Unit Rider				
INDIVIDUAL - One unit	\$169.91	\$195.40	\$91.72	\$105.48
INDIVIDUAL - Two units	\$241.79	\$278.06	\$130.52	\$150.10
INDIVIDUAL - Three units	\$313.68	\$360.73	\$169.33	\$194.73
INDIVIDUAL - Four units	\$385.55	\$443.38	\$208.13	\$239.35
INDIVIDUAL - Five units	\$457.44	\$526.06	\$246.92	\$283.96
INDIVIDUAL - Six units	\$529.32	\$608.72	\$285.73	\$328.59
INDIVIDUAL - Seven units	\$601.17	\$691.35	\$324.49	\$373.16
INDIVIDUAL - Eight units	\$673.11	\$774.08	\$363.34	\$417.84
FAMILY - One unit	\$248.33	\$285.58	\$134.06	\$154.17
FAMILY - Two units	\$398.63	\$458.42	\$215.18	\$247.46
FAMILY - Three units	\$548.95	\$631.29	\$296.31	\$340.76
FAMILY - Four units	\$699.24	\$804.13	\$377.44	\$434.06
FAMILY - Five units	\$849.55	\$976.98	\$458.59	\$527.38
FAMILY - Six units	\$999.86	\$1,149.84	\$539.71	\$620.67
FAMILY - Seven units	\$1,150.10	\$1,322.62	\$620.80	\$713.92
FAMILY - Eight units	\$1,300.46	\$1,495.53	\$701.97	\$807.27
SINGLE PARENT FAMILY - One unit	\$209.12	\$240.49	\$112.88	\$129.81
SINGLE PARENT FAMILY - Two units	\$320.22	\$368.25	\$172.85	\$198.78
SINGLE PARENT FAMILY - Three units	\$431.30	\$496.00	\$232.82	\$267.74
SINGLE PARENT FAMILY - Four units	\$542.41	\$623.77	\$292.77	\$336.69
SINGLE PARENT FAMILY - Five units	\$653.51	\$751.54	\$352.76	\$405.67
SINGLE PARENT FAMILY - Six units	\$764.60	\$879.29	\$412.71	\$474.62
SINGLE PARENT FAMILY - Seven units	\$875.64	\$1,006.99	\$472.65	\$543.55
SINGLE PARENT FAMILY - Eight units	\$986.78	\$1,134.80	\$532.65	\$612.55
RIDER BRHC0100 - Heart Disease, Heart Attack & Stroke Rider				
\$5,000 Deductible				
INDIVIDUAL - One unit	\$277.73	\$319.39	\$149.92	\$172.41
INDIVIDUAL - Two units	\$473.80	\$544.87	\$255.75	\$294.11
INDIVIDUAL - Three units	\$669.84	\$770.32	\$361.58	\$415.82
INDIVIDUAL - Four units	\$865.89	\$995.77	\$467.39	\$537.50
INDIVIDUAL - Five units	\$1,061.93	\$1,221.22	\$573.21	\$659.19
INDIVIDUAL - Six units	\$1,257.98	\$1,446.68	\$679.04	\$780.90
FAMILY - One unit	\$346.35	\$398.30	\$186.97	\$215.02
FAMILY - Two units	\$738.45	\$849.22	\$398.61	\$458.40
FAMILY - Three units	\$1,130.56	\$1,300.14	\$610.26	\$701.80
FAMILY - Four units	\$1,522.65	\$1,751.05	\$821.91	\$945.20
FAMILY - Five units	\$1,914.76	\$2,201.97	\$1,033.55	\$1,188.58
FAMILY - Six units	\$2,306.85	\$2,652.88	\$1,245.21	\$1,431.99

TRANSAMERICA LIFE INSURANCE COMPANY (formerly Bankers United Life Assurance Company)

Home Office: Cedar Rapids, Iowa -- Administrative Office: Louisville, Kentucky

12/08

P:\mp\DATA\partners\DSIRateIncr\RateSheets\LPC0100unlimited2007\BPC0100_AR.xls\BU_PREMS 2007 15%

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100

	DIRECT		PAYROLL	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
RIDER BRHC0100 (continued)				
SINGLE PARENT FAMILY - One unit	\$281.00	\$323.15	\$151.68	\$174.43
SINGLE PARENT FAMILY - Two units	\$509.72	\$586.18	\$275.15	\$316.42
SINGLE PARENT FAMILY - Three units	\$738.45	\$849.22	\$398.61	\$458.40
SINGLE PARENT FAMILY - Four units	\$967.17	\$1,112.25	\$522.08	\$600.39
SINGLE PARENT FAMILY - Five units	\$1,195.90	\$1,375.29	\$645.53	\$742.36
SINGLE PARENT FAMILY - Six units	\$1,424.62	\$1,638.31	\$769.00	\$884.35
INDIVIDUAL & SPOUSE - One unit	\$346.35	\$398.30	\$186.97	\$215.02
INDIVIDUAL & SPOUSE - Two units	\$738.45	\$849.22	\$398.61	\$458.40
INDIVIDUAL & SPOUSE - Three units	\$1,130.56	\$1,300.14	\$610.26	\$701.80
INDIVIDUAL & SPOUSE - Four units	\$1,522.65	\$1,751.05	\$821.91	\$945.20
INDIVIDUAL & SPOUSE - Five units	\$1,914.76	\$2,201.97	\$1,033.55	\$1,188.58
INDIVIDUAL & SPOUSE - Six units	\$2,306.85	\$2,652.88	\$1,245.21	\$1,431.99
\$2,500 Deductible				
INDIVIDUAL - One unit	\$588.16	\$676.38	\$317.49	\$365.11
INDIVIDUAL - Two units	\$784.20	\$901.83	\$423.29	\$486.78
INDIVIDUAL - Three units	\$980.25	\$1,127.29	\$529.13	\$608.50
INDIVIDUAL - Four units	\$1,176.29	\$1,352.73	\$634.95	\$730.19
INDIVIDUAL - Five units	\$1,372.35	\$1,578.20	\$740.78	\$851.90
INDIVIDUAL - Six units	\$1,568.39	\$1,803.65	\$846.61	\$973.60
FAMILY - One unit	\$947.57	\$1,089.71	\$511.50	\$588.23
FAMILY - Two units	\$1,339.66	\$1,540.61	\$723.14	\$831.61
FAMILY - Three units	\$1,731.78	\$1,991.55	\$934.79	\$1,075.01
FAMILY - Four units	\$2,123.88	\$2,442.46	\$1,146.44	\$1,318.41
FAMILY - Five units	\$2,515.97	\$2,893.37	\$1,358.08	\$1,561.79
FAMILY - Six units	\$2,908.07	\$3,344.28	\$1,569.74	\$1,805.20
SINGLE PARENT FAMILY - One unit	\$637.17	\$732.75	\$343.93	\$395.52
SINGLE PARENT FAMILY - Two units	\$865.89	\$995.77	\$467.39	\$537.50
SINGLE PARENT FAMILY - Three units	\$1,094.61	\$1,258.80	\$590.86	\$679.49
SINGLE PARENT FAMILY - Four units	\$1,323.34	\$1,521.84	\$714.31	\$821.46
SINGLE PARENT FAMILY - Five units	\$1,552.06	\$1,784.87	\$837.79	\$963.46
SINGLE PARENT FAMILY - Six units	\$1,780.79	\$2,047.91	\$961.23	\$1,105.41
INDIVIDUAL & SPOUSE - One unit	\$947.57	\$1,089.71	\$511.50	\$588.23
INDIVIDUAL & SPOUSE - Two units	\$1,339.66	\$1,540.61	\$723.14	\$831.61
INDIVIDUAL & SPOUSE - Three units	\$1,731.78	\$1,991.55	\$934.79	\$1,075.01
INDIVIDUAL & SPOUSE - Four units	\$2,123.88	\$2,442.46	\$1,146.44	\$1,318.41
INDIVIDUAL & SPOUSE - Five units	\$2,515.97	\$2,893.37	\$1,358.08	\$1,561.79
INDIVIDUAL & SPOUSE - Six units	\$2,908.07	\$3,344.28	\$1,569.74	\$1,805.20
No Deductible				
INDIVIDUAL - One unit	\$914.90	\$1,052.14	\$493.86	\$567.94
INDIVIDUAL - Two units	\$1,110.94	\$1,277.58	\$599.68	\$689.63
INDIVIDUAL - Three units	\$1,306.99	\$1,503.04	\$705.51	\$811.34
INDIVIDUAL - Four units	\$1,503.05	\$1,728.51	\$811.32	\$933.02
INDIVIDUAL - Five units	\$1,699.09	\$1,953.95	\$917.15	\$1,054.72
INDIVIDUAL - Six units	\$1,895.15	\$2,179.42	\$1,022.97	\$1,176.42
FAMILY - One unit	\$1,568.39	\$1,803.65	\$846.61	\$973.60
FAMILY - Two units	\$1,960.50	\$2,254.58	\$1,058.24	\$1,216.98
FAMILY - Three units	\$2,352.60	\$2,705.49	\$1,269.91	\$1,460.40
FAMILY - Four units	\$2,744.69	\$3,156.39	\$1,481.56	\$1,703.79
FAMILY - Five units	\$3,136.80	\$3,607.32	\$1,693.20	\$1,947.18
FAMILY - Six units	\$3,528.89	\$4,058.22	\$1,904.85	\$2,190.58
SINGLE PARENT FAMILY - One unit	\$1,012.92	\$1,164.86	\$546.77	\$628.79
SINGLE PARENT FAMILY - Two units	\$1,241.64	\$1,427.89	\$670.22	\$770.75
SINGLE PARENT FAMILY - Three units	\$1,470.37	\$1,690.93	\$793.69	\$912.74
SINGLE PARENT FAMILY - Four units	\$1,699.09	\$1,953.95	\$917.15	\$1,054.72
SINGLE PARENT FAMILY - Five units	\$1,927.82	\$2,216.99	\$1,040.62	\$1,196.71
SINGLE PARENT FAMILY - Six units	\$2,156.54	\$2,480.02	\$1,164.07	\$1,338.68
INDIVIDUAL & SPOUSE - One unit	\$1,568.39	\$1,803.65	\$846.61	\$973.60
INDIVIDUAL & SPOUSE - Two units	\$1,960.50	\$2,254.58	\$1,058.24	\$1,216.98
INDIVIDUAL & SPOUSE - Three units	\$2,352.60	\$2,705.49	\$1,269.91	\$1,460.40
INDIVIDUAL & SPOUSE - Four units	\$2,744.69	\$3,156.39	\$1,481.56	\$1,703.79
INDIVIDUAL & SPOUSE - Five units	\$3,136.80	\$3,607.32	\$1,693.20	\$1,947.18
INDIVIDUAL & SPOUSE - Six units	\$3,528.89	\$4,058.22	\$1,904.85	\$2,190.58
RIDER BRH0100 - Heart Disease, Heart Attack and Stroke Home Recovery Rider				
INDIVIDUAL	\$196.05	\$225.46	\$105.83	\$121.70
FAMILY	\$392.09	\$450.90	\$211.65	\$243.40
SINGLE PARENT FAMILY	\$261.39	\$300.60	\$141.10	\$162.27

TRANSAMERICA LIFE INSURANCE COMPANY (formerly Bankers United Life Assurance Company)

Home Office: Cedar Rapids, Iowa -- Administrative Office: Louisville, Kentucky

12/08

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MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
RIDER BRTC0100 - Vital Organ Transplant Rider				
INDIVIDUAL	\$98.02	\$112.72	\$52.91	\$60.85
FAMILY	\$228.72	\$263.03	\$123.46	\$141.98
SINGLE PARENT FAMILY	\$228.72	\$263.03	\$123.46	\$141.98
INDIVIDUAL & SPOUSE	\$228.72	\$263.03	\$123.46	\$141.98
RIDER BRCS0100 - Cancer Screening Wellness Rider				
INDIVIDUAL	\$261.39	\$300.60	\$141.10	\$162.27
FAMILY	\$490.11	\$563.63	\$264.58	\$304.27
SINGLE PARENT FAMILY	\$359.42	\$413.33	\$194.01	\$223.11
RIDER BRSC0100 - Specified Disease Rider				
\$5,000 Deductible				
INDIVIDUAL - One unit	\$58.81	\$67.63	\$31.76	\$36.52
INDIVIDUAL - Two units	\$94.76	\$108.97	\$51.16	\$58.83
INDIVIDUAL - Three units	\$130.70	\$150.31	\$70.56	\$81.14
INDIVIDUAL - Four units	\$166.63	\$191.62	\$89.96	\$103.45
INDIVIDUAL - Five units	\$202.58	\$232.97	\$109.36	\$125.76
INDIVIDUAL - Six units	\$238.52	\$274.30	\$128.77	\$148.09
FAMILY - One unit	\$98.02	\$112.72	\$52.91	\$60.85
FAMILY - Two units	\$163.37	\$187.88	\$88.18	\$101.41
FAMILY - Three units	\$228.72	\$263.03	\$123.46	\$141.98
FAMILY - Four units	\$294.07	\$338.18	\$158.74	\$182.55
FAMILY - Five units	\$359.42	\$413.33	\$194.01	\$223.11
FAMILY - Six units	\$424.79	\$488.51	\$229.28	\$263.67
SINGLE PARENT FAMILY - One unit	\$98.02	\$112.72	\$52.91	\$60.85
SINGLE PARENT FAMILY - Two units	\$163.37	\$187.88	\$88.18	\$101.41
SINGLE PARENT FAMILY - Three units	\$228.72	\$263.03	\$123.46	\$141.98
SINGLE PARENT FAMILY - Four units	\$294.07	\$338.18	\$158.74	\$182.55
SINGLE PARENT FAMILY - Five units	\$359.42	\$413.33	\$194.01	\$223.11
SINGLE PARENT FAMILY - Six units	\$424.79	\$488.51	\$229.28	\$263.67
INDIVIDUAL & SPOUSE - One unit	\$98.02	\$112.72	\$52.91	\$60.85
INDIVIDUAL & SPOUSE - Two units	\$163.37	\$187.88	\$88.18	\$101.41
INDIVIDUAL & SPOUSE - Three units	\$228.72	\$263.03	\$123.46	\$141.98
INDIVIDUAL & SPOUSE - Four units	\$294.07	\$338.18	\$158.74	\$182.55
INDIVIDUAL & SPOUSE - Five units	\$359.42	\$413.33	\$194.01	\$223.11
INDIVIDUAL & SPOUSE - Six units	\$424.79	\$488.51	\$229.28	\$263.67
\$2,500 Deductible				
INDIVIDUAL - One unit	\$88.22	\$101.45	\$47.62	\$54.76
INDIVIDUAL - Two units	\$117.62	\$135.26	\$63.49	\$73.01
INDIVIDUAL - Three units	\$147.03	\$169.08	\$79.37	\$91.28
INDIVIDUAL - Four units	\$176.44	\$202.91	\$95.25	\$109.54
INDIVIDUAL - Five units	\$205.86	\$236.74	\$111.12	\$127.79
INDIVIDUAL - Six units	\$235.26	\$270.55	\$126.98	\$146.03
FAMILY - One unit	\$147.03	\$169.08	\$79.37	\$91.28
FAMILY - Two units	\$209.12	\$240.49	\$112.88	\$129.81
FAMILY - Three units	\$271.19	\$311.87	\$146.39	\$168.35
FAMILY - Four units	\$333.28	\$383.27	\$179.91	\$206.90
FAMILY - Five units	\$395.36	\$454.66	\$213.41	\$245.42
FAMILY - Six units	\$457.44	\$526.06	\$246.92	\$283.96
SINGLE PARENT FAMILY - One unit	\$147.03	\$169.08	\$79.37	\$91.28
SINGLE PARENT FAMILY - Two units	\$209.12	\$240.49	\$112.88	\$129.81
SINGLE PARENT FAMILY - Three units	\$271.19	\$311.87	\$146.39	\$168.35
SINGLE PARENT FAMILY - Four units	\$333.28	\$383.27	\$179.91	\$206.90
SINGLE PARENT FAMILY - Five units	\$395.36	\$454.66	\$213.41	\$245.42
SINGLE PARENT FAMILY - Six units	\$457.44	\$526.06	\$246.92	\$283.96
INDIVIDUAL & SPOUSE - One unit	\$147.03	\$169.08	\$79.37	\$91.28
INDIVIDUAL & SPOUSE - Two units	\$209.12	\$240.49	\$112.88	\$129.81
INDIVIDUAL & SPOUSE - Three units	\$271.19	\$311.87	\$146.39	\$168.35
INDIVIDUAL & SPOUSE - Four units	\$333.28	\$383.27	\$179.91	\$206.90
INDIVIDUAL & SPOUSE - Five units	\$395.36	\$454.66	\$213.41	\$245.42
INDIVIDUAL & SPOUSE - Six units	\$457.44	\$526.06	\$246.92	\$283.96

TRANSAMERICA LIFE INSURANCE COMPANY (formerly Bankers United Life Assurance Company)

Home Office: Cedar Rapids, Iowa -- Administrative Office: Louisville, Kentucky

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MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)**ACTUARIAL MEMORANDUM -- ARKANSAS****Proposed Rate Increase: 15%****Policy Form: BPC01AR and rider BRC0100 and supplemental riders BRC532, BRC533, BRC534, BRE620, BRHC0100, BRH0100, BRTC0100, BRCS0100, BRSC0100****RIDER BRSC0100 (continued)****No Deductible**

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
INDIVIDUAL - One unit	\$117.62	\$135.26	\$63.49	\$73.01
INDIVIDUAL - Two units	\$150.31	\$172.86	\$81.13	\$93.30
INDIVIDUAL - Three units	\$182.98	\$210.43	\$98.76	\$113.57
INDIVIDUAL - Four units	\$215.66	\$248.01	\$116.40	\$133.86
INDIVIDUAL - Five units	\$248.33	\$285.58	\$134.06	\$154.17
INDIVIDUAL - Six units	\$281.00	\$323.15	\$151.68	\$174.43
FAMILY - One unit	\$196.05	\$225.46	\$105.83	\$121.70
FAMILY - Two units	\$254.87	\$293.10	\$137.57	\$158.21
FAMILY - Three units	\$313.68	\$360.73	\$169.33	\$194.73
FAMILY - Four units	\$372.49	\$428.36	\$201.06	\$231.22
FAMILY - Five units	\$431.30	\$496.00	\$232.82	\$267.74
FAMILY - Six units	\$490.11	\$563.63	\$264.58	\$304.27
SINGLE PARENT FAMILY - One unit	\$196.05	\$225.46	\$105.83	\$121.70
SINGLE PARENT FAMILY - Two units	\$254.87	\$293.10	\$137.57	\$158.21
SINGLE PARENT FAMILY - Three units	\$313.68	\$360.73	\$169.33	\$194.73
SINGLE PARENT FAMILY - Four units	\$372.49	\$428.36	\$201.06	\$231.22
SINGLE PARENT FAMILY - Five units	\$431.30	\$496.00	\$232.82	\$267.74
SINGLE PARENT FAMILY - Six units	\$490.11	\$563.63	\$264.58	\$304.27
INDIVIDUAL & SPOUSE - One unit	\$196.05	\$225.46	\$105.83	\$121.70
INDIVIDUAL & SPOUSE - Two units	\$254.87	\$293.10	\$137.57	\$158.21
INDIVIDUAL & SPOUSE - Three units	\$313.68	\$360.73	\$169.33	\$194.73
INDIVIDUAL & SPOUSE - Four units	\$372.49	\$428.36	\$201.06	\$231.22
INDIVIDUAL & SPOUSE - Five units	\$431.30	\$496.00	\$232.82	\$267.74
INDIVIDUAL & SPOUSE - Six units	\$490.11	\$563.63	\$264.58	\$304.27

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)
ACTUARIAL MEMORANDUM -- ARKANSAS **Proposed Rate Increase: 15%**
Policy Form: LPC01AR and rider LRC0100 and supplemental riders LRC532, LRC533, LRC534, LRE620,
LRHC0100, LRTC0100, LRSC0100, LRCS0100
DIRECT PREMIUM RATES

	CURRENT RATES			PROPOSED RATES		
Individual						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$145.78	\$14.79	\$67.89	\$167.65	\$17.01	\$78.07
60-64	\$300.66	\$36.10	\$127.93	\$345.76	\$41.52	\$147.12
65-69	\$318.94	\$39.16	\$129.68	\$366.78	\$45.03	\$149.13
70-74	\$347.22	\$43.06	\$130.99	\$399.30	\$49.52	\$150.64
75-79	\$367.24	\$47.88	\$124.44	\$422.33	\$55.06	\$143.11
80-85	\$386.37	\$53.96	\$110.53	\$444.33	\$62.05	\$127.11
\$2,500 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$92.26	\$8.72	\$38.74	\$106.10	\$10.03	\$44.55
60-64	\$182.73	\$20.45	\$73.10	\$210.14	\$23.52	\$84.07
65-69	\$192.76	\$22.19	\$73.55	\$221.67	\$25.52	\$84.58
70-74	\$209.29	\$24.78	\$74.83	\$240.68	\$28.50	\$86.05
75-79	\$221.04	\$27.42	\$70.92	\$254.20	\$31.53	\$81.56
80-85	\$230.61	\$30.46	\$63.10	\$265.20	\$35.03	\$72.57
\$5,000 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$61.35	\$4.78	\$21.76	\$70.55	\$5.50	\$25.02
60-64	\$114.45	\$11.73	\$40.91	\$131.62	\$13.49	\$47.05
65-69	\$119.65	\$12.64	\$41.33	\$137.60	\$14.54	\$47.53
70-74	\$129.25	\$13.92	\$41.80	\$148.64	\$16.01	\$48.07
75-79	\$136.16	\$15.22	\$39.60	\$156.58	\$17.50	\$45.54
80-85	\$140.10	\$17.41	\$35.67	\$161.12	\$20.02	\$41.02
Two Adult Family						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$178.82	\$18.72	\$86.14	\$205.64	\$21.53	\$99.06
60-64	\$367.24	\$44.38	\$159.67	\$422.33	\$51.04	\$183.62
65-69	\$394.65	\$48.28	\$163.59	\$453.85	\$55.52	\$188.13
70-74	\$439.47	\$55.28	\$169.26	\$505.39	\$63.57	\$194.65
75-79	\$478.21	\$62.24	\$166.23	\$549.94	\$71.58	\$191.16
80-85	\$537.34	\$74.83	\$156.62	\$617.94	\$86.05	\$180.11
\$2,500 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$111.38	\$10.88	\$49.14	\$128.09	\$12.51	\$56.51
60-64	\$221.91	\$25.25	\$90.94	\$255.20	\$29.04	\$104.58
65-69	\$237.15	\$27.85	\$93.11	\$272.72	\$32.03	\$107.08
70-74	\$263.25	\$31.33	\$97.02	\$302.74	\$36.03	\$111.57
75-79	\$286.29	\$35.24	\$94.85	\$329.23	\$40.53	\$109.08
80-85	\$319.37	\$42.64	\$89.19	\$367.28	\$49.04	\$102.57
\$5,000 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-59	\$72.23	\$6.08	\$27.85	\$83.06	\$6.99	\$32.03
60-64	\$137.49	\$14.37	\$50.91	\$158.11	\$16.53	\$58.55
65-69	\$145.78	\$15.22	\$52.21	\$167.65	\$17.50	\$60.04
70-74	\$160.99	\$17.86	\$54.38	\$185.14	\$20.54	\$62.54
75-79	\$174.90	\$20.01	\$53.11	\$201.14	\$23.01	\$61.08
80-85	\$193.18	\$23.50	\$49.14	\$222.16	\$27.03	\$56.51
Dependent Children Coverage						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$17.86	\$2.18	\$10.47	\$20.54	\$2.51	\$12.04
\$2,500 Deductible						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$10.01	\$1.31	\$6.08	\$11.51	\$1.51	\$6.99
\$5,000 Deductible						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$5.64	\$0.86	\$3.50	\$6.49	\$0.99	\$4.03

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: LPC01AR and rider LRC0100 and supplemental riders LRC532, LRC533, LRC534, LRE620, LRHC0100, LRTC0100, LRSC0100, LRCS0100

PAYROLL PREMIUM RATES

	CURRENT RATES			PROPOSED RATES		
Individual						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$91.90	\$8.72	\$42.13	\$105.69	\$10.03	\$48.45
65-69	\$255.14	\$31.33	\$103.75	\$293.41	\$36.03	\$119.31
70-74	\$277.78	\$36.15	\$104.74	\$319.45	\$41.57	\$120.45
75-79	\$293.79	\$38.30	\$99.58	\$337.86	\$44.05	\$114.52
80-85	\$309.11	\$43.15	\$88.44	\$355.48	\$49.62	\$101.71
\$2,500 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$60.20	\$5.23	\$24.01	\$69.23	\$6.01	\$27.61
65-69	\$154.22	\$17.78	\$58.83	\$177.35	\$20.45	\$67.65
70-74	\$167.43	\$19.86	\$59.88	\$192.54	\$22.84	\$68.86
75-79	\$176.81	\$21.92	\$56.75	\$203.33	\$25.21	\$65.26
80-85	\$184.48	\$24.38	\$50.47	\$212.15	\$28.04	\$58.04
\$5,000 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$41.42	\$2.80	\$13.57	\$47.63	\$3.22	\$15.61
65-69	\$95.75	\$10.09	\$33.07	\$110.11	\$11.60	\$38.03
70-74	\$103.39	\$11.14	\$33.41	\$118.90	\$12.81	\$38.42
75-79	\$108.97	\$12.21	\$31.69	\$125.32	\$14.04	\$36.44
80-85	\$112.06	\$13.92	\$28.55	\$128.87	\$16.01	\$32.83
Two Adult Family						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$111.75	\$11.14	\$53.29	\$128.51	\$12.81	\$61.28
65-69	\$315.71	\$38.65	\$130.90	\$363.07	\$44.45	\$150.54
70-74	\$351.57	\$44.21	\$135.41	\$404.31	\$50.84	\$155.72
75-79	\$382.55	\$49.79	\$132.99	\$439.93	\$57.26	\$152.94
80-85	\$429.90	\$59.88	\$125.32	\$494.39	\$68.86	\$144.12
\$2,500 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$71.71	\$6.27	\$30.26	\$82.47	\$7.21	\$34.80
65-69	\$189.72	\$22.27	\$74.48	\$218.18	\$25.61	\$85.65
70-74	\$210.59	\$25.06	\$77.62	\$242.18	\$28.82	\$89.26
75-79	\$229.05	\$28.18	\$75.88	\$263.41	\$32.41	\$87.26
80-85	\$255.52	\$34.10	\$71.33	\$293.85	\$39.22	\$82.03
\$5,000 Deductible						
Issue Ages	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
18-64	\$48.39	\$3.50	\$17.06	\$55.65	\$4.03	\$19.62
65-69	\$116.61	\$12.21	\$41.80	\$134.10	\$14.04	\$48.07
70-74	\$128.79	\$14.29	\$43.50	\$148.11	\$16.43	\$50.03
75-79	\$139.93	\$16.02	\$42.47	\$160.92	\$18.42	\$48.84
80-85	\$154.53	\$18.80	\$39.33	\$177.71	\$21.62	\$45.23
Dependent Children Coverage						
No Deductible	Policies With Unlimited Chemotherapy			Policies With Unlimited Chemotherapy		
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$14.64	\$1.74	\$8.37	\$16.84	\$2.00	\$9.63
\$2,500 Deductible						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$8.37	\$1.05	\$4.89	\$9.63	\$1.21	\$5.62
\$5,000 Deductible						
	Basic Policy	\$50 Room Ben	Unlimited Chemo	Basic Policy	\$50 Room Ben	Unlimited Chemo
	\$4.51	\$0.68	\$2.80	\$5.19	\$0.78	\$3.22

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: LPC01AR and rider LRC0100 and supplemental riders LRC532, LRC533, LRC534, LRE620, LRHC0100, LRTC0100, LRSC0100, LRCS0100

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
RIDER LRC532 - Initial Diagnosis Rider				
INDIVIDUAL	\$215.59	\$247.93	\$163.37	\$187.88
FAMILY	\$431.17	\$495.85	\$326.74	\$375.75
SINGLE PARENT FAMILY	\$258.70	\$297.51	\$196.05	\$225.46
RIDER LRC533 - Specified Disease Rider				
INDIVIDUAL - One unit	\$155.23	\$178.51	\$117.62	\$135.26
INDIVIDUAL - Two units	\$198.34	\$228.09	\$150.31	\$172.86
INDIVIDUAL - Three units	\$241.45	\$277.67	\$182.98	\$210.43
FAMILY - One unit	\$258.70	\$297.51	\$196.05	\$225.46
FAMILY - Two units	\$336.31	\$386.76	\$254.87	\$293.10
FAMILY - Three units	\$413.93	\$476.02	\$313.68	\$360.73
SINGLE PARENT FAMILY - One unit	\$224.21	\$257.84	\$169.91	\$195.40
SINGLE PARENT FAMILY - Two units	\$284.58	\$327.27	\$215.66	\$248.01
SINGLE PARENT FAMILY - Three units	\$344.94	\$396.68	\$261.39	\$300.60
RIDER LRC534 - Home Recovery Rider				
INDIVIDUAL - One unit	\$206.96	\$238.00	\$156.83	\$180.35
INDIVIDUAL - Two units	\$284.58	\$327.27	\$215.66	\$248.01
INDIVIDUAL - Three units	\$362.18	\$416.51	\$274.47	\$315.64
FAMILY - One unit	\$310.45	\$357.02	\$235.26	\$270.55
FAMILY - Two units	\$431.17	\$495.85	\$326.74	\$375.75
FAMILY - Three units	\$551.90	\$634.69	\$418.24	\$480.98
SINGLE PARENT FAMILY - One unit	\$250.08	\$287.59	\$189.51	\$217.94
SINGLE PARENT FAMILY - Two units	\$344.94	\$396.68	\$261.39	\$300.60
SINGLE PARENT FAMILY - Three units	\$439.80	\$505.77	\$333.28	\$383.27
RIDER LRE620 - Intensive Care Unit Rider				
INDIVIDUAL - One unit	\$224.21	\$257.84	\$169.91	\$195.40
INDIVIDUAL - Two units	\$319.07	\$366.93	\$241.79	\$278.06
INDIVIDUAL - Three units	\$413.93	\$476.02	\$313.68	\$360.73
INDIVIDUAL - Four units	\$508.79	\$585.11	\$385.55	\$443.38
INDIVIDUAL - Five units	\$603.66	\$694.21	\$457.44	\$526.06
INDIVIDUAL - Six units	\$698.52	\$803.30	\$529.32	\$608.72
INDIVIDUAL - Seven units	\$793.29	\$912.28	\$601.17	\$691.35
INDIVIDUAL - Eight units	\$888.21	\$1,021.44	\$673.11	\$774.08
FAMILY - One unit	\$327.69	\$376.84	\$248.33	\$285.58
FAMILY - Two units	\$526.03	\$604.93	\$398.63	\$458.42
FAMILY - Three units	\$724.37	\$833.03	\$548.95	\$631.29
FAMILY - Four units	\$922.70	\$1,061.11	\$699.24	\$804.13
FAMILY - Five units	\$1,121.07	\$1,289.23	\$849.55	\$976.98
FAMILY - Six units	\$1,319.40	\$1,517.31	\$999.86	\$1,149.84
FAMILY - Seven units	\$1,517.67	\$1,745.32	\$1,150.10	\$1,322.62
FAMILY - Eight units	\$1,716.08	\$1,973.49	\$1,300.46	\$1,495.53
SINGLE PARENT FAMILY - One unit	\$275.96	\$317.35	\$209.12	\$240.49
SINGLE PARENT FAMILY - Two units	\$422.55	\$485.93	\$320.22	\$368.25
SINGLE PARENT FAMILY - Three units	\$569.15	\$654.52	\$431.30	\$496.00
SINGLE PARENT FAMILY - Four units	\$715.75	\$823.11	\$542.41	\$623.77
SINGLE PARENT FAMILY - Five units	\$862.36	\$991.71	\$653.51	\$751.54
SINGLE PARENT FAMILY - Six units	\$1,008.94	\$1,160.28	\$764.60	\$879.29
SINGLE PARENT FAMILY - Seven units	\$1,155.47	\$1,328.79	\$875.64	\$1,006.99
SINGLE PARENT FAMILY - Eight units	\$1,302.15	\$1,497.47	\$986.78	\$1,134.80
RIDER LRHC0100 - Heart Disease, Heart Attack & Stroke Rider				
\$5,000 Deductible				
INDIVIDUAL - One unit	\$366.50	\$421.48	\$277.73	\$319.39
INDIVIDUAL - Two units	\$625.20	\$718.98	\$473.80	\$544.87
INDIVIDUAL - Three units	\$883.91	\$1,016.50	\$669.84	\$770.32
INDIVIDUAL - Four units	\$1,142.61	\$1,314.00	\$865.89	\$995.77
INDIVIDUAL - Five units	\$1,401.31	\$1,611.51	\$1,061.93	\$1,221.22
INDIVIDUAL - Six units	\$1,660.02	\$1,909.02	\$1,257.98	\$1,446.68
FAMILY - One unit	\$457.04	\$525.60	\$346.35	\$398.30
FAMILY - Two units	\$974.45	\$1,120.62	\$738.45	\$849.22
FAMILY - Three units	\$1,491.87	\$1,715.65	\$1,130.56	\$1,300.14
FAMILY - Four units	\$2,009.28	\$2,310.67	\$1,522.65	\$1,751.05
FAMILY - Five units	\$2,526.68	\$2,905.68	\$1,914.76	\$2,201.97
FAMILY - Six units	\$3,044.09	\$3,500.70	\$2,306.85	\$2,652.88

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: LPC01AR and rider LRC0100 and supplemental riders LRC532, LRC533, LRC534, LRE620, LRHC0100, LRTC0100, LRSC0100, LRCS0100

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
RIDER LRHC0100 (continued)				
SINGLE PARENT FAMILY - One unit	\$370.80	\$426.42	\$281.00	\$323.15
SINGLE PARENT FAMILY - Two units	\$672.63	\$773.52	\$509.72	\$586.18
SINGLE PARENT FAMILY - Three units	\$974.45	\$1,120.62	\$738.45	\$849.22
SINGLE PARENT FAMILY - Four units	\$1,276.28	\$1,467.72	\$967.17	\$1,112.25
SINGLE PARENT FAMILY - Five units	\$1,578.11	\$1,814.83	\$1,195.90	\$1,375.29
SINGLE PARENT FAMILY - Six units	\$1,879.92	\$2,161.91	\$1,424.62	\$1,638.31
INDIVIDUAL & SPOUSE - One unit	\$457.04	\$525.60	\$346.35	\$398.30
INDIVIDUAL & SPOUSE - Two units	\$974.45	\$1,120.62	\$738.45	\$849.22
INDIVIDUAL & SPOUSE - Three units	\$1,491.87	\$1,715.65	\$1,130.56	\$1,300.14
INDIVIDUAL & SPOUSE - Four units	\$2,009.28	\$2,310.67	\$1,522.65	\$1,751.05
INDIVIDUAL & SPOUSE - Five units	\$2,526.68	\$2,905.68	\$1,914.76	\$2,201.97
INDIVIDUAL & SPOUSE - Six units	\$3,044.09	\$3,500.70	\$2,306.85	\$2,652.88

\$2,500 Deductible

INDIVIDUAL - One unit	\$776.11	\$892.53	\$588.16	\$676.38
INDIVIDUAL - Two units	\$1,034.83	\$1,190.05	\$784.20	\$901.83
INDIVIDUAL - Three units	\$1,293.53	\$1,487.56	\$980.25	\$1,127.29
INDIVIDUAL - Four units	\$1,552.23	\$1,785.06	\$1,176.29	\$1,352.73
INDIVIDUAL - Five units	\$1,810.94	\$2,082.58	\$1,372.35	\$1,578.20
INDIVIDUAL - Six units	\$2,069.64	\$2,380.09	\$1,568.39	\$1,803.65
FAMILY - One unit	\$1,250.42	\$1,437.98	\$947.57	\$1,089.71
FAMILY - Two units	\$1,767.83	\$2,033.00	\$1,339.66	\$1,540.61
FAMILY - Three units	\$2,285.23	\$2,628.01	\$1,731.78	\$1,991.55
FAMILY - Four units	\$2,802.64	\$3,223.04	\$2,123.88	\$2,442.46
FAMILY - Five units	\$3,320.06	\$3,818.07	\$2,515.97	\$2,893.37
FAMILY - Six units	\$3,837.44	\$4,413.06	\$2,908.07	\$3,344.28
SINGLE PARENT FAMILY - One unit	\$840.79	\$966.91	\$637.17	\$732.75
SINGLE PARENT FAMILY - Two units	\$1,142.61	\$1,314.00	\$865.89	\$995.77
SINGLE PARENT FAMILY - Three units	\$1,444.44	\$1,661.11	\$1,094.61	\$1,258.80
SINGLE PARENT FAMILY - Four units	\$1,746.26	\$2,008.20	\$1,323.34	\$1,521.84
SINGLE PARENT FAMILY - Five units	\$2,048.07	\$2,355.28	\$1,552.06	\$1,784.87
SINGLE PARENT FAMILY - Six units	\$2,349.91	\$2,702.40	\$1,780.79	\$2,047.91
INDIVIDUAL & SPOUSE - One unit	\$1,250.42	\$1,437.98	\$947.57	\$1,089.71
INDIVIDUAL & SPOUSE - Two units	\$1,767.83	\$2,033.00	\$1,339.66	\$1,540.61
INDIVIDUAL & SPOUSE - Three units	\$2,285.23	\$2,628.01	\$1,731.78	\$1,991.55
INDIVIDUAL & SPOUSE - Four units	\$2,802.64	\$3,223.04	\$2,123.88	\$2,442.46
INDIVIDUAL & SPOUSE - Five units	\$3,320.06	\$3,818.07	\$2,515.97	\$2,893.37
INDIVIDUAL & SPOUSE - Six units	\$3,837.44	\$4,413.06	\$2,908.07	\$3,344.28

No Deductible

INDIVIDUAL - One unit	\$1,207.28	\$1,388.37	\$914.90	\$1,052.14
INDIVIDUAL - Two units	\$1,466.00	\$1,685.90	\$1,110.94	\$1,277.58
INDIVIDUAL - Three units	\$1,724.70	\$1,983.41	\$1,306.99	\$1,503.04
INDIVIDUAL - Four units	\$1,983.40	\$2,280.91	\$1,503.05	\$1,728.51
INDIVIDUAL - Five units	\$2,242.11	\$2,578.43	\$1,699.09	\$1,953.95
INDIVIDUAL - Six units	\$2,500.81	\$2,875.93	\$1,895.15	\$2,179.42
FAMILY - One unit	\$2,069.64	\$2,380.09	\$1,568.39	\$1,803.65
FAMILY - Two units	\$2,587.05	\$2,975.11	\$1,960.50	\$2,254.58
FAMILY - Three units	\$3,104.47	\$3,570.14	\$2,352.60	\$2,705.49
FAMILY - Four units	\$3,621.88	\$4,165.16	\$2,744.69	\$3,156.39
FAMILY - Five units	\$4,139.28	\$4,760.17	\$3,136.80	\$3,607.32
FAMILY - Six units	\$4,656.69	\$5,355.19	\$3,528.89	\$4,058.22
SINGLE PARENT FAMILY - One unit	\$1,336.63	\$1,537.12	\$1,012.92	\$1,164.86
SINGLE PARENT FAMILY - Two units	\$1,638.47	\$1,884.24	\$1,241.64	\$1,427.89
SINGLE PARENT FAMILY - Three units	\$1,940.29	\$2,231.33	\$1,470.37	\$1,690.93
SINGLE PARENT FAMILY - Four units	\$2,242.11	\$2,578.43	\$1,699.09	\$1,953.95
SINGLE PARENT FAMILY - Five units	\$2,543.94	\$2,925.53	\$1,927.82	\$2,216.99
SINGLE PARENT FAMILY - Six units	\$2,845.75	\$3,272.61	\$2,156.54	\$2,480.02
INDIVIDUAL & SPOUSE - One unit	\$2,069.64	\$2,380.09	\$1,568.39	\$1,803.65
INDIVIDUAL & SPOUSE - Two units	\$2,587.05	\$2,975.11	\$1,960.50	\$2,254.58
INDIVIDUAL & SPOUSE - Three units	\$3,104.47	\$3,570.14	\$2,352.60	\$2,705.49
INDIVIDUAL & SPOUSE - Four units	\$3,621.88	\$4,165.16	\$2,744.69	\$3,156.39
INDIVIDUAL & SPOUSE - Five units	\$4,139.28	\$4,760.17	\$3,136.80	\$3,607.32
INDIVIDUAL & SPOUSE - Six units	\$4,656.69	\$5,355.19	\$3,528.89	\$4,058.22

RIDER LRTC0100 - Vital Organ Transplant Rider

INDIVIDUAL	\$129.35	\$148.75	\$98.02	\$112.72
FAMILY	\$301.82	\$347.09	\$228.72	\$263.03
SINGLE PARENT FAMILY	\$301.82	\$347.09	\$228.72	\$263.03
INDIVIDUAL & SPOUSE	\$301.82	\$347.09	\$228.72	\$263.03

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

ACTUARIAL MEMORANDUM -- ARKANSAS

Proposed Rate Increase: 15%

Policy Form: LPC01AR and rider LRC0100 and supplemental riders LRC532, LRC533, LRC534, LRE620, LRHC0100, LRTC0100, LRSC0100, LRCS0100

RIDER LRSC0100 - Specified Disease Rider

	<u>DIRECT</u>		<u>PAYROLL</u>	
	<u>Current Rates</u>	<u>Proposed Rates</u>	<u>Current Rates</u>	<u>Proposed Rates</u>
\$5,000 Deductible				
INDIVIDUAL - One unit	\$77.61	\$89.25	\$58.81	\$67.63
INDIVIDUAL - Two units	\$125.05	\$143.81	\$94.76	\$108.97
INDIVIDUAL - Three units	\$172.47	\$198.34	\$130.70	\$150.31
INDIVIDUAL - Four units	\$219.91	\$252.90	\$166.63	\$191.62
INDIVIDUAL - Five units	\$267.32	\$307.42	\$202.58	\$232.97
INDIVIDUAL - Six units	\$314.77	\$361.99	\$238.52	\$274.30
FAMILY - One unit	\$129.35	\$148.75	\$98.02	\$112.72
FAMILY - Two units	\$215.59	\$247.93	\$163.37	\$187.88
FAMILY - Three units	\$301.82	\$347.09	\$228.72	\$263.03
FAMILY - Four units	\$388.06	\$446.27	\$294.07	\$338.18
FAMILY - Five units	\$474.31	\$545.46	\$359.42	\$413.33
FAMILY - Six units	\$560.52	\$644.60	\$424.79	\$488.51
SINGLE PARENT FAMILY - One unit	\$129.35	\$148.75	\$98.02	\$112.72
SINGLE PARENT FAMILY - Two units	\$215.59	\$247.93	\$163.37	\$187.88
SINGLE PARENT FAMILY - Three units	\$301.82	\$347.09	\$228.72	\$263.03
SINGLE PARENT FAMILY - Four units	\$388.06	\$446.27	\$294.07	\$338.18
SINGLE PARENT FAMILY - Five units	\$474.31	\$545.46	\$359.42	\$413.33
SINGLE PARENT FAMILY - Six units	\$560.52	\$644.60	\$424.79	\$488.51
INDIVIDUAL & SPOUSE - One unit	\$129.35	\$148.75	\$98.02	\$112.72
INDIVIDUAL & SPOUSE - Two units	\$215.59	\$247.93	\$163.37	\$187.88
INDIVIDUAL & SPOUSE - Three units	\$301.82	\$347.09	\$228.72	\$263.03
INDIVIDUAL & SPOUSE - Four units	\$388.06	\$446.27	\$294.07	\$338.18
INDIVIDUAL & SPOUSE - Five units	\$474.31	\$545.46	\$359.42	\$413.33
INDIVIDUAL & SPOUSE - Six units	\$560.52	\$644.60	\$424.79	\$488.51
\$2,500 Deductible				
INDIVIDUAL - One unit	\$116.43	\$133.89	\$88.22	\$101.45
INDIVIDUAL - Two units	\$155.23	\$178.51	\$117.62	\$135.26
INDIVIDUAL - Three units	\$194.03	\$223.13	\$147.03	\$169.08
INDIVIDUAL - Four units	\$232.83	\$267.75	\$176.44	\$202.91
INDIVIDUAL - Five units	\$271.64	\$312.39	\$205.86	\$236.74
INDIVIDUAL - Six units	\$310.45	\$357.02	\$235.26	\$270.55
FAMILY - One unit	\$194.03	\$223.13	\$147.03	\$169.08
FAMILY - Two units	\$275.96	\$317.35	\$209.12	\$240.49
FAMILY - Three units	\$357.88	\$411.56	\$271.19	\$311.87
FAMILY - Four units	\$439.80	\$505.77	\$333.28	\$383.27
FAMILY - Five units	\$521.72	\$599.98	\$395.36	\$454.66
FAMILY - Six units	\$603.66	\$694.21	\$457.44	\$526.06
SINGLE PARENT FAMILY - One unit	\$194.03	\$223.13	\$147.03	\$169.08
SINGLE PARENT FAMILY - Two units	\$275.96	\$317.35	\$209.12	\$240.49
SINGLE PARENT FAMILY - Three units	\$357.88	\$411.56	\$271.19	\$311.87
SINGLE PARENT FAMILY - Four units	\$439.80	\$505.77	\$333.28	\$383.27
SINGLE PARENT FAMILY - Five units	\$521.72	\$599.98	\$395.36	\$454.66
SINGLE PARENT FAMILY - Six units	\$603.66	\$694.21	\$457.44	\$526.06
INDIVIDUAL & SPOUSE - One unit	\$194.03	\$223.13	\$147.03	\$169.08
INDIVIDUAL & SPOUSE - Two units	\$275.96	\$317.35	\$209.12	\$240.49
INDIVIDUAL & SPOUSE - Three units	\$357.88	\$411.56	\$271.19	\$311.87
INDIVIDUAL & SPOUSE - Four units	\$439.80	\$505.77	\$333.28	\$383.27
INDIVIDUAL & SPOUSE - Five units	\$521.72	\$599.98	\$395.36	\$454.66
INDIVIDUAL & SPOUSE - Six units	\$603.66	\$694.21	\$457.44	\$526.06

MONTHLY PREMIUM RATE SCHEDULE (Annual, Semi-Annual or Quarterly rates are 12, 6 or 3 times monthly, respectively)

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RIDER LRSC0100 (continued)

No Deductible

	DIRECT		PAYROLL	
	Current Rates	Proposed Rates	Current Rates	Proposed Rates
INDIVIDUAL - One unit	\$155.23	\$178.51	\$117.62	\$135.26
INDIVIDUAL - Two units	\$198.34	\$228.09	\$150.31	\$172.86
INDIVIDUAL - Three units	\$241.45	\$277.67	\$182.98	\$210.43
INDIVIDUAL - Four units	\$284.58	\$327.27	\$215.66	\$248.01
INDIVIDUAL - Five units	\$327.69	\$376.84	\$248.33	\$285.58
INDIVIDUAL - Six units	\$370.80	\$426.42	\$281.00	\$323.15
FAMILY - One unit	\$258.70	\$297.51	\$196.05	\$225.46
FAMILY - Two units	\$336.31	\$386.76	\$254.87	\$293.10
FAMILY - Three units	\$413.93	\$476.02	\$313.68	\$360.73
FAMILY - Four units	\$491.54	\$565.27	\$372.49	\$428.36
FAMILY - Five units	\$569.15	\$654.52	\$431.30	\$496.00
FAMILY - Six units	\$646.76	\$743.77	\$490.11	\$563.63
SINGLE PARENT FAMILY - One unit	\$258.70	\$297.51	\$196.05	\$225.46
SINGLE PARENT FAMILY - Two units	\$336.31	\$386.76	\$254.87	\$293.10
SINGLE PARENT FAMILY - Three units	\$413.93	\$476.02	\$313.68	\$360.73
SINGLE PARENT FAMILY - Four units	\$491.54	\$565.27	\$372.49	\$428.36
SINGLE PARENT FAMILY - Five units	\$569.15	\$654.52	\$431.30	\$496.00
SINGLE PARENT FAMILY - Six units	\$646.76	\$743.77	\$490.11	\$563.63
INDIVIDUAL & SPOUSE - One unit	\$258.70	\$297.51	\$196.05	\$225.46
INDIVIDUAL & SPOUSE - Two units	\$336.31	\$386.76	\$254.87	\$293.10
INDIVIDUAL & SPOUSE - Three units	\$413.93	\$476.02	\$313.68	\$360.73
INDIVIDUAL & SPOUSE - Four units	\$491.54	\$565.27	\$372.49	\$428.36
INDIVIDUAL & SPOUSE - Five units	\$569.15	\$654.52	\$431.30	\$496.00
INDIVIDUAL & SPOUSE - Six units	\$646.76	\$743.77	\$490.11	\$563.63

RIDER LRCS0100 - Cancer Screening Wellness Rider

INDIVIDUAL	\$344.94	\$396.68	\$261.39	\$300.60
FAMILY	\$646.76	\$743.77	\$490.11	\$563.63
SINGLE PARENT FAMILY	\$474.31	\$545.46	\$359.42	\$413.33