

SERFF Tracking Number: CNLT-125278458 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 36841  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 2007 LTC-1 & D425 et al Rate Filing  
Project Name/Number: LTC-1 & D425 et al Rate filing/LTC-1 & D425 et al Rates

## Filing at a Glance

Company: Stonebridge Life Insurance Company

Product Name: 2007 LTC-1 & D425 et al Rate SERFF Tr Num: CNLT-125278458 State: ArkansasLH

Filing

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 36841

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Marie Bennett, Harris Shearer

Authors: Adiza Caldwell, Lina Jichi, Joe Zhang

Disposition Date: 04/30/2008

Date Submitted: 09/06/2007

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LTC-1 & D425 et al Rate filing

Status of Filing in Domicile: Pending

Project Number: LTC-1 & D425 et al Rates

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 25%

Group Market Type:

Filing Status Changed: 04/30/2008

Deemer Date:

State Status Changed: 04/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed 25% rate increase on the D425 individual long term care insurance product. The rate increase applies to the base policy and any applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one

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year after receiving a prior rate increase, if applicable.

This filing applies to in-force policies issued in this state. The above referenced policy form series is an individual long-term care insurance product, which is no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Lina Jichi, Actuarial Assistant  
 11825 North Pennsylvania Street  
 Carmel, IN 46032  
 lina\_jichi@conseco.com  
 (800) 888-4918 [Phone]  
 (317) 817-2333[FAX]

### Filing Company Information

Stonebridge Life Insurance Company  
 11825 North Pennsylvania Street  
 Carmel, IN 46032  
 (800) 888-4918 ext. 2223[Phone]  
 CoCode: 65021  
 Group Code:  
 Group Name:  
 FEIN Number: 03-0164230  
 State of Domicile: Illinois  
 Company Type: Health  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Stonebridge Life Insurance Company	\$0.00	09/06/2007	

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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0001587309	\$50.00	08/31/2007

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	04/30/2008	04/30/2008

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status	Note To Reviewer	Lina Jichi	04/17/2008	04/17/2008

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## **Disposition**

Disposition Date: 04/30/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNLT-125278458 State: Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Cover Letter		Yes
<b>Rate</b>	D425 rates		No

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**Note To Reviewer**

**Created By:**

Lina Jichi on 04/17/2008 01:23 PM

**Subject:**

Filing Status

**Comments:**

I would like to follow up on the status of this D425 rate filing. Please let me know if you need additional information.

Thanks, Lina Jichi

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	D425 rates	D425	New		AR 2007 D425 SERFF.pdf

**Exhibit 1**  
**Stonebridge Life Insurance Company**  
*(Administered by CONSECO SENIOR HEALTH INSURANCE COMPANY)*  
**POLICY FORMS: D425, D428, and D430**  
**As of 12/31/2006**

Issue State	Lives	Annualized Premium	Average Premium
AR	4	\$ 7,573	\$ 1,893
AZ	135	\$ 250,916	\$ 1,859
CA	198	\$ 527,974	\$ 2,667
CO	82	\$ 172,410	\$ 2,103
CT	5	\$ 15,780	\$ 3,156
FL	164	\$ 255,199	\$ 1,556
GA	95	\$ 132,852	\$ 1,398
IA	214	\$ 384,116	\$ 1,795
ID	5	\$ 7,076	\$ 1,415
IL	62	\$ 130,183	\$ 2,100
IN	676	\$ 1,217,089	\$ 1,800
KY	352	\$ 612,666	\$ 1,741
LA	4	\$ 5,790	\$ 1,447
MI	16	\$ 45,311	\$ 2,832
MO	1,113	\$ 2,336,450	\$ 2,099
MS	9	\$ 11,633	\$ 1,293
MT	6	\$ 12,586	\$ 2,098
NC	98	\$ 218,293	\$ 2,227
NE	298	\$ 694,717	\$ 2,331
NM	10	\$ 23,400	\$ 2,340
NV	15	\$ 26,690	\$ 1,779
OH	348	\$ 969,575	\$ 2,786
OK	299	\$ 356,628	\$ 1,193
OR	3	\$ 4,937	\$ 1,646
PA	365	\$ 508,624	\$ 1,393
SD	2	\$ 4,828	\$ 2,414
TN	30	\$ 86,064	\$ 2,869
TX	1,664	\$ 3,546,913	\$ 2,132
UT	5	\$ 2,720	\$ 544
WV	59	\$ 102,081	\$ 1,730
<b>Total with FL</b>	<b>6,336</b>	<b>\$ 12,671,073</b>	<b>\$ 2,000</b>
<b>Total Without FL</b>	<b>6,172</b>	<b>\$ 12,415,875</b>	<b>\$ 2,012</b>

**EXHIBIT 2**

**CONSECO SENIOR HEALTH INSURANCE COMPANY  
POLICY FORMS: ATL-LTC-1, D425, D428, D430  
Nationwide excluding Florida  
Experience by Calendar Year  
As of 6/30/07**

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1990	45,952	876	876	1.9%
1991	940,938	101,561	101,561	10.8%
1992	6,671,642	1,157,377	1,157,377	17.3%
1993	27,452,559	8,431,987	8,432,000	30.7%
1994	57,370,293	22,835,529	22,885,854	39.9%
1995	78,252,072	34,684,934	34,797,274	44.5%
1996	95,225,259	49,427,003	49,737,786	52.2%
1997	103,824,190	59,948,463	60,296,518	58.1%
1998	104,533,962	71,408,928	72,038,906	68.9%
1999	100,587,761	80,533,164	81,573,979	81.1%
2000	94,752,519	79,025,913	81,548,826	86.1%
2001	88,353,723	78,244,804	81,995,813	92.8%
2002	82,304,759	76,022,733	82,343,149	100.0%
2003	72,303,742	64,545,225	74,455,568	103.0%
2004	67,813,992	52,799,468	68,362,992	100.8%
2005	61,886,114	38,327,147	66,850,966	108.0%
2006	56,645,152	22,406,919	74,239,069	131.1%
1Q-2Q 2007	26,691,878	2,053,349	31,454,551	117.8%
<b>Total</b>	<b>1,125,656,506</b>	<b>741,955,382</b>	<b>892,273,066</b>	<b>79.3%</b>
Accumulated @ 5%	1,639,747,555	1,057,140,974	1,223,390,619	74.6%

**Experience By Duration**

Year	Earned Premium	Paid Claims	Incurred Claims	Loss Ratio
1	155,438,646	40,801,143	40,893,097	26.3%
2	130,187,992	63,517,788	64,032,572	49.2%
3	114,592,638	72,974,059	73,681,238	64.3%
4	103,965,166	71,565,938	72,549,721	69.8%
5	96,492,583	81,367,892	83,000,246	86.0%
6	90,193,217	79,025,544	81,872,540	90.8%
7	84,367,967	75,234,378	80,492,659	95.4%
8	77,518,331	71,178,250	80,566,737	103.9%
9	70,722,746	61,309,075	75,915,787	107.3%
10	62,418,033	47,309,320	65,530,475	105.0%
11	51,869,397	33,985,245	56,135,053	108.2%
12	39,653,954	22,437,796	47,471,646	119.7%
13	27,299,747	13,550,818	35,772,340	131.0%
14	15,004,225	5,390,162	22,715,787	151.4%
15	4,998,060	2,001,190	9,638,664	192.8%
16	916,096	282,717	1,938,808	211.6%
17	17,709	24,066	65,696	371.0%
<b>Total</b>	<b>1,125,656,506</b>	<b>741,955,382</b>	<b>892,273,066</b>	<b>79.3%</b>

**Exhibit 3**  
**CONSECO SENIOR HEALTH INSURANCE COMPANY**  
**Nationwide Excluding Florida**  
**Policy Forms: ATL-LTC-1, D425, D428 and D430**  
**Projected Future Experience After 25% Rate Increase**  
**As of 6/30/2007**

Year	After 25% Rate Increase	Incurred Claims	Loss Ratio
3Q-4Q 2007	32,140,323	32,314,862	100.5%
2008	56,722,114	62,568,260	110.3%
2009	58,899,352	62,797,709	106.6%
2010	52,762,164	62,756,557	118.9%
2011	46,717,121	62,252,062	133.3%
2012	41,132,638	61,235,668	148.9%
2013	36,005,132	59,704,752	165.8%
2014	31,326,433	57,593,643	183.8%
2015	27,085,018	54,877,461	202.6%
2016	23,265,797	51,634,644	221.9%
2017	19,850,328	47,972,259	241.7%
2018	16,816,988	43,986,052	261.6%
2019	14,142,410	39,812,401	281.5%
2020	11,801,483	35,578,552	301.5%
2021	9,768,267	31,388,124	321.3%
2022	8,016,664	27,338,884	341.0%
2023	6,520,174	23,505,800	360.5%
2024	5,252,972	19,950,357	379.8%
2025	4,190,168	16,715,946	398.9%
2026	3,307,723	13,828,422	418.1%
2027	2,582,817	11,296,354	437.4%
2028	1,994,188	9,114,882	457.1%
2029	1,521,984	7,266,535	477.4%
2030	1,148,011	5,725,657	498.7%
2031+	3,070,902	18,085,241	588.9%
Present Value of Future Amount	390,203,727	624,424,732	160.0%

**Present Values at 5%**  
**With Rate Increase**

Nationwide	Earned Premium	Incurred Claims	Loss Ratio
Historical	1,639,747,555	1,223,390,619	74.6%
Projected Future	390,203,727	624,424,732	160.0%
Lifetime Anticipated	2,029,951,282	1,847,815,351	91.0%

**Exhibit 4**

**CONSECO SENIOR HEALTH INSURANCE COMPANY  
Policy Forms: ATL-LTC-1, D425, D428 and D430  
Including Riders  
Nationwide Excluding Florida**

**Experience and Projection without Proposed Rate Increase**

**As of 6/30/2007**

<u>Year</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>
1990	45,952	876	1.9%
1991	940,938	101,561	10.8%
1992	6,671,642	1,157,377	17.3%
1993	27,452,559	8,432,000	30.7%
1994	57,370,293	22,885,854	39.9%
1995	78,252,072	34,797,274	44.5%
1996	95,225,259	49,737,786	52.2%
1997	103,824,190	60,296,518	58.1%
1998	104,533,962	72,038,906	68.9%
1999	100,587,761	81,573,979	81.1%
2000	94,752,519	81,548,826	86.1%
2001	88,353,723	81,995,813	92.8%
2002	82,304,759	82,343,149	100.0%
2003	72,303,742	74,455,568	103.0%
2004	67,813,992	68,362,992	100.8%
2005	61,886,114	66,850,966	108.0%
2006	56,645,152	74,239,069	131.1%
2007	58,832,201	63,769,414	108.4%
2008	52,995,844	62,568,260	118.1%
2009	47,415,831	62,797,709	132.4%
2010	42,209,731	62,756,557	148.7%
2011	37,373,697	62,252,062	166.6%
2012	32,906,111	61,235,668	186.1%
2013	28,804,105	59,704,752	207.3%
2014	25,061,146	57,593,643	229.8%
2015	21,668,015	54,877,461	253.3%
2016	18,612,637	51,634,644	277.4%
2017	15,880,262	47,972,259	302.1%
2018	13,453,590	43,986,052	326.9%
2019	11,313,928	39,812,401	351.9%
2020	9,441,187	35,578,552	376.8%
2021	7,814,613	31,388,124	401.7%
2022	6,413,332	27,338,884	426.3%
2023	5,216,140	23,505,800	450.6%
2024	4,202,378	19,950,357	474.7%
2025	3,352,134	16,715,946	498.7%
2026	2,646,178	13,828,422	522.6%
2027	2,066,254	11,296,354	546.7%
2028	1,595,350	9,114,882	571.3%
2029	1,217,587	7,266,535	596.8%
2030	918,409	5,725,657	623.4%
2031+	2,456,721	18,085,241	736.2%
<b>Total</b>	<b>1,552,832,009</b>	<b>1,811,574,151</b>	<b>116.7%</b>
<b>Discounted @ 5%</b>	<b>1,965,693,633</b>	<b>1,847,815,351</b>	<b>94.0%</b>

**Present Values at 5%  
Without Rate Increase**

	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Loss Ratio</u>
Historical	1,639,747,555	1,223,390,619	74.6%
Projected Future	325,946,078	624,424,732	191.6%
Lifetime Anticipated	1,965,693,633	1,847,815,351	94.0%

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Level Benefit  
Standard Risks  
0 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	45.40	53.16	57.71	67.50
55-59	67.50	80.50	88.60	104.46
60-64	80.66	100.58	111.89	133.65
65	135.51	168.93	187.99	224.44
66	145.13	182.25	203.51	243.00
67	157.79	199.98	223.94	267.48
68	173.31	221.06	248.06	296.16
69	190.01	244.01	274.39	328.23
70	209.76	271.19	305.10	364.68
71	232.71	303.08	341.55	407.54
72	260.73	341.73	385.09	458.50
73	293.46	387.11	436.05	517.73
74	329.91	438.25	493.26	583.88
75	370.58	494.95	556.54	656.61
76	415.46	557.39	626.06	736.26
77	464.06	625.73	701.84	823.34
78	517.05	699.30	783.68	917.16
79	573.75	778.79	871.76	1017.74

30 Day Elimination period

80	576.63
81	649.69
82	722.09
83	811.86
84	901.13

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Level Benefit  
Standard Risks  
15 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	44.05	51.64	56.54	65.99
55-59	65.14	77.96	86.06	101.76
60-64	77.40	97.04	108.51	129.94
65	130.11	163.19	182.25	218.36
66	139.23	175.84	196.94	236.43
67	151.04	192.55	216.34	259.54
68	165.21	212.63	239.46	287.55
69	180.74	234.56	265.11	318.26
70	199.46	260.21	294.30	353.54
71	221.06	290.59	329.06	394.71
72	247.23	327.38	371.09	443.81
73	277.76	370.58	419.69	500.69
74	312.19	419.01	474.36	564.30
75	350.16	472.84	534.94	634.68
76	392.18	532.58	601.26	711.63
77	437.91	596.88	673.83	795.33
78	487.53	667.08	752.13	885.60
79	540.34	742.50	836.16	982.64

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Level Benefit  
Standard Risks  
90 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	40.50	47.59	51.98	61.43
55-59	59.24	71.39	78.81	94.16
60-64	68.69	86.74	97.71	118.30
65	115.26	145.64	164.03	198.79
66	122.51	156.60	176.51	214.65
67	132.14	170.78	193.39	235.41
68	143.61	187.83	213.14	260.21
69	156.60	206.39	235.24	287.05
70	171.45	228.33	260.73	318.44
71	189.18	253.98	290.59	355.39
72	210.44	285.19	326.70	398.76
73	235.24	321.64	368.55	449.05
74	263.25	362.99	415.80	505.91
75	294.14	408.71	468.11	568.01
76	328.23	459.18	525.49	636.03
77	365.18	513.51	587.93	710.44
78	406.35	572.91	655.60	790.26
79	447.36	637.20	727.99	876.33
80	488.70			
81	547.26			
82	605.81			
83	677.03			
84	748.24			

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Increasing Benefit (Rider Form 17-6362)  
Standard Risks  
0 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	76.79	89.78	97.54	114.08
55-59	119.48	142.60	156.94	184.95
60-64	140.40	174.83	194.74	232.38
65	223.60	278.61	310.16	370.24
66	236.59	297.18	331.60	396.06
67	254.14	321.98	360.45	430.65
68	270.34	344.93	387.11	462.04
69	288.74	371.09	417.15	498.83
70	312.36	403.99	454.61	543.55
71	339.70	442.64	498.66	595.19
72	372.78	488.70	550.80	671.39
73	410.74	542.03	610.54	724.95
74	455.46	604.98	680.74	805.61
75	504.06	673.15	757.01	893.03
76	556.71	746.89	839.03	986.69
77	608.01	819.79	919.53	1093.34
78	656.61	888.14	1011.33	1208.76
79	705.71	974.88	1116.63	1332.11

30 Day Elimination period

80	692.05
81	762.25
82	837.68
83	930.66
84	1022.80

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Increasing Benefit (Rider Form 17-6362)  
Standard Risks  
15 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	74.25	87.41	95.51	114.08
55-59	115.26	138.04	152.39	184.95
60-64	134.66	168.93	188.84	232.38
65	214.65	269.14	300.71	370.24
66	226.98	286.71	321.14	396.06
67	243.18	310.00	348.30	430.65
68	257.69	331.76	373.61	462.04
69	274.90	356.40	402.81	498.83
70	297.18	387.79	438.59	543.55
71	322.83	424.24	480.44	595.19
72	353.54	468.11	530.55	671.39
73	388.80	518.91	587.59	724.95
74	430.83	578.31	654.59	805.61
75	476.21	643.11	727.49	893.03
76	525.49	713.48	805.79	986.69
77	573.75	781.99	882.56	1093.34
78	618.98	847.30	970.99	1208.76
79	664.71	931.16	1071.56	1332.11

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Annual Premiums per \$10 Long Term Care Benefit  
Increasing Benefit (Rider Form 17-6362)  
Standard Risks  
90 Day Elimination Period

Issue Age	2 Yr.	4 Yr.	6 Yr.	Lifetime
50-54	68.35	80.50	87.93	103.79
55-59	104.80	126.40	139.39	166.73
60-64	119.48	150.86	169.94	205.88
65	190.35	240.30	270.68	328.05
66	199.64	255.15	287.89	349.83
67	212.63	274.90	311.18	379.01
68	224.10	292.95	332.61	406.01
69	237.94	313.71	357.59	436.39
70	255.49	340.20	388.30	474.36
71	276.08	370.91	424.24	518.91
72	300.89	408.04	467.10	570.21
73	329.40	450.23	516.04	628.60
74	363.33	500.85	573.93	698.13
75	399.94	555.86	636.70	772.54
76	439.76	615.26	704.20	854.89
77	478.24	804.89	770.18	947.70
78	516.04	727.65	848.99	1046.76
79	550.30	799.88	936.74	1153.08
80	586.41			
81	642.10			
82	703.19			
83	777.10			
84	851.01			

**Rate Sheet**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form: D425  
Home Health Care Rider Series 17-6361  
Annual Premiums per \$10 Long Term Care Benefit  
Standard Risks

Issue Age	Level Benefit	Increasing Benefit Rider 17-6362
50-54	30.89	38.31
55-59	41.18	52.15
60-64	57.38	75.78
65	63.45	86.06
66	65.99	89.95
67	69.86	95.01
68	74.09	101.09
69	78.98	106.99
70	85.05	114.75
71	91.80	123.03
72	98.89	131.46
73	107.66	141.41
74	116.61	151.71
75	126.90	163.01
76	137.54	174.66
77	149.18	187.49
78	163.01	202.00
79	176.85	216.51
80	190.69	231.03
81	209.43	250.26
82	228.15	268.84
83	249.08	290.25
84	270.00	311.85

**RATE SHEET**

Stonebridge Life Insurance Company  
(policies originally issued by JC Penney Insurance Company)  
Administered by Conseco Senior Health Insurance Company  
Long Term Care Policy Form D425  
Home Health Care Rider Form 17-6361  
Increased Benefit Rider Form 17-6362  
Return of Premium Rider Form 17-6406

I. Return of Premium Rider Form 17-6406

Premiums for the return of premium rider are 35% of the premium for the base policy D425 and the home health care rider and increased benefits rider, if applicable.

II. Modal Premium Factors

To calculate modal premiums paid on other than annual basis, multiply annual premiums by the corresponding factors:

Annual	=	annual premium x 1.00
Semi-Annual	=	annual premium x .52
Quarterly	=	annual premium x .265
Monthly	=	annual premium x .09

III. Substandard Rate Factors

Preferred rate classification: 75% of standard rates.

SERFF Tracking Number: CNLT-125278458 State: Arkansas  
Filing Company: Stonebridge Life Insurance Company State Tracking Number: 36841  
Company Tracking Number:  
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified  
Product Name: 2007 LTC-1 & D425 et al Rate Filing  
Project Name/Number: LTC-1 & D425 et al Rate filing/LTC-1 & D425 et al Rates

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Cover Letter

09/06/2007

**Comments:**

**Attachment:**

D425 Cover Letter.pdf

**CONSECO SERVICES, L.L.C.**  
11825 N. Pennsylvania Street  
P.O. Box 1911  
Carmel, Indiana 46032-1911

September 6, 2007

Mr. John Shields  
Department of Insurance  
1200 W. Third Street  
Little Rock, Arkansas 72201-1904

**RE: Stonebridge Life Insurance Company**  
*(Administered by Conseco Senior Health Insurance Company)*  
**NAIC No: 65021      FEIN No.: 03-0164230**  
**Rate Revision Filing on Individual Long Term Care Insurance**  
**Policy Forms: D425, D428 and D430 and Associated Rider(s)**

Dear Mr. Shields:

Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed 25% rate increase on the above referenced individual long term care insurance product. The rate increase applies to the base policy and any applicable benefit riders for which a premium is paid. The rate increase will be effective on the first premium due date subsequent to state insurance department approval and in accordance with state policyholder notification requirements, with the additional condition that no policyholder will receive a rate increase sooner than one year after receiving a prior rate increase, if applicable.

This filing applies to in-force policies issued in this state. The above referenced policy form series is an individual long-term care insurance product, which is no longer being sold.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state. I hope that with this information your approval of this filing will be forthcoming. If you have any questions or need additional information, please feel free to contact me.

Sincerely,



Lina Jichi  
Phone: 800-888-4918, extension 6335  
Fax: (317) 817-2333  
E-mail: Lina\_Jichi@conseco.com