

SERFF Tracking Number: WKLY-126080744 State: Arkansas
Filing Company: Lincoln Heritage Life Insurance Company State Tracking Number: 41863
Company Tracking Number: LH MS RI
TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
Product Name: Lincoln Heritage Life Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /

Filing at a Glance

Company: Lincoln Heritage Life Insurance Company

Product Name: Lincoln Heritage Life Insurance SERFF Tr Num: WKLY-126080744 State: ArkansasLH

Company Medicare Supplement Rate Increase

Filing

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed

State Tr Num: 41863

Sub-TOI: MS06.000 Medicare Supplement -

Co Tr Num: LH MS RI

State Status: Under Review

Other

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Jeffrey McGinn

Disposition Date: 03/26/2009

Date Submitted: 03/19/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: 11/01/2009

Implementation Date: 11/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/31/2008

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: 03/26/2009

Explanation for Other Group Market Type:

State Status Changed: 03/26/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Lincoln Heritage Life Insurance Company Rate Increase Filing for Individual Medicare Supplement Standardized Plans A, B, C, D, and F

Form Numbers: MS-AAAR 06 - Plan A; MS-ABAR 06 - Plan B; MS-ACAR 06 - Plan C; MS-ADAR 06 - Plan D; MS-AFAR 06 - Plan F

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Rate Increase Amount: 25.0%

This filing was approved in the Company's domicile state of Illinois on December 31, 2008.

Company and Contact

Filing Contact Information

(This filing was made by a third party - WAI01)

Jeffrey McGinn, Compliance Analyst jeffrey.mcgin@wakelyinc.com
 Wakely and Associates, Inc. (727) 584-8128 [Phone]
 Largo, FL 33773-1502 (727) 584-5613[FAX]

Filing Company Information

Lincoln Heritage Life Insurance Company	CoCode: 65927	State of Domicile: Illinois
4343 East Camelback Road	Group Code: -99	Company Type:
Phoenix, AZ 85018	Group Name:	State ID Number:
(602) 957-1650 ext. [Phone]	FEIN Number: 04-2314290	

Filing Fees

Fee Required? Yes
 Fee Amount: \$250.00
 Retaliatory? No
 Fee Explanation: 5 plans x \$25.00 = \$250.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln Heritage Life Insurance Company	\$250.00	03/19/2009	26529199

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	03/26/2009	03/26/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	03/25/2009	03/25/2009	Jeffrey McGinn	03/26/2009	03/26/2009

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Disposition

Disposition Date: 03/26/2009

Implementation Date: 11/01/2009

Status: Approved-Closed

Comment: We have approved the requested 25% rate increase for Plans A, B, C, D and F to be implemented on or after November 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

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):
Lincoln Heritage Life Insurance Company	25.000%	25.000%	\$43,809	113	\$175,235	25.000%	25.000%

SERFF Tracking Number: WKLY-126080744 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Third Party Authorization Letter	Accepted for Informational Purposes	Yes
Supporting Document	Exhibit 1	Accepted for Informational Purposes	No
Rate	AR Rate Pages	Approved	Yes

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Product Name: Lincoln Heritage Life Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/25/2009
Submitted Date 03/25/2009
Respond By Date 04/24/2009

Dear Jeffrey McGinn,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: Due to the significant increase requested, please attached the historical and projected future experience for each individual plan.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 03/26/2009
Submitted Date 03/26/2009

Dear Stephanie Fowler,

Comments:

Thank you for your continued consideration of this rate increase filing.

Response 1

Comments: Exhibit 1 shows historical and projected future experience by plan.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Due to the significant increase requested, please attached the historical and projected future experience for each individual plan.

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Product Name: Lincoln Heritage Life Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Exhibit 1

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

If you have any questions, please let me know.

Thanks,

Jeff McGinn

Sincerely,
Jeffrey McGinn

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 Product Name: Lincoln Heritage Life Insurance Company Medicare Supplement Rate Increase Filing
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 9.000%
Effective Date of Last Rate Revision: 11/01/2008
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):
Lincoln Heritage Life Insurance Company	25.000%	25.000%	\$43,809	113	\$175,235	25.000%	25.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	AR Rate Pages	MS-ACAR 06, MS-AAAR 06, MS-ABAR 06, MS-ADAR 06, MS-AFAR 06	Revised	Previous State Filing Number: Percent Rate Change Request: 38387 25.000	AR Rates - Exh A 2009.pdf

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan A

Exhibit A - Current and Proposed Premium Schedule

Current Annual Rates

Age	Preferred	Standard
All	1,315	1,462

Proposed Annual Rates after 25.0% Increase

Age	Preferred	Standard
All	1,644	1,828

Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	1,808.00	2,011.00
Semi	940.16	1,045.72
Quarterly	470.08	522.86
Monthly	158.20	175.96
*Monthly	150.61	167.52
**Monthly Direct Bill	152.61	169.52

Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	1,562.00	1,737.00
Semi	812.24	903.24
Quarterly	406.12	451.62
Monthly	136.68	151.99
*Monthly	130.11	144.69
**Monthly Direct Bill	132.11	146.69

Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,397.00	1,554.00
Semi	726.44	808.08
Quarterly	363.22	404.04
Monthly	122.24	135.98
*Monthly	116.37	129.45
**Monthly Direct Bill	118.37	131.45

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

**For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan B

Exhibit A - Current and Proposed Premium Schedule

Current Annual Rates

Age	Preferred	Standard
All	1,428	1,586

Proposed Annual Rates after 25.0% Increase

Age	Preferred	Standard
All	1,785	1,983

Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	1,964.00	2,181.00
Semi	1,021.28	1,134.12
Quarterly	510.64	567.06
Monthly	171.85	190.84
*Monthly	163.60	181.68
**Monthly Direct Bill	165.60	183.68

Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	1,696.00	1,884.00
Semi	881.92	979.68
Quarterly	440.96	489.84
Monthly	148.40	164.85
*Monthly	141.28	156.94
**Monthly Direct Bill	143.28	158.94

Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,517.00	1,686.00
Semi	788.84	876.72
Quarterly	394.42	438.36
Monthly	132.74	147.53
*Monthly	126.37	140.44
**Monthly Direct Bill	128.37	142.44

Mode Factors: Ann:1.0000 Semi: 0.5200 Qtrtrly: 0.2600 Mthly: 0.0875

*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

**For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan C

Exhibit A - Current and Proposed Premium Schedule

Current Annual Rates

Age	Preferred	Standard
All	1,679	1,865

Proposed Annual Rates after 25.0% Increase

Age	Preferred	Standard
All	2,099	2,331

Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,309.00	2,564.00
Semi	1,200.68	1,333.28
Quarterly	600.34	666.64
Monthly	202.04	224.35
*Monthly	192.34	213.58
**Monthly Direct Bill	194.34	215.58

Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	1,994.00	2,214.00
Semi	1,036.88	1,151.28
Quarterly	518.44	575.64
Monthly	174.48	193.73
*Monthly	166.10	184.43
**Monthly Direct Bill	168.10	186.43

Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,784.00	1,981.00
Semi	927.68	1,030.12
Quarterly	463.84	515.06
Monthly	156.10	173.34
*Monthly	148.61	165.02
**Monthly Direct Bill	150.61	167.02

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtly: 0.2600 Mthly: 0.0875

*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

**For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan D

Exhibit A - Current and Proposed Premium Schedule

Current Annual Rates

Age	Preferred	Standard
All	1,474	1,638

Proposed Annual Rates after 25.0% Increase

Age	Preferred	Standard
All	1,843	2,048

Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,027.00	2,253.00
Semi	1,054.04	1,171.56
Quarterly	527.02	585.78
Monthly	177.36	197.14
*Monthly	168.85	187.67
**Monthly Direct Bill	170.85	189.67

Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	1,751.00	1,946.00
Semi	910.52	1,011.92
Quarterly	455.26	505.96
Monthly	153.21	170.28
*Monthly	145.86	162.10
**Monthly Direct Bill	147.86	164.10

Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,567.00	1,741.00
Semi	814.84	905.32
Quarterly	407.42	452.66
Monthly	137.11	152.34
*Monthly	130.53	145.03
**Monthly Direct Bill	132.53	147.03

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

**For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with	1.10
Area 2:	Zip codes beginning with 720 and 721 not listed above	0.95
Area 3:	Rest of State	0.85

LINCOLN HERITAGE LIFE INSURANCE COMPANY

Actuarial Memorandum for Individual A&H Rate Filing

Medicare Standardized Plan F

Exhibit A - Current and Proposed Premium Schedule

Current Annual Rates

Age	Preferred	Standard
All	1,730	1,924

Proposed Annual Rates after 25.0% Increase

Age	Preferred	Standard
All	2,163	2,405

Proposed Modal Premiums for Area 1

	Preferred	Standard
Annual	2,379.00	2,646.00
Semi	1,237.08	1,375.92
Quarterly	618.54	687.96
Monthly	208.16	231.53
*Monthly	198.17	220.41
**Monthly Direct Bill	200.17	222.41

Proposed Modal Premiums for Area 2

	Preferred	Standard
Annual	2,055.00	2,285.00
Semi	1,068.60	1,188.20
Quarterly	534.30	594.10
Monthly	179.81	199.94
*Monthly	171.18	190.34
**Monthly Direct Bill	173.18	192.34

Proposed Modal Premiums for Area 3

	Preferred	Standard
Annual	1,839.00	2,044.00
Semi	956.28	1,062.88
Quarterly	478.14	531.44
Monthly	160.91	178.85
*Monthly	153.19	170.27
**Monthly Direct Bill	155.19	172.27

Mode Factors: Ann:1.0000 Semi: 0.5200 Qurtrly: 0.2600 Mthly: 0.0875

*The Monthly Modal Factor was reduced to .0833 for policies issued after 6/1/04

**For Monthly Direct Bill policies issued in 2007 and later, the Company is charging an extra \$2 to each modal premium.

Area Factors:

Area 1:	Zip Codes 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-72120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198, 72199, and all zip codes beginning with 722	1.10
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Product Name: Lincoln Heritage Life Insurance Company Medicare Supplement Rate Increase Filing
Project Name/Number: /

Supporting Document Schedules

Satisfied -Name: Third Party Authorization Letter

Review Status:

Accepted for Informational Purposes 03/26/2009

Comments:

Attachment:

2009 01 SILIC Authorization ltr.pdf

210 E. Second Avenue
Ste. 105
Rome, Georgia 30161
Tel (706) 235-8154
Fax (866) 889-4054

January 19, 2009

Ms. Darcey Shaffer, ACS, FLMI
Compliance Manager
Wakely and Associates, Inc.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for Sterling Investors Life Insurance Company

Dear Ms. Shaffer:

This letter authorizes Wakely and Associates, Inc. to file on behalf of Sterling Investors Life Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments. Wakely and Associates, Inc. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,



Elwood Whitacre
Secretary and Treasurer