

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Filing at a Glance

Company: Stonebridge Life Insurance Company  
Product Name: 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
State: Arkansas  
TOI: H10I Individual Health - Dental  
Sub-TOI: H10I.000 Health - Dental  
Filing Type: Rate  
Date Submitted: 08/24/2012  
SERFF Tr Num: AEGC-128623713  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AR\_IND\_DENTAL  
  
Implementation: 01/01/2013  
Date Requested:  
Author(s): Teri Schaffer-Jones  
Reviewer(s): Rosalind Minor (primary)  
Disposition Date: 09/25/2012  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## General Information

Project Name: Rate Increase Status of Filing in Domicile: Not Filed  
 Project Number: dental Date Approved in Domicile:  
 Requested Filing Mode: File & Use Domicile Status Comments: Domiciliary status does not apply.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: 13.08% Filing Status Changed: 09/25/2012  
 State Status Changed: 09/25/2012  
 Deemer Date: Created By: Teri Schaffer-Jones  
 Submitted By: Teri Schaffer-Jones Corresponding Filing Tracking Number:

Filing Description:  
 2012 Stonebridge Life Insurance Company Rate Filing for Individual Basic Dental: Policy Form #(s): SLDT1000IP

Enclosed is our rate submission for the individual basic dental plan. The purpose of this filing is to demonstrate that a rate increase is necessary for this policy form in order to maintain an appropriate balance between benefits provided and premiums charged. The rate revision would take effect January 1, 2013.

## Company and Contact

### Filing Contact Information

Teri Schaffer-Jones, Actuarial Teri.Schaffer@transamerica.com  
 Administrative Supervisor  
 520 Park Avenue 800-233-4624 [Phone] 5236 [Ext]  
 Baltimore, MD 21201-4500 410-209-5904 [FAX]

### Filing Company Information

Stonebridge Life Insurance CoCode: 65021 State of Domicile: Vermont  
 Company Group Code: 468 Company Type: Life  
 100 Light Street Group Name: AEGON State ID Number:  
 MS B-3449 FEIN Number: 03-0164230  
 Baltimore, MD 21202-2559  
 (800) 233-4624 ext. 5236[Phone]

## 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	\$50.00	08/24/2012	61983722

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number: Rate Increase/dental

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/25/2012	09/25/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/20/2012	09/20/2012
Pending Industry Response	Rosalind Minor	09/12/2012	09/12/2012
Pending Industry Response	Rosalind Minor	09/07/2012	09/07/2012

#### Response Letters

Responded By	Created On	Date Submitted
Teri Schaffer-Jones	09/24/2012	09/24/2012
Teri Schaffer-Jones	09/20/2012	09/20/2012
Teri Schaffer-Jones	09/12/2012	09/12/2012

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
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## Disposition

Disposition Date: 09/25/2012

Implementation Date:

Status: Approved-Closed

Comment:

We have approved an overall 5% rate increase on your 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 % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Stonebridge Life Insurance Company	5.000%	5.000%	\$15,759	716	\$315,186	14.500%	4.700%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Objection Response	Approved-Closed	Yes
Supporting Document	Ar Experience	Approved-Closed	No
Rate (revised)	Rates_SLDT1000IP	Approved-Closed	Yes
Rate	Rates_SLDT1000IP	Replaced	Yes

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**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/20/2012
Submitted Date	09/20/2012
Respond By Date	

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Dear Teri Schaffer-Jones,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Rates\_SLDT1000IP, [SLDT1000IP] (Rate)*

*Comments:*

*Before approval is given to this submission, it is requested that you provide us with a post-submission update to reflect the 5% increase under the Rate/Rule Schedule, Company Rate Information.*

*Thank you for your cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/24/2012  
Submitted Date 09/24/2012

Dear Rosalind Minor,

**Introduction:**

**Response 1**

**Comments:**

A Post Submission was submitted.

**Related Objection 1**

Applies To:

- Rates\_SLDT1000IP, [SLDT1000IP] (Rate)

Comments:

Before approval is given to this submission, it is requested that you provide us with a post-submission update to reflect the 5% increase under the Rate/Rule Schedule, Company Rate Information.

Thank you for your cooperation.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Sincerely,

Teri Schaffer-Jones

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**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/12/2012
Submitted Date	09/12/2012
Respond By Date	10/12/2012

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Dear Teri Schaffer-Jones,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Objection Response (Supporting Document)*

*Comments:*

*Thank you for your response. Before I consult with the Director of Life & Health Division, it would be appreciated if you would provide us with the Arkansas Experience on this block of business.*

*We appreciate your cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/20/2012
Submitted Date	09/20/2012

Dear Rosalind Minor,

### Introduction:

### Response 1

#### Comments:

The proposed rate increase is based on nationwide data to ensure adequate credibility. With 716 policies in force, we would not consider Arkansas data fully credible. However, as demonstrated in the attached Exhibit A, Arkansas experience has been more favorable than nationwide. In light of this, applying a 36% weighting to Arkansas data and 64% to nationwide, the Departments proposed 5% rate increase would be sufficient to bring the forecasted lifetime loss ratio in line with the original pricing.

### Related Objection 1

Applies To:

- Objection Response (Supporting Document)

Comments:

Thank you for your response. Before I consult with the Director of Life & Health Division, it would be appreciated if you would provide us with the Arkansas Experience on this block of business.

We appreciate your cooperation.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Ar Experience

Comment:

No Form Schedule items changed.

SERFF Tracking #:

AEGC-128623713

State Tracking #:

Company Tracking #:

AR\_IND\_DENTAL

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health - Dental

Product Name: 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number: Rate Increase/dental

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
Rates_SLDT1000IP	SLDT1000IP	Revised	Previous State Filing Number null Percent Rate Change Request 5	
<i>Previous Version</i>				
Rates_SLDT1000IP	SLDT1000IP	Revised	Previous State Filing Number null Percent Rate Change Request 13.8	

**Conclusion:**

Sincerely,  
Teri Schaffer-Jones

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**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/07/2012
Submitted Date	09/07/2012
Respond By Date	10/07/2012

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Dear Teri Schaffer-Jones,

**Introduction:**

*This will acknowledge receipt of the captioned filing.*

**Objection 1**

*- Health - Actuarial Justification (Supporting Document)*

*Comments:*

*Our Department has been working with the insurance companies on the rate increase which they are submitting to our Department.*

*At this time, our Department is limiting our approval to no more than a 5% rate increase on limited benefit products. If you wish to accept the 5%, it is requested that you submit a post submission update to reflect the 5% along with attaching the new rates.*

*We appreciate your understanding and cooperation.*

**Conclusion:**

*A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.*

*Please feel free to contact me if you have questions.*

*Sincerely,*

*Rosalind Minor*

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/12/2012
Submitted Date	09/12/2012

Dear Rosalind Minor,

### Introduction:

### Response 1

#### Comments:

In response to your objection, our Actuary has provided the following documentation:

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

Our Department has been working with the insurance companies on the rate increase which they are submitting to our Department.

At this time, our Department is limiting our approval to no more than a 5% rate increase on limited benefit products. If you wish to accept the 5%, it is requested that you submit a post submission update to reflect the 5% along with attaching the new rates.

We appreciate your understanding and cooperation.

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: Objection Response

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

### Conclusion:

Sincerely,

**SERFF Tracking #:**

AEGC-128623713

**State Tracking #:**

**Company Tracking #:**

AR\_IND\_DENTAL

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**State:**

Arkansas

**Filing Company:**

Stonebridge Life Insurance Company

**TOI/Sub-TOI:**

H101 Individual Health - Dental/H101.000 Health - Dental

**Product Name:**

2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

**Project Name/Number:**

Rate Increase/dental

Teri Schaffer-Jones

**State:** Arkansas **Filing Company:** Stonebridge Life Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health - Dental  
**Product Name:** 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing  
**Project Name/Number:** Rate Increase/dental

## Post Submission Update Request Processed On 09/25/2012

Status: Allowed  
Created By: Teri Schaffer-Jones  
Processed By: Rosalind Minor  
Comments:

### Company Rate Information:

Company Name: Stonebridge Life Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.000%	13.800%
Overall % Rate Impact	5.000%	13.800%
Written Premium Change for this Program	\$15759	\$43573

SERFF Tracking #:

AEGC-128623713

State Tracking #:

Company Tracking #:

AR\_IND\_DENTAL

State: Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health - Dental

Product Name: 2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number: Rate Increase/dental

### Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision: 09/01/2006

Filing Method of Last Filing: MAIL

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Stonebridge Life Insurance Company	5.000%	5.000%	\$15,759	716	\$315,186	14.500%	4.700%

SERFF Tracking #:

AEGC-128623713

State Tracking #:

Company Tracking #:

AR\_IND\_DENTAL

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health - Dental

Product Name:

2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number:

Rate Increase/dental

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
1	Approved-Closed 09/25/2012	Rates_SLDT1000IP	SLDT1000IP	Revised	Previous State Filing Number:		revised_rates_SLDT1000IP_AR.pdf
					Percent Rate Change Request:	5.000	

Type: **Dental Insurance**  
 Company: **Stonebridge Life Insurance Company**  
 Form: **SLDT1000IP**

**Current Rates**

Rate Table: **A for Low Option**

	Region			
	1	2	3	4
Principal Insured	275.81	309.83	358.86	433.91
Principal Insured + Spouse	551.62	619.66	717.72	867.82
Principal Insured + Children	515.87	579.48	671.28	811.66
Principal Insured + Family	811.12	911.24	1,055.73	1,276.24

Rate Table: **A for Medium Option**

	Region			
	1	2	3	4
Principal Insured	311.88	350.43	405.83	490.82
Principal Insured + Spouse	623.76	700.86	811.66	981.64
Principal Insured + Children	628.73	706.26	818.14	994.38
Principal Insured + Family	969.01	1,088.66	1,261.12	1,524.94

Rate Table: **A for High Option**

	Region			
	1	2	3	4
Principal Insured	366.52	411.77	477.21	576.89
Principal Insured + Spouse	733.04	823.54	954.42	1,153.78
Principal Insured + Children	763.60	857.77	994.16	1,201.84
Principal Insured + Family	1,167.06	1,311.01	1,519.21	1,836.61

Modal Factor	Direct Bill	Automated Payment
Monthly	0.092600	0.083333
Quarterly	0.262500	0.236250
Semi-Annual	0.510000	0.459000
Annual	1.000000	0.900000

**Proposed Rates effective January 1, 2013  
 Arkansas**

Rate Table: **A for Low Option**

	Region			
	1	2	3	4
Principal Insured	289.60	325.32	376.80	455.61
Principal Insured + Spouse	579.20	650.64	753.61	911.21
Principal Insured + Children	541.66	608.45	704.84	852.24
Principal Insured + Family	851.68	956.80	1,108.52	1,340.05

Rate Table: **A for Medium Option**

	Region			
	1	2	3	4
Principal Insured	327.47	367.95	426.12	515.36
Principal Insured + Spouse	654.95	735.90	852.24	1,030.72
Principal Insured + Children	660.17	741.57	859.05	1,044.10
Principal Insured + Family	1,017.46	1,143.09	1,324.18	1,601.19

Rate Table: **A for High Option**

	Region			
	1	2	3	4
Principal Insured	384.85	432.36	501.07	605.73
Principal Insured + Spouse	769.69	864.72	1,002.14	1,211.47
Principal Insured + Children	801.78	900.66	1,043.87	1,261.93
Principal Insured + Family	1,225.41	1,376.56	1,595.17	1,928.44

Modal Factor	Direct Bill	Automated Payment
Monthly	0.092600	0.083333
Quarterly	0.262500	0.236250
Semi-Annual	0.510000	0.459000
Annual	1.000000	0.900000

SERFF Tracking #:

AEGC-128623713

State Tracking #:

Company Tracking #:

AR\_IND\_DENTAL

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health - Dental

Product Name:

2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number:

Rate Increase/dental

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Objection Response	Approved-Closed	09/25/2012
Comments:			
Attachment(s):			
rsp_sldt1000ip_ar_091212.pdf			

Please see the data table below, which demonstrates that limiting the rate increase to 5% for the regions that apply in your state will lead to a projected 65% loss ratio vs. the 60% that was originally filed and approved. The full requested rate increase is necessary to keep the forecasted experience in line with the original pricing. Please consider that the original 2007 filing expected both costs and premiums to increase 5-7% per year and that this is the Company's first request for a rate revision. The Company appreciates the desire to keep any rate revision close a trend level, but given that the form has existed for five years without a rate increase, we believe that a higher rate increase is justified.

Calendar Year	Nationwide Experience					
	Collected Premium	Paid Claims	Loss Ratio	Expected Claims	Expected Loss Ratio	A/E
2006	\$ 148,944	\$ 45,752	31%	\$ 89,366	60%	51%
2007	\$ 720,981	\$ 286,189	40%	\$ 432,589	60%	66%
2008	\$ 2,523,763	\$ 1,123,452	45%	\$ 1,514,258	60%	74%
2009	\$ 5,838,540	\$ 2,950,526	51%	\$ 3,503,124	60%	84%
2010	\$ 7,744,657	\$ 4,481,497	58%	\$ 4,646,794	60%	96%
2011	\$ 9,156,840	\$ 5,528,490	60%	\$ 5,494,104	60%	101%
2012	\$ 9,654,652	\$ 6,224,744	64%	\$ 5,792,791	60%	107%
2013	\$ 10,137,385	\$ 6,598,228	65%	\$ 6,082,431	60%	108%
2014	\$ 10,715,216	\$ 6,994,122	65%	\$ 6,429,129	60%	109%
2015	\$ 11,325,983	\$ 7,413,769	65%	\$ 6,795,590	60%	109%
2016	\$ 11,971,564	\$ 7,858,596	66%	\$ 7,182,938	60%	109%
2017	\$ 12,653,943	\$ 8,330,111	66%	\$ 7,592,366	60%	110%
2018	\$ 13,375,218	\$ 8,829,918	66%	\$ 8,025,131	60%	110%
2019	\$ 14,137,605	\$ 9,359,713	66%	\$ 8,482,563	60%	110%
2020	\$ 14,943,449	\$ 9,921,296	66%	\$ 8,966,069	60%	111%
2021	\$ 15,795,225	\$ 10,516,574	67%	\$ 9,477,135	60%	111%
2022	\$ 16,695,553	\$ 11,147,568	67%	\$ 10,017,332	60%	111%
2023	\$ 17,647,200	\$ 11,816,422	67%	\$ 10,588,320	60%	112%
2024	\$ 18,653,090	\$ 12,525,407	67%	\$ 11,191,854	60%	112%
2025	\$ 19,716,316	\$ 13,276,932	67%	\$ 11,829,790	60%	112%
2026	\$ 20,840,146	\$ 14,073,548	68%	\$ 12,504,088	60%	113%
2027	\$ 22,028,035	\$ 14,917,961	68%	\$ 13,216,821	60%	113%
2028	\$ 23,283,633	\$ 15,813,038	68%	\$ 13,970,180	60%	113%
2029	\$ 24,610,800	\$ 16,761,821	68%	\$ 14,766,480	60%	114%
2030	\$ 26,013,615	\$ 17,767,530	68%	\$ 15,608,169	60%	114%
2031	\$ 27,496,391	\$ 18,833,582	68%	\$ 16,497,835	60%	114%
2032	\$ 29,063,686	\$ 19,963,597	69%	\$ 17,438,211	60%	114%
Experience to Date:	\$ 35,788,378	\$ 20,640,650	58%	\$ 21,473,027	60%	96%
Anticipated Experience:	\$ 361,104,053	\$242,719,733	67%	\$ 216,662,432	60%	112%
Lifetime Experience:	\$ 396,892,430	\$263,360,383	66%	\$ 238,135,458	60%	111%
Accumulated Experience to Date:	\$ 40,250,021	\$ 23,011,007	57%	\$ 24,150,012	60%	95%
Accumulated Anticipated Experience:	\$ 198,141,254	\$132,509,502	67%	\$ 118,884,752	60%	111%
Accumulated Lifetime Experience:	\$ 238,391,274	\$155,520,509	65%	\$ 143,034,765	60%	109%

SERFF Tracking #:

AEGC-128623713

State Tracking #:

Company Tracking #:

AR\_IND\_DENTAL

State:

Arkansas

Filing Company:

Stonebridge Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health - Dental

Product Name:

2012 Stonebridge Life Insurance Company Individual Basic Dental Rate Filing

Project Name/Number:

Rate Increase/dental

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/24/2012	Rate	Rates_SLDT1000IP	09/20/2012	rates_SLDT1000IP.pdf (Superseded)

Type: **Dental Insurance**  
 Company: **Stonebridge Life Insurance Company**  
 Form: **SLDT1000IP**

**Current Rates**

Rate Table: **A for Low Option**

	Region			
	1	2	3	4
Principal Insured	275.81	309.83	358.86	433.91
Principal Insured + Spouse	551.62	619.66	717.72	867.82
Principal Insured + Children	515.87	579.48	671.28	811.66
Principal Insured + Family	811.12	911.24	1,055.73	1,276.24

Rate Table: **A for Medium Option**

	Region			
	1	2	3	4
Principal Insured	311.88	350.43	405.83	490.82
Principal Insured + Spouse	623.76	700.86	811.66	981.64
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Principal Insured + Family	969.01	1,088.66	1,261.12	1,524.94

Rate Table: **A for High Option**

	Region			
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Principal Insured	366.52	411.77	477.21	576.89
Principal Insured + Spouse	733.04	823.54	954.42	1,153.78
Principal Insured + Children	763.60	857.77	994.16	1,201.84
Principal Insured + Family	1,167.06	1,311.01	1,519.21	1,836.61

Modal Factor	Direct Bill	Automated Payment
Monthly	0.092600	0.083333
Quarterly	0.262500	0.236250
Semi-Annual	0.510000	0.459000
Annual	1.000000	0.900000

**Proposed Rates effective January 1, 2013**

Rate Table: **A for Low Option**

	Region			
	1	2	3	4
Principal Insured	311.67	354.76	388.29	454.30
Principal Insured + Spouse	623.33	709.51	776.57	908.61
Principal Insured + Children	582.93	663.50	726.32	849.81
Principal Insured + Family	916.57	1,043.37	1,142.30	1,336.22

Rate Table: **A for Medium Option**

	Region			
	1	2	3	4
Principal Insured	352.42	401.24	439.11	513.89
Principal Insured + Spouse	704.85	802.48	878.22	1,027.78
Principal Insured + Children	710.46	808.67	885.23	1,041.12
Principal Insured + Family	1,094.98	1,246.52	1,364.53	1,596.61

Rate Table: **A for High Option**

	Region			
	1	2	3	4
Principal Insured	414.17	471.48	516.34	604.00
Principal Insured + Spouse	828.34	942.95	1,032.68	1,208.01
Principal Insured + Children	862.87	982.15	1,075.68	1,258.33
Principal Insured + Family	1,318.78	1,501.11	1,643.79	1,922.93

Modal Factor	Direct Bill	Automated Payment
Monthly	0.092600	0.083333
Quarterly	0.262500	0.236250
Semi-Annual	0.510000	0.459000
Annual	1.000000	0.900000