

| | | | |
|-----------------------------|--|------------------------|------------------------------------|
| State: | District of Columbia | Filing Company: | Stonebridge Life Insurance Company |
| TOI/Sub-TOI: | H10G Group Health - Dental/H10G.000 Health Dental | | |
| Product Name: | 2012 Stonebridge Life Insurance Company Basic Group Dental Rate Filing | | |
| Project Name/Number: | Dental Rate Filing/ | | |

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 | 10.900% | 10.900% | \$711,721 | 12,947 | \$6,529,551 | 14.500% | 4.700% |

| | | | |
|-----------------------------|--|------------------------|------------------------------------|
| State: | District of Columbia | Filing Company: | Stonebridge Life Insurance Company |
| TOI/Sub-TOI: | H10G Group Health - Dental/H10G.000 Health Dental | | |
| Product Name: | 2012 Stonebridge Life Insurance Company Basic Group Dental Rate Filing | | |
| Project Name/Number: | Dental Rate Filing/ | | |

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | | Attachments |
|----------|----------------------|---------------------|---|-------------|-------------------------------|--------|-------------------------|
| 1 | | rates_SLDT1000GC | SLDT1000GP | Revised | Previous State Filing Number: | | rates_SLDT1000GC.pdf |
| | | | | | Percent Rate Change Request: | 10.900 | |
| 2 | | rates_SLG-3560-0905 | SLG-3560-0905 | Revised | Previous State Filing Number: | | rates_SLG-3560-0905.pdf |
| | | | | | Percent Rate Change Request: | 10.900 | |

Type: Dental Insurance

Company: Stonebridge Life Insurance Company

Form: SLDT1000GC

Rates are effective September 1, 2006

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

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 |

Type: Dental Insurance

Company: Stonebridge Life Insurance Company

Form: SLDT1000GC

Rates are effective September 1, 2006

Rate Table: B 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: B for Medium Option

| | Region | | | |
|------------------------------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 332.29 | 373.33 | 432.51 | 523.00 |
| Principal Insured + Spouse | 664.58 | 746.66 | 865.02 | 1,046.00 |
| Principal Insured + Children | 669.87 | 752.49 | 871.93 | 1,059.61 |
| Principal Insured + Family | 1,032.51 | 1,159.83 | 1,343.85 | 1,624.94 |

Rate Table: B for High Option

| | Region | | | |
|------------------------------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 414.58 | 465.77 | 539.74 | 652.59 |
| Principal Insured + Spouse | 829.16 | 931.54 | 1,079.48 | 1,305.18 |
| Principal Insured + Children | 863.72 | 970.31 | 1,124.51 | 1,359.50 |
| Principal Insured + Family | 1,320.09 | 1,483.05 | 1,718.36 | 2,077.53 |

| 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: B 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: B for Medium Option

| | Region | | | |
|------------------------------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 375.49 | 427.46 | 467.98 | 547.58 |
| Principal Insured + Spouse | 750.98 | 854.93 | 935.95 | 1,095.16 |
| Principal Insured + Children | 756.95 | 861.60 | 943.43 | 1,109.41 |
| Principal Insured + Family | 1,166.74 | 1,328.01 | 1,454.05 | 1,701.31 |

Rate Table: B for High Option

| | Region | | | |
|------------------------------|----------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 468.48 | 533.31 | 584.00 | 683.26 |
| Principal Insured + Spouse | 936.95 | 1,066.61 | 1,168.00 | 1,366.52 |
| Principal Insured + Children | 976.00 | 1,111.00 | 1,216.72 | 1,423.40 |
| Principal Insured + Family | 1,491.70 | 1,698.09 | 1,859.27 | 2,175.17 |

| 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 |

Type: Dental Insurance

Company: Stonebridge Life Insurance Company

Form: SLDT1000GC

Rates are effective September 1, 2006

Rate Table: C 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: C 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: C 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 | All Methods |
|--------------|-------------|
| Monthly | 0.092600 |
| Quarterly | 0.262500 |
| Semi-Annual | 0.510000 |
| Annual | 1.000000 |

Proposed Rates effective January 1, 2013

Rate Table: C 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: C 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: C 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 | All Methods |
|--------------|-------------|
| Monthly | 0.092600 |
| Quarterly | 0.262500 |
| Semi-Annual | 0.510000 |
| Annual | 1.000000 |

Type: Dental Insurance

Company: Stonebridge Life Insurance Company

Form: SLG-3560-0905

Rates are effective January 1, 2006

Rate Table: A for Low Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 275.82 | 309.81 | 358.85 | 433.91 |
| Principal Insured + Spouse | 551.64 | 619.62 | 717.70 | 867.82 |

Rate Table: A for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 311.85 | 350.39 | 405.88 | 490.78 |
| Principal Insured + Spouse | 623.70 | 700.78 | 811.76 | 981.56 |

Rate Table: A for High Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 366.54 | 411.78 | 477.20 | 576.89 |
| Principal Insured + Spouse | 733.08 | 823.56 | 954.40 | 1,153.78 |

| 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 | 311.68 | 354.73 | 388.28 | 454.30 |
| Principal Insured + Spouse | 623.35 | 709.46 | 776.55 | 908.61 |

Rate Table: A for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 352.39 | 401.20 | 439.16 | 513.85 |
| Principal Insured + Spouse | 704.78 | 802.39 | 878.32 | 1,027.69 |

Rate Table: A for High Option

| | Region | | | |
|----------------------------|--------|--------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 414.19 | 471.49 | 516.33 | 604.00 |
| Principal Insured + Spouse | 828.38 | 942.98 | 1,032.66 | 1,208.01 |

| 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 |

Type: Dental Insurance

Company: Stonebridge Life Insurance Company

Form: SLG-3560-0905

Rates are effective September 1, 2006

Rate Table: B for Low Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 275.82 | 309.81 | 358.85 | 433.91 |
| Principal Insured + Spouse | 551.64 | 619.62 | 717.70 | 867.82 |

Rate Table: B for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 332.29 | 373.37 | 432.50 | 522.96 |
| Principal Insured + Spouse | 664.58 | 746.74 | 865.00 | 1,045.92 |

Rate Table: B for High Option

| | Region | | | |
|----------------------------|--------|--------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 414.62 | 456.78 | 539.78 | 652.55 |
| Principal Insured + Spouse | 829.24 | 913.56 | 1,079.56 | 1,305.10 |

| 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: B for Low Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 311.68 | 354.73 | 388.28 | 454.30 |
| Principal Insured + Spouse | 623.35 | 709.46 | 776.55 | 908.61 |

Rate Table: B for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 375.49 | 427.51 | 467.97 | 547.54 |
| Principal Insured + Spouse | 750.98 | 855.02 | 935.93 | 1,095.08 |

Rate Table: B for High Option

| | Region | | | |
|----------------------------|--------|----------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 468.52 | 523.01 | 584.04 | 683.22 |
| Principal Insured + Spouse | 937.04 | 1,046.03 | 1,168.08 | 1,366.44 |

| 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 |

Type: Dental Insurance
Company: Stonebridge Life Insurance Company
Form: SLG-3560-0905

Rates are effective September 1, 2006

Rate Table: C for Low Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 275.82 | 309.81 | 358.85 | 433.91 |
| Principal Insured + Spouse | 551.64 | 619.62 | 717.70 | 867.82 |

Rate Table: C for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 311.85 | 350.39 | 405.88 | 490.78 |
| Principal Insured + Spouse | 623.70 | 700.78 | 811.76 | 981.56 |

Rate Table: C for High Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 366.54 | 411.78 | 477.20 | 576.89 |
| Principal Insured + Spouse | 733.08 | 823.56 | 954.40 | 1,153.78 |

| | |
|--------------|-------------|
| Modal Factor | All Methods |
| Monthly | 0.092600 |
| Quarterly | 0.262500 |
| Semi-Annual | 0.510000 |
| Annual | 1.000000 |

Proposed Rates effective January 1, 2013

Rate Table: C for Low Option

| | Region | | | |
|----------------------------|--------|--------|--------|--------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 311.68 | 354.73 | 388.28 | 454.30 |
| Principal Insured + Spouse | 623.35 | 709.46 | 776.55 | 908.61 |

Rate Table: C for Medium Option

| | Region | | | |
|----------------------------|--------|--------|--------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 352.39 | 401.20 | 439.16 | 513.85 |
| Principal Insured + Spouse | 704.78 | 802.39 | 878.32 | 1,027.69 |

Rate Table: C for High Option

| | Region | | | |
|----------------------------|--------|--------|----------|----------|
| | 1 | 2 | 3 | 4 |
| Principal Insured | 414.19 | 471.49 | 516.33 | 604.00 |
| Principal Insured + Spouse | 828.38 | 942.98 | 1,032.66 | 1,208.01 |

| | |
|--------------|-------------|
| Modal Factor | All Methods |
| Monthly | 0.092600 |
| Quarterly | 0.262500 |
| Semi-Annual | 0.510000 |
| Annual | 1.000000 |

| | | | |
|-----------------------------|--|------------------------|------------------------------------|
| State: | District of Columbia | Filing Company: | Stonebridge Life Insurance Company |
| TOI/Sub-TOI: | H10G Group Health - Dental/H10G.000 Health Dental | | |
| Product Name: | 2012 Stonebridge Life Insurance Company Basic Group Dental Rate Filing | | |
| Project Name/Number: | Dental Rate Filing/ | | |

Supporting Document Schedules

| | | Item Status: | Status Date: |
|---------------------|-------------------------|--------------|--------------|
| Satisfied - Item: | Actuarial Justification | | |
| Comments: | | | |
| Attachment(s): | | | |
| memo_sldt1000gp.pdf | | | |

| | | Item Status: | Status Date: |
|-------------------------|----------------------------------|--------------|--------------|
| Satisfied - Item: | Life & Accident Transmittal Form | | |
| Comments: | | | |
| Attachment(s): | | | |
| DC_transmittal doc..pdf | | | |

| | | Item Status: | Status Date: |
|-------------------|----------|--------------|--------------|
| Satisfied - Item: | Expenses | | |
| Comments: | | | |
| Attachment(s): | | | |
| Expenses.pdf | | | |

| | | Item Status: | Status Date: |
|---------------------------|-----------------------|--------------|--------------|
| Satisfied - Item: | Loss Ratio Projection | | |
| Comments: | | | |
| Attachment(s): | | | |
| Loss Ratio Projection.pdf | | | |

**ACTUARIAL MEMORANDUM
STONEBRIDGE LIFE INSURANCE COMPANY
DENTAL**

1. PURPOSE

The purpose of this memorandum 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 is needed because the anticipated level of claims is higher than that assumed in the development of the current rates.

Rate increase requested:

| | |
|----------|-------|
| Region 1 | 13.0% |
| Region 2 | 14.5% |
| Region 3 | 8.2% |
| Region 4 | 4.7% |

Forms included in this filing are: SLDT1000GP and SLG-3560-0905

These policy forms have never been rate increased previously.

This rate revision will apply to all new and inforce business. The rate increase will impact approximately 12,947 certificate holders nationwide.

2. PLAN DESCRIPTION

The certificate includes coverage for three categories of Dental Services. Preventative Dental Services include periodic examinations, cleanings, and x-rays. Basic Dental Services include fillings and space maintainers. Major Dental Services include crowns, dentures, and periodontic treatments. A full list of the Dental Services appears in the certificate.

Dental Services may be provided by a Network Dentist or a non-Network Dentist. The benefit amount that we pay for a covered Dental Service is based on the Dental Service's Eligible Expense. Different criteria are used to determine the Eligible Expenses for Dental Services provided by Network Dentists and those provided by non-Network Dentists. The criteria are specified in the certificate.

The percentage of eligible expenses covered, calendar year deductible, and calendar year maximum benefit are shown on the policy schedule. There is a 365 day waiting period for Major Dental Services. Other limitations and exclusions are listed in the policy.

Rates are assigned by region using the address of the primary insured. Regions are defined by the first three positions of the zip code for the primary insured's address. Zip codes are assigned to their respective regions based on the network utilization and area adjustment factors. We have divided all factors into 4 categories representing four regions.

3. ESTIMATED AVERAGE PREMIUM

| | |
|-------------------------------------|-------|
| Current Average Annualized Premium | \$504 |
| Proposed Average Annualized Premium | \$559 |

4. APPLICATION OF THE RATE REVISION

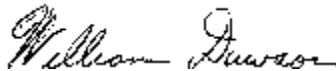
This rate revision will apply to all new and in force business (nationwide, all classes) and is to be effective on the next policy anniversary date on or after 1/1/2013.

5. SCHEDULE OF REVISED PREMIUM RATES

All rate tables and their corresponding rate increased tables are attached.

6. CERTIFICATION

I certify that to the best of my knowledge, the benefits provided are reasonable in relation to the premium charged.



William J. Dawson, F.S.A., M.A.A.A.
Actuary
August 15, 2012

Life, Accident & Health, Annuity, Credit Transmittal Document

| | | | | | | | |
|-----------|----------------------------------|-----------------------------|--|--|--|--|--|
| 1. | Prepared for the State of | District of Columbia | | | | | |
|-----------|----------------------------------|-----------------------------|--|--|--|--|--|

| | | | | | | | |
|-----------|----------------------------|--|--|--|--|--|--|
| 2. | Department Use Only | | | | | | |
| | State Tracking ID | | | | | | |

| 3. | Insurer Name & Address | Domicile | Insurer License Type | NAIC Group # | NAIC # | FEIN # | State # |
|----|--|----------|----------------------|--------------|--------|------------|---------|
| | Stonebridge Life Insurance Company 2700 West Plano Parkway Plano, TX 75075 | Vermont | Accident & Health | 468 | 65021 | 03-0164230 | |

| 4. | Contact Name & Address | Telephone # | Fax # | E-mail Address |
|----|---|------------------------|--------------|--------------------------|
| | Teri Schaffer Actuarial Administrative Supervisor 100 Light Street, B1 Baltimore, MD 21202-2559 | 800-233-4624 ext. 5236 | 410-209-5904 | msapprovals@aegonusa.com |

| | | | | | | | |
|-----------|------------------------------|--|--|--|--|--|--|
| 5. | Requested Filing Mode | <input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____ | | | | | |
|-----------|------------------------------|--|--|--|--|--|--|

| | | | | | | | |
|-----------|--------------------------------|---------------|--|--|--|--|--|
| 6. | Company Tracking Number | DC_Grp_Dental | | | | | |
|-----------|--------------------------------|---------------|--|--|--|--|--|

| | | | | | | | |
|-----------|--|-----------------------|--|--|--|--|--|
| 7. | <input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission | Previous file # _____ | | | | | |
|-----------|--|-----------------------|--|--|--|--|--|

| | | | | | | | |
|-----------|---------------|---|--|--|--|--|--|
| 8. | Market | <input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div style="width: 45%;"></div> </div> | | | | | |
|-----------|---------------|---|--|--|--|--|--|

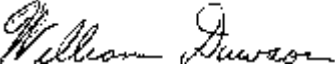
| | | | | | | | |
|-----------|--------------------------|----------------------------|--|--|--|--|--|
| 9. | Type of Insurance | H10G Group Health – Dental | | | | | |
|-----------|--------------------------|----------------------------|--|--|--|--|--|

| | | | | | | | |
|------------|--|--------------------------------|--|--|--|--|--|
| 10. | Product Coding Matrix Filing Code | H10G.000 Group Health - Dental | | | | | |
|------------|--|--------------------------------|--|--|--|--|--|

| | | | | | | | |
|------------|----------------------------|---|--|--|--|--|--|
| 11. | Submitted Documents | <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div style="width: 30%;"> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <u>Rates</u> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> | | | | | |
|------------|----------------------------|---|--|--|--|--|--|

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| <u>SUPPORTING DOCUMENTATION</u> | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> | | | | | | | |

| | | | |
|-----|---|---|--------------------|
| 12. | Filing Submission Date | August 29, 2012 | |
| 13 | Filing Fee (If required) | Amount _____ | Check Date _____ |
| | | Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Check Number _____ |
| 14. | Date of Domiciliary Approval | Pending in our domiciliary state of Iowa | |
| 15. | Filing Description: | | |
| | <p>2012 Rate Filing for Group Basic Dental</p> <p><u>Policy Form#’s:</u></p> <p>SLDT1000GP</p> <p>SLG-3560-0905</p> | | |

| | | |
|---|------------------------------------|------------------------------|
| 16. | Certification (If required) | |
| <p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>DISTRICT OF COLUMBIA</u>.</p> | | |
| Print Name <u>William Dawson, FSA, MAAA</u> | | Title <u>Actuary</u> |
| Signature  | | Date: <u>August 29, 2012</u> |

| | | | | |
|---|---|------------------------------|--|-------------------------------------|
| 18. | Rate Filing Attachment | | | |
| This filing transmittal is part of company tracking number | | | DC_Grp_Dental | |
| This filing corresponds to form filing company tracking number | | | | |
| Overall percentage rate indication (when applicable) | | | | |
| Overall percentage rate impact for this filing | | | 10.9% | |
| | Document Name | Affected Form Numbers | | Previous State Filing Number |
| | Description | | | |
| 01 | Actuarial Memorandum with supporting documentation (projections exhibit, rate schedules) | SLDT1000GP SLG-3560-0905 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +10.9% <input type="checkbox"/> Other _____ | |
| 02 | Life, Accident & Health Transmittal | SLDT1000GP SLG-3560-0905 | <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request +10.9% <input type="checkbox"/> Other _____ | |
| 03 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 04 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 05 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 06 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |
| 07 | | | <input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____ | |

LH RFA-1

| | |
|---|--------|
| Claims: | 60.0% |
| Production Expense: | 17.4% |
| Claims Administration (TPA fee): | 13.1% |
| General Administrative: | 4.4% |
| Taxes, Licenses, Fees: | 2.2% |
| Provision for Profit and Contingencies: | 3.0% |
| Total : | 100.0% |

| Accumulation Factor | Calendar Year | Collected Premium | Paid Claims | Loss Ratio | Expected Claims | Expected Loss Ratio | A/E |
|---------------------|-------------------------------------|-------------------|----------------|------------|-----------------|---------------------|------|
| 1.43 | 2006 | \$ 171,291 | \$ 50,655 | 30% | \$ 102,775 | 60% | 49% |
| 1.35 | 2007 | \$ 964,300 | \$ 354,451 | 37% | \$ 578,580 | 60% | 61% |
| 1.28 | 2008 | \$ 2,520,544 | \$ 1,088,806 | 43% | \$ 1,512,326 | 60% | 72% |
| 1.21 | 2009 | \$ 4,674,545 | \$ 2,373,823 | 51% | \$ 2,804,727 | 60% | 85% |
| 1.15 | 2010 | \$ 5,712,964 | \$ 3,153,947 | 55% | \$ 3,427,779 | 60% | 92% |
| 1.09 | 2011 | \$ 6,214,460 | \$ 3,644,142 | 59% | \$ 3,728,676 | 60% | 98% |
| 1.03 | 2012 | \$ 6,602,970 | \$ 4,063,540 | 62% | \$ 3,961,782 | 60% | 103% |
| 0.97 | 2013 | \$ 6,854,992 | \$ 4,229,199 | 62% | \$ 4,112,995 | 60% | 103% |
| 0.92 | 2014 | \$ 7,309,773 | \$ 4,456,296 | 61% | \$ 4,385,864 | 60% | 102% |
| 0.87 | 2015 | \$ 7,684,826 | \$ 4,721,940 | 61% | \$ 4,610,896 | 60% | 102% |
| 0.83 | 2016 | \$ 8,098,858 | \$ 5,017,450 | 62% | \$ 4,859,315 | 60% | 103% |
| 0.78 | 2017 | \$ 8,546,472 | \$ 5,339,632 | 62% | \$ 5,127,883 | 60% | 104% |
| 0.74 | 2018 | \$ 9,027,781 | \$ 5,689,116 | 63% | \$ 5,416,669 | 60% | 105% |
| 0.70 | 2019 | \$ 9,543,288 | \$ 6,066,816 | 64% | \$ 5,725,973 | 60% | 106% |
| 0.66 | 2020 | \$ 10,094,145 | \$ 6,474,135 | 64% | \$ 6,056,487 | 60% | 107% |
| 0.63 | 2021 | \$ 10,681,726 | \$ 6,912,671 | 65% | \$ 6,409,036 | 60% | 108% |
| 0.59 | 2022 | \$ 11,307,615 | \$ 7,384,213 | 65% | \$ 6,784,569 | 60% | 109% |
| 0.56 | 2023 | \$ 11,973,594 | \$ 7,890,743 | 66% | \$ 7,184,157 | 60% | 110% |
| 0.53 | 2024 | \$ 12,681,641 | \$ 8,434,439 | 67% | \$ 7,608,984 | 60% | 111% |
| 0.50 | 2025 | \$ 13,433,922 | \$ 9,017,680 | 67% | \$ 8,060,353 | 60% | 112% |
| 0.48 | 2026 | \$ 14,232,796 | \$ 9,643,055 | 68% | \$ 8,539,677 | 60% | 113% |
| 0.45 | 2027 | \$ 15,080,812 | \$ 10,313,367 | 68% | \$ 9,048,487 | 60% | 114% |
| 0.43 | 2028 | \$ 15,980,715 | \$ 11,031,648 | 69% | \$ 9,588,429 | 60% | 115% |
| 0.40 | 2029 | \$ 16,935,447 | \$ 11,801,168 | 70% | \$ 10,161,268 | 60% | 116% |
| 0.38 | 2030 | \$ 17,948,158 | \$ 12,625,449 | 70% | \$ 10,768,895 | 60% | 117% |
| 0.36 | 2031 | \$ 19,022,209 | \$ 13,508,280 | 71% | \$ 11,413,326 | 60% | 118% |
| 0.34 | 2032 | \$ 20,161,183 | \$ 14,453,734 | 72% | \$ 12,096,710 | 60% | 119% |
| | Experience to Date: | \$ 26,861,075 | \$ 14,729,364 | 55% | \$ 16,116,645 | 60% | 91% |
| | Anticipated Experience: | \$ 246,599,952 | \$ 165,011,028 | 67% | \$ 147,959,971 | 60% | 112% |
| | Lifetime Experience: | \$ 273,461,026 | \$ 179,740,392 | 66% | \$ 164,076,616 | 60% | 110% |
| | Accumulated Experience to Date: | \$ 30,533,258 | \$ 16,576,185 | 54% | \$ 18,319,955 | 60% | 90% |
| | Accumulated Anticipated Experience: | \$ 134,987,063 | \$ 88,915,463 | 66% | \$ 80,992,238 | 60% | 110% |
| | Accumulated Lifetime Experience: | \$ 165,520,320 | \$ 105,491,648 | 64% | \$ 99,312,192 | 60% | 106% |