

SERFF Tracking #:

AEGC-128663702

State Tracking #:

Company Tracking #:

DC_GRP_DENTAL

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

SERFF Tracking #:

AEGC-128663702

State Tracking #:**Company Tracking #:**

DC_GRP_DENTAL

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

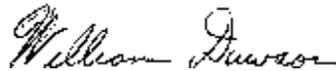
This rate revision will apply to all new and in force business (nationwide, all classes) and is to be effective on the next policy anniversary date on or after 1/1/2013.

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
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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): _____
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6.	Company Tracking Number	DC_Grp_Dental
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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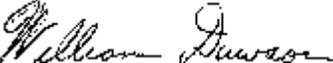
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	H10G Group Health – Dental
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10.	Product Coding Matrix Filing Code	H10G.000 Group Health - Dental
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11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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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 style="text-align: center;">2012 Rate Filing for Group Basic Dental</p> <p><u>Policy Form#’s:</u> SLDT1000GP 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> <p>Print Name <u>William Dawson, FSA, MAAA</u> Title <u>Actuary</u></p> <p>Signature  Date: <u>August 29, 2012</u></p>		

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 + <u>10.9%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal	SLDT1000GP SLG-3560-0905	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10.9%</u> <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%