

State: Pennsylvania **Filing Company:** Lincoln Benefit Life Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: SENIOR LINC
Project Name/Number: /

Filing at a Glance

Company: Lincoln Benefit Life Company
Product Name: SENIOR LINC
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 09/06/2016
SERFF Tr Num: LFCR-130710048
SERFF Status: Assigned
State Tr Num: LFCR-130710048
State Status: Received Review in Progress
Co Tr Num: PA LB-6301 2015 RATE INCREASE

Implementation: On Approval
Date Requested:
Author(s): Scarlett Nazari, Anoush Chngidakyan, Darlene Smith
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 50% increase on 701 PA policyholders of Form LB-6301-P-PA(Q)&(NQ), Form LB-6302-P-PA(Q)&(NQ), Form LB-6303-P-PA(Q)&(NQ), Form LB-6304-P-PA(Q)&(NQ), Form LB-6305-P-PA(Q)&(NQ), Form LB-6306-P-PA(Q)&(NQ).

State: Pennsylvania **Filing Company:** Lincoln Benefit Life Company
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General Information

Project Name:	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 03/23/2016
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 09/06/2016
	State Status Changed: 09/06/2016
Deemer Date:	Created By: Darlene Smith
Submitted By: Darlene Smith	Corresponding Filing Tracking Number:
	State TOI: LTC03I Individual Long Term Care

Filing Description:
 Please see Transmittal Letter in Supporting Documentation

Company and Contact

Filing Contact Information

Scarlett Nazari, Manager Product Filing	scarlett.nazari@lifecareassurance.com
P.O. Box 4243	818-867-2453 [Phone]
Woodland Hills, CA 91365-4243	818-867-2508 [FAX]

Filing Company Information

(This filing was made by a third party - LCA01)

Lincoln Benefit Life Company	CoCode: 65595	State of Domicile: Nebraska
Long Term Care Administrative Office	Group Code: 4815	Company Type:
P.O. Box 4243	Group Name:	State ID Number:
Woodland Hills, CA 91365-4243	FEIN Number: 47-0221457	
(818) 867-2450 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

LFCR-130710048

State Tracking #:

LFCR-130710048

Company Tracking #:

PA LB-6301 2015 RATE INCREASE

State: Pennsylvania

Filing Company: Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 25.000%

Effective Date of Last Rate Revision: 05/27/2011

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Lincoln Benefit Life Company	50.000%	50.000%	\$1,207,999	701	\$2,415,998	50.000%	50.000%

SERFF Tracking #:

LFCR-130710048

State Tracking #:

LFCR-130710048

Company Tracking #:

PA LB-6301 2015 RATE INCREASE

State: Pennsylvania**Filing Company:**

Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified**Product Name:** SENIOR LINC**Project Name/Number:** /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		LB-6301 Rate Increase Act Memo Attachments PA	Form LB-6301-P-PA(Q)&(NQ), Form LB-6302-P-PA(Q)&(NQ), Form LB-6303-P-PA(Q)&(NQ), Form LB-6304-P-PA(Q)&(NQ), Form LB-6305-P-PA(Q)&(NQ), Form LB-6306-P-PA(Q)&(NQ)	New		LB-6301 Rate Increase Act Memo Attachments PA.xlsx,

SERFF Tracking #:

LFCR-130710048

State Tracking #:

LFCR-130710048

Company Tracking #:

PA LB-6301 2015 RATE INCREASE

State:

Pennsylvania

Filing Company:

Lincoln Benefit Life Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

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Attachment LB-6301 Rate Increase Act Memo Attachments PA.xlsx is not a PDF document and cannot be reproduced here.

SERFF Tracking #:

LFCR-130710048

State Tracking #:

LFCR-130710048

Company Tracking #:

PA LB-6301 2015 RATE INCREASE

State: Pennsylvania

Filing Company:

Lincoln Benefit Life Company

TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name: SENIOR LINC

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	LB-6301 Filing Cover Letter PA.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	Please see Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	LB-6301 Rate Filing Actuarial Memo PA.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Authorization to File (A&H)
Comments:	
Attachment(s):	LB-6301 authorization letter - 2016.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

LFCR-130710048

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PA LB-6301 2015 RATE INCREASE

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Satisfied - Item:	Rate Table (A&H)
Comments:	Rate Table is attached in the Rate/Rule Schedule
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	Please see Rate/Rule Schedule
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Policyholder Notice
Comments:	
Attachment(s):	Customer Notice and Election Form.pdf
Item Status:	
Status Date:	

August 26, 2016

Commissioner Teresa D. Miller
1326 Strawberry Square
Harrisburg, PA 17120

Re: Lincoln Benefit Life Company
NAIC No: 65595
Policy Forms: LB-6301-P-PA, LB-6302-P-PA, LB-6303-P-PA, LB-6304-P-PA, LB-6305-P-PA,
LB-6306-P-PA, (Q)&(NQ) Guaranteed Renewable Long Term Care Policy

Dear Commissioner Miller:

This rate filing is submitted on behalf of Lincoln Benefit Life Company for your review.

The above forms are existing individual policy forms providing benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home Health Care. These forms were approved in 1998 and issued between 1998 and 2004. It is no longer being marketed in any state.

The company is requesting the approval of a 50% rate increase on the base rates for lifetime pay policies of the above-listed policy forms. The details of the rate increases are in the actuarial memorandum.

The company will provide several options to the policyholders to reduce the impact of the rate increase:

- Reduce the daily benefits, subject to a minimum of \$20
- Change benefit options to lower the premium
- Offer a paid up option which provides a benefit pool equal to the premiums paid

The following items are included in this submission:

- This cover letter
- A letter from Lincoln Benefit Life Company authorizing us to submit this filing on their behalf
- An actuarial memorandum and rate schedules
- Policyholder Notice of Rate Increase Letter & Coverage Change Request Form
- Plus any other state required forms

The contact person for this filing is:

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367
800-366-5463 ext. 2232
Xiaoyan.Song@LifeCareAssurance.com

Thank you for your assistance in reviewing this filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Xiaoyan Song', with a horizontal line extending to the right from the end of the signature.

Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Lincoln Benefit Life Company

Home Office: 2940 South 84th Street, Lincoln, NE 68506-4142

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Administrative Office: Post Office Box 4243

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Nursing Care Only Policy:	Form LB-6301-P-PA(Q)&(NQ)
Comprehensive Long Term Care Policy:	Form LB-6302-P-PA(Q)&(NQ)
Home and Community Based Care Policy:	Form LB-6303-P-PA(Q)&(NQ)
Franchise Nursing Care Only Policy:	Form LB-6304-P-PA(Q)&(NQ)
Franchise Comprehensive Long Term Care Policy:	Form LB-6305-P-PA(Q)&(NQ)
Franchise Home and Community Based Care Policy:	Form LB-6306-P-PA(Q)&(NQ)

The above referenced individual Long Term Care (LTC) policy forms provide benefits for confinement in a qualified Nursing Facility, Assisted Living Facility, or for Home and Community Based Care. They were issued in Pennsylvania from 1998 through 2004. Midway through this issue period, certain contracts (referred to as “enhanced”) were issued with additional benefits and different rates for the benefit increase riders. Both pre-enhanced and enhanced policies are included in the scope of this filing. Collectively they are known as the SENIOR LINC series. These policy forms are no longer being marketed in any state.

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Actuarial Memorandum

August 2016

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Actuarial Memorandum Exhibits

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1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of documenting a proposed rate increase and demonstrating that the rates meet the requirements in the statutes of Pennsylvania. It may not be suitable for other purposes.

2. Requested Rate Increase

The company is requesting an increase, which does not vary by policy form or issue age. Experience termination rates for inforce policies and policies in claim status are substantially lower than expected, resulting in expected loss ratios which would not be sustainable under the current premiums.

The base rate increase is 50% for lifetime-pay policies only. The new premium for any contract is equal to the product of the contract's current premium and one plus the base premium increase percentage.

Rate increase impact exhibits are in Attachment A.

3. Premiums

Premiums are unisex, level and payable either as a single premium or for either ten years or life. For each policy form, the premiums vary by issue age, initial daily benefit, benefit period, elimination period, risk class, individual vs. joint coverage and the riders selected. Limited-pay contracts will not be affected by this rate schedule change.

Please see attachments B1.1 – B3.3 for rates:

B1.1	LB-6301-P-PA, LB-6304-P-PA current rates
B1.2	LB-6301-P-PA, LB-6304-P-PA proposed rates
B1.3	LB-6301-P-PA, LB-6304-P-PA proposed increase
B2.1	LB-6302-P-PA, LB-6305-P-PA current rates
B2.2	LB-6302-P-PA, LB-6305-P-PA proposed rates
B2.3	LB-6302-P-PA, LB-6305-P-PA proposed increase

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B3.0.1	LB-6303-P-PA, LB-6306-P-PA (0-Day Elimination Period) current rates
B3.0.2	LB-6303-P-PA, LB-6306-P-PA (0-Day Elimination Period) proposed rates
B3.30.1	LB-6303-P-PA, LB-6306-P-PA (30-Day Elimination Period) current rates
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B3.90.1	LB-6303-P-PA, LB-6306-P-PA (90-Day Elimination Period) current rates
B3.90.2	LB-6303-P-PA, LB-6306-P-PA (90-Day Elimination Period) proposed rates
B3.3	LB-6303-P-PA, LB-6306-P-PA proposed increase

Please note that the actual rates implemented may vary from those in rate pages slightly due to implementation rounding algorithms.

4. Description of Benefits

These are individually underwritten policies that provide nursing care only, home and community based care only, or comprehensive long term care coverage. The policies and riders are available as lifetime coverage with an unlimited benefit period or for 3 or 5 years benefit periods. Under the Nursing Care and Comprehensive policies, restoration of the benefit period is provided if the insured is not eligible to receive benefits for at least 180 consecutive days.

Maximum total benefits for all claim benefit periods combined are: 3 Years — 2,190 Days 5 Years — 3,650 Days

The policies and riders are available with an elimination period of 0, 30, or 90 days. The elimination period is a cumulative lifetime deductible. After satisfaction of the elimination period, no further elimination period will be required for any subsequent claims.

Nursing Care Only Policy – \$10.00 per day of Nursing Care Benefit (skilled, intermediate or custodial/personal nursing care) while confined in a qualified Nursing Care Facility or an Assisted Living Facility.

Bed Reservation Benefit pays \$10.00 per day, up to 21 days per calendar year, when insured incurs charges to reserve a bed in a Nursing Care Facility during hospitalization.

Alternative Plan of Care Benefit provides medical or non-medical benefits agreed upon by the insured, the physician and the Company which may enable the insured to end Nursing Care Facility confinement and recover at home or in an alternative facility.

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Waiver of Premium Benefit is provided after confinement in a Nursing Care Facility or an Assisted Living Facility for a period of 60 calendar days.

Personal Care Advisor, accessible through toll-free telephone number, is available to insured to provide assistance with any questions about their coverage.

Comprehensive Long Term Care Policy – This policy pays all benefits listed above for the Nursing Care Policy, plus a Home and Community Based Care Benefit: 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period. The insured may choose a maximum daily benefit of either 50% or 100% of the daily benefit for Nursing Care and may also choose a benefit period less than or equal to the benefit period for Nursing Care.

Home and Community Based Care Policy – This policy pays 100% of actual expenses incurred up to the maximum daily benefit chosen for services provided by a licensed professional nurse or therapist, adult day care, respite care (maximum of 14 days per calendar year), hospice care, homemaker services and services provided by a qualified Home Care Agency. Benefits are payable after the elimination period.

Optional Benefits – Optional riders may include full/limited/shortened benefit period nonforfeiture, compound/simple benefit increase, paid-up survivor, waiver of premium, and indemnity benefits.

5. Marketing Method

These policy forms were marketed by individual agents of Lincoln Benefit Life Company.

6. Underwriting Description

These policy forms were fully underwritten with the use of various underwriting tools in addition to the application, which may have included medical records, paramedical functional assessments, personal history interviews, and MIB searches.

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7. Renewability

These policies are guaranteed renewable for life.

8. Applicability

This filing is applicable to all lifetime-pay policies issued in Pennsylvania on the above referenced forms. Since these forms and riders are no longer being sold, the rate increase will only apply to in-force lifetime-pay policies.

9. Actuarial Assumptions

a. Lapse and rate increase impact

Attachment C includes a comparison of original pricing, actual, and best estimate voluntary lapse rates.

Rate increase impact assumptions:

- 50% of the premium increase is assumed to occur in 2016, 50% in 2017.
- An extra 3% of the policyholders with a rate increase are assumed to lapse.
- 11% of the policyholders with a rate increase are assumed to keep their premium level and reduce their benefit proportionally.

b. Mortality

Attachment D1 includes a comparison of pricing, experience and best estimate mortality.

Pricing: 1975-80 Select and Ultimate

Best estimate: Attained age mortality is 85% of the 1994 Group Annuity Mortality Table for ages 85 and younger and grade to 100% of the 1994 Group Annuity Mortality Table at age 90 and older, with duration selection factors, shown in attachment D2.

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c. Claims

Attachment E1.1 compares best estimate with original pricing ultimate unisex incidence rates. It also includes inforce adjustment factors.

Inforce Adjustment Factors are used to account for the fact that inforce counts are not reduced by claim incidence. The factor applied to the incidence varies by attained age and duration of the policy.

Attachment E2.1 shows the comparison of actual and expected (original pricing) incidence.

Attachment E1.2 includes the comparison of best estimate and original pricing length of stay for lifetime benefit period, 90 day elimination period policies with and without 5% Compound COLA. The best estimate claim length of stay is based on SOA 1984-2007 LTC Intercompany Study Report and reinsurer's experience.

Attachment E2.2 shows the actual to expected (original pricing) claim termination rate.

Pricing Claim Costs for skilled, intermediate aid Facility Care Benefits are derived from The Reports of the Society of Actuaries based on the 1985 National Nursing Home Survey Utilization Data in Transactions, Society of Actuaries, 1988-89-90 Reports; and the Long Term Care Intercompany Study: 1984-1991 Experience in Transactions, Society of Actuaries, 1993-94 Reports. Claim costs factors shown in the original actuarial memorandum are applied to the inforce lives and represent the expected cost per life of incurred benefits.

Claim costs for Home and Community Based Care Benefit are decreasing percentages of Nursing Care claim costs derived from information provided by a reinsurer.

Claim costs for the Shortened Benefit Period Nonforfeiture Rider, the Limited and the Full Nonforfeiture Rider are developed by using mortality rates and nonforfeiture benefits appropriate at each duration.

For the Benefit Increase Riders, the foregoing claim costs are increased by 5% each duration (simple interest rider) or compounded by 5% each duration (compound interest rider) to obtain the actual claim costs by duration.

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Claim costs were adjusted to accommodate the Waiver of Premium, which is treated as an increment of the daily benefit.

Joint claim cost factors:

Original Pricing: 150% of the individual claim costs

Best Estimates: 72% of the claim costs of each insured

Underwriting selection factors:

Original Pricing: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

Best estimates: 10%, 20%, 40%, 60%, 80%, 100% durations 6 & later

d. Interest

Original Pricing: 7.5% for pre-enhanced policies; 7% for enhanced policies

Best Estimate: 5.0%

e. Expenses

Expenses have not been explicitly projected. It is assumed that the originally filed expenses assumptions remain appropriate and that renewal commission rates will apply to the increased premium.

10. Issue Age Range

The issue ages are from 40 to 84 on an age nearest birthday basis, except for endorsed groups where the issue age range is 18 to 84.

11. Area Factors

Area factors were not used in pricing for the above-listed policy forms.

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12. Modal Premium Factors

The following modal factors are applied to the annual premium (AP):

Premium Mode	Modal Factors
Annual	$1.00 \times AP$
Semi-Annual	$0.52 \times AP$
Quarterly	$0.27 \times AP$
PAC/EFT	$0.085 \times AP$

13. Claim Liability and Reserves

Active life reserves have not been used in this rate increase analysis. Claim reserves as of December 31, 2015 have been discounted to the incurral date of each respective claim and included in historical incurred claims. Incurred but not reported reserve (IBNR) balances as of December 31, 2015 have been allocated to a calendar year of incurral and included in historic incurred claims. Paid claims have been discounted to the incurral date and included in historical incurred claims. Claim Reserves are calculated for active and pending claimants as present value of benefit payments discounted by interest and terminations. The IBNR is based on lag factors which are applied to the claim reserves and survivor payments based on the difference between the incurral date and the valuation date.

14. Trend Assumptions

As this is not medical insurance, we have not included any explicit medical cost trends in the projections.

15. Past and Future Policy Experience

Earned premiums and incurred claims for projection years 2016 through 2055 are developed from a projection model representing actual contracts in force as of December 31, 2015. The best estimate assumptions described above for morbidity, voluntary lapse, and mortality are used to project life years, earned premiums and incurred claims. Projections are for lifetime-pay policies only.

Nationwide and statewide historical experience and projections without and with proposed rate increase are shown as follows:

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Nationwide: Attachment F

Pennsylvania: Attachment G

Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated by the following formula:

$$LR_j = \frac{\sum_{t=j}^{2015} Pmt_t^j v^{t-j} + {}_jCR_{2015} v^{2015-j+1/2} + {}_jIBNR_{2015} v^{2015-j+1/2}}{EP_j}$$

LR_j = loss ratio for year j

Pmt_t^j = claim payments in year t on claims incurred in year j, assumed to occur midyear

${}_jCR_{2015}$ = open claim reserve held on December 31, 2015 for claims incurred in year j

${}_jIBNR_{2015}$ = incurred but not reported reserve as of December 31, 2015 attributable to claims incurred in year j

EP_j = earned premium in year j, assumed mid-year

j = year of incurral

$v = 1 / 1.05 = 0.952381$

A future annual loss ratio is calculated, with and without interest, as anticipated incurred claims divided by earned premiums. A lifetime loss ratio as of December 31, 2015 is calculated as the sum of accumulated past experience and discounted future experience where accumulation and discounting occur at 5%.

16. History of Previous Rate Revisions

Rate increases on each form were approved on November 16, 2007. The average premium rate increases were 22.1% for forms LB 6301-P-PA and LB-6304-P-PA, 22.5% for forms LB-6302-P-PA and LB-6305-P-PA, and 17.1% for forms LB-6303-P-PA and LB-6306-P-PA.

Two flat rate increases of 11.8%, each implemented one year apart, were approved for all forms on January 25, 2011.

17. Analysis Performed

The initial originally approved premium schedule was based on pricing assumptions believed to be appropriate, given industry experience available when the initial originally approved rate schedule was developed.

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As part of the in-force management of the business, LifeCare Assurance Company and the reinsurer on the business monitor the performance of the business by completing periodic actual-to-expected analysis for voluntary lapse, mortality, claim incidence, and claim length of stay. The findings from these analyses were used in projecting the inforce business to determine the effect of experience on the projected lifetime loss ratio. An analysis of the projected lifetime loss ratio based on current best estimate assumptions compared to that assumed at the time of original pricing revealed that experience has deteriorated significantly.

Attachments C, D1, E2.1 and E2.2 compare experience results with expected assumptions. Attachments H1 and H2 compare historical and projected (based on best estimate assumptions) lifetime cumulative loss ratios with original pricing expected cumulative loss ratios. This experience is for lifetime-pay policies only.

Nationwide and statewide historical and projected lifetime cumulative loss ratio compared with original pricing cumulative loss ratio:

Nationwide: Attachment H1

Pennsylvania: Attachment H2

In order to analyze the change in expectation from the original pricing assumptions, the cumulative loss ratios are discounted back to duration 1 in Attachments H1 and H2. The actual/best estimate cumulative loss ratio is discounted by 5.0% (best estimate interest rate) and the original pricing cumulative loss ratio is discounted by 7.5% (original pricing interest rate).

Because of the low termination rates, a significantly greater risk exposure is expected in the later durations, which is reflected in the nationwide lifetime 170% actual to expected cumulative loss ratio in Attachment H1.

18. Loss Ratio Requirement Compliance Demonstration

Historical experience and projected experience using current best estimates are shown in the following exhibits:

Attachment F: Nationwide

Attachment G: Pennsylvania

In all projections the accumulated lifetime loss ratios exceed the minimum loss ratio requirements, both with and

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Home Office: 2940 South 84th Street, Lincoln, NE 68506-4142

Company NAIC No. 65595

Administrative Office: Post Office Box 4243

Woodland Hills, California 91365-4243

Actuarial Memorandum

August 2016

without the requested rate increase.

19. Proposed Effective Date

This rate increase will apply to policies on their policy anniversary date following at least a 60-day policyholder notification period after approval.

20. Nationwide Distribution of Business as of December 31, 2015 (Based on Policy Count and Premium)

As of December 31, 2015, the number of policies in force that will be affected by this increase, by policy form and in aggregate is shown in the following attachments:

Nationwide distribution: Attachment I1

Pennsylvania distribution: Attachment I2

Lincoln Benefit Life Company

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August 2016

21. Actuarial Certification

I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings.

I believe this rate filing is in compliance with the applicable laws of the State of Pennsylvania and with the rules of the Department. This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8.

The data used to develop this actuarial memorandum was provided by LifeCare Assurance Company, the administrator of the policies, and Employers Reassurance Corporation, a reinsurer of the business. I have reviewed the data for reasonableness.

To the best of my knowledge and judgment, I hereby certify that:

- this rate submission is in compliance with the applicable laws and regulations of the state where it is filed;
- policy design, underwriting, and claims adjudication practices have been taken into consideration;
- the rates are not unfairly discriminatory and the gross premiums are not excessive and bear reasonable relationship to the benefits, based on the lifetime loss ratio exceeding the minimum loss ratio requirement;
- and
- the relationship between renewal premium rate schedules and new business premium rate schedules is not applicable because the company is no longer marketing new business in any states.



Xiaoyan Song, FSA, MAAA, FLMI, LTCP
Consulting Actuary

Resolution Life

5600 North River Road
Suite 300 Columbia Center I
Rosemont, Illinois 60018

Telephone: 847-527-6700
Website: www.ResolutionLife.com

September 6, 2016

Mr. Jay R. Peters, FSA, MAAA
Executive Vice President and Chief Actuary
LifeCare Assurance Company
21600 Oxnard Street, Suite 1500
Woodland Hills, CA 91367

Re: LINCOLN BENEFIT LIFE COMPANY
NAIC # 65595
FEIN # 47-0221457

Dear Mr. Peters,

This letter gives LifeCare Assurance Company the authorization to submit the rate filing for review and approval for the LBL-6301 series LTC products, as well as all associated forms and materials, for, and in the name of, Lincoln Benefit Life Company.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph Rafson", with a long horizontal flourish extending to the right.

Joseph Rafson
Vice President & Appointed Actuary
Lincoln Benefit Life Company

LINCOLN BENEFIT LIFE

DATE

OWNER NAME
ADDRESS
ADDRESS

POLICY NUMBER

Notice of Premium Rate Increase

Re: Lincoln Benefit Life Company Long-Term Care Insurance Policy POLICY NUMBER

The purpose of this letter is to advise you that premiums are being raised on all policies like yours. The premium for your long-term care insurance policy will increase effective Month XX, 20YY, your next policy anniversary date. As a result, your [modal] premium payment will increase from \$xxx.xx to \$yyy.yy, beginning with the premium payment that is due Month XX, 20YY. As an alternative to paying a higher premium, however, you may choose among policy adjustment options, which are explained below.

Please be assured that this premium increase in no way affects the integrity of your policy, nor is it based on any individual claims history, age, health status, or any other factor related to you personally. Unfortunately, the need for rate increases on long-term care policies is widespread in the insurance industry. However, Lincoln Benefit Life Company remains committed to meeting your long-term care protection needs. In order to lessen the impact of this rate increase on our customers, Lincoln Benefit Life has sought state approval for the smallest increase necessary. We will continue to monitor experience on policies such as yours and will implement future rate actions only if experience proves this to be necessary.

Because we realize that paying an increased rate may not be financially feasible for all of our customers, we are providing options to help you maintain coverage. A long-term care policy represents an important component of a sound financial plan, so you should carefully consider which option best suits your individual circumstances and anticipated future needs. Before you adjust your benefits or decide to forgo this coverage completely, you should discuss options with your financial advisor. Please keep in mind if you reduce your benefits, you may be unable to increase them in the future.

- **Benefit Reduction:** By reducing your daily maximum benefit from \$xxx.xx to \$yyy.yy, your [modal] premium would be \$zzz.zz. This is approximately the same rate you are currently paying for your policy. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- **Benefit Adjustment:** By adjusting other policy features, you may be able to reduce your premiums. These adjustments include lengthening your elimination period or shortening your overall maximum benefit period. The elimination period is the time after you would be otherwise eligible for benefits but before you begin to receive payments. Depending on

your needs, these adjustments may provide a better alternative than reducing your daily maximum benefit.

- **Non-Payment Option:** If you find that you are unable or unwilling to pay any further premiums on your policy, Lincoln Benefit Life is offering a non-payment option to our long-term care customers. Under this option, if you choose not to pay any future premiums, instead of your policy lapsing and providing no future coverage, it will continue under its current terms, but benefits payable under the policy will be limited to an amount equal to the premiums you have paid into your policy, or 30 times the daily benefit on the rate increase effective date, whichever is greater. No further benefit increases will occur under any Benefit Increase Rider, if attached to the policy. This option will automatically be provided if your policy lapses for non-payment of premium within 120 days of the rate increase effective date. Claim benefits already paid before the date of lapse would be deducted from this amount.

If you would like information on alternatives to the policy changes specified on the enclosed Coverage Change Request Form, contact customer service at the number listed at the end of this letter. They will be able to provide you with more information on possible benefit adjustment alternatives and the premium impact.

If you choose to modify your coverage at this time, please complete the enclosed Coverage Change Request Form and return it to the indicated address by Month XX, 20YY. In doing so, you will ensure your requested changes are processed prior to Month XX, 20YY, the date on which the premium increase for your policy takes effect. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

Should you wish to continue your policy at its current coverage level at the increased premium, you only need to pay the indicated premium when you are billed. No further action is required.

If you have questions about this letter, the premium increase, the attached Coverage Change Request Form or the options available to you, please contact our customer service associates at 888-503-8110, Monday through Friday, from 7 a.m. to 5 p.m. Pacific time.

Sincerely,

Lincoln Benefit Life Company

enc

LINCOLN BENEFIT LIFE

DATE

POLICY NUMBER

OWNER NAME
ADDRESS
ADDRESS

Coverage Change Request Form

If you elect to modify your existing coverage in order to offset the upcoming premium increase on your policy, please indicate as such below and return this form in the enclosed postage paid envelope to:

Lincoln Benefit Life Company
Long-Term Care Administrative Office
P.O. Box 4243
Woodland Hills, CA 91365-4243

To ensure that your requested changes are received and processed prior to the date upon which your premium increase takes effect, please return this form postmarked by Month XX, 20YY. If your Coverage Change Request Form is not received prior to Month XX, 20YY, your policy benefits will remain unchanged and your coverage will lapse if the increased premium is not received by the end of the grace period provided by your policy.

It is important that you make any policy changes after careful consideration of your personal needs and circumstances as you may not be able to increase your coverage in the future.

Please indicate your choice by checking one of the options below. If you do not check either option or do not return this form, there will be no changes to your policy other than the premium rate increase described in the attached letter. If you wish to discuss other options, please contact your agent or our office at 888-503-8110.

- Reduce my current daily benefit amount from \$xxx.xx to \$yyy.yy which will result in a [modal] premium of \$zzz.zz beginning with the premium payment which is due Month XX, 20YY. If your policy provides home and community based care benefits, that daily benefit is reduced accordingly.
- Exercise the Non-Payment Option. I understand renewal notices will still be sent to me.

Signature of Policyholder

Date Signed