

**Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company**

Company Name and NAIC Number:

SERFF Tracking Number:

Effective Date:

(Projected) Number of Insureds

Affected:

New Rates

Average Annual Premium Per Member:

Revised Rates

Average Annual Premium Per Member:

Average Requested Percentage Rate Change Per Member:

Minimum Requested Percentage Rate Change Per Member:

Maximum Requested Percentage Rate Change Per Member:

Plans Affected

(The Form Number and "Product Name")

Form#

"Product Name"(if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Summary of Key Information Used to Determine Rates

Lincoln Benefit Life Company of America

Policy Form: LB-7000-P-VA(Q) and (NQ)

Lincoln Benefit Life Company is requesting the approval of a flat premium rate increase of 35% on the original rates filed with policy form LB-7000-P-VA(Q) and LB-7000-P-VA(NQ). No prior rate increase was requested for this form.

As part of the in-force management of the business, Lincoln Benefit Life and its reinsurers regularly conduct experience analysis to determine the current best estimate assumptions and lifetime loss ratios are projected using these assumptions. Recent studies indicate that the mortality and lapse experience have been unfavorable and expected to remain lower than the pricing assumptions going forward. An increase on the originally filed rates is needed to adjust to this current experience and to maintain a reasonable lifetime loss ratio.