BANKERS CONSECO
LIFE INSURANCE COMPANY
Administrative Office: PO Box 2052
Carmel, IN 46082-2052 Telephone: (312) 396-6515

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MEDICARE SUPPLEMENT PLAN A

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan A policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

Health Bureau - Premium Rate Adjustments
New York State Department of Financial Services
One Commerce Plaza
Albany, NY 12257
http://www.dfs.ny.gov/

If you prefer, you can email your comments to PremiumRateIncreases@dfs.ny.gov

If you submit written comments, please be sure to include Bankers Conseco as the name of your insurer. All submitted comments will be posted on the Department of Financial Services website with personal identifying information removed.

(over, please)

You may contact us here at Bankers Conseco in order to determine the start and conclusion of the 30-day comment period. You may also write to us at:

Bankers Conseco Life Insurance Company
Administrative Office
P O Box 2052
Carmel, IN 46082-2052
http://www.bankersconseco.com

Please remember that your Medicare Supplement policy plays an important role in helping you pay the difference between traditional Medicare payments and your out-of-pocket costs.

Should you have any questions, please contact us at 1-800-845-5512 .

Sincerely,

Customer Service

BANKERS CONSECO
LIFE INSURANCE COMPANY
Administrative Office: PO Box 2052
Carmel, IN 46082-2052 Telephone: (312) 396-6515

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MEDICARE SUPPLEMENT PLAN B

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan B policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

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MEDICARE SUPPLEMENT PLAN D

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan D policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

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MEDICARE SUPPLEMENT PLAN F

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 10.0 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan F policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

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MEDICARE SUPPLEMENT PLAN G

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan G policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

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New York State Department of Financial Services
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MEDICARE SUPPLEMENT PLAN L

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan L policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

A narrative summary explaining the filed rate increase will be posted on the New York State Department of Financial Services website and our website. You may submit written comments, or request additional information on the proposed rates, within 30 days of the rates being submitted. We are submitting the filing on May 23, 2014. You may write to:

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MEDICARE SUPPLEMENT PLAN M

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan M policyholders in the State of New York.

We will notify you at least 60 days prior to the effective date of the increase if the new rates are approved. This notification will show your new premium amount, percentage change and the effective date of the premium change.

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MEDICARE SUPPLEMENT PLAN N

Dear Policyholder,

Thank you for the opportunity to serve your insurance needs.

The continued rise in healthcare costs has made it necessary for us to request a premium rate increase for our Medicare Supplement policies.

The new rates, which represent an increase of 4.5 percent, will be submitted to the State of New York for approval. After approval, the new rates will apply to all our Medicare Supplement Plan N policyholders in the State of New York.

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