

Guide to Long Term Care Insurance

Table of Contents

	Page
Introduction	1
What Is Long-Term Care?	2
Will I Need Long-Term Care?	3
How Much Does Long-Term Care Cost?	3
Who Usually Pays for Long-Term Care?	4
What Is Long-Term Care Insurance?	5
What Is a Tax Qualified Long-Term Care Policy?	7
Individual vs. Group Insurance	8
What Services Do Long-Term Care Insurance Policies Cover?	9
When Will Long-Term Care Insurance Benefits Become Available?	11
Conditions to the Payment/Reimbursement of Benefits	12
How Much Do Insurance Policies Pay/Reimburse for Long-Term Care?	14
Are Long-Term Care Insurance Rates Regulated?	15
What Is Inflation Protection?	16
What Consumer Protections Apply to Long-Term Care Insurance Sold in California?	18
Can I Afford Long-Term Care Insurance?	21
Should I Replace My Existing Policy with a Newer One?	21
Before Buying Individual Long-Term Care Insurance, What Questions Should I Ask?	22

How Do I Choose a Qualified Long-Term Care Insurance Agent?	23
Choosing an Insurance Company	24
Rate Guide & Policy Form Comparison Section	28
What Is a Policy Comparison Form	29
Sample Policy Comparison Form	30
Personal Comparison Form	31
Personal Comparison Form Worksheet	32
Summary of Benefit Plan Designs Used in Policy Comparisons	33
Policy Form Comparison Section	34
Individual Policy Comparison Forms	35-96
Partnership Policy Comparison Forms	97-107
Group Policy Comparison Forms	108-118
Additional Company Benefit Notes	119-142
California Premium Rate Increase History Section	143
History For Companies Currently Offering New Business	148-203
History For Companies Not Currently Offering New Business	204-269
Premium Rate History – Company Explanation Section	270-297

INTRODUCTION

The California legislature requires the Insurance Commissioner to annually prepare a Consumer Rate Guide for long-term care insurance. This Rate Guide consists of an overview of long-term care insurance, the types of benefits and policies you can buy, both as an individual and as a member of a group, information on what to consider before purchasing a policy and the premium rate history of each company that sells long-term care insurance in California.

This Rate Guide will help answer some of your questions about long-term care insurance. It explains why people may need long-term care and how this type of insurance can help cover the cost for care. Long-Term Care policies most often pay for benefits on a reimbursement basis which means that the payment will be made to you after you have received the covered care and/or incurred the costs and submitted a claim. However, there are some policies (typically more costly) that will pay a cash benefit. It is important to understand the coverage provided and how benefits will be paid/reimbursed before you purchase a long-term care insurance policy. When you receive your policy, be sure to read it and ask questions if there is anything in the policy that you don't understand. The Rate Guide explains how long-term care insurance is structured and what benefits you can buy. A qualified long-term care insurance agent or the Health Insurance Counseling and Advocacy Program (HICAP) can help you with these questions and many others.

The California Department of Aging publishes a booklet on long-term care called "Taking Care of Tomorrow" that provides more in-depth information on a broad spectrum of long-term care issues. Agents must give you a copy of it when they attempt to sell you a long-term care insurance policy. That booklet is also available from your local HICAP project.

HICAP is the Health Insurance Counseling and Advocacy Program sponsored by the Department of Aging and funded in part by the Department of Insurance. It provides free counseling on long-term care insurance, as well as on Medicare and Medicare supplement policies. Call 1-800-434-0222 to find the local project in your community.

The National Association of Insurance Commissioners (NAIC) also publishes a booklet called "A Shopper's Guide to Long-Term Care Insurance." It is available by calling the California Department of Insurance at 1-800-927-HELP (4357). There are detailed worksheets in the NAIC publication that may help you choose the coverage you need.

What Is Long-Term Care?

Long-term care involves the assistance or supervision you may need when you are not able to do some of the basic "activities of daily living" (ADLs) which are, generally, eating, continence, bathing, dressing or moving from a bed to a chair. You might need assistance with ADLs if you suffer from an injury like a broken hip, an illness, a stroke or from advanced age and frailty. Other people may need long-term care because of mental deterioration, called "cognitive impairment" that can be caused by Alzheimer's Disease, other mental illness or brain disorders.

Long-term care is sometimes called "custodial care" or "personal care." Formal long-term care (the kind of care you must pay for) is provided by skilled and unskilled workers. Unskilled workers are sometimes supervised by skilled medical personnel such as registered nurses. Informal long-term care is frequently provided by unpaid family members and friends.

Long-term care services can be provided in your own home, in a community program like an Adult Day Care Center, in an assisted living facility licensed as a Residential Care Facility (RCF) or a Residential Care Facility for the Elderly (RCFE) or in a nursing home.

Long-term care is not necessarily “long term.” Some people only need long-term care for a few months, for example, while recovering at home from a broken hip, while others may need care for the rest of their lives.

Will I Need Long-Term Care?

Your personal risk of needing long-term care depends on many factors. Some of those are how long you may live, your health history and whether you have a spouse or family members who can provide some of the care you may need. If you feel you have a greater risk, you may want to consider applying for coverage while you are still able to qualify.

How Much Does Long-Term Care Cost?

The cost of care in the future will be much higher than it is today. California nursing home rates increased at an average rate of over 5% per year during the past twenty years* and are likely in the future to continue to increase by at least 5% per year. A 5% annual increase means a year of care that costs \$50,000 today will cost twice that amount in 14 years, or \$100,000 a year.

*Issuers Bulletin for 2002, California Partnership for Long-Term Care, based on data from the California Office of Statewide Health Planning and Development.

Who Usually Pays for Long-Term Care?

Medicare may pay for skilled care in a nursing home for a very short period of time but no longer than 100 days and only when the patient meets all the Medicare requirements for daily skilled care. While people do get personal care services at the same time, Medicare will not pay unless there is also a need for daily skilled services that only a nurse or therapist can provide. Medicare may pay for some personal care services at home but again, only if you also need skilled care on a daily basis that only a licensed person can provide. For more details, see the Medicare benefits book available from your Social Security office or by calling the Social Security Administration toll-free at 800-772-1213.

Medi-Cal (called Medicaid outside California) pays for necessary health care that is not covered by Medicare but only if you meet federal and state poverty guidelines. You can get the most current information about Medi-Cal from your local county Department of Social Services, legal services Program or an elder law attorney.

Personal Resources are commonly used by most people to pay for long-term care expenses. These funds come from personal income and resources. When care is provided by family members and friends at home, necessary skilled care such as equipment, transportation and other costs not paid by Medicare are also paid from the patient's personal income or savings. People who use up their assets paying for long-term care are "spending down" and may become eligible for Medi-Cal as a result.

Long-Term Care Insurance is designed to pay or reimburse covered long-term care costs. It is very important to understand the coverage provided and how benefits will be paid/reimbursed before you purchase a Long-Term Care Policy.

Long term-care insurance is available from insurance companies selling in California and may be cost effective for you if you have sufficient available income to pay the premiums.

What Is Long-Term Care Insurance?

Depending upon the type of policy, long-term care insurance can cover any of the following:

Care in a Facility that is not an acute-care hospital. Some of the terms used to describe “facilities” that can provide long-term care services include nursing homes, Residential Care Facilities, Residential Care Facilities for the Elderly (sometimes called Assisted Living Facilities), skilled nursing facilities or Intermediate Care Facilities.

Home Care including Home Health Care, Personal Care, Homemaker Services, Adult Day Care, Hospice Services or Respite Care. (Some Hospice and Respite care can also be received in a facility like a nursing home).

In California, only 3 categories of long-term care insurance policies can be sold. Each policy is labeled as:

1. Nursing Facility and Residential Care Facility

Only. These policies cover skilled, intermediate or custodial care in a nursing home or similar facility and assisted living care in an Residential Care Facilities/ Residential Care Facilities for the Elderly. Home care is not covered or

2. Home Care Only. These policies are required to cover Home Health Care, Adult Day Care, Personal Care,

Homemaker Services, Hospice Services and Respite Care but care in a Nursing Facility or RCF/RCFE is not covered or

3. Comprehensive Long-Term Care. These policies cover nursing facility care, assisted living care in an RCF/RCFE and home and community care. These policies must include at least 8 benefits: a nursing home benefit, an RCF/RCFE benefit for assisted living and the 6 home care benefits: Home Health Care, Adult Day Care, Personal Care, Homemaker Services, Hospice Service, and Respite Care.

The California Partnership for Long-Term Care (the Partnership), a program of the California Department of Health Care Services (DHCS), is an innovative partnership among consumers, the State of California and a select number of insurance companies, plus the California Public Employees Retirement System (CALPERS). These insurers offer a special type of long-term care insurance policy, commonly called "Partnership" policies, that must meet certain requirements set by the DHCS. Insurance companies participating in the Partnership program must have their Partnership policies approved by both the Department of Insurance and the DHCS. Additionally, only insurance agents who have received special training are able to sell you a Partnership policy and to advise you as to whether the Partnership program works for you. Be sure to confirm that your agent has this special certification to sell Partnership policies.

Each Partnership-approved policy includes insurance benefits to cover the care you may need and automatic inflation protection to ensure that the benefits keep pace with the rising cost of care. Partnership policies also have other

important features that are not required in other long-term care insurance policies. To learn more about these policies and the companies that are approved to sell them, call the Partnership for free brochures at 800-CARE445 (800-227-3445).

What Is A Tax Qualified Long-Term Care Policy?

Congress passed legislation effective in 1997 that established the tax treatment of premiums paid for and the benefits paid/reimbursed by long-term care insurance policies that met certain federal standards. This legislation is called the Health Insurance Portability and Accountability Act or HIPAA.

Long-term care policies that use the federal standards to cover benefits are labeled as "Federally Tax Qualified". Some or all of the premiums for these federally tax qualified policies may be deductible as a medical expense on your federal and California income tax returns (depending on your age and the amount of annual premium).

Policies sold as federally tax qualified long-term care insurance use a standard of eligibility for benefits that may be stricter than the standards established in California for non-qualified policies. It may be easier to qualify for benefits from non-tax qualified policies that use the standards established by California.

If you have questions about the tax status of a policy you own or one you are considering buying, your long-term care insurance agent can advise you. If you have specific questions pertaining to how the purchase of tax qualified long-term care insurance will impact the deductions you take or the taxes you pay, you should talk to your tax advisor to see how it will affect your individual taxes.

Individual vs. Group Insurance

An individual long-term care insurance policy is a contract between you and the insurer. These policies must be approved by the California Department of Insurance (CDI) and have all of the consumer protections required under California law. Individual policies are “guaranteed renewable” and cannot be canceled by the insurance company unless the premium is not paid on time. However, every company has the right to increase the premiums it charges with proper notification and approval from the Department of Insurance.

Group long-term care insurance is a contract between an insurer and a group such as an employer on behalf of its employees or a trade or professional association on behalf of its members. If you are covered under a group plan, you receive a “certificate” rather than a “policy” of insurance. Also, many of the policy terms have already been negotiated by the group, and the group (called the “master policyholder”) has the option to terminate the policy at any time. Often, but not always, group insurance is less expensive than individual insurance. If group coverage is terminated, you have the right to continue the coverage or buy a conversion policy depending on the provisions of the policy and other factors. If you purchase group coverage, ask about what options will be available to you if the group cancels the policy or if you lose your membership or eligibility.

Be sure to ask if the premiums will change and ask how you will be notified.

Note: If you are considering buying group insurance, investigate the sponsoring group. Be sure the group is negotiating in your interest. Some group policies do not

need to be approved by the CDI although the company is required to send information about the policy to the CDI for its records. The master policy can be cancelled by the carrier or the sponsoring group at its option.

What Services Do Long-Term Care Insurance Policies Cover?

Insurance policies describe what they will cover, what kind of care they will cover, who can provide the care and conditions that need to be met before a company will pay/reimburse the cost of benefits. Described below are the services required in a long-term care insurance policy approved under current California law. Be aware however, that California law has changed many times over the years and that insurance policies sold in previous years may have different requirements than are shown here.

Facility Coverage: In California, most skilled, intermediate and custodial care is received in nursing homes that are licensed as “skilled nursing facilities”. All long-term care policies except Home Care Only cover this kind of care.

Policies sold after October 2001 (except Home Care Only policies) are required to include a benefit to cover care in an RCF/RCFE. Some insurance policies sold before October 2001 may also include this benefit. RCF/RCFEs are not nursing homes but living arrangements wherein a person can also receive personal care or supervision. Some RCF/RCFEs are large retirement homes while others are small group homes.

Home Care Coverage: Every long-term care insurance policy called “Home Care Only” or “Comprehensive Long-Term Care” must include at least the following 6 Home Care

benefits and other consumer protections which should make it easier to receive care at home.

- 1. Home Health Care** is skilled nursing care or other professional services in your residence.
- 2. Adult Day Care** is medical or social care in a daytime program in a licensed facility which provides personal care, supervision, protection and/or assistance with ADLs and taking medications.
- 3. Personal Care** is assistance with any of the ADLs including Instrumental Activities of Daily Living (IADLs) such as using the telephone, managing medications, moving about outside, shopping for essentials, preparing meals, doing laundry and light housekeeping.

Under California law, these services may be provided by a skilled or unskilled person as long as they are required in a Plan of Care developed by your doctor or a team of health care workers under medical direction.

- 4. Homemaker Services** is assistance with activities or tasks necessary to or consistent with your ability to remain in your home.
- 5. Hospice Services** are services in your residence designed to provide physical, emotional, social and spiritual support for you, your caregiver and your family when a terminal illness has been diagnosed. Some policies will pay or reimburse the cost for these services in an institutional setting as well.

Under California law, hospice services (like Personal Care and Homemaker Services) may be provided by a

skilled or unskilled person so long as they are required in a Plan of Care developed by your doctor or a team of health care workers under medical direction.

6. Respite Care is short-term care provided in a nursing facility, in your home or in a community-based program which is designed to relieve the primary caregiver in your home.

When Will Long-Term Care Insurance Benefits Become Available?

The Benefit Triggers in a tax qualified long-term care insurance policy are:

1. Impairment in ADLs

ADLs are used to measure your physical abilities to determine if you qualify for benefits.

The law requires tax-qualified policies to pay or reimburse benefits if you are impaired in two out of the following six ADLs: bathing, dressing, transferring, eating, toileting, and continence.

An "impairment" in ADLs means that you need "substantial assistance either in the form of hands-on assistance or standby assistance due to a loss of functional capacity to perform the activity".

2. Impairment of Cognitive Ability

An "impairment of cognitive ability" means you need "substantial supervision due to severe cognitive impairment".

Note: Some companies also offer a non tax qualified long-term care insurance policy. The non tax qualified policy will include ambulating as a seventh ADL.

Conditions to the Payment/Reimbursement of Benefits

You will need to meet certain “conditions” after the “benefit triggers” have been met before benefits will be available.

Plan of Care: This is a plan written by your doctor or a medical team that establishes your need for care, describes the kind of care you need and the frequency of the required services. The Plan of Care is a familiar document to your doctor, hospital discharge planners, home health agencies and other health care providers who know about long-term care services. Many policies also require that the Plan of Care be updated periodically to reflect any change in your need for care.

Elimination Periods: The elimination period (sometimes called a “Waiting Period” or “Deductible Period”) is the period of time you must wait after you qualify for care and are eligible to receive benefits before the company will begin paying or reimbursing you for your covered care. You choose the length of the Elimination Period when you buy the policy. The most common options are 0 days, 30 days, 90 days or 100 days. Some policies only make you meet the Elimination Period once during the life of the policy; others apply it again after you have gone for a certain period of time without needing care. In some situations the elimination period will be satisfied by a day of either in-home care or institutional care. The premiums are usually higher for short elimination periods and lower for longer ones. Be sure to ask your long term care insurance agent to explain these very important differences.

During the elimination or deductible period, you will be responsible for paying the full cost of your care. The claims process (or payment process) for covered costs begins once the elimination or deductible period is satisfied or on the first day if you select a zero day elimination period.

If you qualify for benefits in a home care setting most long-term care insurance policies apply a day towards your Elimination Period for any day you actually receive care (or a home care visit). Therefore, if your plan of care only calls for 3 visits per week you will only satisfy 3 days towards your Elimination Period. Some companies offer a more liberal interpretation of this definition. For example, the policy might say that if you have one home care visit per calendar week that you've satisfied 7 days towards your Elimination Period. In this example, you would satisfy your Elimination Period more quickly.

Companies may utilize a "calendar day" definition for the elimination period. Once the insured has been certified as being chronically ill, each calendar day counts towards the elimination period, regardless of whether formal long-term care services are received. This allows the insured person to get informal care from family or friends during the elimination period. After the elimination period has been satisfied, payment or reimbursement of benefits can begin.

The premium cost is usually higher if you choose the shorter Elimination Periods and is lower if you choose a longer period. In addition, a premium might be higher if the company uses a more liberal "counting" of home care Elimination Period days. Also, make sure that the Elimination Period days that are accumulated either in a home care or institutional care setting are combined to satisfy your overall elimination period. Be sure to ask your long term care insurance agent to explain this.

How Much Do Insurance Policies Pay/Reimburse for Long-Term Care?

The Daily Maximum

It is important to understand the coverage provided and how benefits will be paid/reimbursed before you purchase a Long-Term Care Policy. If you decide to buy a long-term care insurance policy, you will select a maximum daily benefit. It is important to note that the minimum home care daily benefit you can select in California is \$50 a day. There is no minimum daily benefit for facility care.

Selecting the Daily Maximum

Because you will be responsible for all expenses not paid or reimbursed by your insurance policy, you need to decide how much of the daily cost of care you may need to pay yourself. Estimate the daily cost of long-term care in your community and subtract the amount you can afford to pay for each day of your care.

To help the benefits of your policy keep up with the annual increase in the cost of care due to inflation, every insurer is required to offer you Inflation Protection.

The Maximum Lifetime Benefit

The approximate number of years you want the policy to provide benefits will determine the Maximum Lifetime Benefit. The longer the period of coverage, the higher the premium. Your Lifetime Maximum Benefit is computed by multiplying the Daily Maximum benefit you select by the approximate number of days you want benefits to be paid or reimbursed.

Selecting the Maximum Lifetime Benefit

No one can predict how many days or years of long-term care a person will need or the reason they will require care. Some people can afford lifetime coverage, others have so little money they would quickly qualify for Medi-Cal. Choosing the right amount of benefit depends on the premium you can afford, and the assets you would otherwise have to spend.

Are Long-Term Care Insurance Rates Regulated?

Policies currently available in California from insurers regulated by the CDI are subject to the “rate stabilization” law. This means that premium rates are subject to actuarial review by the Department and rate increases on these policies are subject to additional review and justification requirements.

Premium Discounts and Other Premium-Related Benefits

Companies may offer discounts if both spouses or domestic partners purchase long-term care insurance and may provide discounts for those who do not use tobacco products and are healthy. The definition of a spouse in California includes domestic partners in accordance with insurance code section 381.5. Companies may provide that the policy of the surviving spouse is “paid-up” when the first spouse dies – no further premium payments are required. The policy may also have a “Waiver of Premium” option that relieves the insured of paying the premiums while receiving benefits. Policies may offer rate guarantees for certain time periods for an

additional premium. A qualified long term care insurance agent can assist you in reviewing the options available.

What Is Inflation Protection?

Inflation Protection is intended to help maintain the value of the benefits you purchase today so they will keep up with future increases in the cost of care. In the past, long-term care costs in California have increased at an annual rate of more than 5%.

Protecting against the rising cost of care is one of the most important choices you will make. Inflation protection increases the Daily Maximum, the Maximum Lifetime Benefit and other benefit amounts. If you purchase individual long-term care insurance, your insurer must offer you at the time you purchase the policy the option to purchase an inflation protection feature. Your insurer must offer inflation protection which is no less favorable than the following options: (1) Increases benefit levels annually so that the increases are compounded annually at least 5%; or (2) a Benefit Increase Option.

1. Annual benefit increases. The insurer is required by California law to offer you the option of a 5% annual compound inflation protection feature that automatically increases your previous year's Daily Maximum and Lifetime Maximum Benefit amounts by 5%. If you decide not to purchase the 5% compound annual inflation protection feature, you will be asked to sign a rejection of the offer. Also, if you do not purchase 5% compound inflation, some insurers may also offer you the option of a 5% (or other percentage) annual simple inflation protection that automatically

increases each year the Daily and Lifetime Maximum Benefits by a fixed 5% of the amounts in your original policy. Policies with inflation protection cost considerably more initially since they automatically include the annual increases in benefits you need to keep pace with inflation.

While the premiums are designed to remain level, insurance companies may apply for rate increases that, if approved by the CDI, will increase your premium in the future. (Please refer to the "Are Long-Term Care Insurance Rates Regulated?" section of this guide.)

2. Benefit Increase Option. This option allows you to pay an additional premium to increase the benefit coverage amounts at stated intervals during the life of the policy (may be referred to as guaranteed insurability or future purchase options). There are usually a limited number of increase options offered to you over the life of the policy. If you decide not to exercise this option one or more times when it is offered, you will lose any chances to increase your benefits in the future.

With the Benefit Increase Option, your premium will increase each time you choose to accept the insurer's offer to increase the coverage amounts. The premium increase for each benefit upgrade will be based on the amount of coverage added and your age at the time you exercise the Benefit Increase Option. Because rates for older individuals are significantly higher and you will be older when each upgrade is offered, each Benefit Increase Option you accept will result in a larger premium increase than the prior offers. The advantage of the Benefit Increase Option is that the initial premium you pay for the policy will be much lower than

if you choose the Annual Benefit Increase Option. However, in the long run, you may end up paying more in total premiums to protect your benefits against inflation protection because of the additional premiums you must pay to purchase each Benefit Increase Option.

Your long term care insurance agent must show you an illustration of the effect of inflation on the cost of care and how the benefits of a policy with and without inflation protection compare to the cost of care over time. Before you make a decision, you might want to consult with a financial planner, an attorney, a HICAP counselor or a family member.

What Consumer Protections Apply to Long-Term Care Insurance Sold in California?

California has a long list of consumer protections some of which are listed here.

Renewability: Every individual long-term care policy must be guaranteed renewable.

Guaranteed Renewable means that the insurer may not cancel your coverage unless you do not pay premiums on time. Your coverage may not be cancelled because of your age or your health but the company retains the right to increase premiums if the CDI approves the increase.

Group Coverage Renewability: If you purchase a long-term care certificate through a group, you have the right to either continuation or conversion if your coverage terminates.

Conversion means you will be issued an individual policy containing identical or equivalent coverage regardless of your health or your age. The premium will be calculated on your age at the time the group certificate was issued.

Duty of Honesty, Good Faith and Fair Dealing:

Every long-term care insurer and insurance agent owes every applicant and policyholder a duty of honesty, good faith and fair dealing. Among other things, this duty means that advertisements and other marketing materials may not be misleading.

Applicants must be given fair and accurate comparisons of policies. No excessive insurance or inappropriate replacement policies may be sold. High pressure tactics are expressly forbidden. Insurance agents must receive special training in order to sell long-term care insurance.

30-Day Free Look: Purchasers of individual long-term care insurance (except purchasers through employer groups or trade associations) have the right to review the policy or certificate for 30 days after they receive it. If they decide not to buy the insurance for any reason, they may return the policy to the insurer or the agent without explanation, and all the money they paid will be refunded to them. (Note: Keep a record of the date you receive the policy and the date you return it or return it by certified mail.)

Outline of Coverage: An outline of coverage is a summary of the terms of a policy or certificate that you can use to compare different policies. An Outline of Coverage must be delivered to you at the time of an insurance agent's first presentation. If you are purchasing insurance through the

mail, then the Outline of Coverage must be delivered to you at the time you receive the application or enrollment form. You do not need to fill out an application in order to get the Outline of Coverage. A long term care insurance agent or insurance company should be willing to give you an Outline of Coverage. You may also request a sample policy.

Changing Your Benefits: If you find that you cannot afford to continue paying the same amount of premiums for the coverage you bought, you have the right to reduce your benefits in return for a lower premium. Companies must, at a minimum, let you reduce the daily benefit or change the number of years the company will pay benefits so the lower premium is an amount that is more affordable.

Can I Afford Long-Term Care Insurance?

Remember that after retirement, income often does not keep pace with inflation. As you age you may have unexpected medical expenses such as prescription drugs or other medical costs that may not be covered by your medical insurance. The loss of a spouse can also result in reduced income. Select a premium you can comfortably afford. Take into consideration that your premium may increase during the years you own the policy. When talking to a long term care insurance agent about long-term care insurance, it is important for you and your agent to understand your financial circumstances so that he or she can tailor a plan best suited to your needs.

Should I Replace My Existing Policy with a Newer One?

The advantage of replacing an older policy is that newer policies may offer more desirable benefits and features and fewer restrictions. Assisted living in an RCF/RCFE, home care benefits, inflation protection and no requirement for a prior hospital stay are some of the benefits and features being offered in current long-term care products. However, just because a policy is newer does not necessarily mean it is better than the one you have. In some instances, your insurer may be required to offer you its newer policy but you may have to undergo new underwriting to obtain the new coverage.

One disadvantage to replacement is that the insurance company will charge higher premiums because you are older than you were when you bought your original policy. In addition, if you have any preexisting conditions or you are 80 years old or older, companies may refuse to issue new coverage. If you are still insurable, you might consider

adding new coverage to the benefits you already have or buying an additional policy to supplement your existing benefits.

Before you add benefits to an existing older policy you should check with your long term care insurance agent, company or tax advisor to see if you will lose the grandfathered tax status granted policies purchased prior to January 1, 1997. Whenever you are considering replacing a policy, consulting a HICAP counselor is recommended.

Before Buying Individual Long-Term Care Insurance, What Questions Should I Ask?

- Has this company increased premiums on policies it has sold to other consumers in California or in other states?

Study the personal worksheet or our website.

- How long has this company been selling long-term care insurance?
- What Nursing Homes, Residential Care Facilities/Residential Care Facilities for the Elderly, and Home Care providers, and Hospice Facilities are near my home and covered by the policy?
- What are my choices for: Daily Maximum, Lifetime Maximum, Elimination Period and Inflation Protection?
- If the policy requires an Elimination Period, do I have to meet it only once or more than once during my lifetime?
- May I hire anyone I choose to provide Personal Care and Homemaker Services under this policy? If not, what are the qualifications that care providers must meet? Policies approved for sale in California must cover independent providers for Personal Care and Homemaker Services.

- If the policy waives the premium:
 - a. How is it waived?
 - b. Does the waiver apply to all the benefits or only to nursing home care?
 - c. What happens to any premiums I have already paid?

How Do I Choose a Qualified Long-Term Care Insurance Agent?

Here are some important things to determine about your prospective agent.

A qualified long-term care insurance agent should be able to help you sort through the company and benefit choices. Much of the decision making process revolves around your age, health conditions and financial suitability. In order to assist the agent in finding the best long-term care insurance policy for your needs, you need to find a long term care insurance agent you can trust and have a candid conversation with him or her regarding all of these matters.

Make sure the agent is certified to sell long-term care insurance. This means that he or she has taken two 8-hour certification courses within the last 24 months. If the agent has been licensed for less than five years, he or she will have taken an 8-hour certification course every 12 months. Long term care insurance agents selling the California Partnership policies will have taken an additional 8 hours of training that allows them to be a full-service long-term care insurance agent in California. It is important to buy the best coverage that meets your needs and budget. Don't buy coverage you can't afford. Be sure to shop around, compare benefits and prices before you make a decision.

Notice if the agent asks the right questions. Without knowing your financial circumstances and health status the agent cannot possibly provide you with the best choices. A competent long term care insurance agent should be able to show you what the premium would be from several companies for benefits that fit your needs and that you can afford.

A good long term care insurance agent will not just sell you a policy but will be there to help you when you have questions, need to make changes or have a claim. Make sure that the agent you are working with has a good history and track record in providing on-going services to his or her clients. Don't be shy about asking for references. You can also check out a long term care insurance agent by going to the CDI web site at: www.insurance.ca.gov.

Before the Agent Leaves You Should Be Provided with:

1. Outline of coverage
2. Personal Worksheet
3. The Buyer's Guide "Taking Care of Tomorrow"
4. The name, address, and phone number of your local HICAP office.

You should get these documents even if you don't agree to buy a policy that day.

Choosing an Insurance Company

An insurance company's financial standing and track record are important in choosing a long-term care insurance policy. Consumers should consider the rate increase data included in this rate guide along with several other important factors.

Financial Standing

A company's financial strength rating is an important factor to take into consideration when making your long-term care insurance choice. The rating services you should look to include:

- A.M. Best (908) 439-2200
- Standard & Poors (415) 371-5000
- Moody's (212) 553-0377
- Fitch Ratings (800) 893-4824
- Weiss Ratings (800) 289-9222

The websites are as follows. It is important to note that some or all the websites may require registration.

A.M. Best	www.ambest.com
Standard & Poors	www.standardandpoors.com
Moody's	www.moody's.com
Fitch Financial	www.fitchratings.com
Weiss Ratings	www.weissratings.com

Most insurance companies have ratings from one or more of the services listed. Ask your long term care insurance agent to provide you with the most recent rating data or you can call the rating agency directly or visit the website.

Underwriting Philosophy

Don't be discouraged by a company that carefully evaluates your health. Long-term care insurance companies that use firm and consistent underwriting standards should, over the long run, have more stable premiums. This is because they are careful about the risks they accept and likely to have more predictable claims results.

Don't be misled by the names attached to a company's underwriting classes (such as preferred, standard, substandard). You will not always qualify for a company's "preferred" rate class.

It is important that the company carefully reviews your health history, the results of your telephone interview and/or a face-to-face assessment and then makes an offer of insurance based on those results. "Easy-issue" offers mean that a company may be issuing insurance to people who already have serious health conditions and will definitely need long-term care. Such a practice can in turn lead to higher premiums for everyone who bought insurance from that company.

Group Self-Insured Plans

Long-term care insurance offered on a group basis which is self-insured does not necessarily have the same strict consumer protection provisions that apply to individual long-term care insurance. Work with a qualified long-term care insurance agent to determine your priorities so that you can make the best choice for your long-term care insurance needs.

You Get What You Pay For

If a policy looks too "cheap" it probably is. Long-term care insurance has many optional benefits and nuances. Work with a long term care insurance agent who asks good questions and works with your personal situation to design a benefit package that suits your needs.

Longevity in the Long-Term Care Insurance Business

Long-term care insurance is a relatively new product. While a handful of companies have been offering long-term care insurance for a decade or more, there are many companies that have recently entered the marketplace.

Some companies have long experience with this type of insurance while others have less. Experience is just one more element to evaluate when purchasing this type of insurance.

Final Thoughts

The information in the Rate Guide can provide you with valuable insight if you decide to purchase a long term care insurance policy. No one element, however, should determine your choice. Try to view each element in perspective and balance them with your personal needs.

RATE GUIDE AND POLICY COMPARISON FORM SECTION

Introduction Rate Guide & Policy Comparison Form Section

*In accordance with California Insurance Code Section 10234.6, the California Department of Insurance (CDI) surveys the licensed insurers admitted to transact long-term care insurance and asks them to current premiums for various sample benefit combinations. Our hope is that consumers will be provided with approximate premiums they may be charged by each company for a consistent set of benefits. We have picked three combinations or scenarios so that you can see how the premiums change for different combinations. These surveys are good indicators of the differences you will see when shopping for long-term care insurance. **Please Note: The results of these surveys are not premium quotes and you will likely want coverage other than an exact scenario presented.***

The purpose of this section is to provide consumers with a listing of Policy Comparison Forms for each company. In addition to the policy comparison forms, this section will also provide you with a Sample Personal Comparison Form and related company notes covering selected policy forms. As you learned in the previous section, there are three types of policies companies can sell: Nursing Home & Residential Care Facility Only policies, Home Care Only policies and, Comprehensive policies. Each of these types of policies can be either tax qualified or non-tax qualified. Finally, some of these are Individual policies, some are partnership policies and others are only available to members of a particular group or association.

WHAT IS A POLICY COMPARISON FORM

A Policy Comparison Form is a listing of the policy benefits and sample premiums for each company. The policy comparison form was developed to provide consumers with a simple way to review the benefits for a specific long term care policy form, as well as, review the sample premiums provided by the company.

NOTE: Sample premiums are intended to give you an idea of what a long term care policy can cost. It is not the premium you will pay.

The policy comparison forms are presented in three main parts:

- Individual Policy Comparison Forms,
- Group Policy Comparison Forms and,
- Partnership Policy Comparison Forms.

Within each of these parts, the forms are also sorted by: Nursing Home & Residential Care Facility Only Policies, Home Care Only Policies and, Comprehensive Policies.

At the top of each Policy Comparison Form is the name of the company and the specific policy form number. Below the company's name and form number, a brief description of the policy is provided along with the specific benefits and features offered in each policy. On the bottom half of the Policy Comparison Form is a listing of sample premiums for various ages. You will notice that premiums in each column change depending upon whether the benefits will be paid out for three years or are lifetime benefits, and whether inflation protection is included or left out. Additional information on a company's premiums & benefits, can be found on the Additional Company Premium & Benefit Notes page 119.

Sample Policy Comparison Form

a) COMPANY NAME	b) Policy Form Number: ###
c) Maximum Policy Benefits	d) Elimination Periods
e) Nursing Home Daily Benefit Amounts	f) Inflation Protection
g) Home Care Benefit Amounts (Comprehensive Policies) or Home Care Only Amounts (Home Care Only Policies)	h) Residential Care Facility Daily Benefit Amounts
i) Waiver of Premium	
j) Description of benefit design used (including policy type and daily benefit).	
k) Sample Premium Information	

Issue Age	30 Day Elimination Period 3 Year Maximum Policy Benefit		90 Day Elimination Period 3 Year Maximum Policy Benefit		90 Day Elimination Period Lifetime Benefit	
	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50						
55						
60						
65						
70						
75						
80						

	Name	Description
a)	Company Name -	This is the name of the insurance company offering coverage.
b)	Policy Form No. -	This is the policy form number
c)	Maximum Policy Benefits -	The maximum benefit amounts expressed in number of years.
d)	Elimination Period -	The elimination period expressed in number of days. Also, whether this period is in calendar or service days.
e)	Nursing Home Daily Benefit Amounts -	The minimum and maximum amounts per day, week or month.
f)	Inflation Protection -	Either 5% Compound, 5% Simple Also, whether company offers Guaranteed Purchase Option.
g)	Home Care Benefit Amounts -	(For Comprehensive Plans) Percentage of home care benefit amounts expressed in percentages of nursing home daily benefit amount.
	Home Care Only Benefit Amounts -	(For Home Care Only Plans) the minimum and maximum amounts per day, week or month.
h)	Residential Care Facility Daily Benefit Amounts -	Percentage of residential care facility benefit amounts expressed in percentages of nursing home daily benefit amount.
i)	Waiver of Premium -	Company's waiver of premium description.
j)	Description of sample premium example used (including policy type and daily benefit).	
k)	Sample premium information by issue age, with inflation protection and, without inflation protection.	

The premium each company charges an individual is based on a number of different factors including your age, the benefits you select, and in some cases a health condition you may have. The company or agent can give you more specific premiums based on the benefits you select, your age, and any other factors the company uses such as discounts when both spouses are covered. To find out more about one of these policies, call the toll-free "800" number.

PERSONAL COMPARISON FORM

A personal comparison form worksheet is included in this guide to help assist you in finding the best set of benefits and an insurance company to meet your individual needs.

First review the policy benefits and sample premiums for the various policies included in this section. Then use the comparison form to enter basic information for as many as five (5) of your top choices. Comparing this information should help guide you in selecting a policy that will meet your individual needs.

Remember that the sample premiums are just an example of what you might expect to pay for Long Term Care Insurance. You should review this information and discuss your personal situation with your Long term Care Insurance agent before making a final decision. You can also get free, individual counseling from a trained HICAP long-term care insurance counselor that will help you understand how to choose benefits and features to match your own financial situation.

Let's begin by filling out your personal comparison form:

- STEP 1: Determine what policy type best fits your needs – individual, group or partnership.
- STEP 2: Do you want a tax qualified or a non-tax qualified policy?
- STEP 3: What type of policy do you want? The three types are: Comprehensive policy, Home Care Only policy or, Nursing Home & Residential Care Facility Only policy.
- STEP 4: What daily benefit do you need? How long do you want the company to pay the benefits? What waiting period can you afford? Remember that you will have to pay for your care during this waiting period.
- STEP 5: What is the approximate cost of the benefits you have chosen?
- STEP 6: How does this compare with the amount you can afford to pay? Remember that many people can't afford lifetime coverage, but even a few years of coverage can be very beneficial.

After you have completed the personal comparison form worksheet, you are ready to check the premium increase history of companies that begins on page 143.

PERSONAL COMPARISON FORM WORKSHEET

Basic Policy Information

Directions: Review the long term care consumer information provided in the previous section of this guide. As you review the policies you are interested in, use this Sample Personal Comparison Form to help you compare your choices.

<u>TYPE</u> <input type="checkbox"/> Individual <input type="checkbox"/> Group		<u>CLASS</u> <input type="checkbox"/> Tax Qualified <input type="checkbox"/> Non Tax Qualified		<u>CATEGORY</u> <input type="checkbox"/> Nursing Home & Residential Care <input type="checkbox"/> Home Care Only <input type="checkbox"/> Comprehensive	
<u>ELIMINATION PERIOD</u> <input type="checkbox"/> 30 Days <input type="checkbox"/> 90 Days		<u>POLICY BENEFIT PERIOD</u> <input type="checkbox"/> 3 Years <input type="checkbox"/> Lifetime		<u>DAILY BENEFIT</u> Age _____ (from policy comparison form)	

Comparison Information

COMPANY NAME	POLICY FORM	PREMIUM	POLICY BENEFIT NOTES

SUMMARY OF BENEFIT PLAN DESIGNS USED IN POLICY COMPARISONS

The purpose of this section is to provide you with a summarized list of the long term care benefit designs used to develop the sample premiums.

Three Year Benefit Period with a 30 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
- \$100 Daily Benefit Amount
- Without Inflation Protection

Three Year Benefit Period with a 30 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
 - \$100 Daily Benefit Amount
 - With 5% Inflation Protection
-

Three Year Benefit Period with a 90 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
- \$100 Daily Benefit Amount
- Without Inflation Protection

Three Year Benefit Period with a 90 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
 - \$100 Daily Benefit Amount
 - With 5% Inflation Protection
-

Lifetime Benefit Period with a 90 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
- \$100 Daily Benefit Amount
- Without Inflation Protection

Lifetime Benefit Period with a 90 Day Elimination Period

- Issue Ages Between 50 and 80 years of age
 - \$100 Daily Benefit Amount
 - With 5% Inflation Protection
-

POLICY FORM COMPARISON TABLES

SUMMARY OF CONTENTS

The purpose of this section is to provide consumers with the policy comparison forms for the various long term care products. A Policy Comparison Form is a listing of the policy benefits and sample premiums for each company. The policy comparison form was developed to provide consumers with a simple way to review the benefits for a specific long term care policy form, as well as, review the sample premiums provided by the company. Listed below is a brief outline of the information provided:

INDIVIDUAL POLICY COMPARISON FORMS

Nursing Home & Residential Care

Tax Qualified	Pages 35-49
Non Tax Qualified	Pages 50

Home Care Only

Tax Qualified	Pages 51-52
Non Tax Qualified	Pages 53

Comprehensive

Tax Qualified	Pages 54-90
Non Tax Qualified	Pages 91-96

PARTNERSHIP POLICY COMPARISON FORMS

Nursing Home & Residential Care

Tax Qualified	Pages 97-101
Non Tax Qualified	Not Available

Home Care Only

Tax Qualified	Not Available
Non Tax Qualified	Not Available

Comprehensive

Tax Qualified	Pages 102-107
Non Tax Qualified	Not Available

GROUP POLICY COMPARISON FORMS

Nursing Home & Residential Care

Tax Qualified	Pages 108-110
Non Tax Qualified	Not Available

Home Care Only

Tax Qualified	Not Available
Non Tax Qualified	Not Available

Comprehensive

Tax Qualified	Pages 111-117
Non Tax Qualified	Pages 118

ADDITIONAL COMPANY BENEFIT NOTES

Pages 119-142

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ Important Company Notes:
 10 Years Available

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Simple Inflation: on each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation: On each policy anniversary, daily benefit amount, as well as remaining benefit amount payable is increased by 5% compound annually. (See Below)

Residential Care Facility Daily Benefit Amounts

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available
☐ Important Company Notes:

Waiver of Premium

Premiums for the policy and attached riders will be waived after confined in a nursing facility or residential care facility for a period of 90 days- Any unearned premium is refunded on a prorata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$349	\$961	\$291	\$800		\$462	\$1,271
55	\$422	\$996	\$352	\$830		\$558	\$1,317
60	\$585	\$1,229	\$488	\$1,024		\$774	\$1,625
65	\$794	\$1,500	\$662	\$1,250		\$1,050	\$1,985
70	\$1,170	\$1,966	\$975	\$1,638		\$1,548	\$2,601
75	\$2,336	\$3,691	\$1,947	\$3,076		\$3,090	\$4,882
80	\$3,506	\$5,259	\$2,922	\$4,383		\$4,638	\$6,957

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

2920 days is equivalent to 8 years.

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Also available are 3% and 4% compound inflation options. The Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Nursing Home Daily Benefit Amounts

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$284	\$777	\$258	\$708		\$386	\$1,147
55	\$374	\$999	\$341	\$910		\$514	\$1,456
60	\$550	\$1,332	\$501	\$1,213		\$755	\$1,930
65	\$868	\$1,845	\$790	\$1,681		\$1,189	\$2,664
70	\$1,469	\$2,698	\$1,338	\$2,458		\$2,024	\$3,894
75	\$2,517	\$4,047	\$2,294	\$3,687		\$3,422	\$5,725
80	\$4,128	\$6,161	\$3,761	\$5,614		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☒ Important Company Notes

On each policy anniversary, the daily benefit amount, as well as the remaining benefit amount payable is increased by 3% or 5% compounded annually.

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ Important Company Notes

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$288	\$791	\$250	\$688		\$417	\$1,147	
55	\$388	\$970	\$337	\$844		\$562	\$1,406	
60	\$557	\$1,254	\$485	\$1,090		\$808	\$1,817	
65	\$859	\$1,707	\$747	\$1,493		\$1,244	\$2,488	
70	\$1,395	\$2,441	\$1,213	\$2,123		\$2,022	\$3,538	
75	\$2,359	\$3,774	\$2,051	\$3,281		\$3,418	\$5,469	
80	\$3,869	\$5,804	\$3,364	\$5,047		\$5,607	\$8,411	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

☒ Important Company Notes:

The most we will pay for all services received in a 30 day period will be 30 times the daily benefit amount except for Alternative Care Benefits.

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount. ☐ 80% ☐ 75%

- ☐ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

When benefit-eligible

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$288	\$968	\$257	\$864	\$352	\$1,188
55	\$358	\$1,039	\$320	\$928	\$439	\$1,278
60	\$464	\$1,150	\$414	\$1,027	\$678	\$1,685
65	\$729	\$1,412	\$651	\$1,261	\$1,139	\$2,234
70	\$1,175	\$1,966	\$1,049	\$1,755	\$1,792	\$3,012
75	\$2,063	\$3,057	\$1,842	\$2,730	\$2,743	\$4,079
80	\$3,099	\$4,130	\$2,767	\$3,688	\$4,234	\$5,657

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

10 year plan is also available.

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Compound - On each policy anniversary, daily/monthly benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually. Simple - On each policy anniversary, the daily/monthly benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued.

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$304	\$837	\$265	\$728	\$420	\$1,155
55	\$370	\$924	\$321	\$803	\$510	\$1,275
60	\$522	\$1,174	\$454	\$1,021	\$720	\$1,620
65	\$717	\$1,435	\$624	\$1,247	\$990	\$1,980
70	\$1,174	\$2,054	\$1,021	\$1,786	\$1,620	\$2,835
75	\$1,956	\$3,130	\$1,701	\$2,722	\$2,700	\$4,320
80	\$3,391	\$5,086	\$2,948	\$4,423	\$4,680	\$7,020

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes
2 options for compound - No maximum and 2x initial benefit amount
5% simple: 5% of initial benefit amount is added annually at the anniversary date. 5% Comp. No max: The benefit amount is increased 5% annually at the anniversary date. 5% Comp. 2 max: The benefit amount is increased 5% annually at the anniversary date until the benefit amount is twice the initial amount.

Residential Care Facility Daily Benefit Amounts

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☐ per day ☐ per week ☒ per month
☐ Not Available
☐ Important Company Notes:

Waiver of Premium

premium waiver takes effect the day after the date the elimination period is met. It ends on the date the policyholder is no longer benefit eligible.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$348	\$561	\$303	\$488		\$550	\$956
55	\$474	\$775	\$413	\$674		\$756	\$1,299
60	\$705	\$1,147	\$613	\$998		\$1,097	\$1,888
65	\$1,049	\$1,688	\$912	\$1,468		\$1,632	\$2,793
70	\$1,630	\$2,571	\$1,418	\$2,198		\$2,513	\$4,223
75	\$2,855	\$4,149	\$2,483	\$3,608		\$4,433	\$7,088
80	\$4,488	\$5,987	\$3,902	\$5,206		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☐ Important Company Notes:

730, 1095, 1460, 1825, 2555 (No. of days) times the Nursing Facility Daily Benefit.

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☒ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☒ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period. 3 year maximum policy benefit			100** Day Elimination Period. 3 year maximum policy benefit			100** Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$445	\$1,140	\$387	\$991		\$733	\$2,061	
55	\$486	\$1,231	\$422	\$1,070		\$816	\$2,235	
60	\$690	\$1,538	\$600	\$1,338		\$1,152	\$2,860	
65	\$1,035	\$2,084	\$900	\$1,893		\$1,734	\$3,814	
70	\$1,726	\$3,155	\$1,501	\$2,744		\$2,876	\$5,514	
75	\$3,084	\$5,098	\$2,681	\$4,433		\$5,033	\$8,578	
80	\$5,246	\$8,092	\$4,562	\$7,036		\$8,346	\$13,175	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Simple Inflation: On each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation: On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

☐ Important Company Notes:

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$366	\$1,099	\$305	\$915		\$484	\$1,453	
55	\$458	\$1,190	\$381	\$992		\$606	\$1,574	
60	\$610	\$1,434	\$509	\$1,195		\$807	\$1,897	
65	\$915	\$1,831	\$763	\$1,526		\$1,211	\$2,422	
70	\$1,404	\$2,386	\$1,170	\$1,989		\$1,857	\$3,157	
75	\$2,563	\$3,845	\$2,136	\$3,204		\$3,391	\$5,086	
80	\$3,967	\$5,752	\$3,306	\$4,794		\$5,247	\$7,609	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

730, 1095, 1460, 1825, 2555 or 3650 (No. of days) times the Nursing Facility Daily Benefit. 10 Yrs. Plan is also available

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

There are 7 automatic annual inflation protection options: Simple 1%, Simple 2%, Simple 3%, Simple 4%, Simple 5%, Simple 6% and Compound 5%. There are 3 Guaranteed Purchase Options: CPI-U, CPI-U + 1 and CPI-U + 2. With the CPI-U Guaranteed Purchase option, the policyowner receives annual offers to increase his benefits proportionally to the increase in the CPI-U over the past year (september last year to september 2 years prior). The increase in

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

20* Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$314	\$981	\$215	\$672	\$366	\$1,189
55	\$476	\$1,310	\$326	\$897	\$552	\$1,581
60	\$651	\$1,588	\$446	\$1,088	\$750	\$1,905
65	\$965	\$2,050	\$661	\$1,404	\$1,104	\$2,441
70	\$1,496	\$2,758	\$1,025	\$1,889	\$1,697	\$3,273
75	\$2,468	\$4,006	\$1,690	\$2,744	\$2,794	\$4,742
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☒ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$100 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available
☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ Important Company Notes

Waiver of Premium

None offered with this policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

100 Day Elimination Period. 3 year maximum policy benefit			100** Day Elimination Period. 3 year maximum policy benefit			100** Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	Not Available	\$580	\$1,020		Not Available	Not Available	
55	Not Available	Not Available	\$770	\$1,360		Not Available	Not Available	
60	Not Available	Not Available	\$970	\$1,710		Not Available	Not Available	
65	Not Available	Not Available	\$1,540	\$2,640		Not Available	Not Available	
70	Not Available	Not Available	\$2,820	\$4,530		Not Available	Not Available	
75	Not Available	Not Available	\$5,010	\$7,320		Not Available	Not Available	
80	Not Available	Not Available	\$9,000	\$11,740		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

Our Facility Care Benefit is monthly so it is 12 times the Facility Care benefit times the Benefit Period selected. Also, we offer 8 Yrs..

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Also offer 5% compound capped at 2 x monthly benefit originally selected. The Facility Care Benefit & remaining Maximum Benefit are increased by 5% annually.

Nursing Home Daily Benefit Amounts

\$900 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

We waive premium after 90 service days.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$409	\$1,095	\$349	\$936		\$572	\$1,797	
55	\$516	\$1,281	\$441	\$1,095		\$724	\$2,091	
60	\$696	\$1,601	\$595	\$1,369		\$976	\$2,556	
65	\$1,007	\$2,055	\$861	\$1,756		\$1,411	\$3,302	
70	\$1,634	\$2,990	\$1,397	\$2,556		\$2,290	\$4,556	
75	\$2,878	\$4,777	\$2,460	\$4,083		\$4,032	\$7,056	
80	\$4,198	\$6,507	\$3,588	\$5,562		\$5,882	\$9,412	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ Important Company Notes:
 3, 4 and 10 years

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes
Also inflation protection based on the CPI.

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

- ☒ Important Company Notes:
Indemnity based benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount. ☐ 80% ☐ 75%

- ☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$625	\$2,179	\$521	\$1,816		\$775	\$3,109	
55	\$795	\$2,557	\$662	\$2,131		\$992	\$3,587	
60	\$1,087	\$3,000	\$906	\$2,500		\$1,385	\$4,150	
65	\$1,636	\$3,868	\$1,363	\$3,223		\$2,118	\$5,362	
70	\$2,513	\$5,376	\$2,094	\$4,480		\$3,305	\$7,526	
75	\$4,147	\$7,415	\$3,456	\$6,179		\$5,500	\$10,473	
80	\$6,632	\$10,362	\$5,527	\$8,635		\$8,855	\$14,752	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:
 3, 4 and 10 years

Elimination Periods

☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes

Also inflation protection based on the CPI

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month]
 offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

☒ Important Company Notes:

Reimbursement based benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily
 Benefit Amount. ☐ 80% ☐ 75%

☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy
 with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$568	\$1,676	\$473	\$1,397	\$704	\$2,392
55	\$722	\$1,967	\$602	\$1,639	\$902	\$2,759
60	\$988	\$2,308	\$824	\$1,923	\$1,259	\$3,193
65	\$1,487	\$2,975	\$1,239	\$2,479	\$1,925	\$4,125
70	\$2,284	\$4,136	\$1,903	\$3,446	\$3,005	\$5,789
75	\$3,770	\$5,704	\$3,142	\$4,753	\$5,000	\$8,056
80	\$6,029	\$7,971	\$5,024	\$6,643	\$8,050	\$11,348

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes
Optional 5% simple increase rider, increases original daily benefit by 5% annually, optional 5% compound increase rider increases daily maximum by 5% compounded annually

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available
☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

- Represents the percentage of the Nursing Home Daily Benefit Amount.
- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

Provided after confinement in a nursing facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$252	\$631	\$210	\$526		\$324	\$810	
55	\$336	\$758	\$280	\$631		\$432	\$972	
60	\$449	\$898	\$374	\$748		\$576	\$1,152	
65	\$730	\$1,314	\$608	\$1,095		\$936	\$1,684	
70	\$1,207	\$1,992	\$1,006	\$1,660		\$1,548	\$2,554	
75	\$1,825	\$2,737	\$1,521	\$2,281		\$2,340	\$3,510	
80	\$3,229	\$4,520	\$2,691	\$3,767		\$4,140	\$5,796	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime

☒ Important Company Notes:

Additional 10-year period is available

Elimination Periods

☒ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Simple Inflation: On each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original dollar amount issued. Compound Inflation: On each policy anniversary, daily benefit amounts, as well as remaining benefit amount payable is increased by 5% compounded annually.

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$322	\$884	\$268	\$737		\$462	\$1,271	
55	\$388	\$917	\$324	\$764		\$558	\$1,317	
60	\$539	\$1,131	\$449	\$943		\$774	\$1,625	
65	\$731	\$1,381	\$609	\$1,151		\$1,050	\$1,985	
70	\$1,077	\$1,810	\$898	\$1,508		\$1,548	\$2,601	
75	\$2,151	\$3,398	\$1,792	\$2,832		\$3,090	\$4,882	
80	\$3,228	\$4,842	\$2,691	\$4,035		\$4,638	\$6,957	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:
2920 days is equivalent to 8 years

Elimination Periods

☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Also available are 3% and 4% compound inflation options. The Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Nursing Home Daily Benefit Amounts

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount. ☐ 80% ☐ 75%

☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$289	\$792	\$264	\$722		\$393	\$1,170
55	\$382	\$1,019	\$348	\$928		\$524	\$1,485
60	\$561	\$1,358	\$511	\$1,237		\$770	\$1,969
65	\$885	\$1,882	\$806	\$1,715		\$1,213	\$2,717
70	\$1,498	\$2,752	\$1,365	\$2,507		\$2,065	\$3,972
75	\$2,568	\$4,128	\$2,340	\$3,761		\$3,490	\$5,840
80	\$4,210	\$6,284	\$3,836	\$5,726		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☒ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Home Care Only Benefit Amounts

\$350 minimum to \$1400 maximum per [day, week or month] offered in increments of \$70.

- ☐ per day ☒ per week ☐ per month
☐ Important Company Notes: ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple
☒ Important Company Notes:

Also available are 3% and 4% compound inflation options. The Maximum Weekly Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

28* Day Elimination Period.			42** Day Elimination Period.			42** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$308	\$620	\$291	\$587		Not Available	Not Available
55	\$402	\$772	\$381	\$731		Not Available	Not Available
60	\$538	\$979	\$509	\$927		Not Available	Not Available
65	\$751	\$1,271	\$711	\$1,203		Not Available	Not Available
70	\$1,071	\$1,685	\$1,013	\$1,594		Not Available	Not Available
75	\$1,425	\$2,111	\$1,349	\$1,997		Not Available	Not Available
80	\$1,763	\$2,488	\$1,668	\$2,354		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90- day elimination period.]

This policy form is for Home Care Only. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ Important Company Notes:

Our Home and Community Care Benefit is monthly so it is 12 times the Home and Community Care benefit times the Benefit Period selected.

Elimination Periods

- ☒ 0 days ☒ 60 days
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Home Care Only Benefit Amounts

\$900 minimum to \$6000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ Important Company Notes: ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple
☒ Important Company Notes:

Also offer 5% compound capped at 2 x monthly benefit originally selected. The Home and Community Care Benefit & remaining Maximum Benefit are increased by 5% annually.

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period		90 Day Elimination Period	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$352	\$942	\$300	\$805	Not Available	Not Available
55	\$444	\$1,100	\$379	\$940	Not Available	Not Available
60	\$601	\$1,383	\$514	\$1,182	Not Available	Not Available
65	\$867	\$1,769	\$741	\$1,512	Not Available	Not Available
70	\$1,409	\$2,579	\$1,205	\$2,204	Not Available	Not Available
75	\$2,480	\$4,118	\$2,120	\$3,519	Not Available	Not Available
80	\$3,617	\$5,607	\$3,092	\$4,792	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Home Care Only. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☒ 0 days ☐ 60 days
☐ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Home Care Only Benefit Amounts

\$350 minimum to \$1400 maximum per [day, week or month] offered in increments of \$70.

- ☐ per day ☒ per week ☐ per month
☐ Important Company Notes: ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple
☒ Important Company Notes:

Also available are 3% and 4% compound inflation options. The Maximum Weekly Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Home Care Only Policy with a \$100 daily benefit amount.

28* Day Elimination Period.			42** Day Elimination Period.			42** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$346	\$697	\$327	\$659		Not Available	Not Available
55	\$452	\$868	\$428	\$821		Not Available	Not Available
60	\$605	\$1,100	\$572	\$1,041		Not Available	Not Available
65	\$844	\$1,428	\$799	\$1,351		Not Available	Not Available
70	\$1,203	\$1,893	\$1,138	\$1,791		Not Available	Not Available
75	\$1,602	\$2,371	\$1,515	\$2,244		Not Available	Not Available
80	\$1,980	\$2,795	\$1,874	\$2,645		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90- day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$350 maximum per [day, week or month] offered in increments of \$10.

- ☐ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$564	\$977	\$490	\$1,132		\$760	\$1,756	
55	\$702	\$1,494	\$610	\$1,299		\$930	\$1,981	
60	\$978	\$1,945	\$850	\$1,692		\$1,300	\$2,587	
65	\$1,415	\$2,645	\$1,230	\$2,300		\$1,890	\$3,534	
70	\$2,254	\$3,877	\$1,960	\$3,371		\$3,020	\$5,194	
75	\$3,876	\$5,968	\$3,370	\$5,190		\$5,160	\$7,946	
80	\$6,336	\$11,247	\$5,510	\$6,487		\$10,338	\$11,743	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☐ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$200 maximum per [day, week or month] offered in increments of \$0.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 100% ☐ 90% ☒ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums waived only after 60 day confinement in nursing home, and only as long as nursing home benefit continues to be paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			30** Day Elimination Period.		30** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$516	\$1,428	Not Available	Not Available	Not Available	Not Available
55	\$744	\$1,812	Not Available	Not Available	Not Available	Not Available
60	\$936	\$2,124	Not Available	Not Available	Not Available	Not Available
65	\$1,404	\$2,784	Not Available	Not Available	Not Available	Not Available
70	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
75	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums for the policy and attached riders will be waived after confined in a nursing facility or residential care facility for a period of 90 days- Any unearned premium is refunded on a prorata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$437	\$1,201	\$364	\$1,001		\$578	\$1,588	
55	\$527	\$1,244	\$439	\$1,037		\$698	\$1,646	
60	\$731	\$1,536	\$610	\$1,280		\$968	\$2,032	
65	\$992	\$1,875	\$827	\$1,563		\$1,313	\$2,481	
70	\$1,463	\$2,458	\$1,219	\$2,048		\$1,935	\$3,251	
75	\$2,920	\$4,614	\$2,433	\$3,845		\$3,863	\$6,103	
80	\$4,383	\$6,574	\$3,652	\$5,479		\$5,798	\$8,696	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$431	\$1,135	\$388	\$1,020		\$685	\$1,916	
55	\$571	\$1,429	\$514	\$1,285		\$903	\$2,375	
60	\$816	\$1,868	\$734	\$1,679		\$1,273	\$3,036	
65	\$1,230	\$2,505	\$1,106	\$2,251		\$1,887	\$3,994	
70	\$1,983	\$3,532	\$1,782	\$3,174		\$2,991	\$5,540	
75	\$3,184	\$5,045	\$2,862	\$4,535		\$4,666	\$7,663	
80	\$4,951	\$7,370	\$4,450	\$6,624		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90-day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis, including premiums paid during the 90-day waiting period. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$348	\$956	\$302	\$832		\$504	\$1,386
55	\$453	\$1,132	\$394	\$984		\$656	\$1,640
60	\$629	\$1,416	\$547	\$1,231		\$912	\$2,052
65	\$949	\$1,899	\$826	\$1,651		\$1,376	\$2,752
70	\$1,535	\$2,685	\$1,334	\$2,335		\$2,224	\$3,892
75	\$2,594	\$4,151	\$2,256	\$3,610		\$3,760	\$6,016
80	\$4,256	\$6,384	\$3,701	\$5,551		\$6,168	\$9,252

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums are waived after benefits have been paid for (90) consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$460	\$1,120	\$400	\$980		\$640	\$1,560	
55	\$620	\$1,430	\$540	\$1,250		\$860	\$2,000	
60	\$890	\$1,910	\$780	\$1,670		\$1,250	\$2,680	
65	\$1,390	\$2,640	\$1,220	\$2,320		\$1,890	\$3,580	
70	\$2,270	\$3,810	\$1,990	\$3,340		\$2,900	\$4,870	
75	\$3,920	\$6,040	\$3,440	\$5,300		\$5,150	\$7,930	
80	\$6,370	\$9,170	\$5,590	\$8,050		\$8,310	\$11,970	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

During a period of care, premiums are waived on monthly basis if: 1) certified as chronically ill ;2) have plan of care; 3) satisfied elimination period; & 4) receiving benefits. Surviving spouse/partner waiver waives prems. if have identical policies.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$381	\$994	\$340	\$887		\$640	\$1,670	
55	\$504	\$1,210	\$450	\$1,080		\$820	\$1,968	
60	\$750	\$1,576	\$670	\$1,407		\$1,240	\$2,604	
65	\$1,109	\$2,096	\$990	\$1,871		\$1,840	\$3,478	
70	\$1,758	\$2,901	\$1,570	\$2,591		\$2,910	\$4,802	
75	\$2,778	\$3,972	\$2,480	\$3,546		\$4,510	\$6,449	
80	\$4,592	\$5,924	\$4,100	\$5,289		\$7,470	\$9,636	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Policy Premiums will be waived after satisfying the Elimination Period

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$689	\$1,432	\$570	\$1,191		\$842	\$2,107	
55	\$826	\$1,597	\$656	\$1,300		\$1,029	\$2,561	
60	\$1,184	\$2,020	\$944	\$1,623		\$1,409	\$2,974	
65	\$1,689	\$2,745	\$1,374	\$2,307		\$2,066	\$4,048	
70	\$2,708	\$4,085	\$2,286	\$3,654		\$3,345	\$5,561	
75	\$4,572	\$6,600	\$3,941	\$6,114		\$5,500	\$8,740	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☒ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

We will waive any premium that becomes due after 12 days of covered Qualified Long Term Care services are provided during a Plan of Care. Days when covered services are received which are used to satisfy the Elimination Period can be used to satisfy the qualifications for this benefit. We will also refund the pro-rata portion of any premium You have paid for the period You qualify for waiver of premium. * Also have Dual Waiver of Premium as an Optional Rider.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

20* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$518	\$1,083	\$448	\$937		\$747	\$1,561	
55	\$643	\$1,280	\$556	\$1,107		\$913	\$1,817	
60	\$893	\$1,714	\$772	\$1,482		\$1,278	\$2,454	
65	\$1,296	\$2,385	\$1,121	\$2,062		\$1,801	\$3,314	
70	\$1,987	\$3,398	\$1,718	\$2,938		\$2,739	\$4,684	
75	\$3,466	\$5,302	\$2,996	\$4,584		\$4,764	\$7,289	
80	\$5,549	\$7,713	\$4,797	\$6,668		\$7,561	\$10,510	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70% ☒ See company's notes, pp 119-142

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$542	\$1,275	\$434	\$1,020		\$723	\$2,142
55	\$638	\$1,541	\$510	\$1,233		\$918	\$2,474
60	\$861	\$1,902	\$689	\$1,522		\$1,250	\$2,958
65	\$1,307	\$2,444	\$1,046	\$1,955		\$1,913	\$3,723
70	\$2,072	\$3,538	\$1,658	\$2,831		\$3,137	\$5,304
75	\$3,793	\$5,546	\$3,035	\$4,437		\$5,228	\$7,871
80	\$6,981	\$9,254	\$5,585	\$7,404		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$250 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

When benefit-eligible

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$442	\$1,551	\$395	\$1,384		\$677	\$2,379	
55	\$551	\$1,667	\$492	\$1,488		\$844	\$2,561	
60	\$713	\$1,843	\$637	\$1,645		\$1,094	\$2,833	
65	\$1,042	\$2,102	\$930	\$1,877		\$1,582	\$3,232	
70	\$1,679	\$2,925	\$1,499	\$2,612		\$2,560	\$4,482	
75	\$3,079	\$4,753	\$2,750	\$4,244		\$3,918	\$6,071	
80	\$4,427	\$6,147	\$3,953	\$5,488		\$5,645	\$7,858	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ See company's notes, pp 119-142

Waiver of Premium

Waiver available for NF, RCF, HHC w/ prem waived for life if NF-confined for 180 consec. days. Joint Waiver (spouse prem waived while insured NF-confined) and Survivorship (sps. prem waived for life upon death of insured) available to couples at add'l premium.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$584	\$1,670	\$479	\$1,372		\$988	\$2,827	
55	\$742	\$1,976	\$609	\$1,622		\$1,147	\$3,054	
60	\$920	\$2,213	\$755	\$1,818		\$1,552	\$3,735	
65	\$1,296	\$2,720	\$1,064	\$2,234		\$2,328	\$4,887	
70	\$2,027	\$3,653	\$1,665	\$3,001		\$3,686	\$6,643	
75	\$3,412	\$5,304	\$2,803	\$4,356		\$6,702	\$10,419	
80	Not Available	Not Available	\$4,760	\$6,598		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums due for the policy and any attached riders are waived after satisfaction of a 90 calendar day waiting period for facility confinement. Any unearned premium is refunded on a pro-rata basis. Premiums are waived until facility confinement ends. (7 calendar days counted for one or more days of confinement during a 7-day period)

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$380	\$1,046	\$331	\$910		\$525	\$1,444	
55	\$462	\$1,155	\$402	\$1,004		\$638	\$1,594	
60	\$652	\$1,467	\$567	\$1,276		\$900	\$2,025	
65	\$897	\$1,793	\$780	\$1,559		\$1,238	\$2,475	
70	\$1,467	\$2,567	\$1,276	\$2,233		\$2,025	\$3,544	
75	\$2,245	\$3,912	\$2,126	\$3,402		\$3,375	\$5,400	
80	\$4,238	\$6,357	\$3,686	\$5,528		\$5,850	\$8,775	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

premium waiver takes effect the day after the date the elimination period is met. It ends on the date the policyholder is no longer benefit eligible.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$633	\$1,021	\$550	\$888		\$1,000	\$1,738
55	\$863	\$1,409	\$750	\$1,225		\$1,375	\$2,363
60	\$1,236	\$2,013	\$1,075	\$1,750		\$1,925	\$3,313
65	\$1,840	\$2,961	\$1,600	\$2,575		\$2,863	\$4,900
70	\$2,717	\$4,212	\$2,363	\$3,663		\$4,183	\$7,038
75	\$4,758	\$6,914	\$4,138	\$6,013		\$7,388	\$11,813
80	\$6,799	\$9,071	\$5,913	\$7,888		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☐ per day ☐ per week ☒ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$615	\$1,391	\$534	\$1,210		\$9,849	\$2,412	
55	\$677	\$1,502	\$589	\$1,306		\$1,100	\$2,618	
60	\$955	\$1,871	\$830	\$1,627		\$1,538	\$3,343	
65	\$1,415	\$2,523	\$1,231	\$2,194		\$2,288	\$4,444	
70	\$2,320	\$3,798	\$2,018	\$3,303		\$3,732	\$6,403	
75	\$4,059	\$6,111	\$3,530	\$5,314		\$6,407	\$9,939	
80	\$6,672	\$9,569	\$5,802	\$8,321		\$10,311	\$15,121	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☐ 90 days ☒ Calendar Day
☐ 30 days ☒ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied)

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$931	\$2,273	\$810	\$1,977		Not Available	Not Available
55	\$1,039	\$2,457	\$903	\$2,137		Not Available	Not Available
60	\$1,460	\$3,042	\$1,270	\$2,645		Not Available	Not Available
65	\$2,153	\$4,069	\$1,872	\$3,538		Not Available	Not Available
70	\$3,515	\$6,070	\$3,057	\$5,278		Not Available	Not Available
75	\$6,174	\$9,686	\$5,369	\$8,423		Not Available	Not Available
80	\$10,002	\$14,772	\$8,697	\$12,846		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$90 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Takes effect upon benefit eligibility (after elimination period is satisfied).

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

20* Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$541	\$1,316	\$471	\$1,145		\$871	\$2,309	
55	\$594	\$1,422	\$517	\$1,236		\$973	\$2,505	
60	\$841	\$1,772	\$731	\$1,541		\$1,366	\$3,202	
65	\$1,252	\$2,313	\$1,089	\$2,081		\$2,046	\$4,262	
70	\$2,071	\$3,610	\$1,801	\$3,139		\$3,370	\$6,150	
75	\$3,676	\$5,818	\$3,196	\$5,060		\$5,870	\$9,562	
80	\$6,153	\$9,148	\$5,350	\$7,955		\$9,611	\$14,596	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on pro rata basis. Premiums are waived until facility confinement ends.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$407	\$1,221	\$339	\$1,017		\$538	\$1,615	
55	\$509	\$1,322	\$424	\$1,102		\$673	\$1,749	
60	\$678	\$1,594	\$565	\$1,328		\$897	\$2,108	
65	\$1,017	\$2,035	\$848	\$1,695		\$1,346	\$2,691	
70	\$1,560	\$2,652	\$1,300	\$2,210		\$2,063	\$3,507	
75	\$2,848	\$4,272	\$2,373	\$3,560		\$3,767	\$5,651	
80	\$4,408	\$6,391	\$3,673	\$5,326		\$5,830	\$8,454	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Lifetime WP if in NH 180 days; Joint WP and Survivorship WP are available at extra cost.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$540	\$1,562	\$421	\$1,217		\$898	\$2,596	
55	\$687	\$1,849	\$536	\$1,441		\$1,043	\$2,804	
60	\$852	\$2,070	\$664	\$1,613		\$1,411	\$3,430	
65	\$1,200	\$2,544	\$935	\$1,982		\$2,117	\$4,489	
70	\$1,878	\$3,418	\$1,463	\$2,663		\$3,352	\$6,101	
75	\$3,161	\$4,962	\$2,463	\$3,866		\$6,095	\$9,569	
80	Not Available	Not Available	\$4,183	\$5,856		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$449	\$1,387	\$378	\$1,168	\$631	\$1,950
55	\$698	\$1,767	\$586	\$1,482	\$923	\$2,335
60	\$1,004	\$2,129	\$840	\$1,781	\$1,242	\$2,633
65	\$1,416	\$2,563	\$1,186	\$2,146	\$1,693	\$3,065
70	\$2,173	\$3,629	\$1,789	\$2,988	\$2,512	\$4,194
75	\$3,756	\$6,085	\$3,062	\$4,961	\$4,248	\$6,882
80	Not Available	Not Available	\$5,303	\$7,583	\$7,514	\$10,746

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Confined Care premiums after the Elimination Period. Home Health Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$731	\$1,644	\$585	\$1,315		\$930	\$2,093	
55	\$849	\$1,851	\$679	\$1,481		\$1,080	\$2,354	
60	\$1,084	\$2,321	\$868	\$1,859		\$1,359	\$2,908	
65	\$1,603	\$3,191	\$1,283	\$2,553		\$2,034	\$4,048	
70	\$2,910	\$4,917	\$2,328	\$3,934		\$3,563	\$6,021	
75	\$4,814	\$7,125	\$3,851	\$5,700		\$5,877	\$8,697	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☐ 75%
☒ 70% ☒ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until no benefits are payable for 30 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$493	\$1,581	\$338	\$1,083		\$589	\$1,955	
55	\$740	\$2,083	\$507	\$1,427		\$873	\$2,550	
60	\$1,020	\$2,521	\$698	\$1,727		\$1,188	\$3,052	
65	\$1,509	\$3,235	\$1,033	\$2,215		\$1,734	\$3,870	
70	\$2,303	\$4,303	\$1,578	\$2,947		\$2,616	\$5,113	
75	\$3,985	\$6,489	\$2,730	\$4,444		\$4,517	\$7,697	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☐ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums will be waived once the policyowner has met the need for long-term care outlined in the contract.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

42* Day Elimination Period.			84** Day Elimination Period.			84** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$641	\$2,345	\$557	\$2,038		\$809	\$3,182	
55	\$789	\$2,504	\$686	\$2,176		\$1,004	\$3,384	
60	\$1,042	\$2,826	\$906	\$2,457		\$1,330	\$3,768	
65	\$1,424	\$3,306	\$1,238	\$2,874		\$1,819	\$4,365	
70	\$2,261	\$4,505	\$1,966	\$3,917		\$2,887	\$5,895	
75	\$3,726	\$6,429	\$3,240	\$5,591		\$4,733	\$8,337	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums will be waived when there are 91 days on which Qualifying Expenses are incurred OR the Elimination Period is met, if sooner.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

45* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$641	\$2,345	\$557	\$2,038		\$809	\$3,182	
55	\$789	\$2,504	\$686	\$2,176		\$1,004	\$3,384	
60	\$1,042	\$2,826	\$906	\$2,457		\$1,330	\$3,768	
65	\$1,424	\$3,306	\$1,238	\$2,874		\$1,819	\$4,365	
70	\$2,261	\$4,505	\$1,966	\$3,917		\$2,887	\$5,895	
75	\$3,726	\$6,429	\$3,240	\$5,591		\$4,733	\$8,337	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$509	\$1,104	\$482	\$1,047		\$774	\$1,547	
55	\$605	\$1,238	\$573	\$1,174		\$910	\$1,775	
60	\$835	\$1,565	\$792	\$1,483		\$1,219	\$2,339	
65	\$1,200	\$2,131	\$1,138	\$2,020		\$1,784	\$3,294	
70	\$1,882	\$3,149	\$1,784	\$2,985		\$2,839	\$4,841	
75	\$3,322	\$5,107	\$3,149	\$4,841		\$5,023	\$8,108	
80	\$6,499	\$9,034	\$6,161	\$8,563		\$10,065	\$14,970	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☒ Calendar Day
☐ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$304	\$617
55	Not Available	Not Available	Not Available	Not Available	\$332	\$674
60	Not Available	Not Available	Not Available	Not Available	\$443	\$837
65	Not Available	Not Available	Not Available	Not Available	\$753	\$1,288
70	Not Available	Not Available	Not Available	Not Available	\$1,273	\$1,973
75	Not Available	Not Available	Not Available	Not Available	\$2,053	\$2,915
80	Not Available	Not Available	Not Available	Not Available	\$3,407	\$4,634

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$573	\$1,438	\$490	\$1,229		\$803	\$2,360	
55	\$725	\$1,681	\$619	\$1,437		\$1,015	\$2,751	
60	\$976	\$2,099	\$834	\$1,794		\$1,368	\$3,365	
65	\$1,413	\$2,699	\$1,208	\$2,307		\$1,980	\$4,336	
70	\$2,292	\$3,919	\$1,959	\$3,350		\$3,211	\$5,973	
75	\$4,036	\$6,256	\$3,450	\$5,347		\$5,656	\$9,275	
80	\$5,889	\$8,539	\$5,033	\$7,298		\$8,251	\$12,377	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$777	\$2,453	\$647	\$2,044		\$1,262	\$3,604	
55	\$966	\$2,919	\$805	\$2,432		\$1,501	\$4,262	
60	\$1,311	\$3,457	\$1,092	\$289		\$1,941	\$5,017	
65	\$2,005	\$4,383	\$1,671	\$3,652		\$2,890	\$6,409	
70	\$3,101	\$5,861	\$2,584	\$4,884		\$4,420	\$8,795	
75	\$5,068	\$8,044	\$4,224	\$6,703		\$7,271	\$12,163	
80	\$7,953	\$11,120	\$6,627	\$9,267		\$11,387	\$16,838	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$1,200	\$3,962	\$1,000	\$3,302		\$1,951	\$5,821	
55	\$1,493	\$4,715	\$1,244	\$3,929		\$2,320	\$6,884	
60	\$2,026	\$5,584	\$1,688	\$4,653		\$2,999	\$8,105	
65	\$3,098	\$7,080	\$2,582	\$5,900		\$4,466	\$10,352	
70	\$4,793	\$9,467	\$3,994	\$7,889		\$6,831	\$14,208	
75	\$7,833	\$12,994	\$6,528	\$10,828		\$11,238	\$19,648	
80	\$12,290	\$17,964	\$10,242	\$14,970		\$17,598	\$27,200	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$706	\$1,887	\$588	\$1,572		\$1,147	\$2,772	
55	\$878	\$2,245	\$732	\$1,871		\$1,365	\$3,278	
60	\$1,192	\$2,659	\$993	\$2,216		\$1,764	\$3,895	
65	\$1,822	\$3,371	\$1,519	\$2,810		\$2,627	\$4,930	
70	\$2,819	\$4,508	\$2,349	\$3,757		\$4,018	\$6,766	
75	\$4,608	\$6,179	\$3,840	\$5,156		\$6,610	\$9,356	
80	\$7,230	\$8,554	\$6,025	\$7,128		\$10,352	\$12,953	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☐ 90 days ☐ Calendar Day
☒ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$75 minimum to \$400 maximum per [day, week or month] offered in increments of \$25.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums are waived after 90 days of Qualified LTC Services. The days do not have to be consecutive but they can not be separated by more than 15 consecutive days.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period. 3 Year Maximum Policy Benefit			Day Elimination Period. 3 Year Maximum Policy Benefit			Day Elimination Period. Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$445	\$1,102	\$414	\$1,019		\$693	\$1,584	
55	\$579	\$1,298	\$525	\$1,197		\$908	\$1,906	
60	\$818	\$1,630	\$739	\$1,498		\$1,294	\$2,495	
65	\$1,169	\$2,125	\$1,053	\$1,933		\$1,867	\$3,360	
70	\$2,083	\$3,306	\$1,869	\$2,991		\$3,203	\$5,159	
75	\$3,433	\$5,118	\$3,041	\$4,573		\$5,356	\$7,829	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days TYPE
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Begins the day after Elimination Period is satisfied. Joint and Survivor Waivers of Premium are available as riders for an additional charge.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

0* Day Elimination Period.			0** Day Elimination Period.			0** Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$727	\$1,645	\$581	\$1,316		Not Available	Not Available
55	\$916	\$1,953	\$733	\$1,562		Not Available	Not Available
60	\$1,156	\$2,318	\$925	\$1,854		Not Available	Not Available
65	\$1,695	\$3,088	\$1,356	\$2,471		Not Available	Not Available
70	\$2,834	\$4,647	\$2,267	\$3,718		Not Available	Not Available
75	\$5,023	\$7,513	\$4,019	\$6,010		Not Available	Not Available
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

[** Carrier does not offer a 90-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Provided after confinement in a nursing facility or residential care facility for a period of 90 days, days need not be consecutive.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$315	\$789	\$263	\$658		\$405	\$1,012	
55	\$421	\$947	\$351	\$789		\$540	\$1,215	
60	\$561	\$1,123	\$468	\$936		\$720	\$1,440	
65	\$912	\$1,642	\$760	\$1,368		\$1,170	\$2,106	
70	\$1,509	\$2,490	\$1,257	\$2,075		\$1,935	\$3,192	
75	\$2,281	\$3,422	\$1,901	\$2,851		\$2,925	\$4,387	
80	\$4,036	\$5,651	\$3,363	\$4,709		\$5,175	\$7,245	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums for the policy and attached riders will be waived after confinement in a nursing/residential facility for a period of 90 days. Any unearned premium is refunded on pro rata basis. Premiums are waived until facility confinement ends.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$402	\$1,105	\$335	\$921		\$578	\$1,588	
55	\$485	\$1,146	\$405	\$955		\$698	\$1,646	
60	\$673	\$1,414	\$561	\$1,178		\$968	\$2,032	
65	\$914	\$1,727	\$761	\$1,439		\$1,313	\$2,481	
70	\$1,347	\$2,263	\$1,122	\$1,885		\$1,935	\$3,251	
75	\$2,688	\$4,248	\$2,240	\$3,540		\$3,863	\$6,103	
80	\$4,035	\$6,053	\$3,362	\$5,044		\$5,798	\$8,627	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Automatically applies when qualifications are met. Will not apply when insured is receiving the Alternative Payment Benefit.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$589	\$1,685	\$484	\$1,384		\$1,008	\$2,883
55	\$749	\$1,994	\$615	\$1,637		\$1,169	\$3,115
60	\$928	\$2,233	\$762	\$1,834		\$1,583	\$3,809
65	\$1,307	\$2,744	\$1,074	\$2,254		\$2,375	\$4,985
70	\$2,046	\$3,687	\$1,680	\$3,028		\$3,760	\$6,776
75	\$3,443	\$5,352	\$2,828	\$4,396		\$6,837	\$10,627
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☒ 80% ☐ 75%
☐ 70% ☒ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the Elimination Period will be refunded.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$425	\$1,059	\$354	\$882		\$677	\$1,685	
55	\$521	\$1,158	\$425	\$965		\$812	\$1,803	
60	\$745	\$1,445	\$621	\$1,204		\$1,124	\$2,181	
65	\$1,166	\$2,029	\$972	\$1,691		\$1,691	\$2,943	
70	\$1,879	\$2,932	\$1,566	\$2,443		\$2,695	\$4,205	
75	\$3,110	\$4,354	\$2,591	\$3,628		\$4,406	\$6,168	
80	Not Available	Not Available	\$4,106	\$5,296		\$6,921	\$8,928	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$8000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☒ 80% ☐ 75%
☐ 70% ☒ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived. Premium paid for the Elimination Period will be refunded.

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$675	\$1,682	\$563	\$1,402		\$1,169	\$2,912
55	\$865	\$1,920	\$721	\$1,600		\$1,496	\$3,321
60	\$1,283	\$2,488	\$1,069	\$2,074		\$2,213	\$4,294
65	\$2,026	\$3,524	\$1,688	\$2,937		\$3,498	\$6,087
70	\$3,060	\$4,774	\$2,550	\$3,978		\$5,324	\$8,305
75	\$4,767	\$6,674	\$3,973	\$5,562		\$8,346	\$11,685
80	Not Available	Not Available	\$5,860	\$7,560		\$12,510	\$16,138

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums waived after 90 days of receiving covered services, regardless if the elimination period has been satisfied. Premium is waived for the entire policy, including any attached riders and spouse's premium if covered under the same policy.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$457	\$1,203	\$411	\$1,082		\$726	\$2,031
55	\$606	\$1,515	\$544	\$1,362		\$957	\$2,517
60	\$865	\$1,980	\$778	\$1,780		\$1,349	\$3,218
65	\$1,304	\$2,655	\$1,172	\$2,386		\$2,000	\$4,233
70	\$2,102	\$3,743	\$1,889	\$3,365		\$3,170	\$5,872
75	\$3,375	\$5,348	\$3,034	\$4,807		\$4,946	\$8,122
80	\$5,248	\$7,812	\$4,717	\$7,022		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$40 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

For Confined Care, prems are waived after 90 consecutive day of confinement beyond the Elim Period. For Home Care, prems are waived after covered home care services are rec'd on a regular basis (at least 3 days out of every 7) for 90 consecutive days beyond the Elim Pd.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$499	\$1,543	\$416	\$1,287	\$695	\$2,147
55	\$776	\$1,964	\$643	\$1,627	\$1,016	\$2,571
60	\$1,116	\$2,366	\$923	\$1,956	\$1,366	\$2,895
65	\$1,574	\$2,850	\$1,303	\$2,359	\$1,862	\$3,371
70	\$2,416	\$4,034	\$1,968	\$3,287	\$2,762	\$4,613
75	\$4,171	\$6,757	\$3,368	\$5,457	\$4,673	\$7,570
80	Not Available	Not Available	\$5,832	\$8,340	\$8,266	\$11,820

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Confined care premiums are waived after the Elimination Period. Home Care premiums are waived after covered home services are received on a regular basis (at least 8 days per month) beyond the Elimination Period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$635	\$1,430	\$508	\$1,144		\$809	\$1,820	
55	\$739	\$1,610	\$591	\$1,288		\$939	\$2,047	
60	\$943	\$2,018	\$754	\$1,614		\$1,182	\$2,529	
65	\$1,394	\$2,775	\$1,115	\$2,220		\$1,769	\$3,520	
70	\$2,530	\$4,276	\$2,024	\$3,421		\$3,097	\$5,235	
75	\$4,186	\$6,196	\$3,349	\$4,957		\$5,110	\$7,563	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☒ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

If benefits are received for 90 continuous day for confinement to a Nursing Facility or Residential Care Facility and/or for Homemaker Services, Home Health Care, Personal Care, Adult Day Care or Hospice Services on a regular basis, (a regular basis is five days or more per week), we will waive the payment of premiums for the Policy and any attached riders.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			100** Day Elimination Period.			100** Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$634	\$1,392	\$601	\$1,320		\$983	\$1,966	
55	\$768	\$1,584	\$728	\$1,502		\$1,147	\$2,248	
60	\$1,056	\$1,987	\$1,001	\$1,884		\$1,547	\$2,976	
65	\$1,517	\$2,707	\$1,438	\$2,566		\$2,266	\$4,186	
70	\$2,400	\$3,994	\$2,275	\$3,786		\$3,604	\$6,133	
75	\$4,224	\$6,480	\$4,004	\$6,143		\$6,379	\$10,301	
80	\$8,266	\$11,482	\$7,835	\$10,884		\$12,786	\$19,010	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☒ Calendar Day
☐ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$300 maximum per [day, week or month] offered in increments of \$25.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

The insured must receive long term care benefits for 90 days before premiums are waived. Waived benefits will continue as long as the insured is receiving long term care benefits.

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit		Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	Not Available	Not Available	Not Available	\$312	\$633
55	Not Available	Not Available	Not Available	Not Available	\$341	\$692
60	Not Available	Not Available	Not Available	Not Available	\$455	\$860
65	Not Available	Not Available	Not Available	Not Available	\$774	\$1,324
70	Not Available	Not Available	Not Available	Not Available	\$1,309	\$2,029
75	Not Available	Not Available	Not Available	Not Available	\$2,111	\$2,998
80	Not Available	Not Available	Not Available	Not Available	\$3,502	\$4,762

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is an Individual type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$12000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

We waive premium 180 calendar days after eligible for benefits. This applies to both Facility Care and Home and Community Care and does not require any out of pocket expense.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$642	\$1,612	\$549	\$1,378		\$900	\$2,646
55	\$812	\$1,884	\$694	\$1,610		\$1,138	\$3,083
60	\$1,095	\$2,353	\$936	\$2,011		\$1,534	\$3,773
65	\$1,583	\$3,023	\$1,353	\$2,584		\$2,218	\$4,857
70	\$2,569	\$4,394	\$2,196	\$3,755		\$3,600	\$6,696
75	\$4,519	\$7,005	\$3,863	\$5,987		\$6,332	\$10,385
80	\$6,595	\$9,563	\$5,637	\$8,174		\$9,241	\$13,862

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

2920 is equivalent to 8 years

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

Simple inflation is limited to issue ages 70-89. The Maximum Daily Benefit Amount and the Maximum Benefit Amount per claim episode are increased each policy anniversary by the selected inflation option without regard to claims paid. Premiums remain level.

Nursing Home Daily Benefit Amounts

\$130 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Policy premiums, including any attached riders, are waived after the elimination period, if any, is satisfied.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$130 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$777	Not Available	\$708	Not Available	\$1,147
55	Not Available	\$999	Not Available	\$910	Not Available	\$1,456
60	Not Available	\$1,332	Not Available	\$1,213	Not Available	\$1,930
65	Not Available	\$1,845	Not Available	\$1,681	Not Available	\$2,664
70	Not Available	\$2,698	Not Available	\$2,458	Not Available	\$3,894
75	Not Available	\$4,047	Not Available	\$3,687	Not Available	\$5,725
80	Not Available	\$6,161	Not Available	\$5,614	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

365, 750, 1095, 1460, 1825, 2555(No. of days) times the Nursing Facility Daily Benefit. The 1 Yr Benefit Period not applicable with 45 or 90 day Elimination Period

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☐ Important Company Notes
 5% Compound Inflation is included as part of base policy for all ages.

Nursing Home Daily Benefit Amounts

\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied).

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$130 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 year maximum policy benefit			3 year maximum policy benefit		Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,485	Not Available	\$1,314	Not Available	\$2,732
55	Not Available	\$1,603	Not Available	\$1,419	Not Available	\$2,964
60	Not Available	\$2,004	Not Available	\$1,774	Not Available	\$3,793
65	Not Available	\$2,716	Not Available	\$2,403	Not Available	\$5,058
70	Not Available	\$4,111	Not Available	\$3,638	Not Available	\$7,311
75	Not Available	\$6,642	Not Available	\$5,878	Not Available	\$11,374
80	Not Available	\$10,543	Not Available	\$9,330	Not Available	\$17,470

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Nursing Home and Residential Care Facility Only. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

182, 365, 730, 1095, 1460, 1825, 2555 or 3650 (No. of days) times the Nursing Facility Daily Benefit. A 10 Year Plan is also available. And a half-year plan is also available as a downgrade option.

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ Important Company Notes

The Simple 5% Inflation option is only available to Insureds issued at age 70 and above. Each Policyowner must choose either Simple 5% or Compound 5% Automatic Inflation Protection.

Nursing Home Daily Benefit Amounts

\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until benefits are no longer being received.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$130 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$961	Not Available	\$672	Not Available	\$1,189
55	Not Available	\$1,283	Not Available	\$897	Not Available	\$1,581
60	Not Available	\$1,556	Not Available	\$1,088	Not Available	\$1,905
65	Not Available	\$2,008	Not Available	\$1,404	Not Available	\$2,441
70	Not Available	\$2,702	Not Available	\$1,889	Not Available	\$3,273
75	Not Available	\$3,923	Not Available	\$2,744	Not Available	\$4,742
80	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

Also 3, 4 and 10 years

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes

Also inflation protection based on CPI

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month

☐ Not Available

☒ Important Company Notes:

Indemnity benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$130 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$482	\$2,099	\$385	\$1,681	\$752	\$2,963
55	\$666	\$2,657	\$533	\$2,128	\$994	\$3,730
60	\$940	\$3,402	\$752	\$2,722	\$1,350	\$4,741
65	\$1,458	\$4,410	\$1,166	\$3,528	\$2,070	\$6,318
70	\$2,225	\$6,052	\$1,782	\$4,842	\$3,074	\$8,716
75	\$3,740	\$8,377	\$2,992	\$6,700	\$5,112	\$12,006
80	\$6,278	\$12,301	\$5,022	\$9,839	\$8,338	\$17,168

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

Also 3, 4 and 10 years

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☒ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes

Also inflation protection based on CPI

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$9000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month

☐ Not Available

☒ Important Company Notes:

Reimbursement benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☐ 80% ☐ 75%
☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premiums will be waived. Premium paid for the Elimination Period will be refunded upon waiver approval.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$130 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$461	\$1,616	\$367	\$1,292	\$716	\$2,279
55	\$634	\$2,045	\$508	\$1,634	\$947	\$2,869
60	\$896	\$2,617	\$716	\$2,092	\$1,285	\$3,647
65	\$1,390	\$3,391	\$1,112	\$2,714	\$1,973	\$4,860
70	\$2,120	\$4,655	\$1,696	\$3,722	\$2,930	\$6,707
75	\$3,564	\$6,444	\$2,851	\$5,155	\$4,871	\$9,238
80	\$5,980	\$9,461	\$4,784	\$7,571	\$7,942	\$13,205

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

Elimination Periods

☒ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$130 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70%

Waiver of Premium

For facility type benefits, premiums are waived after the elimination period, if any, is satisfied. For HHC type benefits, premiums are waived after 90 days of receiving covered services. Premium for any attached riders are also waived.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	\$1,135	Not Available	\$1,020		Not Available	\$1,916	
55	Not Available	\$1,429	Not Available	\$1,285		Not Available	\$2,375	
60	Not Available	\$1,868	Not Available	\$1,679		Not Available	\$3,036	
65	Not Available	\$2,505	Not Available	\$2,251		Not Available	\$3,994	
70	Not Available	\$3,532	Not Available	\$3,174		Not Available	\$5,540	
75	Not Available	\$5,045	Not Available	\$4,535		Not Available	\$7,663	
80	Not Available	\$7,370	Not Available	\$6,624		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☐ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70%

Waiver of Premium

Policy Premiums will be waived after satisfying the Elimination Period

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	\$1,432	Not Available	\$1,191		Not Available	\$2,107	
55	Not Available	\$1,597	Not Available	\$1,300		Not Available	\$2,561	
60	Not Available	\$2,020	Not Available	\$1,623		Not Available	\$2,974	
65	Not Available	\$2,745	Not Available	\$2,307		Not Available	\$4,048	
70	Not Available	\$4,085	Not Available	\$3,654		Not Available	\$5,561	
75	Not Available	\$6,600	Not Available	\$6,114		Not Available	\$8,740	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime

Elimination Periods

☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$110 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

☒ per day ☐ per week ☐ per month

☐ Not Available

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70% ☐ 60% ☐ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70%

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	\$1,275	Not Available	\$1,020		Not Available	\$2,142	
55	Not Available	\$1,541	Not Available	\$1,233		Not Available	\$2,474	
60	Not Available	\$1,902	Not Available	\$1,522		Not Available	\$2,958	
65	Not Available	\$2,444	Not Available	\$1,955		Not Available	\$3,723	
70	Not Available	\$3,538	Not Available	\$2,831		Not Available	\$5,304	
75	Not Available	\$5,546	Not Available	\$4,437		Not Available	\$7,871	
80	Not Available	\$9,254	Not Available	\$7,404		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime

Elimination Periods

☐ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$100 minimum to \$300 maximum per [day, week or month] offered in increments of \$50.

☒ per day ☐ per week ☐ per month

☐ Not Available

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70%

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy
with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$366	\$947	\$305	\$764		Not Available	Not Available
55	\$468	\$1,116	\$390	\$872		Not Available	Not Available
60	\$602	\$1,465	\$498	\$1,135		Not Available	Not Available
65	\$939	\$1,817	\$769	\$1,420		Not Available	Not Available
70	\$1,610	\$2,878	\$1,320	\$2,266		Not Available	Not Available
75	\$3,025	\$4,572	\$2,459	\$3,628		Not Available	Not Available
80	\$5,683	\$7,429	\$4,546	\$5,943		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

Elimination Periods

☐ 0 days ☐ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$10.

☐ per day ☐ per week ☒ per month
☐ Not Available

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70%

Waiver of Premium

Takes effect upon benefit eligibility(after elimination period is satisfied).

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	\$1,812	Not Available	\$1,604		Not Available	\$3,199	
55	Not Available	\$1,957	Not Available	\$1,732		Not Available	\$3,471	
60	Not Available	\$2,438	Not Available	\$2,157		Not Available	\$4,433	
65	Not Available	\$3,287	Not Available	\$2,909		Not Available	\$5,893	
70	Not Available	\$4,949	Not Available	\$4,380		Not Available	\$8,490	
75	Not Available	\$7,962	Not Available	\$7,046		Not Available	\$13,179	
80	Not Available	\$12,468	Not Available	\$11,034		Not Available	\$20,049	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

Elimination Periods

☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$130 minimum to \$400 maximum per [day, week or month] offered in increments of \$1.

☒ per day ☐ per week ☐ per month
☐ Not Available

Inflation Protection

☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☒ 90% ☒ 80% ☐ 75%
☒ 70% ☒ 60% ☒ 50%

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

☒ 100% ☐ 90% ☐ 80% ☐ 75%
☒ 70%

Waiver of Premium

Premiums will be waived beginning on the first day that benefits are payable after the Waiting Period has been satisfied. Premiums will continue to be waived until benefits are no longer being received.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$130 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	Not Available	\$1,372	Not Available	\$1,083		Not Available	\$1,955	
55	Not Available	\$1,812	Not Available	\$1,427		Not Available	\$2,550	
60	Not Available	\$2,194	Not Available	\$1,727		Not Available	\$3,052	
65	Not Available	\$2,819	Not Available	\$2,215		Not Available	\$3,870	
70	Not Available	\$3,760	Not Available	\$2,947		Not Available	\$5,113	
75	Not Available	\$5,624	Not Available	\$4,444		Not Available	\$7,697	
80	Not Available	Not Available	Not Available	Not Available		Not Available	Not Available	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

1095, 1460, 1825, 2190, 2555 (No. of days) times the Nursing Facility Daily Benefit. 10 Yrs. also available.

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☒ Important Company Notes:

These services are reimbursed up to 100% of the daily benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$192	\$625	\$185	\$600	\$324	\$1,091
55	\$301	\$840	\$289	\$807	\$491	\$1,411
60	\$477	\$1,135	\$458	\$1,090	\$748	\$1,830
65	\$778	\$1,574	\$747	\$1,510	\$1,167	\$2,426
70	\$1,268	\$2,214	\$1,216	\$2,122	\$1,887	\$3,387
75	\$2,058	\$3,150	\$1,971	\$3,016	\$3,038	\$4,779
80	\$3,291	\$4,503	\$3,149	\$4,306	\$4,814	\$6,766

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime

☒ Important Company Notes:

1095, 1460, 1825, 2190, 2555 (No. of days) times the Nursing Facility Daily Benefit. 10 Yrs. also available.

Elimination Periods

- ☐ 0 days ☐ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ Important Company Notes

Nursing Home Daily Benefit Amounts

\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month

☐ Not Available

☒ Important Company Notes:

These services are reimbursed up to 100% of the daily benefit

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☐ Important Company Notes

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit		90 Day Elimination Period. Lifetime benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	\$185	\$600	\$168	\$545	\$295	\$993
55	\$289	\$807	\$261	\$731	\$445	\$1,283
60	\$458	\$1,090	\$413	\$986	\$676	\$1,661
65	\$747	\$1,510	\$671	\$1,364	\$1,050	\$2,197
70	\$1,216	\$2,122	\$1,088	\$1,912	\$1,692	\$3,059
75	\$1,971	\$3,016	\$1,758	\$2,711	\$2,714	\$4,303
80	\$3,149	\$4,306	\$2,800	\$3,858	\$4,285	\$6,068

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Nursing Home and Residential Care Facility Only. The policy is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ Important Company Notes:

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ Important Company Notes
Also 5% Compound and Simple capped at 200% of the original monthly benefit amount.

Nursing Home Daily Benefit Amounts

\$1000 minimum to \$6000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ Not Available
☐ Important Company Notes:

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount. ☐ 80% ☐ 75%

- ☒ 100% ☐ 90%
☐ 70% ☐ Important Company Notes

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived.

Annual premium amount for Nursing Home and Residential Care Facility Only Policy with a \$100 daily benefit amount.

30 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. 3 year maximum policy benefit			90 Day Elimination Period. Lifetime benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$160	\$449	\$139	\$399		\$231	\$643	
55	\$227	\$567	\$202	\$504		\$319	\$802	
60	\$353	\$752	\$311	\$668		\$487	\$1,037	
65	\$626	\$1,172	\$554	\$1,037		\$844	\$1,579	
70	\$1,079	\$1,777	\$958	\$1,575		\$1,441	\$2,381	
75	\$2,003	\$2,982	\$1,777	\$2,646		\$2,633	\$3,923	
80	\$3,247	\$4,448	\$2,877	\$3,944		\$4,221	\$5,779	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☐ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$350 maximum per [day, week or month] offered in increments of \$1.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums waived upon satisfaction of the elimination period. Payments resume at end of each benefit period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$351	\$1,159	\$302	\$1,012		Not Available	Not Available
55	\$513	\$1,450	\$439	\$1,263		Not Available	Not Available
60	\$799	\$1,936	\$684	\$1,678		Not Available	Not Available
65	\$1,288	\$2,656	\$1,095	\$2,288		Not Available	Not Available
70	\$2,027	\$3,460	\$1,714	\$2,957		Not Available	Not Available
75	\$3,196	\$4,597	\$2,674	\$3,890		Not Available	Not Available
80	\$5,196	\$6,479	\$4,271	\$5,386		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days **TYPE**
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☐ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

We will waive premiums starting with the first premium due after the Waiting Period. We will continue to waive premiums until the first of the month following the end of the Plan of Care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$308	\$1,404	\$290	\$1,325		\$488	\$2,446	
55	\$416	\$1,596	\$392	\$1,506		\$661	\$2,757	
60	\$591	\$1,945	\$558	\$1,835		\$901	\$3,196	
65	\$848	\$2,356	\$800	\$2,223		\$1,245	\$3,755	
70	\$1,375	\$3,069	\$1,297	\$2,895		\$2,126	\$5,199	
75	\$2,145	\$3,967	\$2,024	\$3,742		\$3,478	\$7,001	
80	\$3,089	\$4,800	\$2,914	\$4,529		\$5,052	\$8,416	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☒ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$ maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$243	\$711	\$221	\$648		\$402	\$1,132	
55	\$360	\$900	\$328	\$820		\$582	\$1,435	
60	\$540	\$1,179	\$492	\$1,074		\$861	\$1,853	
65	\$828	\$1,566	\$754	\$1,427		\$1,296	\$2,435	
70	\$1,251	\$2,079	\$1,140	\$1,894		\$1,943	\$3,214	
75	\$1,881	\$2,754	\$1,714	\$2,509		\$2,911	\$4,231	
80	\$2,862	\$3,726	\$2,608	\$3,395		\$4,428	\$5,724	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ See company's notes, pp 119-142

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$448	\$1,116	\$436	\$1,082		\$678	\$1,726	
55	\$665	\$1,463	\$648	\$1,419		\$980	\$2,189	
60	\$992	\$1,928	\$966	\$1,869		\$1,416	\$2,785	
65	\$1,522	\$2,599	\$1,483	\$2,520		\$2,097	\$3,620	
70	\$2,335	\$3,557	\$2,274	\$3,448		\$3,214	\$4,956	
75	\$3,609	\$4,959	\$3,513	\$4,804		\$4,931	\$6,878	
80	\$5,689	\$7,129	\$5,533	\$6,898		\$7,693	\$9,810	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☐ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☒ 6 Yrs. ☒ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☐ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$75 minimum to \$300 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☒ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☐ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ 60% ☒ 50%
☒ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☒ 90% ☒ 80% ☒ 75%
☒ 70% ☒ See company's notes, pp 119-142

Waiver of Premium

Premium payments are waived the first of the month coincident with or following the date the waiting period is fulfilled and the insured is chronically ill. Premium payments would resume on the first of the month after the insured is no longer eligible for benefits.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$436	\$1,082	\$389	\$975		\$606	\$1,558	
55	\$648	\$1,419	\$578	\$1,278		\$875	\$1,975	
60	\$966	\$1,869	\$863	\$1,683		\$1,264	\$2,512	
65	\$1,483	\$2,520	\$1,323	\$2,268		\$1,871	\$3,262	
70	\$2,274	\$3,448	\$2,028	\$3,098		\$2,864	\$4,459	
75	\$3,513	\$4,804	\$3,127	\$4,308		\$4,388	\$6,175	
80	\$5,533	\$6,898	\$4,906	\$6,159		\$6,821	\$8,769	

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☒ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days
☐ 20 days ☒ 90 days ☒ Calendar Day
☒ 30 days ☐ 100 days ☐ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$500 maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☒ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums are waived beginning the first day of the month after benefits are paid.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$246	\$794	\$218	\$702		Not Available	Not Available
55	\$360	\$1,039	\$319	\$919		Not Available	Not Available
60	\$527	\$1,360	\$466	\$1,203		Not Available	Not Available
65	\$794	\$1,626	\$702	\$1,439		Not Available	Not Available
70	\$1,193	\$2,161	\$1,056	\$1,912		Not Available	Not Available
75	\$2,007	\$3,185	\$1,776	\$2,819		Not Available	Not Available
80	\$3,408	\$4,859	\$3,016	\$4,300		Not Available	Not Available

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☐ 4 Yrs.
☐ 5 Yrs. ☒ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☐ 0 days ☒ 60 days ☐ TYPE
☐ 20 days ☒ 90 days ☐ Calendar Day
☒ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$1500 minimum to \$6000 maximum per [day, week or month] offered in increments of \$100.

- ☐ per day ☐ per week ☒ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☐ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☒ 75%
☐ 70% ☐ 60% ☒ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

After satisfaction of the Elimination Period and receiving benefits, premium will be waived.

**Annual premium amount for Comprehensive Long-Term Care Policy
with a \$100 daily benefit amount.**

30 Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.	
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection
50	\$263	\$626	\$230	\$558		\$439	\$1,022
55	\$335	\$724	\$299	\$644		\$544	\$1,148
60	\$446	\$875	\$396	\$774		\$716	\$1,364
65	\$688	\$1,228	\$608	\$1,087		\$1,069	\$1,868
70	\$1,112	\$1,786	\$986	\$1,584		\$1,721	\$2,707
75	\$1,987	\$2,909	\$1,760	\$2,578		\$2,999	\$4,324
80	\$3,110	\$4,216	\$2,758	\$3,737		\$4,648	\$6,224

Refer to Rate History Section for information on premium increases for this company.

This policy form is for Comprehensive Long-Term Care. This is a Group type policy and is classified as Non-Tax Qualified.

Maximum Policy Benefit Amounts

- ☐ 1 Yr. ☒ 2 Yrs. ☒ 3 Yrs. ☒ 4 Yrs.
☒ 5 Yrs. ☐ 6 Yrs. ☐ 7 Yrs. ☒ Lifetime
☐ See company's notes, pp 119-142

Elimination Periods

- ☒ 0 days ☒ 60 days **TYPE**
☒ 20 days ☒ 90 days ☐ Calendar Day
☐ 30 days ☐ 100 days ☒ Service Day

Nursing Home Daily Benefit Amounts

\$50 minimum to \$ maximum per [day, week or month] offered in increments of \$10.

- ☒ per day ☐ per week ☐ per month
☐ See notes, pp 119-142 ☐ Not Available

Inflation Protection

- ☒ 5% Compound ☐ Guaranteed Purchase Option
☒ 5% Simple ☒ See company's notes, pp 119-142

Home Care Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ 60% ☐ 50%
☐ See company's notes, pp 119-142

Residential Care Facility Daily Benefit Amounts

Represents the percentage of the Nursing Home Daily Benefit Amount.

- ☒ 100% ☐ 90% ☐ 80% ☐ 75%
☐ 70% ☐ See company's notes, pp 119-142

Waiver of Premium

Premiums will be waived on a monthly basis starting: on the 1st day the Company will pay for benefits in a nursing facility, assisted living facility or hospice program; or on the 91st day the company will pay for benefits for home health care or adult day care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

20* Day Elimination Period.			90 Day Elimination Period.			90 Day Elimination Period.		
3 Year Maximum Policy Benefit			3 Year Maximum Policy Benefit			Lifetime Benefit		
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		No Inflation Protection	With 5% Inflation Protection	
50	\$297	\$855	\$271	\$779		\$476	\$1,353	
55	\$432	\$1,089	\$394	\$992		\$689	\$1,706	
60	\$639	\$1,413	\$582	\$1,287		\$1,017	\$2,189	
65	\$963	\$2,232	\$877	\$1,673		\$1,501	\$2,829	
70	\$1,431	\$2,394	\$1,304	\$2,181		\$2,206	\$3,674	
75	\$2,106	\$3,105	\$1,919	\$2,829		\$3,223	\$4,731	
80	\$3,114	\$4,077	\$2,837	\$3,715		\$4,797	\$6,224	

Refer to Rate History Section for information on premium increases for this company.

[* Carrier does not offer a 30-day elimination period.]

Additional Company Notes - For Comprehensive Policies

Aetna Life Insurance Company

Form#:GR-700-WFQ

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for Aetna Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 120 days; 180 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

American Family Life Assurance Company

Form#:A-27000-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for American Family Life Assurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period: No Company Notes Provided

**Nursing Home Daily Benefit Notes: Available
only for \$100/day, \$120/day, \$150/day, or
\$200/day**

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Bankers Life and Casualty Company

Form#:GR-N380

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Bankers Life and Casualty Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 2920 days are equivalent to 8 years.

Elimination Period Notes: 15 day and 180 day options are also available

Nursing Home Daily Benefit Notes: When the 50% HHC option is selected, the minimum Nursing Home Benefit Amount must be at least \$100.

Inflation Protection Notes: 3% and 4% compound inflation options.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Bankers Life and Casualty Company

Form#:GR-N350

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Bankers Life and Casualty Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 2920 days is equivalent to 8 years.

Elimination Period Notes: 15 day and 180 day options also available

Nursing Home Daily Benefit Notes: When the 50% HHC option is selected, the minimum Nursing Home Benefit Amount must be at least \$100.

Inflation Protection Notes: Also available are 3% and 4% compound inflation options

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Berkshire Life Insurance Company of America

Form#:BG01P(06/04)-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Berkshire Life Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

***Elimination Period Notes: Additional periods include:
180 days***

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Combined Insurance Company of America

Form#:14785-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Combined Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 180 Days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Continental Casualty Company	Form#:GLTC-3-P-CA-01-TQ
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Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for Continental Casualty Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 1500x, 2000x, 3000x, 3650x, 4000x, 5000x - see company for more details.

Elimination Period Notes: Also available are: 120C, 180C, 180/180S, 120/120S, 90/15S, 60/15S, 30/15S (where NF/HC service days)

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: 66 and 2/3rds% also available

Residential Care Daily Benefit Notes: No Company Notes Provided

CUNA Mutual Life Insurance Company	Form#:2002-LTC-COMP(CA)
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Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for CUNA Mutual Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes Provided

Elimination Period Notes: 180 day also available

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: 5% Lifetime, 5% 15 year and 3% Lifetime Compound

Home Care Benefit Notes: 125%, 150% and 200%. Percentages available vary depending on Nursing Facility Daily Benefit amount selected.

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Genworth Life Insurance Company

Form#:7035AX Rev

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Genworth Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: The Elimination Period only applies to the Nursing and Residential Care Facilities. Home Care Benefits are not subject to an Elimination Period.

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: The Simple Benefit Increases Option will increase the original daily maximum and lifetime maximum by 5% each year. The Compound Benefit Increases Option will increase the previous year's daily maximum and lifetime maximum by 5% each year and will not be reduced by prior payments.

Home Care Benefit Notes: Home Care Benefits are subject to a Monthly Maximum equal to 31 times the Daily Payment Maximum

Residential Care Daily Benefit Notes: No Company Notes
Provided

Great American Life Insurance Company

Form#:1LTCIP0001 (CA)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Great American Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: Cost of Living Increase Rider

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

John Hancock Life Insurance Company

Form#:LTC-06 CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for John Hancock Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 10 year maximum benefit period also offered.

Elimination Period Notes: 180, 365 and 730 day EP also offered.

Nursing Home Daily Benefit Notes: Maximum Daily Benefit of \$250 for ages 80-84

Inflation Protection Notes: None

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: if choose 70%, 70% applies to HHC also

Life Investors Insurance Company of America

Form#:LI 1-FP (CA) 1001

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Life Investors Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 750, 1125, 1500, 1875, 2250 days (times the Nursing Facility Daily Benefit) and Unlimited.

Elimination Period Notes: 180 Days

Nursing Home Daily Benefit Notes: \$50 - \$300 per day in \$10 increments

Inflation Protection Notes: Step-Rated and 2X Max Comp Infl. available. Deferred Benefit Increase - can add Simple, Std Comp or 2x Max on 1st, 3rd or 5th anniv at current age w/o u/w.

Home Care Benefit Notes: 50% - 100% available

Residential Care Daily Benefit Notes: 70% - 100% available

Additional Company Notes - For Comprehensive Policies

Massachusetts Mutual Life Insurance Company

Form#:MM-400-P-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Massachusetts Mutual Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 10 year plan is also available.

Elimination Period Notes: Additional Period: 180 days

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

MedAmerica Insurance Company

Form#:GRP11-341-MA-CA-601

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for MedAmerica Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes Provided

Elimination Period Notes: 180 days and 365 days are also available

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: Compound inflation option - benefit amounts are increased by 5% of the previous year's benefit amount each renewal year for as long as the certificate is in force.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

MedAmerica Insurance Company

Form#:SPL-336

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for MedAmerica Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 80 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: 2 options for compound -
No maximum and 2x initial benefit amount***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

MedAmerica Insurance Company

Form#:NGR11-341-MA-CA-601

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for MedAmerica Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

***Elimination Period Notes: 180 days and 365 days are
also available***

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Compound inflation option -
benefit amounts are increased by 5% of the previous
year's benefit amount each renewal year for as long as
the certificate is in force.***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Metropolitan Life Insurance Company

Form#:GPNP99-LTC-CA01/GC.LTC899C-CA01-S

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for Metropolitan Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 1095, 1460, 1825, 2190, 2555 (No. of days) times the Nursing Facility Daily Benefit. 10 Yrs. also available.

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: These services are reimbursed up to 100% of the daily benefit

Inflation Protection Notes: This increase in coverage may be purchased without a health screen, as long as the insured has selected it once in every 2 offerings. This is offered to insureds regardless of age, claim status, claim history, or length of participation in the plan.

Home Care Benefit Notes: Minimum \$50 per day

Residential Care Daily Benefit Notes: Minimum \$50 per day

Metropolitan Life Insurance Company

Form#:GPNP99-LTC-CA01/GC.LTC899C-CA01-C

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for Metropolitan Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 1095, 1460, 1825, 2190, 2555 (No. of days) times the Nursing Facility Daily Benefit. 10 Yrs. also available.

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: These services are reimbursed up to 100% of the daily benefit

Inflation Protection Notes: This increase in coverage may be purchased without a health screen, as long as the insured has selected it once in every 2 offerings. This is offered to insureds regardless of age, claim status, claim history, or length of participation in the plan.

Home Care Benefit Notes: Minimum \$50 per day

Residential Care Daily Benefit Notes: Minimum \$50 per day

Additional Company Notes - For Comprehensive Policies

Metropolitan Life Insurance Company

Form#:LTC2-PREM-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Metropolitan Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 730, 1095,
1460, 1825, 2555 (No. of days) times the
Nursing Facility Daily Benefit.

Elimination Period Notes: 45 Calendar Days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: 0.5

Metropolitan Life Insurance Company

Form#:LTC2-VAL-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Metropolitan Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 730, 1095,
1460, 1825, 2555 (No. of days) times the
Nursing Facility Daily Benefit.

Elimination Period Notes: 45 Service Days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: 0.5

Additional Company Notes - For Comprehensive Policies

Metropolitan Life Insurance Company

Form#:LTC2-IDEAL-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Metropolitan Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 730, 1095, 1460, 1825, 2555 (No. of days) times the Nursing Facility Daily Benefit.

Elimination Period Notes: 45 Service Days

Nursing Home Daily Benefit Notes: Monthly Benefit = 30xDaily Benefit Allowance. \$100 minimum to \$400 maximum per day with a \$10 increment, with 50% Home Care Benefit Amount

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: 0.5

MINNESOTA LIFE INSURANCE COMPANY

Form#:ML7500P-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for MINNESOTA LIFE INSURANCE COMPANY. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes Provided

Elimination Period Notes: Additional 180-day period available

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: Simple Inflation: On each policy anniversary, the daily benefit amounts, as well as the remaining benefit amount payable is increased by 5% of the original amount issued.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Monumental Life Insurance Company

Form#:MLC 1-FP (CA)1001

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Monumental Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: *750, 1000, 1250, 1500, 1750, 2000, 2500 days and Unlimited

Elimination Period Notes: Also 150 and 180.
Elimination Period applies to facilities only. Zero Elimination Period for Home and Community Care.

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: 3% Simple, 3% Compound, 3% Compound 2 times max, 5% Compound 2 times max, and 5% Step Rated.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Mutual of Omaha Insurance Company

Form#:LTC04I-NTQ

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Mutual of Omaha Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes Provided

Elimination Period Notes: Also 180 days and 365 days

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: 20-Year Compound Inflation - 5%

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Mutual of Omaha Insurance Company

Form#:LCA-20320

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Mutual of Omaha Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: Also 180 days and 365 days. 0-day and 20-day not available to ages 80 and over.

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Mutual of Omaha Insurance Company

Form#:LCAQ-20321

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Mutual of Omaha Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: Also 180 days and 365 days. 0-day and 20-day not available to ages 80 and over.

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Mutual of Omaha Insurance Company

Form#: LTC04I-TQ

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Mutual of Omaha Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: Also 180 Days and 365 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: 20-Year Comp Inflation 5%

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

New York Life Insurance Company

Form#: ILTC-5000(CA)(1001)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for New York Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 730, 1095,
1460, 1825, 2555 or 3650 (No. of days) times the
**Nursing Facility Daily Benefit. 10 Yrs. Plan is
also available**

Elimination Period Notes: 180 Days and 365 Days are
also available

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: There are 7 automatic
annual inflation protection options: Simple 1%, Simple
2%, Simple 3%, Simple 4%, Simple 5%, Simple 6% and
Compound 5%. There are 3 Guaranteed Purchase
Options: CPI-U, CPI-U + 1 and CPI-U +2. With the CPI-
U Guaranteed Purchase option, the policyowner
receives annual offers to increase his benefits

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Northwestern Long Term Care Insurance Company

Form#:RS.LTC.(0708)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Northwestern Long Term Care Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

***Elimination Period Notes: Elimination Periods are
weekly: 6 weeks; 12 weeks; 25 weeks***

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Also available: 3%
compound, 4% compound***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Northwestern Long Term Care Insurance Company

Form#:RS.LTC.(1101)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Northwestern Long Term Care Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

***Maximum Policy Benefit Notes: 1,095 days,
2,190 days times the Nursing Facility Benefit
Amount or Lifetime.***

***Elimination Period Notes: Also available: 45 Days, 180
Days***

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Also available: 3%
compound, 4% compound***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Penn Treaty Network America Life Insurance Company

Form#:PF3-P(CA)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Penn Treaty Network America Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: We also offer 8,9 and 10 years.

Elimination Period Notes: We also offer 120, 150, 180, 365, 730, 1095 and 1460.

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: Increases the Nursing Facility and Residential Care Facility Daily Benefit and the Home and Community Care Daily Benefit by 5% (compounded annually) on the rider anniversary date.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Penn Treaty Network America Life Insurance Company

Form#:PF3-TQ-P(CA)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Penn Treaty Network America Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: We also offer 8,9 and 10 years.

Elimination Period Notes: We also offer 120, 150, 180, 365, 730, 1095 and 1460.

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: Increases the Nursing Facility and Residential Care Facility Daily Benefit and the Home and Community Care Daily Benefit by 5% (compounded annually) on the rider anniversary date.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Pennsylvania Life Insurance Company

Form#:P34 CA (Rev 1/02)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Pennsylvania Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: *The max \$300 daily benefit is used. Maximum benefit period will be higher for lower daily benefits.*

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Pennsylvania Life Insurance Company

Form#:P30 CA (Rev 1/02)

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Pennsylvania Life Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: *Max Benefit Period includes 3,333 days times the Nursing Facility Daily Benefit (or 9.13 years) or Lifetime; The max \$300 daily benefit is used. Maximum benefit period will be higher for lower daily benefits.*

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Physicians Mutual Insurance Company

Form#:P145CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Physicians Mutual Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: *Our Facility Care Benefit is monthly so it is 12 times the Facility Care benefit times the Benefit Period selected. Also, we offer 8 Yrs..*

Elimination Period Notes: *Also offer a 180 days or 365 days elimination period options.*

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: *Also offer 5% compound capped at 2 x monthly benefit originally selected.*

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Physicians Mutual Insurance Company

Form#:P146CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Physicians Mutual Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: *Our Facility Care Benefit is monthly so it is 12 times the Facility Care benefit times the Benefit Period selected. Also, we offer 8 Yrs..*

Elimination Period Notes: *Also offer a 180 days or 365 days elimination period options.*

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: *Also offer 5% compound capped at 2 x monthly benefit originally selected.*

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Provident Life and Accident Insurance Company

Form#:LTCP03

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Provident Life and Accident Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 3, 4 and 10 years

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: Indemnity based benefit

Inflation Protection Notes: Also inflation protection based on CPI

Home Care Benefit Notes: Indemnity based benefit

Residential Care Daily Benefit Notes: No Company Notes Provided

Provident Life and Accident Insurance Company

Form#:RLTCP03

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Provident Life and Accident Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 3, 4 and 10 years

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: Reimbursement based benefit

Inflation Protection Notes: Also inflation protection based on CPI.

Home Care Benefit Notes: Reimbursement based benefit

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

Provident Life and Accident Insurance Company

Form#:LTCT03

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Provident Life and Accident Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 3, 4 and 10 years

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: Indemnity based benefit

Inflation Protection Notes: Also inflation protection based on the CPI

Home Care Benefit Notes: Indemnity based benefit

Residential Care Daily Benefit Notes: No Company Notes Provided

State Farm Mutual Automobile Insurance Company

Form#:97058CA.1

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for State Farm Mutual Automobile Insurance Company. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 3 year, 10 year and Lifetime benefit periods are also available.

Elimination Period Notes: 180 day also available.

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

The Prudential Insurance Company of America

Form#:GRP 113146

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for The Prudential Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: 10 years is also available. Lifetime was discontinued on 8/18/08.

Elimination Period Notes: 120 days, 180 days, and 365 days. All choices are Calendar Day.

Nursing Home Daily Benefit Notes: Can be converted to a monthly reimbursement benefit with rider. Can be converted to a monthly cash benefit with rider.

Inflation Protection Notes: 5% Compound 2X Max.

Home Care Benefit Notes: 1.5

Residential Care Daily Benefit Notes: No Company Notes Provided

The Prudential Insurance Company of America

Form#:83500 BFW 5005

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for The Prudential Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefit Notes: Also 10 years.

Elimination Period Notes: Also 180 and 365 days.

Nursing Home Daily Benefit Notes: No Company Notes Provided

Inflation Protection Notes: 5% Compound: Same as previous except DMB and LMB are increased by 5% compound interest before claims are subtracted. Periodic Offer must be made every 3 yrs.

Home Care Benefit Notes: No Company Notes Provided

Residential Care Daily Benefit Notes: No Company Notes Provided

Additional Company Notes - For Comprehensive Policies

THE STATE LIFE INSURANCE COMPANY

Form#:S-6000-P-3-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for THE STATE LIFE INSURANCE COMPANY. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period: No Company Notes Provided

Nursing Home Daily Benefit Notes: No Company
Notes Provided

Inflation Protection Notes: No Company Notes Provided

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

THE STATE LIFE INSURANCE COMPANY

Form#:S-9000-P-CA

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for THE STATE LIFE INSURANCE COMPANY. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

**Maximum Policy Benefit Notes: Additional 10-
Year period available**

**Elimination Period Notes: Additional 180-day period
available**

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Simple Inflation: On each
policy anniversary, the daily benefit amounts, as well
as the remaining benefit amount payable is increased
by 5% of the original amount issued.***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Unum Life Insurance Company of America

Form#:TQGLTC95 ER COMP

Additional Company Notes (GENERAL):

These notes apply to the Group Comprehensive LTC Policy Forms for Unum Life Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 180 and 365 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Also 5% Compound and
Simple capped at 200% of the original monthly benefit
amount.***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Unum Life Insurance Company of America

Form#:LTC99TQ3

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Unum Life Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 180, 365 and 730 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Also 5% Compound and
Simple capped at 200% of the original monthly benefit
amount.***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

Additional Company Notes - For Comprehensive Policies

Unum Life Insurance Company of America

Form#:LTC99PQ3

Additional Company Notes (GENERAL):

These notes apply to the Individual Comprehensive LTC Policy Forms for Unum Life Insurance Company of America. For more details and/or a complete explanation, contact the company.

Notes for Company's COMPREHENSIVE POLICY COMPARISON FORM:

Maximum Policy Benefits: No Company Notes
Provided

Elimination Period Notes: 180, 365 and 730 days

Nursing Home Daily Benefit Notes: No Company
Notes Provided

***Inflation Protection Notes: Also 5% Compound and
Simple capped at 200% of the original monthly benefit
amount.***

Home Care Benefit Notes: No Company Notes
Provided

Residential Care Daily Benefit Notes: No Company Notes
Provided

CALIFORNIA PREMIUM RATE INCREASE HISTORY SECTION

PREMIUM RATE INCREASE HISTORY SECTION

Summary of Contents

HISTORY FOR COMPANIES CURRENTLY OFFERING NEW BUSINESS

GROUP POLICIES

Life Investors Insurance Company of America	Page 148
Transamerica Life Insurance Company	Pages 148-150

INDIVIDUAL POLICIES

Allianz Life Insurance Company of North America	Page 150
Bankers Life & Casualty Company	Pages 150-153
Continental Casualty Company	Pages 153-163
Genworth Life Insurance Company	Pages 163-164
John Hancock Life Insurance Company	Pages 164-165
Life Investors Insurance Company	Pages 165-182
Monumental Life Insurance Company	Pages 183-184
Penn Treaty Network America Life Insurance Co.	Pages 185-194
Pennsylvania Life Insurance Company	Page 194
Transamerica Life Insurance Company	Pages 194-201
Unum Life Insurance Company	Pages 201-203

PARTNERSHIP POLICIES

Bankers Life & Casualty Company	Page 203
---------------------------------	----------

HISTORY FOR COMPANIES NOT CURRENTLY OFFERING NEW BUSINESS

GROUP POLICIES

American Republic Insurance Company	Page 204
Conseco Senior Health Insurance Company	Pages 204-207
Sentry Insurance A Mutual Co.	Page 207
Washington National Life Insurance Company	Pages 207-220

INDIVIDUAL POLICIES

AIG Life Insurance Company	Page 220
BC Life & Health Insurance Company	Pages 220-222
Conseco Senior Health Insurance Company	Pages 222-243
Continental General Insurance Company	Page 243-244
First Penn Pacific Life Insurance Company	Pages 244-245
Fortis Insurance Company	Pages 245-247
IDS Life Insurance Company	Pages 247-248
Lincoln National Life Insurance Company	Pages 248-251
Medico Life Insurance Company	Pages 251-252
Mutual Protective Insurance Company	Pages 252-254
Old American Insurance Company	Page 254
Southwestern Life Insurance Company	Pages 254-255
Stonebridge Life Insurance Company	Pages 255-257
Transamerica Occidental Life Insurance Co.	Pages 258-262
Travelers Insurance Company	Pages 262-264
Union Bankers Insurance Company	Page 264
Washington National Life Insurance Company	Pages 264-268

PARTNERSHIP POLICIES

Transamerica Occidental Life Insurance Company	Pages 268-269
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PREMIUM RATE INCREASES HISTORY COMPANY EXPLANATION SECTION

AIG Life Insurance Company	Page 270
Bankers Life & Casualty Company	Page 270
BC Life & Health Insurance Company	Page 270
Continental Casualty Company	Pages 271-272
Continental General Insurance Company	Page 272
First Penn Pacific Life Insurance Company	Pages 272-273
IDS Life Insurance Company	Pages 273-274
Life Investors Insurance Company	Pages 274-277
Lincoln National Life Insurance Company	Pages 277-278
Sentry Insurance (A Mutual Company)	Pages 278-280
Transamerica Life Insurance Company	Pages 280-289
Transamerica Occidental Life Insurance Co	Pages 289-292
Unum Life Insurance Company	Pages 292-293
Washington National Insurance Company	Page 293-297

This section of the guide shows which companies have had premium increases on long-term care insurance policies in California since January 1, 1990.

This section is divided into two main parts: Companies currently offering (currently selling new long-term care business); and Companies currently not offering (not currently selling new long term care business). In addition, the information in each part is further sorted by Group, Individual and Partnership policies, as well as, company name, policy category and policy form. If the company, or its policies, were sold to another company, the new company's name is shown as well.

The policy form number is an identification number used by the company and the Department of Insurance. The policy form number can be found in the bottom left hand corner of a long term care policy, or in the Outline of Coverage, which you receive when you fill out an application for a policy

List of Premium Increase Table Elements:

- Company Name - This is the company's name.
- Policy Form - This is the policy form number.
- Date Sold – This is the date that this policy form was first sold to consumers.
- Company From Which Policy Form Was Acquired – This is the name of the company that originally sold this policy form.
- Date Acquired - This is the date the form was acquired by the new company.
- Policy Type - Group
 Individual
 Partnership
- Policy Category – (COMP TQ) Comprehensive Tax Qualified
 (COMP NTQ) Comprehensive Non Tax Qualified
 (HCO TQ) Home Care Only Tax Qualified
 (HCO NTQ) Home Care Only Non Tax Qualified
 (NHR TQ) Nursing Home & Residential Care Facility Tax
 Qualified
 (NHR NTQ) Nursing Home & Residential Care Facility
 Non-Tax Qualified
- Sold In CA – If policy form was sold in California, a CA is listed.
- Sold in Other States – If policy form was sold in other states, these state's initials are listed
- Rate Increases Requested – The percentage or range of increase requested by company
- Rate Increases Approved – the percentage or range approved by the Department of Insurance.
- Date Premium Rate Increase Approved – Date approved by the Department of Insurance.
- Date Increase Was Issued To Policy Holder – this is the first date that the increase was applied to policy holders.

Remember that premium increases are not a sign of a "bad" policy, and the absence of a rate increase is not a sign of a "good" policy. Conversely, just because a company has not had any premium increases does not mean that it never will raise its premiums.

Premium increases are a function of a very complicated process companies use to try to limit risk of paying out more benefits than the premiums they collect. Some companies screen people very carefully rejecting anyone who might have a pre-existing health condition. This "screening process" is called medical underwriting. Companies may also price their policies very conservatively to avoid any future increases, and their premiums may be higher as a result. Other companies may do neither of these things.

You may want to consider how carefully a company "underwrites" applicants. While it may be harder to get coverage from a company that uses strict underwriting, the risk of later premium increases may be less.

If you have a health condition and a company agrees to issue you a policy anyway, you may want to plan for later increases if you buy from one of these companies. Your agent can tell you all about medical underwriting by the companies you are considering.

Remember, when you buy long term care insurance you should expect to keep it for the rest of your life. You need to choose a premium you will be able to afford to pay each year, far into the future.

When you decide how much premium you can afford to pay, it's a good rule of thumb to build into your calculation and planning an extra amount of 10 to 20 percent as a cushion against the shock of future increase. If there is no increase later you won't have lost anything.

Be sure to question your agent about premium increases before you complete an application. You can also write a letter to the company and ask them the same questions, then keep the company's letter with your policy if you decide to buy it.

If you have any questions about the data shown in the premium increase history section, please call the California Department of Insurance's Consumer Hotline at 1-800-927-HELP or visit the website at www.insurance.ca.gov.

Premium Rate Increase History Section - California Policies Only
History For Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
Life Investors Insurance Company of America	NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	1996 - 200			Group		CA		29%			
Life Investors Insurance Company of America	NLTCP (CA) 297/ NLTCP (CA) 1100	1999 - 200			Group		CA		35%	35%	3/16/2005	7/1/2005
Life Investors Insurance Company of America	NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	1996 - 200			Group		CA		35%	35%	3/16/2005	7/1/2005
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group		CA		15%	15%	3/19/2003	6/1/2004
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group		CA		15%	15%	3/19/2003	6/1/2005
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group		CA		25%	25%	6/29/2007	10/1/2007
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group		CA		35%	35%	02/28/03	6/1/2003
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group		CA		35%	35%	2/24/2003	6/1/2003
Transamerica Life Insurance Company	GCC 1 387	1987 - 198			Group		CA		35%	35%	3/30/05	7/1/05

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Transamerica Life Insurance Company	GCC 1 387	1987 - 198			Group		CA		35.00%	35.00%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	GCC 1 387 (GCC 1 387 CERT)	1987 - 198			Group		CA		25%			
Transamerica Life Insurance Company	GCC 1 387 (GCC 1 387 CERT)	1987 - 198			Group		CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		35.00%	35.00%	2/24/2003	6/1/2003
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		15%	15%	2/24/2003	6/1/2004
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		15%	15%	2/24/2003	6/1/2005
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		15.00%	15.00%	2/24/2003	6/1/2004
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		15.00%	15.00%	2/24/2003	6/1/2005
Transamerica Life Insurance Company	GLTC 2 1289, GLTC 2 1290	1980 - 200			Group		CA		35%	35%	2/24/2003	6/1/2003
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-NTQ	CA		25%	25%	1/19/2001	5/1/2001

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ & NHR-NTQ	CA		35.00%	35.00%	02/28/03	5/29/2003
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ & NHR-NTQ	CA		25.00%	25.00%	1/19/2001	4/30/2001
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		35%	35%	02/28/2003	05/29/2003
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		15.00%	15.00%	3/19/2003	6/1/2005
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		25.00%	25.00%	6/29/2007	10/1/2007
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		15.00%	15.00%	3/19/2003	6/1/2004
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		35%	35%	2/28/03	5/29/03
Transamerica Life Insurance Company	GLTP 2 1289	1989-1991			Group	NHR-TQ, HCO-TQ, COMP-TQ & NHR-NTQ	CA		35%	35%	02/28/2003	05/29/2003
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, NHR-NTQ	CA		25%	25%	01/19/2001	04/30/2001
Transamerica Life Insurance Company	3132 (00) 288	1988-1991			Group	NHR-TQ, NHR-NTQ	CA		25%	25%	1/19/01	4/30/01
Allianz Life of North America	7-P-Q-CA-1	11/4/2004			Individual	COMP-TQ	CA		None	None	None	
Bankers Life and Casualty Company	CER-7A1	11/10/1988	Certified Life Insurance Company	1/1/2000	Individual		CA		35%	20%	6/1/2006	8/4/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Bankers Life and Casualty Company	CER-7A1	11/10/1988	Certified Life Insurance Company	1/1/2000	Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N050	5/7/1993			Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N050	5/7/1993			Individual		CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N053	7/1/1994			Individual		CA		35%	0		
Bankers Life and Casualty Company	GR-N055	5/7/1993			Individual		CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N055	5/7/1993			Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N105	9/21/1998			Individual		CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N105	9/21/1998			Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N105-CA	9/21/1998			Individual		CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N105-CA	9/21/1998			Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N105-CA(98)	9/21/1998			Individual		CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N105-CA(98)	9/21/1998			Individual		CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N280	8/16/2001			Individual	COMP-NTQ	CA		35%	20%	11/7/2006	4/1/2007

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Bankers Life and Casualty Company	GR-N280	8/16/2001			Individual	COMP-NTQ	CA		35%		0	
Bankers Life and Casualty Company	GR-N380	7/1/2003			Individual	COMP-NTQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N090	9/21/1998			Individual	COMP-TQ	CA		35%		0	
Bankers Life and Casualty Company	GR-N165	9/21/1998			Individual	COMP-TQ	CA		35%		20% 6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N165	9/21/1998			Individual	COMP-TQ	CA		35%		20% 06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N250	8/16/2001			Individual	COMP-TQ	CA		35%		0	
Bankers Life and Casualty Company	GR-N250	8/16/2001			Individual	COMP-TQ	CA		35%		20% 11/7/2006	4/1/2007
Bankers Life and Casualty Company	GR-N350	7/1/2003			Individual	COMP-TQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N270	8/16/2001			Individual	NHR-NTQ	CA		35%		0	
Bankers Life and Casualty Company	GR-N270	8/16/2001			Individual	NHR-NTQ	CA		35%		20% 11/7/2006	4/1/2007
Bankers Life and Casualty Company	GR-N370	7/1/2003			Individual	NHR-NTQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N094	9/21/1998			Individual	NHR-TQ	CA		35%		0	
Bankers Life and Casualty Company	GR-N160	9/21/1998			Individual	NHR-TQ	CA		35%		20% 06/01/2006	08/04/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Bankers Life and Casualty Company	GR-N160	9/21/1998			Individual	NHR-TQ	CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N240	8/16/2001			Individual	NHR-TQ	CA		35%	20%	11/7/2006	4/1/2007
Bankers Life and Casualty Company	GR-N240	8/16/2001			Individual	NHR-TQ	CA		35%	0		
Bankers Life and Casualty Company	GR-N340	7/1/2003			Individual	NHR-TQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N045	7/1/1994			Individual	NHR-TQ, NHR-NTQ	CA		35%	0		
Bankers Life and Casualty Company	GR-N100	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N100	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N100-CA	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N100-CA	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	6/1/2006	8/4/2006
Bankers Life and Casualty Company	GR-N100-CA(98)	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	06/01/2006	08/04/2006
Bankers Life and Casualty Company	GR-N100-CA(98)	9/21/1998			Individual	NHR-TQ, NHR-NTQ	CA		35%	20%	6/1/2006	8/4/2006
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	25%	20%	5/26/2006	9/1/2006
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	25.00%	20.00%	5/26/2006	9/1/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	25%	20%	05/26/2006	09/01/2006
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	50.00%	25.00%	6/30/2004	10/1/2004
Continental Casualty Company	P1-21295-Series	4/19/1995			Individual	COMP-NTQ	CA	CA	50%	25%	6/30/2004	10/1/2004
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	25%	20%	05/26/2006	09/01/2006
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	25.00%	20.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	25%	20%	5/26/2006	9/1/2006
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	50%	25%	6/30/2004	10/1/2004
Continental Casualty Company	P1-21300-Series	4/20/1995			Individual	COMP-NTQ	CA	CA	50.00%	25.00%	6/30/2004	10/1/2004
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	25.00%	20.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	50.00%	25.00%	6/30/2004	10/1/2004
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	50%	25%	06/30/2004	10/01/2004

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	50%	25%	6/30/2004	10/1/2004
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	25%	20%	5/26/2006	9/1/2006
Continental Casualty Company	P1-22435-Series	1/13/1999			Individual	COMP-NTQ	CA	CA	25%	20%	05/26/2006	09/01/2006
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	50.00%	25.00%	6/30/2004	10/1/2004
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	50%	25%	6/30/2004	10/1/2004
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	25.00%	20.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	25%	20%	5/26/2006	9/1/2006
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	COMP-NTQ	CA	CA	25%	20%	05/26/2006	09/01/2006
Continental Casualty Company	P1-15203-Series	07/13/1991			Individual	COMP-TQ	CA		15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-16356-Series	07/13/1991			Individual	COMP-TQ	CA		15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-16928-Series	02/10/1993			Individual	COMP-TQ	CA		15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-59433-Series	08/16/1988			Individual	COMP-TQ	CA		15%	15%	03/27/2001	08/16/2001

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Continental Casualty Company	P1-59433-Series	08/16/1988			Individual	COMP-TQ	CA		15%	15%	12/14/1998	04/10/1999
Continental Casualty Company	P1-59433-Series	05/10/1988			Individual	COMP-TQ	CA	AZ	15%	15%	04/25/2001	08/16/2001
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	35%	25%	08/18/2004	11/22/2004
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	10%	8%	05/26/2006	09/01/2006
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	10%	8%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	10.00%	8.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	35%	25%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0022-Series	1/1/1997			Individual	COMP-TQ	CA	CA	35.00%	25.00%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	35%	25%	08/18/2004	11/22/2004
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	10%	8%	05/26/2006	09/01/2006
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	10.00%	8.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	35%	25%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	35.00%	25.00%	8/18/2004	11/22/2004

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Continental Casualty Company	P1-N0023-Series	12/4/1998			Individual	COMP-TQ	CA	CA	10%	8%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	35.00%	25.00%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	10%	8%	05/26/2006	09/01/2006
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	10%	8%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	10.00%	8.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	35%	25%	08/18/2004	11/22/2004
Continental Casualty Company	P1-N0026-Series	12/1/1996			Individual	COMP-TQ	CA	CA	35%	25%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	10%	8%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	35.00%	25.00%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	35%	25%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	10.00%	8.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	35%	25%	08/18/2004	11/22/2004
Continental Casualty Company	P1-N0027-Series	8/11/1997			Individual	COMP-TQ	CA	CA	10%	8%	05/26/2006	09/01/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Continental Casualty Company	P1-15203-Series	07/13/1991			Individual	HCO-TQ	CA		40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-16356-Series	07/13/1991			Individual	HCO-TQ	CA		40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	HCO-TQ	CA		50%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	HCO-TQ	CA		50%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-21295-Series	04/19/1995			Individual	HCO-TQ	CA		50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-21300-Series	04/20/1995			Individual	HCO-TQ	CA		50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-21305-Series	05/15/1995			Individual	HCO-TQ	CA		50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-22435-Series	01/13/1999			Individual	HCO-TQ	CA		50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-22436-Series	10/22/1998			Individual	HCO-TQ	CA		50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-59433-Series	08/16/1988			Individual	HCO-TQ	CA		30%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-59433-Series	5/10/1988			Individual	NHR-NTQ	CA	AZ	15%	15%	4/25/2001	8/16/2001
Continental Casualty Company	P1-59433-Series	5/10/1988			Individual	NHR-NTQ	CA	AZ	15%	15%	04/25/2001	08/16/2001
Continental Casualty Company	P1-59433-Series	5/10/1988			Individual	NHR-NTQ	CA	AZ	15.00%	15.00%	4/25/2001	8/16/2001

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	9/30/2004	12/15/2004
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	09/30/2004	12/15/2004
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	3/27/2001	8/16/2001
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	3/27/2001	8/16/2001
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	9/30/2004	12/15/2004
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40%	25%	5/14/2003	8/22/2003
Continental Casualty Company	P1-15203-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	09/30/2004	12/15/2004
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	3/27/2001	8/16/2001
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	3/27/2001	8/16/2001
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	9/30/2004	12/15/2004

Premium Rate Increase History Section - Companies Offering New Business In California

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Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40%	25%	5/14/2003	8/22/2003
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	40.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-16356-Series	7/13/1991			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	9/30/2004	12/15/2004
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	40.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15%	15%	09/30/2004	12/15/2004
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15%	15%	3/27/2001	8/16/2001
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15%	15%	9/30/2004	12/15/2004
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	3/27/2001	8/16/2001
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	9/30/2004	12/15/2004
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	40%	25%	5/14/2003	8/22/2003

Premium Rate Increase History Section - Companies Offering New Business In California

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Continental Casualty Company	P1-16928-Series	2/10/1993			Individual	NHR-NTQ	CA	CA	15%	15%	03/27/2001	08/16/2001
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50%	25%	5/14/2003	8/22/2003
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25.00%	25.00%	9/30/2004	12/15/2004
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25%	25%	09/30/2004	12/15/2004
Continental Casualty Company	P1-18876-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25%	25%	9/30/2004	12/15/2004
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25%	25%	09/30/2004	12/15/2004
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25.00%	25.00%	9/30/2004	12/15/2004
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50%	25%	5/14/2003	8/22/2003
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	50%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-18878-Series	12/17/1994			Individual	NHR-NTQ	CA	CA	25%	25%	9/30/2004	12/15/2004

Premium Rate Increase History Section - Companies Offering New Business In California

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Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	25%	20%	5/26/2006	9/1/2006
Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	50.00%	25.00%	6/30/2004	10/1/2004
Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	50%	25%	06/30/2004	10/01/2004
Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	25%	20%	05/26/2006	09/01/2006
Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	25.00%	20.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-21305-Series	5/15/1995			Individual	NHR-NTQ	CA	CA	50%	25%	6/30/2004	10/1/2004
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	5%	5%	09/30/2004	12/15/2004
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	30%	25%	5/14/2003	8/22/2003
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	30%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	15.00%	15.00%	12/14/1998	4/10/1999
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	15%	15%	12/14/1998	04/10/1999
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	15%	15%	12/14/1998	4/10/1999
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	5.00%	5.00%	9/30/2004	12/15/2004

Premium Rate Increase History Section - Companies Offering New Business In California

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Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	5%	5%	9/30/2004	12/15/2004
Continental Casualty Company	P1-59433-Series	8/16/1988			Individual	NHR-NTQ	CA	CA	30.00%	25.00%	5/14/2003	8/22/2003
Continental Casualty Company	P1-16928-Series	02/10/1993			Individual	NHR-TQ	CA		40%	25%	05/14/2003	08/22/2003
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	35%	25%	8/18/2004	11/22/2004
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	10%	8%	05/26/2006	09/01/2006
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	10.00%	8.00%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	35%	25%	08/18/2004	11/22/2004
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	10%	8%	5/26/2006	9/1/2006
Continental Casualty Company	P1-N0030-Series	1/10/1997			Individual	NHR-TQ	CA	CA	35.00%	25.00%	8/18/2004	11/22/2004
Genworth Life Insurance Company	7000	1994	AMEX Life Assurance Company / GE Capital Assurance Company	1996 / 2006	Individual		CA	CA	12%	12%	1/15/2008	Feb 2008
Genworth Life Insurance Company	50023	1994	AMEX Life Assurance Company / GE Capital Assurance Company	1996 / 2006	Individual	COMP-NTQ	CA	CA	9%	9%	2/6/2008	Apr 2008

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Genworth Life Insurance Company	7034	1998	GE Capital Assurance Company	2006	Individual	COMP-NTQ	CA	CA	11%	11%	5/12/2008	Jun 2008
Genworth Life Insurance Company	7030	1997	GE Capital Assurance Company	2006	Individual	COMP-TQ	CA	CA	11%	11%	5/12/2008	Jun 2008
Genworth Life Insurance Company	7031	1998	GE Capital Assurance Company	2006	Individual	COMP-TQ	CA	CA	11%	11%	5/12/2008	Jun 2008
Genworth Life Insurance Company	7034A	1998	GE Capital Assurance Company	2006	Individual	NHR-NTQ	CA	CA	11%	11%	5/12/2008	Jun 2008
Genworth Life Insurance Company	7032	1997	GE Capital Assurance Company	2006	Individual	NHR-TQ	CA	CA	11%	11%	5/12/2008	Jun 2008
Great American Life Insurance Company	1LTCIP001 (CA) Rev 12/2002	12/26/2002			Individual	COMP-TQ	CA		0%	0%		
John Hancock Life Insurance Company	LTC-94 CARWJ	7/13/1994			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	LTC-95 CA	1/1/1997			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	LTC-96 CA	1/1/1997			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	LTC-CA-91	9/25/1991			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	LTC-CA-91-2	2/25/1993			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	LTC-CA-93	6/18/1993			Individual	COMP-NTQ	CA		13%			

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
John Hancock Life Insurance Company	LTC-NTQ CA 3/98	8/31/1998			Individual	COMP-NTQ	CA		13%			
John Hancock Life Insurance Company	CAP-TQ 12/00	9/16/2001			Individual	COMP-TQ	CA		13%			
John Hancock Life Insurance Company	LTC-96 CA 9/96	1/1/1997			Individual	COMP-TQ	CA		13%			
John Hancock Life Insurance Company	LTC-TQ CA 12/00	8/14/2001			Individual	COMP-TQ	CA		13%			
John Hancock Life Insurance Company	LTC-TQ CA 3/98	8/31/1998			Individual	COMP-TQ	CA		13%			
John Hancock Life Insurance Company	NH-94 CARWJ	7/13/1994			Individual	NHR-NTQ	CA		13%			
John Hancock Life Insurance Company	NH-CA-91	9/25/1991			Individual	NHR-NTQ	CA		13%			
John Hancock Life Insurance Company	NH-CA-91-2	2/2/1993			Individual	NHR-NTQ	CA		13%			
John Hancock Life Insurance Company	NH-CA-93	6/26/1993			Individual	NHR-NTQ	CA		13%			
John Hancock Life Insurance Company	NH-99NTQ CA 4/99	2/28/2000			Individual	NHR-TQ	CA		13%			
John Hancock Life Insurance Company	NH-99TQ CA 4/99	2/28/2000			Individual	NHR-TQ	CA		13%			
Life Investors Insurance Company of America	LI-LTCP TQ COM (CA) 898	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005

Premium Rate Increase History Section - Companies Offering New Business In California

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Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 900	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005
Life Investors Insurance Company of America	LI-LTCP TQ NF (CA) 898	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005
Life Investors Insurance Company of America	LI-LTCP TQ NFRCF (CA) 898	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005
Life Investors Insurance Company of America	LI-LTCP TQ NFRCF (CA) 900	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35.00%	35.00%	3/16/2005	8/1/2005

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Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		30.00%	30.00%	2/24/2003	5/25/2003
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		29%			
Life Investors Insurance Company of America	GCPRO-A II-C (CA) 794 and GCPRO-II NH (CA) 794	1995 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35%	35%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	GCPRO-A II-C (CA) 794 and GCPRO-II NH (CA) 794	1995 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		30%	30%	2/24/2003	7/1/2003

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	GCPR0-A II-C (CA) 794 and GCPR0-II NH (CA) 794	1995 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		29%			
Life Investors Insurance Company of America	GCPR0-A II-C (CA) 794/GCPR0-II NH (CA) 794	1995 - 200	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35.00%	35.00%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	GCPR0-C (CA) 193/GCPR0-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual		CA		30%	30%	2/24/2003	7/1/2003
Life Investors Insurance Company of America	GCPR0-C (CA) 193/GCPR0-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual		CA		20%	20%	8/16/2001	1/1/2002
Life Investors Insurance Company of America	GCPR0-C (CA) 193/GCPR0-NH (CA) 193	1993 - 200	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35.00%	35.00%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	GCPR0-C (CA) 193/GCPR0-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual		CA		29%			
Life Investors Insurance Company of America	GCPR0-C (CA) 193/GCPR0-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35%	35%	3/16/2005	8/1/2005

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	GCPRO-III TQ LTC (CA) 197/GCP RO-III TQ NFO (CA) 197/GCP RO-III TQ HCO (CA) 197/GCPRO-III TQ LTC (CA) 900, GCPRO-III TQ HCO (CA) 900	1997 - 200	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35.00%	35.00%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	GCPRO-III TQ LTC (CA) 197/GCP RO-III TQ NFO (CA) 197/GCP RO-III TQ HCO (CA) 197/GCPRO-III TQ LTC (CA) 900, GCPRO-III TQ HCO (CA) 900	1997 - 200	Bankers United Life Assurance Company	12/31/2001	Individual		CA		29%			

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Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1991 - 199			Individual		CA		29%			
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1990 - 199			Individual		CA		35%	35%	03/16/2005	07/01/2005
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1991 - 199			Individual		CA		30%	30%	3/26/2003	10/1/2003
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1991 - 199			Individual		CA		35%	35%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1990 - 199			Individual		CA		35.00%	35.00%	3/16/2005	7/1/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP NQ COMR (CA) 898, LI-LTCP NQ COM (CA) 898, LI-LTCP NQ NFRCF (CA) 898, LI-LTCP NQ NF (CA) 898, LI-LTCP NQ COMR (CA) 900, LI-LTCP NQ NFRCF (CA) 900	1999 - 200			Individual		CA		29%			

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP NQ COMR (CA) 898, LI-LTCP NQ COM (CA) 898, LI-LTCP NQ NFRCF (CA) 898, LI-LTCP NQ NF (CA) 898, LI-LTCP NQ COMR (CA) 900, LI-LTCP NQ NFRCF (CA) 900	1999 - 200			Individual		CA		35%	35%	3/16/2005	8/1/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP NQ COMR (CA) 898, LI-LTCP NQ COM (CA) 898, LI-LTCP NQ NFRCF (CA) 898, LI-LTCP NQ NF (CA) 898, LI-LTCP NQ COMR (CA) 900, LI-LTCP NQ NFRCF (CA) 900	1999 - 200			Individual		CA		30%	30%	3/26/2003	10/1/2003
Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 898	1999 - 200			Individual		CA		35%	35%	03/16/2005	07/01/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ COM (CA) 898/ LI-LTCP TQ NFRCF (CA) 898/ LI-LTCP TQ NF (CA) 898/ LI-LTCP TQ COMR (CA) 900/ LI-LTCP TQ NFRCF (CA) 900	1999 - 200			Individual		CA		35.00%	35.00%	3/16/2005	7/1/2005
Life Investors Insurance Company of America	LI-NFOP (CA) 192, LI-LTCP (CA) 192	1993-2000			Individual		CA		30%	30%	3/26/2003	10/1/2003
Life Investors Insurance Company of America	LI-NFOP (CA) 192, LI-LTCP (CA) 192	1993-2000			Individual		CA		29%			
Life Investors Insurance Company of America	LI-NFOP (CA) 192, LI-LTCP (CA) 192	1993-2000			Individual		CA		35%	35%	3/16/2005	8/1/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-NFOP (CA) 192/ LI-LTCP (CA) 192	1992 - 200			Individual		CA		35.00%	35.00%	3/16/2005	7/1/2005
Life Investors Insurance Company of America	LTCP CA 490	1990 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35.00%	35.00%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	LTCP CA 490 & LTCHP CA 490	1990 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		30%	30%	2/24/2003	7/1/2003
Life Investors Insurance Company of America	LTCP CA 490 & LTCHP CA 490	1990 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		25%	25%	8/16/2001	1/1/2002
Life Investors Insurance Company of America	LTCP CA 490 & LTCHP CA 490	1990 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		29%			
Life Investors Insurance Company of America	NLTCP (CA) 297/ NLTCP (CA) 1100	1999 - 200			Individual		CA		35.00%	35.00%	3/16/2005	7/1/2005
Life Investors Insurance Company of America	NLTCP (CA) 297/ NLTCP (CA) 1100	1999 - 200			Individual		CA		30.00%	30.00%	2/24/2003	6/1/2003
Life Investors Insurance Company of America	NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	1996 - 200			Individual		CA		30.00%	30.00%	2/24/2003	6/1/2003

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	1996 - 200			Individual		CA		35.00%	35.00%	3/16/2005	7/1/2005
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35%	35%	3/16/2005	8/1/2005
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		30%	30%	2/24/2003	7/1/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 CA2/GC PLUS 2 1290 (CA)/GC PLUS 2 1290 (CA2)/G CPLUS 2 1290 (CA3)	1991 - 199	Bankers United Life Assurance Company	12/31/2001	Individual		CA		25%	25%	8/16/2001	1/1/2002
Life Investors Insurance Company of America	GCPRO-III TQ LTC (CA) 197/GCP RO-III TQ NFO (CA) 197/GCP RO-III TQ HCO (CA) 197/ GCPRO-III TQ LTC (CA) 900, GCPRO-III TQ HCO (CA) 900	1997 - 200	Bankers United Life Assurance Company	12/31/2001	Individual		CA		35%	35%	3/16/2005	8/1/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ COM (CA) 898/ LI-LTCP TQ NFRCF (CA) 898/ LI-LTCP TQ NF (CA) 898/ LI-LTCP TQ COMR (CA) 900/ LI-LTCP TQ NFRCF (CA) 900	1999 - 200			Individual		CA		35%	35%	3/16/2005	7/1/2005

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ COM (CA) 898/ LI-LTCP TQ NFRCF (CA) 898/ LI-LTCP TQ NF (CA) 898/ LI-LTCP TQ COMR (CA) 900/ LI-LTCP TQ NFRCF (CA) 900	1999 - 200			Individual		CA		30%	30%	3/26/2003	10/1/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Life Investors Insurance Company of America	LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ COM (CA) 898/ LI-LTCP TQ NFRCF (CA) 898/ LI-LTCP TQ NF (CA) 898/ LI-LTCP TQ COMR (CA) 900/ LI-LTCP TQ NFRCF (CA) 900	1999 - 200			Individual		CA		29%			
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1991-1993			Individual	NHR-TQ, COMP-TQ	CA		30%	30%	03/26/2003	06/24/2003
Life Investors Insurance Company of America	KLTCP 1 (CA) 890	1991-1993			Individual	NHR-TQ, COMP-TQ	CA		30.00%	30.00%	3/26/2003	6/24/2003
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 (CA3)	1990-1995	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		35.00%	35.00%	3/16/2005	8/1/2005

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 (CA3)	1990-1995	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	2/24/2003	5/25/2003
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 (CA3)	1990-1995	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	25.00%	8/16/2001	1/1/2002
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 (CA3)	1990-1995	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	30%	02/24/2003	05/25/2003
Life Investors Insurance Company of America	GCPLUS 1290 CA/GCP LUS 1290 (CA3)	1990-1995	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	25%	08/16/2001	01/01/2002
Life Investors Insurance Company of America	GCPRO-A II-C (CA) 794/GCP RO-II NH (CA) 794	1995-1999	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	2/24/2003	5/25/2003
Life Investors Insurance Company of America	GCPRO-A II-C (CA) 794/GCP RO-II NH (CA) 794	1995-1999	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	30%	02/24/2003	05/25/2003
Life Investors Insurance Company of America	GCPRO-C (CA) 193/GCP RO-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	30%	02/24/2003	05/25/2003

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Life Investors Insurance Company of America	GCPRC (CA) 193/GCP RO-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	2/24/2003	5/25/2003
Life Investors Insurance Company of America	GCPRC (CA) 193/GCP RO-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		20%	20%	08/16/2001	01/01/2002
Life Investors Insurance Company of America	GCPRC (CA) 193/GCP RO-NH (CA) 193	1995-1998	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		20.00%	20.00%	8/16/2001	1/1/2002
Life Investors Insurance Company of America	LI-NFOP (CA) 192/LI-LTCP (CA) 192	1993-2000			Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	30%	03/26/2003	06/24/2003
Life Investors Insurance Company of America	LI-NFOP (CA) 192/LI-LTCP (CA) 192	1993-2000			Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	3/26/2003	6/24/2003
Life Investors Insurance Company of America	LTCP CA 490	1990-1992	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	25%	08/16/2001	01/01/2002
Life Investors Insurance Company of America	LTCP CA 490	1990-1992	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	2/24/2003	5/25/2003
Life Investors Insurance Company of America	LTCP CA 490	1990-1992	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30%	30%	02/24/2003	05/25/2003
Life Investors Insurance Company of America	LTCP CA 490	1990-1992	Bankers United Life Assurance Company	12/31/2001	Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	25.00%	8/16/2001	1/1/2002

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Monumental Life Insurance Company	ML-FPTQ (CT) 197, ML-LTC 5 TQ (CT) 398 , ML-LTCP TQ (CT) 898, ML-LTCP NHCC TQ (CT) 898, ML-LTCP NHHC TQ (CT) 898, ML-LTCP NHALF TQ (CT) 898	1999-2004			Individual		CA		27.40%			

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Monumental Life Insurance Company	ML-LTCP TQ COMR (CA) 898, ML-LTCP TQ COM (CA) 898, ML-LTCP TQ NFRCF (CA) 898, ML-LTCP TQ NF (CA) 898, ML-LTCP TQ COMR (CA) 898 (Rev.799), ML-LTCP TQ COM (CA) 898 (Rev.799), ML-LTCP TQ NFRCF (CA) 898 (Rev.799), ML-LTCP TQ NF (CA) 898 (Rev.799), ML-LTCP TQ	1999-2004			Individual		CA		27%	27%	10/10/2007	1/1/2008

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40%	40%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40.00%	25.00%	10/24/2001	12/10/2001
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40%	25%	10/24/2001	12/10/2001
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40%	40%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		Bucket (50 % Aggregate)	Bucket (20% Aggregate)	6/15/2007	2/28/2008
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40%	25%	10/24/2001	12/10/2001
Penn Treaty Network America Life Insurance Company	NF93	1990	Midland Mutual Life Insurance Company	1990	Individual		CA		40.00%	40.00%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		40%	40%	6/11/2003	8/14/2003

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		40.00%	40.00%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		4%	4%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		33% avg.	25.00%	10/24/2001	11/26/2001
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		40%	40%	06/11/2003	08/14/2003
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		33%	25%	10/24/2001	11/26/2001
Penn Treaty Network America Life Insurance Company	2600				Individual	COMP-NTQ	CA		33% avg.	25%	10/24/2001	11/26/2001
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		33% avg.	25.00%	10/24/2001	11/26/2001
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		33% avg.	25%	10/24/2001	11/26/2001

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		33%	25%	10/24/2001	11/26/2001
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		25.00%	40.00%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		25%	40%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	6500				Individual	COMP-NTQ	CA		25%	40%	06/11/2003	08/14/2003
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		15.40%	15.40%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		50.00%	30.00%	6/30/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		50%	30%	6/30/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		15.4%	15.4%	1/6/2006	2/6/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		15%	15%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		50%	30%	06/30/2004	07/26/2004
Penn Treaty Network America Life Insurance Company	LTC				Individual	COMP-NTQ	CA		30%			
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40.00%	25.00%	10/24/2001	12/31/2001
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40%	40%	06/11/2003	08/14/2003
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40%	25%	10/24/2001	12/31/2001
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		15.4%	15.4%	1/6/2006	To Be Implemented
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40.00%	40% in 2003 13% in 2004	6/11/2003	8/14/2003 5/23/05

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40%	40% in 2003 □ 13% in 2004	6/11/2003	8/14/2003 & 5/23/05
Penn Treaty Network America Life Insurance Company	LTC94				Individual	COMP-NTQ	CA		40%	40%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	WS89	1987	Washignton Square (a.k.a Provident Mutual L&A)	1991	Individual	COMP-NTQ	CA		50%	30%	07/08/2004	07/26/2004
Penn Treaty Network America Life Insurance Company	WS89	1987	Washignton Square (a.k.a Provident Mutual L&A)	1991	Individual	COMP-NTQ	CA		50%	30%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	WS89	1987	Washington Square (a.k.a Provident Mutual L&A)	1991	Individual	COMP-NTQ	CA		50%	30%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	WS89	1987	Washington Square (a.k.a Provident Mutual L&A)	1991	Individual	COMP-NTQ	CA		50.00%	30.00%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		50%	30%	07/08/2004	07/26/2004
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		50%	30%	7/8/2004	7/26/2004

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		30%			
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		15.40%	15.40%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		15.4%	15.4%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		15%	15%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC92				Individual	HCO-NTQ	CA		50.00%	30.00%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		20.00%	20.00%	10/16/1997	5/4/1998
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		15.00%	15.00%	4/10/1999	8/17/2000
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		15%	15%	4/10/1999	8/17/2000

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		15%	15%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		15.40%	15.40%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		20%	20%	10/16/1997	5/4/1998
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		50%	30%	6/3/2004	7/19/2004
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		50.00%	30.00%	6/3/2004	7/19/2004
Penn Treaty Network America Life Insurance Company	HHC94				Individual	HCO-NTQ	CA		15.4%	15.4%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	HHC94(CA)				Individual	HCO-NTQ	CA		15%	15%	04/10/1999	08/17/2000
Penn Treaty Network America Life Insurance Company	HHC94(CA)				Individual	HCO-NTQ	CA		20%	20%	10/16/1997	05/04/1998

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	HHC94(CA)				Individual	HCO-NTQ	CA		30%			
Penn Treaty Network America Life Insurance Company	HHC94(CA)				Individual	HCO-NTQ	CA		50%	30%	06/03/2004	07/19/2004
Penn Treaty Network America Life Insurance Company	IL3				Individual	HCO-NTQ	CA		50.00%	30.00%	1/13/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	IL3				Individual	HCO-NTQ	CA		50%	30%	1/13/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		10%	10%	10/16/1997	5/4/1998
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		10.00%	10.00%	10/16/1997	5/4/1998
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		40%	25%	10/24/2001	12/31/2001
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		40%	40%	06/11/2003	08/14/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		40%	40%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		40.00%	25.00%	10/24/2001	12/31/2001
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		40.00%	40.00%	6/11/2003	8/14/2003
Penn Treaty Network America Life Insurance Company	LTC91				Individual	NHR-NTQ	CA		10%	10%	10/16/1997	05/04/1998
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		15.4%	15.4%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		15%	15%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		15.40%	15.40%	1/6/2006	2/6/2006
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		50%	30%	07/08/2004	07/26/2004

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		50%	30%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		50.00%	30.00%	7/8/2004	7/26/2004
Penn Treaty Network America Life Insurance Company	LTC93				Individual	NHR-NTQ	CA		30%			
Penn Treaty Network America Life Insurance Company	NF93				Individual	NHR-NTQ	CA		40%	40%	06/11/2003	08/14/2003
Penn Treaty Network America Life Insurance Company	NF93				Individual	NHR-NTQ	CA		40%	25%	10/24/2001	12/10/2001
Pennsylvania Life Insurance Company	P-1460 CA	1990			Individual	COMP-NTQ	CA		25%	25%	06/19/2002	10/01/2002
Pennsylvania Life Insurance Company	P-1470 CA	1990			Individual	COMP-NTQ	CA		25%	25%	06/19/2002	10/01/2002
Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		35.00%	35.00%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		35%	35%	3/30/05	7/1/05

Premium Rate Increase History Section - Companies Offering New Business In California

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Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		30.00%	30.00%	2/28/2003	6/1/2003
Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		30%	30%	2/28/2003	6/1/2003
Transamerica Life Insurance Company	6122 (CA) 889	1987 - 198			Individual		CA		25%			
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989-1991			Individual		CA		25.00%	25.00%	3/16/2001	5/31/2001
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989-1991			Individual		CA		30.00%	30.00%	02/24/03	5/29/2003
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989 - 199			Individual		CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989 - 199			Individual		CA		35%	35%	3/30/05	7/1/05
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989 - 199			Individual		CA		25%			
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989-1993			Individual		CA		30%	30%	02/24/03	6/1/2003

Premium Rate Increase History Section - Companies Offering New Business In California

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Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93) [1295]/ LTC 3R (CA) (NHC) (REV93) [1295]	1992 - 199			Individual		CA		35%	35%	3/30/05	7/1/05
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93), et al. & LTC 3R (CA) (NHC) (REV93) et al	1991-1998			Individual		CA		25%			
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93), et al. & LTC 3R (CA) (NHC) (REV93) et al	1991-1998			Individual		CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93), et al. & LTC 3R (CA) (NHC) (REV93) et al	1992 - 199			Individual		CA		30%	30%	2/24/2003	6/1/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Transamerica Life Insurance Company	LTC 5 COM (CA) 196/LTC 5 NF (CA) 196/LTC 5 NFRCF (CA) 196	1998 - 200			Individual		CA		30%	30%	02/28/03	6/1/2003
Transamerica Life Insurance Company	LTC 5 TQ NF (CA) 1096/LTC 5 TQ NFRCF (CA) 1096/LTC 5 TQCOM (CA) 1096	1998 - 200			Individual		CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	LTC 5 TQ NF (CA) 1096/LTC 5 TQ NFRCF (CA) 1096/LTC 5 TQCOM (CA) 1096	1998 - 200			Individual		CA		25%			
Transamerica Life Insurance Company	LTC 2 (CA) 291/LTC C 2 (CA) 391	1989-1993			Individual	NHR-NTQ	CA		25%	25%	3/16/2001	6/1/2001

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93), et al. & LTC 3R (CA) (NHC) (REV93) et al	1992 - 199			Individual	NHR-NTQ	CA		25%	25%	3/15/2001	6/1/2001
Transamerica Life Insurance Company	LTC 5 COM (CA) 196 & LTC 5 NF (CA) 196 & LTC 5 NFRCF (CA) 196	1998 - 200			Individual	NHR-NTQ, COMP-NTQ	CA		25%			
Transamerica Life Insurance Company	LTC 5 COM (CA) 196 & LTC 5 NF (CA) 196 & LTC 5 NFRCF (CA) 196	1998 - 200			Individual	NHR-NTQ, COMP-NTQ	CA		35%	35%	3/30/2005	7/1/2005
Transamerica Life Insurance Company	LTC 5 COM (CA) 196 & LTC 5 NF (CA) 196 & LTC 5 NFRCF (CA) 196	1991-1998			Individual	NHR-NTQ, COMP-NTQ	CA		30%	30%	2/24/2003	6/1/2003

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Transamerica Life Insurance Company	LTC 5 COM (CA) 196/ LTC 5 NF (CA) 196/LTC 5 NFRCF (CA) 196	1998 - 200			Individual	NHR-NTQ, COMP-NTQ	CA		30.00%	30.00%	02/28/03	5/29/2003
Transamerica Life Insurance Company	LTC 5 COM (CA) 196/LTC 5 NF (CA) 196	1998-2001			Individual	NHR-NTQ, COMP-NTQ	CA		30%	30%	02/28/2003	05/29/2003
Transamerica Life Insurance Company	6122 (CA) 889	1990-1991			Individual	NHR-TQ, COMP-TQ & NHR-NTQ	CA		30%	30%	02/28/2003	05/29/2003
Transamerica Life Insurance Company	LTC 2 (CA) 590/LTC 2 (CA) 291	1989-1991			Individual	NHR-TQ, COMP-TQ & NHR-NTQ	CA		30%	30%	02/24/2003	05/29/2003
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		30.00%	30.00%	02/28/03	6/1/2003
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, COMP-TQ, NHR-NTQ & COMP-NTQ	CA		35.00%	35.00%	3/30/2005	7/1/2005

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Transamerica Life Insurance Company	LTC 2 (CA) 590/LTC 2 (CA) 291	1989-1991			Individual	NHR-TQ, NHR-NTQ	CA		30%	30%	03/16/2001	05/31/2001
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA		25%	25%	03/16/2001	05/31/2001
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA		30%	30%	2/28/03	5/29/03
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA		30%	30%	02/28/2003	05/29/2003
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA		30%	25%	3/16/01	5/31/01

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issed To Policy</i>
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA		25.00%	25.00%	3/16/2001	6/1/2001
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA	NE	25.00%			
Transamerica Life Insurance Company	LTC 3 (CA) (NHC) (REV93)/ LTC 3R (CA) (NHC) (REV93)	1991-1998			Individual	NHR-TQ, NHR-NTQ	CA	NH	30.00%	30.00%	3/13/2001	6/1/2001
Unum Life Insurance Company of America	LTC94P	9/14/1998			Individual	COMP-NTQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	LTC94P	9/14/1998			Individual	COMP-NTQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	LTC94T	9/14/1998			Individual	COMP-NTQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	LTC94T	9/14/1998			Individual	COMP-NTQ	CA		12.00%	8.00%	4/6/2007	3/1/2008

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
Unum Life Insurance Company of America	LTC94P Q	9/14/1998			Individual	COMP-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	LTC94P Q	9/14/1998			Individual	COMP-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	LTC94P Q2	2/6/2002			Individual	COMP-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	LTC94P Q2	2/6/02			Individual	COMP-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	LTC94T Q	9/14/1998			Individual	COMP-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	LTC94T Q	9/14/1998			Individual	COMP-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	LTC94T Q2	2/6/2002			Individual	COMP-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	LTC94T Q2	2/6/02			Individual	COMP-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	NH94	9/14/1998			Individual	NHR-NTQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	NH94	9/14/1998			Individual	NHR-NTQ	CA			20%	3/27/2006	8/20/2006

Premium Rate Increase History Section - Companies Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issed To Policy</i>
Unum Life Insurance Company of America	NH94Q	9/14/1998			Individual	NHR-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Unum Life Insurance Company of America	NH94Q	9/14/1998			Individual	NHR-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	NH94Q2	2/6/02			Individual	NHR-TQ	CA			20%	3/27/2006	8/20/2006
Unum Life Insurance Company of America	NH94Q2	2/6/2002			Individual	NHR-TQ	CA		12.00%	8.00%	4/6/2007	3/1/2008
Bankers Life and Casualty Company	GR-N053	7/1/1994			Partnership		CA		35%			
Bankers Life and Casualty Company	GR-N090	9/21/1998			Partnership	COMP-TQ	CA		35%			
Bankers Life and Casualty Company	GR-N190	6/16/2003			Partnership	COMP-TQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N094	9/21/1998			Partnership	NHR-TQ	CA		35%			
Bankers Life and Casualty Company	GR-N194	6/16/2003			Partnership	NHR-TQ	CA		5%-40%			
Bankers Life and Casualty Company	GR-N045	7/1/1994			Partnership	NHR-TQ, NHR-NTQ	CA		35%			

Premium Rate Increase History Section

History For Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			15% 11/22/1994	02/15/1995
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			15% 11/22/1994	02/15/1996
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			15% 12/17/1996	02/15/1997
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			15% 12/17/1996	02/15/1998
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			5% 05/08/2003	08/01/2003
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			6% 05/01/2002	08/01/2002
AMERICAN REPUBLIC INSURANCE COMPANY	A-2822	12/01/1986			Group	NHR-TQ	CA	ALL			6% 05/29/2001	08/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#48 489 GROUP FL DAILY		AIG LIFE INS CO 1996		Group		CA					

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#48 489 GROUP FL DAILY		AIG LIFE INS CO	1996	Group		CA		-		--	-
CONSECO SENIOR HEALTH INSURANCE COMPANY	10770	1986	TRANSPORT LIFE INS CO	1996	Group	COMP-NTQ	CA	AL	24%	24%	6/1/1993	6/1/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10770	1986	Transport Life Insurance Co.	1996	Group	COMP-NTQ	CA	AL	24%	24%	06/01/1993	06/01/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10841	1988	Transport Life Insurance Co.	1996	Group	COMP-NTQ	CA	AL	24%	24%	06/01/1993	06/01/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10841	1988	TRANSPORT LIFE INS CO	1996	Group	COMP-NTQ	CA	AL	24%	24%	6/1/1993	6/1/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10902	1989	TRANSPORT LIFE INS CO	1996	Group	COMP-NTQ	CA	AL	24%	24%	6/1/1993	6/1/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10902	1989	Transport Life Insurance Co.	1996	Group	COMP-NTQ	CA	AL	24%	24%	06/01/1993	06/01/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10956	1990	Transport Life Insurance Co.	1996	Group	COMP-NTQ	CA	AL	24%	24%	05/01/1994	05/01/1994

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CONSECO SENIOR HEALTH INSURANCE COMPANY	10956	1990	TRANSPORT LIFE INS CO	1996	Group	COMP-NTQ	CA	AL	24%	24%	5/1/1994	5/1/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#45 666 GROUP DAILY BENEFIT		AIG LIFE INS CO	1996	Group	COMP-NTQ	CA					
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#45 666 GROUP DAILY BENEFIT		AIG LIFE INS CO	1996	Group	COMP-NTQ	CA		-	--	-	
CONSECO SENIOR HEALTH INSURANCE COMPANY	10618	1983	Transport Life Insurance Co.	1996	Group	NHR-NTQ	CA	AL	24%	24%	06/01/1993	06/01/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10618	1983	TRANSPORT LIFE INS CO	1996	Group	NHR-NTQ	CA	AL	24%	24%	6/1/1993	6/1/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10674	1986	Transport Life Insurance Co.	1996	Group	NHR-NTQ	CA	AL	24%	24%	06/01/1993	06/01/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	10674	1986	TRANSPORT LIFE INS CO	1996	Group	NHR-NTQ	CA	AL	24%	24%	6/1/1993	6/1/1993
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#48 764 GROUP MONTH BENEFIT		AIG LIFE INS CO	1996	Group	NHR-NTQ	CA		-	--	-	

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CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#48 764 GROUP MONTH BENEFIT		AIG LIFE INS CO	1996	Group	NHR-NTQ	CA					
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/1/1987			Group	COMP-TQ	CA		37%			05/01/2002
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/1/1987			Group	COMP-TQ	CA		12%			11/01/1999
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/1/1987			Group	COMP-TQ	CA		0%to 31%			04/01/1998
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/01/1987			Group	COMP-TQ	CA		31%	31%	11/01/1999	11/01/1999
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/01/1987			Group	COMP-TQ	CA		31%	31%	04/01/1998	04/01/1998
SENTRY INSURANCE, A MUTUAL COMPANY	180-200	11/01/1987			Group	COMP-TQ	CA		31%	31%	05/01/2002	05/01/2002
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 9312	1990-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 9388	1991-1992	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 9391	1991-1992	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	ALL				

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	10%	10%	07/08/2004	10/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	15%	15%	06/01/1993	
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	10%	10%	7/8/04	10/20/04
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	15%	15	6/1/93	
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	10%	10%	7/8/2004	10/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	15%	15%	6/1/1993	
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	10%	10%	7/8/04	10/20/04
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	10%	10%	07/08/2004	10/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	10%	10%	7/8/2004	10/20/2004

Premium Rate Increase History Section - Companies Not Offering New Business In California

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		25%	25%	12/19/2001	06/05/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		15%	15%	02/15/1995	02/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AL	15%	15%	02/15/1995	02/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AL	15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AL	15%	15%	2/15/95	2/15/95
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AL	15%	15%	2/15/1995	2/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AL	15%	15%	6/1/93	6/1/93
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AL	15%	15%	6/1/1993	6/1/1993

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		25%	25%	12/09/2003	05/15/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	CA	15%	15%	6/1/93	6/1/93
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	CA	15%	15%	6/1/1993	6/1/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA		20%	20%	02/15/1995	02/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	Pioneer Life Insurance Co.	1997	Group	COMP-NTQ	CA	AZ	20%	20%	03/15/1993	03/15/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	20%	20%	3/15/1993	3/15/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 8	1989-1993	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 2	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC939 1	1989-1991	PIONEER LIFE INS CO	1997	Group	COMP-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 9193	1988-1990	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 9392	1991-1992	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	12/19/2001	04/10/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		10%	10%	06/30/2004	09/20/2004

Premium Rate Increase History Section - Companies Not Offering New Business In California

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AL	10%	10%	11/18/04	2/1/05
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	10%	10%	11/18/2004	2/1/2005
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AL	25%	25%	10/16/01	5/15/03
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AL	25%	25%	10/16/2001	05/15/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	25%	25%	10/16/2001	5/15/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/2004	9/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC720 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/04	9/20/04
WASHINGTON NATIONAL INSURANCE COMPANY	GHC-9086	1987-1988	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	ALL				

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		10%	10%	06/30/2004	09/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/04	9/20/04
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/2004	9/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		10%	10%	06/30/2004	09/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/2004	9/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/04	9/20/04
WASHINGTON NATIONAL INSURANCE COMPANY	GHC919 2	1989-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		10%	10%	06/30/2004	09/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/04	9/20/04

Premium Rate Increase History Section - Companies Not Offering New Business In California

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC920 4	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	10%	10%	6/30/2004	9/20/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/09/2003	07/01/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		30%	30%	02/15/1995	02/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	12/19/2001	02/15/2002
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	11/01/1999	11/01/1999
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/23/2004	07/01/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	30%	30%	3/15/95	3/15/95
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	30%	30%	03/15/1995	03/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	25%	25%	12/1/99	12/1/99

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WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	25%	25%	12/01/1999	12/01/1999
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	30%	30%	3/15/1995	3/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	12/1/1999	12/1/1999
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	15%	15%	6/1/1993	6/1/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC926 4	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	15%	15%	6/1/93	6/1/93
WASHINGTON NATIONAL INSURANCE COMPANY	GHC927 0	1989-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/23/2004	07/01/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	12/19/2001	02/15/2002
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/23/2004	07/01/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/09/2003	07/01/2003

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		15%	15%	06/01/1993	06/01/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		30%	30%	02/15/1993	02/15/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	11/01/1999	11/01/1999
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA	AZ	30%	30%	03/15/1993	03/15/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 1	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	30%	30%	3/15/1993	3/15/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC931 2	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC939 1	1989-1991	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR711 6	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHR711 6	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR711 6	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008

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WASHINGTON NATIONAL INSURANCE COMPANY	GHR911 7	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR911 7	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR919 4	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR919 4	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR919 5	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR919 5	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR927 0	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/09/2003	07/01/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHR927 0	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	12/19/2001	02/15/2002
WASHINGTON NATIONAL INSURANCE COMPANY	GHR931 7	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/09/2003	07/01/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHR931 7	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	GHR931 7	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR931 7	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/09/2003	07/01/2003
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	04/23/2004	07/01/2004
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	Pioneer Life Insurance Co.	1997	Group	HCO-NTQ	CA		25%	25%	12/19/2001	02/15/2002
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHR941 2	1990-1993	PIONEER LIFE INS CO	1997	Group	HCO-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC - 8014		Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA		15%	15%	08/25/1993	08/25/1993

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA	CA	15%	15%	8/25/93	8/25/93
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC804 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	CA	15%	15%	8/25/1993	8/25/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA		15%	15%	08/25/1993	08/25/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AL	15%	15%	8/25/1993	8/25/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA	AL	15%	15%	08/25/1993	08/25/1993
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA	AL	15%	15%	8/25/93	8/25/93

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC904 1	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AL	25%	25%	9/12/2007	12/3/2007
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	AZ	25%	25%	11/19/2007	2/18/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC908 7	1986-1988	PIONEER LIFE INS CO	1997	Group	NHR-NTQ	CA	CA	25%	25%	12/18/2007	3/15/2008
WASHINGTON NATIONAL INSURANCE COMPANY	GHC-9087	1988-1998	Pioneer Life Insurance Co.	1997	Group	NHR-NTQ	CA		25%	25%	12/19/2001	05/05/2003
AIG LIFE INSURANCE COMPANY	64028, C12277	4/1/1997			Individual		CA		25%	25%	1/14/2005	10/1/2005
AIG LIFE INSURANCE COMPANY	64028, C12277	4/1/1997			Individual		CA		25.00%	25.00%	1/14/2005	10/1/2005
AIG LIFE INSURANCE COMPANY	64028,C 12277	4/1/1997			Individual		CA		25.00%	25.00%	6/26/2007	
AIG LIFE INSURANCE COMPANY	64028,C 12277	4/1/1997			Individual		CA		25%	25%	6/26/2007	9/1/2008
BC LIFE & HEALTH INSURANCE COMPANY	PLTC-01-0596	5/01/1996			Individual	COMP-NTQ	CA			27%	1/25/2006	6/01/2006

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BC LIFE & HEALTH INSURANCE COMPANY	PLTC-02-0596	5/01/1996			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PLTC-03-0596	5/01/1996			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PLTC-04-0596	5/01/1996			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PNTQ-02-0298	2/01/1998			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PNTQ-03-0298	2/01/1998			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PNTQ-04-0298	2/01/1998			Individual	COMP-NTQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-02-0102	04/27/2003			Individual	COMP-TQ	CA				01/27/2003	
BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-02-0298	2/01/1998			Individual	COMP-TQ	CA				27% 1/25/2006	6/01/2006
BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-03-0102	04/27/2003			Individual	COMP-TQ	CA				01/27/2003	
BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-03-0298	2/01/1998			Individual	COMP-TQ	CA				27% 1/25/2006	6/01/2006

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BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-04-0102	04/27/2003			Individual	COMP-TQ	CA				01/27/2003	
BC LIFE & HEALTH INSURANCE COMPANY	PFTQ-04-0298	2/01/1998			Individual	COMP-TQ	CA				27% 1/25/2006	6/01/2006
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA				09/27/1999	09/27/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		16%		16% 10/30/2003	11/03/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%		25% 02/27/2002	06/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988		1996	Individual	COMP-NTQ	CA	AZ	Composite		** 9/10/1999	9/10/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988		1996	Individual	COMP-NTQ	CA	AZ	25.00%		25.00% 10/12/2001	6/1/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AZ	24%		15% 4/4/1995	4/4/1995

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CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AZ	25%	25%	10/12/2001	6/1/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AZ	Composite	See Explanation	9/10/1999	9/10/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AZ	24%	15%	04/04/1995	04/04/1995
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AZ	25%	25%	10/12/2001	06/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AZ			09/10/1999	09/10/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988		1996	Individual	COMP-NTQ	CA	AZ	24.00%	15.00%	4/4/1995	4/4/1995
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988		1996	Individual	COMP-NTQ	CA	CA	16.00%	16.00%	10/30/2003	11/3/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988		1996	Individual	COMP-NTQ	CA	CA	15.00%	15.00%	12/14/2004	4/1/2005

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CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	15%	15%	12/14/2004	4/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	10853	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	16%	16%	10/30/2003	11/3/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10855	1988	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AR	24%	24%	04/12/1994	04/12/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	10855	1988	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AR	24%	24%	4/12/1994	4/12/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	10921	1989	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		16%	16%	10/30/2003	11/03/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10921	1989	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%	25%	02/27/2002	06/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA				05/04/1999	05/04/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955	1990	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AZ	Composite	See Explanation	6/18/1999	6/18/1999

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CONSECO SENIOR HEALTH INSURANCE COMPANY	10955	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AZ			06/18/1999	06/18/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955	1990		1996	Individual	COMP-NTQ	CA	AZ	Composite		** 6/18/1999	6/18/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%	25%	09/03/2003	09/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%	25%	04/17/2002	08/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AK	24%	24%	05/21/1994	05/21/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	24%	24%	5/21/1994	5/21/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990		1996	Individual	COMP-NTQ	CA	AK	24.00%	24.00%	5/21/1994	5/21/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	AZ	25%	25%	12/4/2002	6/1/2002

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CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	AZ	25%	25%	12/04/2002	06/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990		1996	Individual	COMP-NTQ	CA	AZ	25.00%	25.00%	12/4/2002	6/1/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	25%	25%	9/3/2003	9/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990		1996	Individual	COMP-NTQ	CA	CA	25.00%	18.00%	6/26/2007	10/1/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990		1996	Individual	COMP-NTQ	CA	CA	25.00%	25.00%	9/3/2003	9/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	18%	18%	10/26/2004	3/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	10955/10 967	1990		1996	Individual	COMP-NTQ	CA	CA	18.00%	18.00%	10/26/2004	3/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%	25%	11/19/2003	11/15/2003

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CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA				06/07/1999	06/07/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	15%	15%	12/14/2004	4/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	25%	25%	11/19/2003	11/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992		1996	Individual	COMP-NTQ	CA	CA	25.00%	25.00%	11/19/2003	11/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992		1996	Individual	COMP-NTQ	CA	CA	25.00%	5.00%	6/26/2007	10/1/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992		1996	Individual	COMP-NTQ	CA	CA	15.00%	15.00%	12/14/2004	4/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	25%	5%	6/26/2007	10/1/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA	CO	12%	12%	03/12/1996	03/12/1996

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CO	12%	12%	3/12/1996	3/12/1996
CONSECO SENIOR HEALTH INSURANCE COMPANY	11001	1992		1996	Individual	COMP-NTQ	CA	CO	12.00%	12.00%	3/12/1996	3/12/1996
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA				06/07/1999	06/07/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		25%	25%	11/19/2003	11/13/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	Transport Life Insurance Co.	1996	Individual	COMP-NTQ	CA		20%	20%	04/17/2002	08/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	Composite See Explanation 6/7/1999			6/7/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	20%	20%	4/17/2002	8/1/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	25%	5%	6/26/2007	10/1/2007

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992		1996	Individual	COMP-NTQ	CA	CA	20.00%	20.00%	4/17/2002	8/1/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992		1996	Individual	COMP-NTQ	CA	CA	25.00%	25.00%	11/19/2003	11/13/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992		1996	Individual	COMP-NTQ	CA	CA	25.00%	5.00%	6/26/2007	10/1/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	15%	15%	12/14/2004	4/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992		1996	Individual	COMP-NTQ	CA	CA	See Notes	See Notes	6/7/1999	6/7/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992		1996	Individual	COMP-NTQ	CA	CA	15.00%	15.00%	12/14/2004	4/1/2005
CONSECO SENIOR HEALTH INSURANCE COMPANY	11006	1992	TRANSPORT LIFE INS CO	1996	Individual	COMP-NTQ	CA	CA	25%	25%	11/19/2003	11/13/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	07/20/1999	11/01/1999

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	02/06/2001	04/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		14%	14%	08/11/1997	04/01/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		11%	11%	08/12/2003	10/16/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14.00%	14.00%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25%	25%	Exempt	1/30/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	05/30/1997	02/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-1	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25.00%	25.00%	Exempt	1/30/2007

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	02/06/2001	04/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		11%	11%	08/12/2003	10/16/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2	7/27/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25.00%	25.00%	Exempt	1/30/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2	7/27/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2	7/27/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14.00%	14.00%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2	7/27/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25%	25%	Exempt	1/30/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-2	07/27/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	05/30/1997	02/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-3		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	02/18/2000	08/01/2000

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-3		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	06/25/2003	09/08/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-3		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	20%	20%	05/03/2001	07/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-3		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	20%	20%	5/3/2001	7/1/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-3		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	20.00%	20.00%	5/3/2001	7/1/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		11%	11%	08/12/2003	10/16/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	02/06/2001	04/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25%	25%	Exempt	1/30/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25.00%	25.00%	Exempt	1/30/2007

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5	5/17/1993	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5	5/17/1993	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14.00%	14.00%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-5	05/17/1993	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	05/30/1997	02/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	09/20/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		12%	12%	07/29/2003	09/22/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	09/20/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		16%	16%	02/09/1998	01/01/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	09/20/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	08/08/2002	11/01/2002
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	1/13/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	16.00%	16.00%	11/18/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	01/13/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	16%	16%	11/18/1997	02/15/1998

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-6	1/13/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	16%	16%	11/18/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		11%	11%	08/12/2003	10/16/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		14%	14%	08/11/1997	04/01/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	02/06/2001	04/01/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA		25%	25%	07/20/1999	11/01/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14.00%	14.00%	5/30/1997	2/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25%	25%	Exempt	1/30/2007

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	25.00%	25.00%	Exempt	1/30/2007
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-8	10/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	14%	14%	05/30/1997	02/15/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-89		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	10.00%	10.00%	11/10/1996	11/10/1996
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-89	9/12/1989	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	10%	10%	11/10/1996	11/10/1996
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC-89		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-NTQ	CA	AK	10%	10%	11/10/1996	11/10/1996
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#41 424 IND. DAILY BENEFIT		AIG LIFE INS CO	1996	Individual	COMP-NTQ	CA					
CONSECO SENIOR HEALTH INSURANCE COMPANY	POL.#41 424 IND. DAILY BENEFIT		AIG LIFE INS CO	1996	Individual	COMP-NTQ	CA		-	--	-	
CONSECO SENIOR HEALTH INSURANCE COMPANY	FQ-LTC	1997	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33%	27%	01/20/2004	06/30/2004

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33.00%	27.00%	1/20/2004	6/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33%	27%	1/20/2004	6/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33%	27%	01/20/2004	06/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC WO/LW OP FL ONLY (FQ & NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33%	27%	01/20/2004	06/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC WO/LW OP FL ONLY (FQ & NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33%	27%	1/20/2004	6/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	LTC WO/LW OP FL ONLY (FQ & NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	COMP-TQ	CA	FL	33.00%	27.00%	1/20/2004	6/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA		25%	25%	03/24/2004	06/07/2004

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA		25%	25%	01/30/2003	04/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	12/10/1991	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA			20%	02/06/1998	01/25/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	12/10/1991	AMERICAN CITIZENS LIFE INS CO	1996	Individual	HCO-NTQ	CA		20%	20%	02/06/1998	01/25/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	12/10/1991	AMERICAN CITIZENS LIFE INS CO	1996	Individual	HCO-NTQ	CA		18%	18%	05/19/1997	05/19/1997
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	02/12/1992	AMERICAN CITIZENS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AK	12%	12%	11/15/1995	11/15/1995
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	5/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AK	12%	12%	11/15/1995	
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	5/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AK	12.00%	12.00%	11/15/1995	
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-1	05/12/1992	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AK	12%	12%	11/15/1995	

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-2		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-2		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18.00%	18.00%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-2		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	05/01/2003	06/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN	03/21/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA		20%	20%		01/15/1999
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN	03/21/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA		25%	25%	01/30/2003	04/14/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN	03/21/1995	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA		25%	25%	03/24/2004	
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	05/01/2003	06/15/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-3 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18.00%	18.00%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-4 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	05/01/2003	06/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-4 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18%	18%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-4 BASE PLAN		AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	18.00%	18.00%	5/1/2003	6/15/2003
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-87	09/27/1987	AMERICAN CITIZENS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	12%	12%	01/01/1994	01/01/1994
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-87	9/25/1987	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	25.00%	25.00%	1/4/1997	1/4/1997
CONSECO SENIOR HEALTH INSURANCE COMPANY	HHC-87	9/25/1987	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	HCO-NTQ	CA	AL	25%	25%	1/4/1997	1/4/1997
CONSECO SENIOR HEALTH INSURANCE COMPANY	CIS-NURSING HOME	10/14/1987	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-NTQ	CA	AL	18%	18%	08/18/1993	

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	CIS-NURSING HOME	10/14/1987	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-NTQ	CA	AL	18%	18%	8/18/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	CIS-NURSING HOME	10/14/1987	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-NTQ	CA	AL	18.00%	18.00%	8/18/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-88 (Plan Codes LTA, LTB, LTC, LTD)		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		20%	20%	08/17/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-88 (Plan Codes LTA, LTB, LTC, LTD)		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		25%	25%	03/05/1998	04/10/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-88 (Plan Codes LTA, LTB, LTC, LTD)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AL	25%	25%	6/21/2007	1/6/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-88 (Plan Codes LTA, LTB, LTC, LTD)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AZ	25%	15%	9/17/2007	3/7/2008

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-88 (Plan Codes LTA, LTB, LTC, LTD)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CA	20%	20%	8/17/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		25%	25%	03/05/1998	04/10/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		25%	25%	07/09/2001	08/30/2001
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AL	25%	25%	6/21/2007	1/6/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AZ	25%	15%	9/17/2007	3/7/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CA	25%	25%	3/5/1998	4/10/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CA	25%	25%	7/9/2001	8/30/2001

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CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CA	25%	25%	11/8/2007	2/2/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-LTC-100-89		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CO	25%	25%	10/29/2007	2/27/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		25%	25%	03/05/1998	04/10/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		25%	25%	03/05/1998	07/02/1998
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		Great Republic Insurance Co	1996	Individual	NHR-NTQ	CA		35%	35%	08/17/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AL	25%	25%	6/21/2007	1/6/2008

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	AZ	25%	15%	9/17/2007	3/7/2008
CONSECO SENIOR HEALTH INSURANCE COMPANY	UW-SNC (Plan Codes OSNC, SNC, SNC2, SNC3)		GREAT REPUBLIC	1996	Individual	NHR-NTQ	CA	CA	35%	35%	8/17/1993	
CONSECO SENIOR HEALTH INSURANCE COMPANY	FQ - NH	1997	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-TQ	CA	FL	33%	27%	01/20/2004	06/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	NH (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-TQ	CA	FL	33%	27%	01/20/2004	06/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	NH (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-TQ	CA	FL	33%	27%	1/20/2004	6/30/2004
CONSECO SENIOR HEALTH INSURANCE COMPANY	NH (FQ OR NFQ)	2001	AMERICAN TRAVELLERS LIFE INS CO	1996	Individual	NHR-TQ	CA	FL	33.00%	27.00%	1/20/2004	6/30/2004
CONTINENTAL GENERAL INSURANCE COMPANY	405	09/23/1991			Individual	COMP-NTQ	CA		25%	25%	06/12/2002	12/02/2002

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CONTINENTAL GENERAL INSURANCE COMPANY	430	10/01/1996			Individual	COMP-NTQ	CA		25%	25%	06/12/2002	12/02/2002
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	2/22/2006	4/1/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	11/5/2003	1/1/2004
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA			25%	11/05/2003	01/01/2004
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		12%	12%	7/25/2007	9/1/2008
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA			25%	02/22/2006	04/01/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2525CA	1/1/1991			Individual	HCO-TQ	CA			25%	11/05/2003	01/01/2004
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2525CA	1/1/1991			Individual	HCO-TQ	CA			25%	02/22/2006	04/01/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2525CA	1/1/1991			Individual	HCO-TQ	CA		12%	12%	7/25/2007	9/1/2008
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2525CA	1/1/1991			Individual	HCO-TQ	CA		40%	25%	11/5/2003	1/1/2004

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FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2525CA	1/1/1991			Individual	HCO-TQ	CA		40%		25% 2/22/2006	4/1/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2500CA	1/1/1991			Individual	NHR-TQ	CA				25% 02/22/2006	04/01/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2500CA	1/1/1991			Individual	NHR-TQ	CA		40%		25% 2/22/2006	4/1/2006
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2500CA	1/1/1991			Individual	NHR-TQ	CA		40%		25% 11/5/2003	1/1/2004
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2500CA	1/1/1991			Individual	NHR-TQ	CA		12%		12% 7/25/2007	9/1/2008
FIRST PENN-PACIFIC LIFE INSURANCE COMPANY	HF-2500CA	1/1/1991			Individual	NHR-TQ	CA				25% 11/05/2003	01/01/2004
FORTIS BENEFITS INSURANCE COMPANY	6072-CA	10/30/1998			Individual	COMP-NTQ	CA		18%			
FORTIS BENEFITS INSURANCE COMPANY	6073-CA	10/30/1998			Individual	COMP-NTQ	CA		18%			
FORTIS BENEFITS INSURANCE COMPANY	6062-CA	10/30/1998			Individual	COMP-TQ	CA		18%			
FORTIS BENEFITS INSURANCE COMPANY	6063-CA	10/30/1998			Individual	COMP-TQ	CA		18%			

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FORTIS INSURANCE COMPANY	4072-CA	12/8/1997			Individual	COMP-NTQ	CA		18%			
FORTIS INSURANCE COMPANY	4073-CA	12/8/1997			Individual	COMP-NTQ	CA		18%			
FORTIS INSURANCE COMPANY	4062-CA	12/8/1997			Individual	COMP-TQ	CA		18%			
FORTIS INSURANCE COMPANY	4063-CA	12/8/1997			Individual	COMP-TQ	CA		18%			
FORTIS INSURANCE COMPANY	4042-CA	1993-1998			Individual	HCO-TQ	CA		30%		30% 10/08/2003	01/01/2004
FORTIS INSURANCE COMPANY	4042-CA	1993-1998			Individual	HCO-TQ	CA		30%		30% 10/8/2003	1/1/2004
FORTIS INSURANCE COMPANY	4042-CA	1993-1998			Individual	HCO-TQ	CA		41%		25% 09/30/2004	05/01/2005
FORTIS INSURANCE COMPANY	4042-CA	1993-1998			Individual	HCO-TQ	CA		41%		25% 9/30/2004	5/1/2005
FORTIS INSURANCE COMPANY	4043-CA	1993-1997			Individual	HCO-TQ	CA		30%		30% 10/08/2003	01/01/2004
FORTIS INSURANCE COMPANY	4043-CA	1993-1997			Individual	HCO-TQ	CA		30%		30% 10/8/2003	1/1/2004
FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		15%		15% 5/19/1999	12/1/1999
FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		30%		30% 10/8/2003	1/1/2004
FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		30%		30% 10/08/2003	01/01/2004

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FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		25.75%	25%	09/30/2004	05/01/2005
FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		15%	15%	05/19/1999	12/01/1999
FORTIS INSURANCE COMPANY	4040-CA	1993-1998			Individual	NHR-TQ	CA		26%	25%	9/30/2004	5/1/2005
FORTIS INSURANCE COMPANY	4060-CA	12/8/1997			Individual	NHR-TQ	CA		18%			
IDS LIFE INSURANCE COMPANY	30225-CA	3/15/1993			Individual		CA		35.00%	25.00%	12/15/2004	4/15/2005
IDS LIFE INSURANCE COMPANY	30225-CA	3/15/1993			Individual		CA		8.00%	8.00%	11/1/2006	5/15/2007
IDS LIFE INSURANCE COMPANY	30227-CA	6/15/1993			Individual		CA		0-35%*	0-25%**	12/15/2004	4/15/2005
IDS LIFE INSURANCE COMPANY	30227-CA	6/15/1993			Individual		CA		0-8%***	0-8%***	11/1/2006	5/15/2007
IDS LIFE INSURANCE COMPANY	30151-CA	12/15/1998			Individual	COMP-NTQ	CA		33%	10.00%*	9/11/2007	1/15/2008
IDS LIFE INSURANCE COMPANY	30151-CA	12/15/1998			Individual	COMP-NTQ	CA		33.10%		pending	
IDS LIFE INSURANCE COMPANY	30151-CA	12/15/1998			Individual	COMP-NTQ	CA		10.00%*		pending	
IDS LIFE INSURANCE COMPANY	30160-CA	12/15/1998			Individual	COMP-TQ	CA		10.00%*		pending	
IDS LIFE INSURANCE COMPANY	30160-CA	12/15/1998			Individual	COMP-TQ	CA		33%	10.00%*	9/11/2007	1/15/2008

Premium Rate Increase History Section - Companies Not Offering New Business In California

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
IDS LIFE INSURANCE COMPANY	30160-CA	12/15/1998			Individual	COMP-TQ	CA		33.10%		pending	
IDS LIFE INSURANCE COMPANY	30227-CA	06/15/1993			Individual	COMP-TQ	CA		35%			
IDS LIFE INSURANCE COMPANY	30227-CA	6/15/1993			Individual	COMP-TQ & COMP-NTQ	CA		0-35%*	0-25%**	12/15/2004	4/15/2005
IDS LIFE INSURANCE COMPANY	30225-CA	03/15/1993			Individual	NHR-TQ	CA		35%			
IDS LIFE INSURANCE COMPANY	30240-CA	8/15/1989			Individual	NHR-TQ	CA		35%		25% 12/15/2004	4/15/2005
IDS LIFE INSURANCE COMPANY	30240-CA	8/15/1989			Individual	NHR-TQ	CA		8.00%	8.00%	11/1/2006	5/15/2007
IDS LIFE INSURANCE COMPANY	30240-CA	8/15/1989			Individual	NHR-TQ	CA		35.00%	25.00%	12/15/2004	4/15/2005
IDS LIFE INSURANCE COMPANY	30240-CA	08/15/1989			Individual	NHR-TQ	CA		35%			
IDS LIFE INSURANCE COMPANY	30225-CA	3/15/1993			Individual	NHR-TQ, NHR-NTQ	CA		35%		25% 12/15/2004	4/15/2005
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2550AA	01/01/1991			Individual	COMP-TQ	CA		40%		25% 11/5/03	1/1/04
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2550AA	01/01/1991			Individual	COMP-TQ	CA		40%		25% 2/22/06	4/1/06

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LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		12%	12%	7/25/2007	9/1/2008
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	11/5/2003	1/1/2004
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2550AA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	2/22/2006	4/1/2006
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2950CA	1/1/1991			Individual	COMP-TQ	CA		12%	12%	7/25/2007	9/1/2008
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2950CA	01/01/1991			Individual	COMP-TQ	CA		40%	25%	2/22/06	4/1/06
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2950CA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	11/5/2003	1/1/2004
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2950CA	1/1/1991			Individual	COMP-TQ	CA		40%	25%	2/22/2006	4/1/2006

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LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2950CA	01/01/1991			Individual	COMP-TQ	CA		40%	25%	11/5/03	1/1/04
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2525CA	1/1/1991			Individual	HCO-TQ	CA		40%	25%	2/22/2006	4/1/2006
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2525CA	1/1/1991			Individual	HCO-TQ	CA		40%	25%	11/5/2003	1/1/2004
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2525CA	01/01/1991			Individual	HCO-TQ	CA		40%	25%	11/5/03	1/1/04
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2525CA	01/01/1991			Individual	HCO-TQ	CA		40%	25%	2/22/06	4/1/06
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2525CA	1/1/1991			Individual	HCO-TQ	CA		12%	12%	7/25/2007	9/1/2008
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2500CA	1/1/1991			Individual	NHR-TQ	CA		12%	12%	7/25/2007	9/1/2008

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LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2500CA	01/01/1991			Individual	NHR-TQ	CA		40%		25% 2/22/06	4/1/06
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2500CA	01/01/1991			Individual	NHR-TQ	CA		40%		25% 11/5/03	1/1/04
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2500CA	1/1/1991			Individual	NHR-TQ	CA		40%		25% 11/5/2003	1/1/2004
LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)	HL-2500CA	1/1/1991			Individual	NHR-TQ	CA		40%		25% 2/22/2006	4/1/2006
MEDICO LIFE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		20%		20% 10/24/2001	01/01/2002
MEDICO LIFE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		40%		0% 01/14/1992	
MEDICO LIFE INSURANCE COMPANY	445	01/12/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	4458	01/12/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003

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MEDICO LIFE INSURANCE COMPANY	4459	01/12/1990			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	690	07/31/1990			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	691	01/27/1992			Individual	NHR-NTQ	CA		20%	20%	10/24/2001	01/01/2002
MEDICO LIFE INSURANCE COMPANY	691	01/03/1992			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	692	04/13/1993			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	692	04/13/1993			Individual	NHR-NTQ	CA		20%	20%	10/24/2001	01/01/2002
MEDICO LIFE INSURANCE COMPANY	693	11/22/1994			Individual	NHR-NTQ	CA		20%	20%	10/24/2001	01/01/2002
MEDICO LIFE INSURANCE COMPANY	693	11/22/1994			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	695	11/07/1996			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MEDICO LIFE INSURANCE COMPANY	696	01/08/1997			Individual	NHR-TQ	CA		20%	20%	10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		20%	20%	10/24/2001	01/01/2002
MUTUAL PROTECTIVE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
MUTUAL PROTECTIVE INSURANCE COMPANY	3358	03/15/1988			Individual	NHR-NTQ	CA		40%		0% 01/14/1992	
MUTUAL PROTECTIVE INSURANCE COMPANY	445	01/12/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	4458	01/12/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	4459	01/12/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	690	07/31/1990			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	691	01/03/1992			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	691	01/03/1992			Individual	NHR-NTQ	CA		20%		20% 10/24/2001	01/01/2002
MUTUAL PROTECTIVE INSURANCE COMPANY	692	04/13/1993			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	692	04/13/1993			Individual	NHR-NTQ	CA		20%		20% 10/24/2001	01/01/2002
MUTUAL PROTECTIVE INSURANCE COMPANY	693	11/22/1994			Individual	NHR-NTQ	CA		20%		20% 10/24/2002	03/01/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
MUTUAL PROTECTIVE INSURANCE COMPANY	693	11/22/1994			Individual	NHR-NTQ	CA		20%	20%	10/24/2001	01/01/2002
MUTUAL PROTECTIVE INSURANCE COMPANY	695	11/07/1996			Individual	NHR-NTQ	CA		20%	20%	10/24/2002	03/01/2003
MUTUAL PROTECTIVE INSURANCE COMPANY	696	01/08/1997			Individual	NHR-TQ	CA		20%	20%	10/24/2002	03/01/2003
OLD AMERICAN INSURANCE COMPANY	P3119W	06/18/1999			Individual	NHR-NTQ	CA		25%	25%	04/27/1999	06/18/1999
OLD AMERICAN INSURANCE COMPANY	P3119W	08/01/1994			Individual	NHR-NTQ	CA		25%	25%	05/16/1994	08/01/1994
OLD AMERICAN INSURANCE COMPANY	P3119W	01/01/1996			Individual	NHR-NTQ	CA		25%	25%	11/06/1995	01/01/1996
SOUTHWESTERN LIFE INSURANCE COMPANY	LTC 1/98 CA	06/15/2000			Individual	COMP-NTQ	CA		30%	15%	11/09/05	02/15/06
SOUTHWESTERN LIFE INSURANCE COMPANY	LTC 1/98 CA	06/15/2000			Individual	COMP-NTQ	CA					
SOUTHWESTERN LIFE INSURANCE COMPANY	QLTC 1/98 CA	05/18/2000			Individual	COMP-TQ	CA					
SOUTHWESTERN LIFE INSURANCE COMPANY	QLTC 1/98 CA	05/18/2000			Individual	COMP-TQ	CA		30%	15%	11/09/05	02/15/06

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
SOUTHWESTERN LIFE INSURANCE COMPANY	HHC 1/98 CA				Individual	HCO-NTQ	CA					
SOUTHWESTERN LIFE INSURANCE COMPANY	QHHC 1/98 CA				Individual	HCO-TQ	CA					
SOUTHWESTERN LIFE INSURANCE COMPANY	HHC 1/98 CA				Individual	NHR-NTQ	CA					
SOUTHWESTERN LIFE INSURANCE COMPANY	QHHC 1/98 CA				Individual	NHR-TQ	CA					
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		15%	15%	09/22/1997	01/17/1998
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		20%	20%	05/12/2004	08/29/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		20%	20%	06/25/03	08/15/03
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		25%	25%	03/05/2002	05/07/2002
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		25%	25%	12/13/1999	02/08/2000
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA	AL	15%	15%	07/11/97	09/17/97

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STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	COMP-NTQ	CA	AL	15.00%	15.00%	7/11/1997	9/17/1997
STONEBRIDGE LIFE INSURANCE COMPANY	D425 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	COMP-NTQ	CA	AL	15%	15%	7/11/1997	9/17/1997
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		20%	20%	05/12/2004	08/29/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	COMP-NTQ	CA		20%	20%	05/12/2004	08/29/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		J C PENNEY INS CO	1996	Individual	COMP-NTQ	CA	AR	35.00%	35.00%	2/1/2005	5/1/2005
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	COMP-NTQ	CA	AR	35%	35%	2/1/2005	5/1/2005
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		J C PENNEY INS CO	1996	Individual	COMP-NTQ	CA	AZ	25.00%	10.00%	2/27/2007	5/24/2007
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		J C PENNEY INS CO	1996	Individual	COMP-NTQ	CA	AZ	35.00%	20.00%	5/12/2004	8/15/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	COMP-NTQ	CA	AZ	35%	20%	5/12/2004	8/15/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D430 LTC		STONEBRIDGE INSURANCE COMPANY	1996	Individual	COMP-NTQ	CA	AZ	35%	20%	05/12/2004	08/15/2004

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	NHR-NTQ	CA		20%	20%	06/25/03	08/15/03
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	NHR-NTQ	CA		15%	15%	09/22/1997	01/17/1998
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	NHR-NTQ	CA		25%	25%	03/05/2002	05/07/2002
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	NHR-NTQ	CA		25%	25%	12/13/1999	02/08/2000
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	NHR-NTQ	CA	AR	35%	35%	2/1/2005	5/1/2005
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	NHR-NTQ	CA	AR	35.00%	35.00%	2/1/2005	5/1/2005
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		STONEBRIDGE LIFE INS. CO.	1996	Individual	NHR-NTQ	CA	AZ	35%	20%	05/12/2004	08/15/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	NHR-NTQ	CA	AZ	35.00%	20.00%	5/12/2004	8/15/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	NHR-NTQ	CA	AZ	35%	20%	5/12/2004	8/15/2004
STONEBRIDGE LIFE INSURANCE COMPANY	D428 LTC		J C PENNEY LIFE INSURANCE CO	1996	Individual	NHR-NTQ	CA	AZ	25.00%	20.00%	2/27/2007	5/24/2007

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
THRIVENT FINANCIAL FOR LUTHERANS	H2-LN-LTC-1	1990			Individual	NHR-TQ	CA		0% to 26%	0% to 26%	9/21/2007	2/1/2008
THRIVENT FINANCIAL FOR LUTHERANS	H2-LN-LTC-1	1990			Individual	NHR-TQ	CA		0% to 59%	0% to 26%	11/18/2005	04/01/2006
THRIVENT FINANCIAL FOR LUTHERANS	H2-LN-LTC-1	1990			Individual	NHR-TQ	CA		0% to 59%	0% to 26%	11/18/2005	4/1/2006
THRIVENT FINANCIAL FOR LUTHERANS	H2-LN-LTC-1	1990			Individual	NHR-TQ	CA		0% to 26%		Filing Pending	
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190, 1-811 06-190	1990 - 199			Individual		CA		35%	20%	1/26/2006	9/1/2006
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190, 1-811 06-190	1991-1993			Individual		CA		69%	30%	3/12/03	7/30/2003
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190/1-811 06-190	1990 - 199			Individual		CA		35.00%	20.00%	1/26/2006	9/1/2006
TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190/1-811 06-190	1990 - 199			Individual		CA		30.00%	30.00%	3/12/2003	7/1/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190/1-811 06-190	1990 - 199			Individual		CA		20.00%	20.00%	1/26/2006	9/1/2006
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06-191,1-822 06-191, 1-820 06-193, 1-822 06-193, 1-822 06-194	1991-1995			Individual		CA		69%	30%	3/12/03	7/30/2003
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06-191,1-822 06-191, 1-820 06-193, 1-822 06-193, 1-822 06-194	1991-1995			Individual		CA		35%	20%	1/26/2006	9/1/2006
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06-193/1-822 06-193/1-822 06-194	1991 - 199			Individual		CA		20.00%	20.00%	1/26/2006	9/1/2006
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 114-197-CA	1998 - 200			Individual		CA		20.00%	20.00%	1/26/2006	9/1/2006
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 114-197-CA, LTC 115-197-CA, LTC 116-197-CA	1996 - 200			Individual		CA		35%	20%	1/26/2006	9/1/2006

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 124- 1200-CA	1996 - 200			Individual		CA		20.00%	20.00%	1/26/2006	9/1/2006
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 124- 1200-CA	1996 - 200			Individual		CA		20.00%	20.00%	12/21/2006	6/1/2007
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 124- 197-CA, LTC 124- 1200- CA, LTC 125-197- CA, LTC 125- 1200- CA, LTC 126-197- CA	1996 - 200			Individual		CA		35%	20%	12/21/2006	6/1/2007
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 124- 197-CA, LTC 124- 1200- CA, LTC 125-197- CA, LTC 125- 1200- CA, LTC 126-197- CA	1996 - 200			Individual		CA		35%	20%	1/26/2006	9/1/2006
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-102 06-194	1994 - 199			Individual		CA		20.00%	20.00%	6/1/2006	9/1/2006

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Rate Increased Was Issued To Policy</i>
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-102 06-194	1994 - 199			Individual		CA		20%		0%	0
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104- 194-CA	1966 - 199			Individual		CA		20.00%		20.00% 1/26/2006	9/1/2006
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104- 194-CA	1966 - 199			Individual		CA		35%		20% 1/26/06	9/1/06
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104- 194-CA, LTC-105- 194-CA, LTC-106- 194-CA	1995-1999			Individual		CA		69%		30% 3/12/03	7/30/2003
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104- 194-CA, LTC-105- 194-CA, LTC-106- 194-CA	1996 - 199			Individual		CA		35%		20% 1/26/2006	9/1/2006
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06- 191/1- 822 06- 191	1991-1995			Individual	NHR-TQ, COMP-TQ	CA		30%		30% 3/12/2003	07/30/2003
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06- 191/1- 822 06- 191	1991-1995			Individual	NHR-TQ, COMP-TQ	CA		30.00%		30.00% 3/12/03	7/30/2003

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-820 06-191/1-822 06-191	1991-1995			Individual	NHR-TQ, COMP-TQ	CA		30	30%	3/12/03	7/30/03
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190/1-811 06-190	1991-1993			Individual	NHR-TQ, COMP-TQ & COMP-NTQ	CA		30.00%	30.00%	3/12/03	7/30/2003
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	1-812 06-190/1-811 06-190	1991-1993			Individual	NHR-TQ, COMP-TQ & COMP-NTQ	CA		30%	30%	3/12/2003	07/30/2003
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104-194-CA	1995-1999			Individual	NHR-TQ, HCO-TQ, COMP-TQ, NHR-NTQ, HCO-NTQ & COMP-NTQ	CA		30%	30%	3/12/2003	07/30/2003
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104-194-CA	1995-1999			Individual	NHR-TQ, HCO-TQ, COMP-TQ, NHR-NTQ, HCO-NTQ & COMP-NTQ	CA		30.00%	30.00%	3/12/03	7/30/2003
TRANSAMERIC A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104-194-CA	1995-1999			Individual	NHR-TQ, HCO-TQ, COMP-TQ, NHR-NTQ, HCO-NTQ & COMP-NTQ	CA		30	30%	3/12/03	7/30/03
TRAVELERS INSURANCE COMPANY (THE)	H-LTC2J-42	06/25/1990			Individual	COMP-NTQ	CA					

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
TRAVELERS INSURANCE COMPANY (THE)	H-LTC3JP2 1	08/01/1992			Individual	COMP-NTQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4J	9/16/1998			Individual	COMP-NTQ	CA		20%		20% 6/2/04	6/7/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4J	09/16/1998			Individual	COMP-NTQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H - LTC3JQ2 2	01/01/1997			Individual	COMP-TQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JQ2 6	11/3/1997			Individual	COMP-TQ	CA		20%		20% 6/2/04	6/7/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JQ2 6	11/03/1997			Individual	COMP-TQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H-LTC2J-42	6/25/1990			Individual	NHR-NTQ	CA		39%		30% 6/1/04	6/1/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC3JF O18	03/16/1994			Individual	NHR-NTQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H-LTC3JF O18	3/16/1994			Individual	NHR-NTQ	CA		39%		30% 6/2/04	6/7/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC3JP2 1	8/1/1992			Individual	NHR-NTQ	CA		39%		30% 6/2/04	6/7/04

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JF29	06/07/1999			Individual	NHR-NTQ	CA					
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JF29	6/7/1999			Individual	NHR-NTQ	CA		20%		20% 6/2/04	6/7/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JF Q28	6/15/1998			Individual	NHR-TQ	CA		20%		20% 6/2/04	6/7/04
TRAVELERS INSURANCE COMPANY (THE)	H-LTC4JF Q28	06/15/1998			Individual	NHR-TQ	CA					
UNION BANKERS INSURANCE COMPANY	NH87GR	1987-1992			Individual	NHR-NTQ	CA		15%		15% 05/29/1996	02/10/1997
UNION BANKERS INSURANCE COMPANY	NH87GR	1987-1992			Individual	NHR-NTQ	CA		15%		20% 02/10/1997	02/10/1997
UNION BANKERS INSURANCE COMPANY	NH87GR	1987-1992			Individual	NHR-NTQ	CA		25%		25% 09/25/2002	12/01/2002
UNION BANKERS INSURANCE COMPANY	NH88E	1988-1993			Individual	NHR-NTQ	CA		25%		25% 09/25/2002	12/01/2002
WASHINGTON NATIONAL INSURANCE COMPANY	8697		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	CA9865		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	CA9895		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	COMBO		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	FL9896		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9248	1989-1990	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9334	1990-1993	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9409	1991-1995	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9192	1994-1997	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA				0% 02/15/1995	02/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9192	1994-1997	PIONEER LIFE INS CO	1997	Individual	COMP-NTQ	CA	CA			0% 2/15/1995	2/15/1995
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9670	1995-1996	Pioneer Life Insurance Co.		Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9696	1995	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9748	1996	Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9895		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	WI9865		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	WI9895		Pioneer Life Insurance Co.	1997	Individual	COMP-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9865	1997	Pioneer Life Insurance Co.	1997	Individual	COMP-TQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 6408	1992	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 7408	1992	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9249	1989-1990	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9264	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9311	1990-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9408	1992-1997	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	CO	30%	30%	11/25/1996	11/25/1996
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9408	1992-1997	PIONEER LIFE INS CO	1997	Individual	HCO-NTQ	CA	CO	30%	30%	11/25/1996	11/25/1996
WASHINGTON NATIONAL INSURANCE COMPANY	IHP-9468	1994-1996	Pioneer Life Insurance Co.		Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9641	1994-1996	Pioneer Life Insurance Co.		Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9680	1995-1996	Pioneer Life Insurance Co.		Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9696	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		25%	25%	04/15/2004	08/10/2004
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9696	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		15%	15%	04/17/2002	10/01/2002
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9700	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		15%	15%	04/17/2002	10/01/2002
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9700	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		25%	25%	04/15/2004	08/10/2004
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9702	1995	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9767		Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9865	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		25%		25% 04/15/2004	08/10/2004
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9895	1989-1991	Pioneer Life Insurance Co.	1997	Individual	HCO-NTQ	CA		25%		25% 04/15/2004	08/10/2004
WASHINGTON NATIONAL INSURANCE COMPANY	IHP - 9087		Pioneer Life Insurance Co.	1997	Individual	NHR-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9517	1993-1997	Pioneer Life Insurance Co.		Individual	NHR-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9700	1995	Pioneer Life Insurance Co.	1997	Individual	NHR-NTQ	CA	ALL				
WASHINGTON NATIONAL INSURANCE COMPANY	IHP9746	1996	Pioneer Life Insurance Co.	1997	Individual	NHR-NTQ	CA	ALL				
TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 112- 1200- CAP/LTC 112S- 1200- CAP	1996 - 200			Partnership		CA		13.00%			

<i>Company Name</i>	<i>Policy Form</i>	<i>Date Sold</i>	<i>Company From Which Policy Form Was Acquired</i>	<i>Date Acquired</i>	<i>Policy Type</i>	<i>Policy Category</i>	<i>Sold In California</i>	<i>Sold In Other States</i>	<i>Rate Increase Requested</i>	<i>Rate Increased Approved</i>	<i>Date Rate Increase Approved</i>	<i>Date Increased Was Issued To Policy</i>
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TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC 112S- 1200- CAP, LTC 113- 197-CA, LTC 113S- 197-CA, LTC 113- 1200- CAP, LTC 113S- 1200- CAP	1997-2004			Partnership		CA		36%			
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TRANSAMERICA A OCCIDENTAL LIFE INSURANCE COMPANY	LTC-104- 194-CA	1966 - 199			Partnership		CA		13.00%			
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Premium Rate Increase History Section Company Explanation Section

AIG LIFE INSURANCE COMPANY

Policy Form	Explanation
64028, C12277	Percentage increase applies to all issues ages and benefit combinations.

BANKERS LIFE AND CASUALTY COMPANY

Policy Form	Explanation
GR-N045	Form is NFR, TQ if issued before or during 1996 or with rider 1668. Form is NFR, NTQ if issued after 1996 and w/o rider 1668.
GR-N050	Form is NFR, TQ if issued before or during 1996 and w/o riders 190Q, 190R, 190S. Form is NFR, NTQ if issued after 1996 and w/o riders 190Q, 190R, 190S. Form is COMP, TQ if issued before or during 1996 and with riders 190Q, 190R, 190S. Form is COMP, NTQ if issued after 1996 and with riders 190Q, 190R, 190S.
GR-N053	Form is NFR, TQ if issued before or during 1996 or with rider 1667 and w/o riders 190V, 192V. Form is NFR, NTQ if issued after 1996 and w/o riders 1667, 190V, 192V. Form is COMP, TQ if issued before or during 1996 or with rider 1667 and with riders 190V, 192V. Form is COMP, NTQ if issued after 1996 and w/o rider 1656 and with riders 190V, 192V.
GR-N055	Form is NFR, TQ if issued before or during 1996 and w/o riders 190W, 190X, 190Y. Form is NFR, NTQ if issued after 1996 and w/o riders 190W, 190X, 190Y. Form is COMP, TQ if issued before or during 1996 and with riders 190W, 190X, 190Y. Form is COMP, NTQ if issued after 1996 and with riders 190W, 190X, 190Y.
GR-N100	Form is NFR, TQ if issued before or during 1996 or with rider 1657. Form is NFR, NTQ if issued after 1996 and w/o rider 1657.
GR-N105	Form is COMP, TQ if issued before or during 1996 or with rider 1656. Form is COMP, NTQ if issued after 1996 and w/o rider 1656.

BC LIFE & HEALTH INSURANCE COMPANY

Policy Form	Explanation
PFTQ-02-0102	There has been no rate increase on this policy form. We filed new products and priced them accordingly.

PFTQ-03-0102	There has been no rate increase on this policy form. We filed new products and priced them accordingly.
PFTQ-04-0102	There has been no rate increase on this policy form. We filed new products and priced them accordingly.

CONTINENTAL CASUALTY COMPANY

<i>Policy Form</i>	<i>Explanation</i>
P1-15203-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 15% rate increase for the entire policy form starting in 2001. Claims costs were higher than anticipated.
P1-15203-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 40% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-16356-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 40% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-16356-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 15% rate increase for the entire policy form starting in 2001. Claims costs were higher than anticipated.
P1-16928-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 40% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-16928-Series	This Nursing Home and Home Care policy was sold from 1991 to 1996. We implemented a 15% rate increase for the entire policy form starting in 2001. Claims costs were higher than anticipated.
P1-18876-Series	This Nursing Home and Home Care policy was sold from 1993 to 1999. We implemented a 50% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-18878-Series	This Nursing Home and Home Care policy was sold from 1993 to 1999. We implemented a 50% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.

P1-21305-Series	This Nursing Home policy was generally sold from 1994 to 1999. We implemented a 50% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-59433-Series	This Nursing Home and Home Care policy was sold from 1988 to 1993. We implemented a 30% rate increase for the entire policy form starting in July, 2003. Persistency was higher than anticipated and, to a lesser extent, claims costs were higher than anticipated.
P1-59433-Series	This Nursing Home and Home Care policy was sold from 1988 to 1993. We implemented a 15% rate increase for the entire policy form starting in 1998. Claims costs were higher than anticipated.
P1-59433-Series	This Nursing Home and Home Care policy was sold from 1988 to 1993. We implemented a 15% rate increase for the entire policy form starting in 2001. Claims costs were higher than anticipated.

CONTINENTAL GENERAL INSURANCE COMPANY

Policy Form	Explanation
405	Claim costs that differ from original filing. High persistency.
430	Claim costs that differ from original filing. High persistency.
430	Claim costs that differ from original filing. High persistency.

FIRST PENN-PACIFIC LIFE INSURANCE COMPANY

Policy Form	Explanation
HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.
HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.
HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.
HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.
HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.

HF-2500CA	Emerging experience required a rate adjustment in which the minimum loss ratio requirements of the state were met. This policy form is for the LTC1 form.
HF-2525CA	This is the Home Health Care rider for the LTC1 form.
HF-2525CA	This is the Home Health Care rider for the LTC1 form.
HF-2525CA	This is the Home Health Care rider for the LTC1 form.
HF-2525CA	This is the Home Health Care rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.

IDS LIFE INSURANCE COMPANY

Policy Form	Explanation
30151-CA	*** 8% on nursing home benefits;*** 0% on home care benefits
30160-CA	*** 8% on nursing home benefits;*** 0% on home care benefits
30225-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30225-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;,* 0 % on home care benefits,** 25% on nursing home benefits;,** 0% on home care benefits
30225-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30225-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30225-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;,* 0 % on home care benefits,** 25% on nursing home benefits;,** 0% on home care benefits

30225-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30227-CA	TQ before 1997, non-TQ after 1996□*** 8% on nursing home benefits;*** 0% on home care benefits
30240-CA	*** 8% on nursing home benefits;*** 0% on home care benefits
30240-CA	* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30240-CA	*** 8% on nursing home benefits;*** 0% on home care benefits
30240-CA	*** 8% on nursing home benefits;*** 0% on home care benefits
30240-CA	* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits
30240-CA	* 35% on nursing home benefits;;* 0 % on home care benefits,** 25% on nursing home benefits;;** 0% on home care benefits

LIFE INVESTORS INSURANCE COMPANY OF AMERICA

Policy Form	Explanation
GCPLUS 1290 CA/GCPLUS 1290 (CA3)	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states

GCPLUS 1290 CA/GCPLUS 1290 (CA3)	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPLUS 1290 CA/GCPLUS 1290 (CA3)	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPLUS 1290 CA/GCPLUS 1290 (CA3)	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPLUS 1290 CA/GCPLUS 1290 (CA3)	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPLUS 1290 CA/GCPLUS 1290 CA2/GCPLU	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
GCPRO-A II-C (CA) 794/GCPRO-II NH (CA) 7	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-A II-C (CA) 794/GCPRO-II NH (CA) 7	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
GCPRO-A II-C (CA) 794/GCPRO-II NH (CA) 7	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-C (CA) 193/GCPRO-NH (CA) 193	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-C (CA) 193/GCPRO-NH (CA) 193	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states

GCPRO-C (CA) 193/GCPRO-NH (CA) 193	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-C (CA) 193/GCPRO-NH (CA) 193	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-C (CA) 193/GCPRO-NH (CA) 193	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
GCPRO-III TQ LTC (CA) 197/GCPRO-III TQ N	The rate increase is due to worse than originally anticipated claims experience.
GCPRO-III TQ LTC (CA) 197/GCPRO-III TQ N	The rate increase is due to worse than originally anticipated claims experience.
GCPRO-III TQ LTC (CA) 197/GCPRO-III TQ N	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
KLTCP 1 (CA) 890	The rate increase is due to worse than originally anticipated claims experience.
KLTCP 1 (CA) 890	The rate increase is due to worse than originally anticipated claims experience.
KLTCP 1 (CA) 890	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ CO	The rate increase is due to worse than originally anticipated claims experience.
LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ CO	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
LI-LTCP TQ COMR (CA) 898/ LI-LTCP TQ CO	The rate increase is due to worse than originally anticipated claims experience.
LI-NFOP (CA) 192/ LI-LTCP (CA) 192	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
LI-NFOP (CA) 192/LI-LTCP (CA) 192	The rate increase is due to worse than originally anticipated claims experience.
LI-NFOP (CA) 192/LI-LTCP (CA) 192	The rate increase is due to worse than originally anticipated claims experience.

LTCP CA 490	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
LTCP CA 490	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
LTCP CA 490	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
LTCP CA 490	The rate increase is due to worse than originally anticipated claims experience. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
LTCP CA 490	The rate increase is due to worse than originally anticipated claims experience. The increase was filed and approved under the company name of Bankers United Life Assurance Company whose NAIC number was 61387. Bankers United Life Assurance Company was merged with sister company Life Investors Insurance Company of America during 2001.
NLTCP (CA) 297/ NLTCP (CA) 1100	Pending rate increase will apply to benefit periods 4 years and greater. This rate increase request is not pending in CA, but in other states
NLTCP (CA) 297/ NLTCP (CA) 1100	The rate increase is due to worse than originally anticipated claims experience.
NLTCP (CA) 297/ NLTCP (CA) 1100	The rate increase is due to worse than originally anticipated claims experience.
NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	The rate increase is due to worse than originally anticipated claims experience.
NLTCP TQ (CA) 297/ NLTCP TQ (CA) 1100	The rate increase is due to worse than originally anticipated claims experience.

LINCOLN NATIONAL LIFE INSURANCE COMPANY (THE)

<i>Policy Form</i>	<i>Explanation</i>
HL-2525CA	This is the Home Health Care rider for the LTC1 form.
HL-2525CA	This is the Home Health Care rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.

HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2550AA	This is the Guaranteed Insurability Rider for the LTC1 form.
HL-2950CA	This is for the LTC2 policy form.
HL-2950CA	This is for the LTC2 policy form.

SENTRY INSURANCE, A MUTUAL COMPANY

<i>Policy Form</i>	<i>Explanation</i>
180-200	37% increase for all certificates in states where approved (5/1/2002 increase)
180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)
180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)

180-200	37% increase for all certificates in states where approved (5/1/2002 increase)
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	37% increase for all certificates in states where approved (5/1/2002 increase)
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)
180-200	37% increase for all certificates in states where approved (5/1/2002 increase)
180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)

180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)
180-200	No increase for issue ages 0 to 44 and 75 to 79. Increases were a fixed amount per \$10 of daily benefit that varied by age as follows: Without Inflation Rider - 45-49 - \$2, 50-54 - \$5, 55-59 - \$8, 60-64 - \$12, 65-74 - \$14; With Inflation Rider - 45-49 - \$9, 50-54 - \$17, 55-59 - \$23, 60-64 - \$29, 65-69 - \$30, 70-74 - \$29. (4/1/98 increase)
180-200	Flat 12% increase for all certificates in states where approved. (11/1/1999 increase)
180-200	In New Hampshire only average increase 69% from original rates (3/1/03 increase). Increases per \$10 of daily benefit varied by issue age. Without Inflation Rider: 18 to 44 \$10.48, 45-49 \$13.56, 50-54 \$20.53, 55-59 \$28.95, 60-64 \$45.96, 65-69 \$64.57, 70-74 \$98.17, 75-79 \$179.53; With Inflation Rider: 18 to 44 \$16.62, 45-49 \$29.23, 50-54 \$44.45, 55-59 \$59.12, 60-64 \$83.18, 65-69 \$103.33, 70-74 \$141.34, 75-79 \$210.59.
180-200	37% increase for all certificates in states where approved (5/1/2002 increase)
180-200	34% increase for all certificates in states where approved (5/1/2005 increase)
180-200	37% increase for all certificates in states where approved (5/1/2002 increase)

TRANSAMERICA LIFE INSURANCE COMPANY

Policy Form	Explanation
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.

3132 (00) 288	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
3132 (00) 288	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
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3132 (00) 288	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
3132 (00) 288	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
6122 (CA) 889	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
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6122 (CA) 889	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
GCC 1 387	The rate increase is due to claims experience being worse than originally anticipated.
GCC 1 387	The rate increase is due to claims experience being worse than originally anticipated.
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GLTP 2 1289	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
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GLTP 2 1289	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
GLTP 2 1289	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
LTC 2 (CA) 590/LTC 2 (CA) 291	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
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LTC 2 (CA) 590/LTC 2 (CA) 291	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
LTC 2 (CA) 590/LTC 2 (CA) 291	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
LTC 3 (CA) (NHC) (REV93)/LTC 3R (CA) (NH	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
LTC 3 (CA) (NHC) (REV93)/LTC 3R (CA) (NH	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
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LTC 3 (CA) (NHC) (REV93)/LTC 3R (CA) (NH Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.

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LTC 3 (CA) (NHC) (REV93)/LTC 3R (CA) (NH	Rate increase is applicable to the form version that provides facility confinement benefits only. The rate increase is due to claims experience being worse than originally anticipated.
LTC 5 COM (CA) 196/LTC 5 NF (CA) 196	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
LTC 5 COM (CA) 196/LTC 5 NF (CA) 196	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.
LTC 5 COM (CA) 196/LTC 5 NF (CA) 196	The rate increase is due to claims experience being worse than originally anticipated. This policy form has undergone more than one rate revision.

TRANSAMERICA OCCIDENTAL LIFE INSURANCE COMPANY

Policy Form	Explanation
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.

1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-812 06-190/1-811 06-190	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
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1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
1-820 06-191/1-822 06-191	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 112-1200-CAP/LTC 112S-1200-CAP	Rate revision was needed due to worse than originally anticipated claims experience.

LTC 112-1200-CAP/LTC 112S-1200-CAP	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 114-197-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 114-197-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 124-1200-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 124-1200-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 124-1200-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC 124-1200-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-102 06-194	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-102 06-194	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-102 06-194	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-102 06-194	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.

LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.
LTC-104-194-CA	Rate revision was needed due to worse than originally anticipated claims experience.

UNUM LIFE INSURANCE COMPANY OF AMERICA

<i>Policy Form</i>	<i>Explanation</i>
LTC94P	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
LTC94PQ	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
LTC94PQ2	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
LTC94T	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
LTC94TQ	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
LTC94TQ2	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
NH94	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007
NH94Q	Rate increase of 8% for all issue ages and coverage plans associated with policy form. Approved on 4/6/2007

NH94Q2

Rate increase of 8% for all issue ages and coverage plans associated with policy form.
Approved on 4/6/2007

WASHINGTON NATIONAL INSURANCE COMPANY

Policy Form	Explanation
GHC9264	KY (1995, 1996, 2000) - Percentage information not available on acquired business. NH (1995, 1999) - Date information not available on acquired business. GA (1999) - Percentage information not available on acquired business. MD (1999) - Date information not available on acquired business.
GHC9264	KY (1995, 1996, 2000) - Percentage information not available on acquired business. NH (1995, 1999) - Date information not available on acquired business. GA (1999) - Percentage information not available on acquired business. MD (1999) - Date information not available on acquired business.
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GHC9311	KY (1995, 1996, 2000) 0 Percentage information not available on acquired business. GA (2000) - Percentage information not available on acquired business.
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GHC9311	KY (1995, 1996, 2000) 0 Percentage information not available on acquired business. GA (2000) - Percentage information not available on acquired business.

GHC9311	KY (1995, 1996, 2000) 0 Percentage information not available on acquired business. GA (2000) - Percentage information not available on acquired business.
IHP9192	CA, MI, NE, NC, SC, WA - Percentage information not available on acquired business
IHP9192	CA, MI, NE, NC, SC, WA - Percentage information not available on acquired business
IHP9408	GA, HI, KY, LA, OK - Specific dates not available on acquired business
IHP9408	GA, HI, KY, LA, OK - Specific dates not available on acquired business