| Row # | Policy Form | *Policy Type | **Policy Category | Date Policy Sold | Date Policy Acquired | Acquired From Company Name | Acquired From Company NAIC | CA Policy | Other State Policy | Increase Requested | Increase Approved | Date Increase Requested | Date Increase Approved | Date Increase Issued | Company Explanation |
|-------|-----------------------------------|------------------------------------|----------------------|---------------------|-------------------------|-------------------------------|-------------------------------------|--------------|--------------------------|-----------------------|----------------------|----------------------------|---------------------------|-------------------------|---------------------|
| 1 | 180-981 | G | С | 11/1/1987 | | | 68810 |) | MN | 34.00% | 34.00% | 9/27/2004 | 3/31/2005 | 5/1/2005 | |
| 2 | 180-981 | G | С | 11/1/1987 | | | 68810 |) | IL | 34.00% | 34.00% | 9/22/2004 | 12/15/2004 | 5/1/2005 | |
| 3 | 180-981 | G | С | 11/1/1987 | | 68810 | | MN | 45.00% | 0.00% | | | | increase not approved | |
| | | | | | | | | | | | | | | | |
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| | Policy Key Co | ding: | | | | | | | | | | | | | |
| | | *Policy | Туре | | | | | | | | | | | | |
| | | I | Individual | | | | | | | | | | | | |
| | | | Group | | | | | | | | | | | | |
| | | Р | Partnership | | | | | | | | | | | | |
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| | ** Policy Category | | | | | | | | | | | | | | |
| | | A | Nursing and | Qualified | | | | | | | | | | | |
| | | В | | Only/Tax Qua | | | | | | | | | | | |
| | | С | | sive/Tax Quali | | | | | | | | | | | |
| | | D | | | are Facility/Nor | -Tax Qualified | | | | | | | | | |
| | | E Home Care Only/Non-Tax Qualified | | | | | | | | | | | | | |
| | F Comprehensive/Non-Tax Qualified | | | | | | | | | | | | | | |